



**Development and Psychometric Evaluation of Thai Head Nurses' Advocacy  
for the Nursing Profession Scale  
(ANPS-Thai)**

**Thaweeporn Pengmak**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy in Nursing (International Program)**

**Prince of Songkla University**

**2018**

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**Thesis Title** Development and Psychometric Evaluation of Thai Head Nurses' Advocacy for the Nursing Profession Scale (ANPS-Thai)

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<b>Thesis Title</b>	Development and Psychometric Evaluation of Thai Head Nurses' Advocacy for the Nursing Profession Scale (ANPS-Thai)
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### ABSTRACT

This study aimed to develop the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai) and determine its psychometric properties. The instrument development process involved two phases: (1) development of the ANPS-Thai. Literature reviews and concept analysis were performed to generate 86 items. The response format of the scale was a 5 point Likert-scale, and (2) psychometric evaluation of the ANPS-Thai. ANPS-Thai was examined for content validity by five experts. The item-level content validity index (I-CVI) ranged from .80 to 1.00. The scale content validity index with universal agreement (S-CVI/UA) was .92 and S-CVI/Ave (average) was .98. The ANPS-Thai was pre-tested with 30 Thai head nurses. The internal consistency was determined for its reliability, yielding a Cronbach's alpha coefficient of .98.

The ANPS-Thai was administered to 541 Thai head nurses in 26 hospitals. Exploratory factor analysis (EFA) with varimax rotation was performed. The result of EFA was five factors with 72 items: (1) promoting academic atmosphere and facilitating research and innovation (21 items), (2) proactive to protect professional image (16 items), (3) cooperate with others and sacrifice for the benefit of society and profession (15 items), (4) speak out to enhance professional worth (12 items), and (5) managing for maximum quality (8 items). It accounted for 58.09% of variance and factor loadings ranged from .50-.80. The internal consistency was determined, yielding an alpha coefficient of .98 for the whole scale and the alpha coefficients of factors ranged from .89-.96. Hypothesis testing supported construct validity ( $r=.48, p<.01$ ). The stability of ANPS-Thai was performed by test-retest method demonstrating high reliability ( $r=.97, p<.01$ ).

The ANPS-Thai is a valid and reliable tool for nursing organizations to assess advocacy for the nursing profession among Thai head nurses and develop strategies to promote head nurses' advocacy role for the nursing profession in the future.

ชื่อวิทยานิพนธ์	การพัฒนาและประเมินคุณภาพของแบบประเมินการทำหน้าที่แทนวิชาชีพของหัวหน้าหอผู้ป่วย
ผู้เขียน	นางสาวทวีพร เพ็งมาก
สาขาวิชา	การพยาบาล (หลักสูตรนานาชาติ)
ปีการศึกษา	2560

### บทคัดย่อ

การศึกษาคั้งนี้มีวัตถุประสงค์เพื่อพัฒนาและประเมินคุณภาพของแบบประเมินการทำหน้าที่แทนวิชาชีพของหัวหน้าหอผู้ป่วย โดยแบ่งเป็น 2 ระยะ คือ (1) ระยะพัฒนาแบบประเมิน โดยการทบทวนวรรณกรรมที่เกี่ยวข้องและการวิเคราะห์หัมโนทัศน์ ได้ข้อคำถาม 86 ข้อ ใช้มาตรวัดแบบลิเกิร์ต 5 ระดับ และ (2) ระยะประเมินคุณภาพของแบบประเมินโดยการตรวจสอบความตรงเชิงเนื้อหา โดยผู้เชี่ยวชาญ จำนวน 5 คน ได้ค่าดัชนีความตรงตามเนื้อหา รายข้อ (I-CVI) .80-1.0 ความตรงเชิงเนื้อหาทั้งฉบับ (S-CVI/UA) เท่ากับ .92 และความตรงเชิงเนื้อหาทั้งฉบับโดยเฉลี่ย (S-CVI/Ave) เท่ากับ .98 นำแบบประเมินไปทดลองใช้กับหัวหน้าหอผู้ป่วย จำนวน 30 คน เพื่อหาความสอดคล้องภายใน ได้ค่าสัมประสิทธิ์แอลฟาของครอนบาค .98

เก็บรวบรวมข้อมูลในหัวหน้าหอผู้ป่วยโรงพยาบาลทั่วไปจำนวน 26 โรงพยาบาล ทั่วประเทศไทย จำนวน 541 คน ผลการวิเคราะห์องค์ประกอบด้วยแวนิแมกซ์ พบว่ามี 5 องค์ประกอบ 72 ข้อคำถาม ดังนี้ (1) ส่งเสริมบรรยากาศวิชาการ วิจัยและนวัตกรรม (21 ข้อ), (2) ปกป้องชื่อเสียงภาพลักษณ์วิชาชีพ (16 ข้อ), (3) ร่วมมือกับผู้อื่นและเสียสละเพื่อประโยชน์สังคมและวิชาชีพ (15 ข้อ), (4) พุดเพื่อเพิ่มคุณค่าของวิชาชีพ (12 ข้อ), และ (5) การจัดการเพื่อคุณภาพสูงสุด (8 ข้อ) อธิบายความแปรปรวน ทั้ง 5 องค์ประกอบ เท่ากับร้อยละ 58.09 และน้ำหนักองค์ประกอบ อยู่ในช่วง .50-.80 ตรวจสอบความสอดคล้องภายในของแบบประเมินทั้งฉบับ พบว่า มีค่าสัมประสิทธิ์แอลฟาของครอนบาค เท่ากับ .98 และของแต่ละองค์ประกอบอยู่ระหว่าง .89-.96 การประเมินความตรงเชิงโครงสร้าง โดยการทดสอบสมมติฐาน พบว่า แบบประเมินมีความตรงเชิงโครงสร้าง ( $r=.48, p<.01$ ) และหาความสัมพันธ์จากการทดสอบซ้ำโดยหาค่าสัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน พบว่า มีความเที่ยงอยู่ในระดับสูง ( $r=.97, p<.01$ )

แบบประเมินการทำหน้าที่แทนวิชาชีพของหัวหน้าหอผู้ป่วย มีความตรงและความเที่ยงที่องค์การพยาบาล สามารถนำไปใช้ประเมินการทำหน้าที่แทนวิชาชีพของหัวหน้าหอผู้ป่วย และหากลยุทธ์ในการส่งเสริมการทำหน้าที่แทนวิชาชีพในอนาคต



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## CONTENTS

		<b>Page</b>
ABSTRACT .....		v
ACKNOWLEDGEMENT.....		viii
CONTENTS .....		ix
LIST OF TABLES .....		xii
LIST OF TABLES .....		xiv
CHAPTER		
1	Introduction	
	Background and significance of problems .....	1
	Objectives .....	4
	Research questions .....	4
	Conceptual framework .....	4
	Measurement framework .....	11
	Definition of term .....	11
	Significance of the study .....	13
2	Literature Review	
	The nursing profession .....	16
	Definitions of the nursing profession .....	16
	Characteristics of the nursing profession .....	17
	Professional nurses' role .....	18
	Advocacy as an ethical concept in the nursing profession .....	21
	Definitions of advocacy .....	21
	Advocacy in the nursing profession .....	23
	The importance of advocacy for the nursing profession .....	24
	Attributes of advocacy in the nursing profession ...	26
	Factors related to advocacy for the nursing profession .....	28

## CONTENTS (CONTINUED)

CHAPTER	Page
3	The Code of Ethics for Thai nurses as a foundation of advocacy ..... 32 Head nurse roles in advocacy for the nursing profession ..... 38 Promoting advocacy for the nursing profession by head nurses ..... 38 The study related to advocacy for the nursing profession by head nurses ..... 40 Measurement tools related to advocacy in the nursing profession ..... 43 Methodology Introduction ..... 47 Phase 1: Development of the Advocacy for the Nursing Profession Scale of Thai Head Nurses ..... 47 Step1: Determination of the construct to be measured ..... 47 Step 2: Generation of an item pool ..... 49 Step 3: Response format design ..... 49 Phase 2: Psychometric evaluation ..... 50 Step 1: Determination of the validity of the ANPS-Thai ..... 50 Step 2: Pre-testing to determine internal consistency reliability ..... 53 Step 3: Consideration to include validation items .. 55 Step 4: Administration of items to a development sample ..... 57

## CONTENTS (CONTINUED)

		<b>Page</b>
CHAPTER		
	Step 5: Final testing to determine construct validity and stability reliability .....	64
	Protection of human subjects' rights .....	68
4	Results and Discussion	
	Phase 1: Development of the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai)	71
	Phase 2: Psychometric evaluation .....	79
	Discussion .....	98
5	Conclusions and Recommendations	
	Conclusions .....	116
	Implications and recommendations .....	117
	References .....	120
APPENDICIES		
A	List of experts .....	139
B	Content validity form .....	140
C	Certificate of approval of human research ethics .....	141
D	Questionnaire of the ANPS-Thai.....	142
E	Testing assumption .....	151
F	Questionnaire of head nurses' moral action .....	155
G	Protection of human subject's rights	159
VITAE	.....	160

## LIST OF TABLES

	<b>Page</b>
<b>TABLES</b>	
1	Integration between the Code of Ethics for Nurses, Attribute of Advocacy for the Nursing Profession, Previous Study of Thai Head Nurses' Advocacy Role to Develop Components of the ANPS-Thai .....
	73
2	Correlation among the SDS-17 and the ANPS-Thai version 3 (N=541) .....
	80
3	Frequency and Percentage of Samples Categorized by Demographic Data (N= 541).....
	81
4	Eigenvalue, Percentage of Variances, the Number of Items, and Alpha Coefficients of the ANPS-Thai Version 5 (72 Items).....
	86
5	Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 1: Promoting Academic Atmosphere and Facilitating Research and Innovation (N = 541).....
	87
6	Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 2: Proactivity to Protect Professional Image (N = 541) .....
	89
7	Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 3: Cooperating with Others and Sacrifice for the Benefit of Society and Profession (N = 541) .....
	91
8	Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 4: Speaking out to Enhance Professional Worth (N= 541) .....
	92
9	Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 5: Managing for Maximum Quality (N = 541)
	94
10	Correlation among the SDS-17 and the 5 Factors of the ANPS-Thai version 5 (N=541).....
	96

**LIST OF TABLES**

	<b>Page</b>
<b>TABLES</b>	
11 Correlation Coefficient of the ANPS-Thai Version 5 and the Head Nurses' Moral Action (N = 50).....	96
12 Stability Evaluation of the First and Second APNS-Thai Tests Using Test-Retest Method (N = 30) .....	97

**LIST OF FIGURES**

	<b>Page</b>
<b>FIGURES</b>	
1.1 Conceptual framework .....	10
3.1 Steps of development and psychometric evaluation of the ANPS-Thai .....	70
4.1 The scree plot of the ANPS-Thai version 4 (88 items) .....	85
4.2 Steps of development and psychometric evaluation of the ANPS-Thai and the results .....	115

# CHAPTER 1

## INTRODUCTION

### **Background and significance of problems**

Nursing has a long and important legacy. The nursing profession in Thailand has existed for approximately 100 years. The profession was initiated by the Royal Family who have continued to patronize it since the time of King Rama V and Queen Sripatcharintra. The death of her child in addition to the high maternal death rate compelled the Queen to establish modern nursing in Thailand. During this period, nurses in Thailand had mainly been trained in hospitals by male physicians. Prince Mahidol of Songkhla, one of the sons of King Rama V, is commonly known in Thailand as “the Father of Medicine.” His wife, Her Royal Highness is considered the Mother of Nursing as she provided Royal Patronage for the Nurses’ Association of Thailand (NAT). Therefore, the nursing profession in Thailand is valued in the Thai society. However, for many decades the nursing profession followed the medical oriented model which reduced the autonomy of the nursing profession. Nursing organizations, therefore, have been working to promote its autonomy through advancing nursing education from hospital based education to school based nursing education and shift from the medical paradigm to the nursing paradigm (Liu, Rodcumdee, Jiang, & Sha, 2015; Nurses’ Association of Thailand, 2005).

Professional nurses in every setting in Thailand are educated at least to the baccalaureate level from a nursing faculty or nursing colleges. They work in primary, secondary, or tertiary health care services to provide nursing care to individuals, families, and community (Kunaviktikul, Anders, Srisuphan, Chontawan, Nuntasapawat, & Pumarporn, 2001). Nurses are expected by society to deliver high quality care to their patients as well as to advocate for those who cannot speak on behalf of themselves. According to Marquis and Huston (2017), advocacy has been recognized since the time of Florence Nightingale as fundamental due to the critical roles of nurses. Nurses, especially those who serve as head nurses, not only play important roles as patient advocates, but also have responsibilities to their profession. Then, responsibilities to the nursing profession reflect the roles of advocacy for the



nursing profession (Hank, 2008; King, 2015). As Marquis and Huston (2012) proposed, nurse administrators must be advocates for the profession, subordinates, workplace and patients.

Head nurses are responsible at unit-level for implementation goals, and hospital organization standards and are culpable to upper-levels of administration. (American Organization of Nurse Executives, 2005). They have leadership roles and essentially act as a coach providing guidance and aiding members of staff to negotiate the organization and any barriers they may encounter. Moreover, the important role of leaders is inspiration, influence to group or sub-ordinates to successfully develop the unit, and guarantee the upholding of professional standards to ensure the advancement of proficient nurses (Frankel, 2008; Luangamonlert, 2013). According to Bass (1985), the leader behaves as an ethical role model who is respected and trusted, instilling pride in sub-ordinates. Thus, head nurses provide subordinates with an advocacy role for the nursing profession, and could be role models or inspire nurses to advocate.

As advocates for the nursing profession, head nurses are responsible for promoting advancement of the nursing profession such as protection of the professional image, taking action on behalf of the nursing profession, development of knowledge and innovation to improve the quality of care. Furthermore, head nurses have an obligation to support professional organizations. In Thailand, there are two main organizations: the Nurses' Association of Thailand (NAT), and Thailand Nursing and Midwifery Council (TNC). NAT provides a Code of Nursing Ethics as a guide for high quality nursing practice. NAT expects head nurses and nurses to become its members and participate in the activities of the association. TNC is a legal organization that encourages nurses to practice with high quality, virtue, and respect professional law. These organizations are responsible for professional advancement and reputation, and supporting nurses to provide standard care for patients. It also requires members to act as advocates for the nursing profession.

The advocacy roles of Thai head nurses for the nursing profession experienced by head nurses in general hospital, three southernmost provinces of Thailand were explored in a study by Prasertsri (2012) which include nurturing, coaching nurses to be smart, developing competencies to the same level as other professions, building the trust of patients by ethical performance, setting and committing to goals to be excellent

and inspiring, being a role model as a good person with good character, cultivating nurses leaders through administrative skills development, provision of training opportunity, demonstrating independent roles to make the values of the nursing profession visible to the public, and cooperating with society and nursing organizations in various activities. In addition, Buresh, Gordon, and Benner (2006) proposed that when head nurses are questioned about their position they have the opportunity to explain the positive aspects of their profession in the role of advocate.

Nurses' role in the advocacy of patients has been the focus of many articles and studies. (Bennett, 1999; Connor & Kelly, 2005; Foley, & Minick & Kee, 2002, Hanks, 2005; Hanks, 2010; Pengmak, 2009; Promtape, 2004; Selanders & Crane, 2012). Only one study in Thailand (Prasertsri, 2012) explored 30 head nurses' experiences of advocacy for the nursing profession. However, without a scale to measure head nurses' actions to advocate for Thai nursing profession, it is impossible to know the extent to which Thai head nurses advocate for the nursing profession. The researcher, therefore, searched literature regarding scales measuring advocacy for the nursing profession.

A database search was conducted on ProQuest, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Business Source Complete, Directory of Open Access Journal (DOAJ), Emerald, H.W. Wilson Full Text, Wiley online library, and Scopus during 1980-2017 to explore scales developed for measuring the advocacy for the nursing profession. It was found that most scales were related to patient advocacy or nursing advocacy such as the Attitude toward Patient Advocacy Scale (APAS) (Bu & Wu, 2008), and the Protective Nursing Advocacy Scale (PNAS) (Hanks, 2010). No existing study was found on the development of advocacy for the nursing profession scale especially in Thai head nurses.

Therefore, it is essential to construct a new scale to measure advocacy for the nursing profession in Thailand. The newly developed scale can be used to assess head nurses' role to advocate for the nursing profession. Such information on head nurses' advocacy will be baseline data for nursing divisions which can be used to find strategies to enhance head nurses' advocacy role. In addition, the scale is needed to measure the improvement of head nurses' advocacy for the nursing profession.

## **Objective**

To develop the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai) and to evaluate its psychometric properties.

## **Research questions**

1. What are the components of the Advocacy for the Nursing Profession Scale of Thai Head Nurses?
2. How valid and reliable is the Advocacy for the Nursing Profession Scale of Thai Head Nurses?

## **Conceptual framework**

Concept analysis of advocacy for the nursing profession and literature reviews regarding nurses/head nurses' advocacy roles for the nursing profession were performed to develop the conceptual framework of the study. Attributes of advocacy for the nursing profession from the concept analysis, Code of Nursing Ethics (The Nurses Association of Thailand, 2003), and head nurses' advocacy roles from a qualitative study (Prasertsri, 2012) were synthesized to guide the scale development.

### **1. Attributes of advocacy for the nursing profession**

Advocacy is defined as speaking up or standing up for, and acting on behalf of individuals, groups, or society. It is also defined as informing others of their rights, protecting and defending what one believes, supporting other's wishes and needs, and acting as a representative of workplace and organization (Finkelman & Kenner, 2013; Grace, 2001; Hamric, 2000; Hanks, 2008; MacDonald, 2006; Marquis & Huston, 2017; Potter & Perry, 2003; Tannous, 2000; Taylor, Lillis, LeMone, & Lynn, 2011).

Therefore, advocacy for the nursing profession is speaking up or standing up for, and taking actions on behalf of the profession. It is a moral obligation of nurses to advocate for the nursing profession. From concept analysis, it was found that the core

attributes of advocacy for the nursing profession consisted of: (1) protecting the nursing profession, (2) providing information of the profession to the public, (3) supporting and promoting the professions' activities, and (4) acting as a representative of the profession.

### ***1.1 Protecting the nursing profession***

Protect is defined as to cover or shield from harm, injury, danger, or to maintain the status (Mish, 1996), to defend or guard from attack, invasion, insult or keep safe from harm, injury (Hornby, Harris, & Stewart, 1993). Protecting the nursing profession is one of the important roles of nurses in maintaining the status of the profession, defending or protecting patients, themselves and the profession from harm, attack, invasion, and insult by using knowledge, and performing their duties with academic principles and the highest professional standards (Foley, Minick, & Kee, 2000; Tomajan, 2012; Wilson, 1979; Yoder-Wise, 2011). Head nurses protect the nursing profession by demonstrating their ethical leadership and inspiring nurses to perform nursing practice based on codes of ethics and professional law. Ethical behaviors of head nurses and nurses will gain trust from the public (Altuntas, & Baykal, 2010; Rich, 2016). The nursing profession can protect its image through being committed to the academic advancement of nurses and furthering the professions' self-image. (Schultz, 2018).

### ***1.2 Providing information of the profession to the public***

Accurate and adequate information is important for decisions of individuals, groups, and organizations (Saba, & Westra, 2015; Sewell, 2016). Nurses at all levels are trained to provide adequate information to patients, families, and other health care personnel. Patients who receive accurate and adequate information can make decisions based on their real needs, values, and beliefs (Fry, & Johnstone, 2008). Therefore, their decisions are autonomous and benefit them. In addition, nurses have an obligation to the nursing profession to provide information regarding the nursing profession to the public. Such information includes the roles and performances of the nursing profession, nursing organizations, and the roles of nurses to promote people' health and well-being (Darvish, Bahramnezhad, Keyhanian, & Navidhamidi, 2014).

### ***1.3 Supporting and promoting the professions' activities***

Head nurses support and promote the profession's activities by active involvement in professional organizations. Such activities include cooperating in organizing social activities with professional organizations, and assisting victims of disaster. Moreover, collaboration with organization's activities and dedicating self after work hours or sacrificing personal happiness for the benefit of others are important roles of head nurses to support the nursing profession and inspire nurses to act in a way of supporting and promoting the nursing organization (Kuokkanen, 2000). In addition, head nurses have a responsibility to publicize or campaign for the nursing profession's activities which benefit both the public and society.

### ***1.4 Acting as a representative of the profession***

The definition of act means the doing of a thing, the process of doing something (Mish, 1996) or perform a role, fulfil the function (Hornby, Harris, & Stewart, 1993). Being a representative of the nursing profession, head nurses must be competent in their work including clinical practice skills, maintaining professional and academic expertise through continuing education, and pursuing certification in some specialty areas. With knowledge and skills in academic and clinical functions, head nurses can gain trust, and respect, and collaborate with patients and others. In addition to competence, having a strong ethical character is essential for head nurses to act as a representative of the nursing profession (Pullen, 2010). According to Epstein and Turner (2015), nurses at all levels are expected by society to demonstrate ethical practice as their decisions and their actions affect the health and lives of other people.

## **2. The Code of ethics for Thai nurses**

The code of ethics related to the advocacy for nursing profession

The nursing profession can be recognized from patients, the public, and the other professions which affect the good image of the nursing profession. Head nurses must be good, ethical, and maintain a high standard of care until the patient is safe. Professional nursing has a body of knowledge, a high level of ability, and has developed itself to compare with other professions. This has aided the acceptance of

the nursing profession in society. The nursing code of ethics has three statements which related to advocacy for the nursing profession can be used as a guide for this study.

2.1 Professional practice with excellence orientation. This statement requires nurses to provide care based on knowledge and rationale, continue to develop knowledge and experience, maintain professional competence, perform evaluation, and professional practice with high standard.

2.2 Responsibility in making trust to the nurses and the nursing profession. This statement requires the performance of ethical behaviors in personal life, professional practice with commitment to the nursing Code of Ethics and respect for the law, the provision of quality care and acknowledgement by the public, cooperation in the development of the nursing profession “with unity”, and the maintaining of good human relations and cooperation with others to benefit the society at local, national, and international levels.

2.3 Participating in professional advancement. This statement requires participation of nurse as a leader in nursing practice, education, research, and administration, to lead professional direction, policy, and plan for the development of the profession and knowledge including nursing techniques, basic theories, and advanced specialized nursing science. The collection and dissemination of knowledge and information of the profession, and the demonstration of roles as an individual, and cooperation within the institution, profession, organizations, and national, and international levels are also necessary.

### **3. Head nurses’ advocacy roles**

The study related to the concept of advocacy for the nursing profession focused on head nurses’ experiences regarding their advocacy for the nursing profession based on a conceptual framework of the Thailand’s Code of Nursing Ethics for nurses (Prasertsri, 2012). The results were as follows:

### 3.1 Nurturing, coaching nurses to be good and smart.

The theme reflected head nurses' advocacy role for the nursing profession by nurturing and coaching nurses to be good and smart because they believe that nurses who are knowledgeable, competent, and moral will enhance quality of care which will promote the nursing profession's image to the public.

### 3.2 Developing competencies to the same level as other professions.

Head nurses work with the other professions in the healthcare system. Therefore, a head nurse must develop or gain knowledge, skill, competency and expertise in their area. Head nurses seek to perform professional nursing ability through acceptance from a multidisciplinary team.

### 3.3 Cultivating nurse leaders through administrative skills development and provision of training opportunity.

Head nurses cultivate nurses through administrative skills by providing opportunities for training nurses especially nurse leaders. The nursing profession requires teamwork, decision making skills, problem solving, and regulation all of which are important administrative roles for nurse leaders.

### 3.4 Building trust of the patients by ethical performance.

Building trust by ethical performance is expected from society due to nurses being expected to demonstrate ethical behaviors such as veracity, and fidelity.

### 3.5 Setting the goal to be excellent and inspiring others to commit to the goals

Head nurses reflected an advocacy role by inspiring subordinates or nurses to be engaged and enthusiastic in their work. Head nurses seek opportunity to search or develop guidelines, innovation, and research through successful performance or achievement of goals.

3.6 Demonstrating independent roles to make the values of the nursing profession visible to the public

The Nursing profession has autonomy and an independent role in which the nurses' role is to ensure it is obvious that colleagues, administrators, patients, and society are accepted and perceive the values of the nursing profession.

3.7 Being a role model as a good person with good character.

Head nurses are visible to the public as role models both personally and in their work. Nurse leaders must be role models with good character, behavior, and self-development.

3.8 Co-operating with society and nursing organizations in various activities.

Head nurses cooperate with the community and organizations for social activities. This is because head nurses believe that relationships with other units, communities, society, and organizations benefit and promote acceptance of the nursing profession.

The conceptual framework is shown in figure 1.1



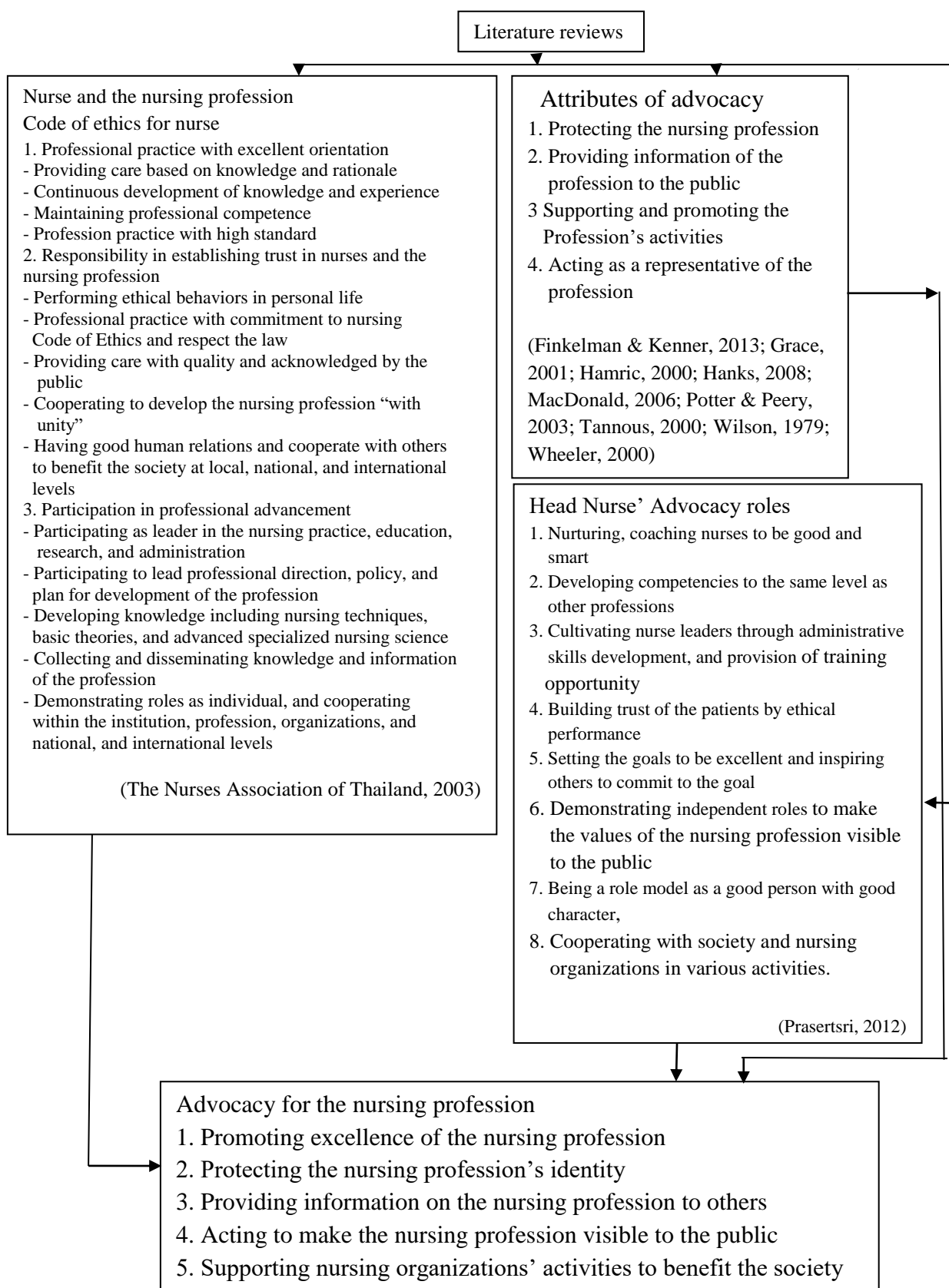


Figure 1.1 Conceptual framework

## **Measurement framework**

The measurement framework is important for the guidelines of the research design and interpretation of the measurement. To construct the advocacy for the nursing profession scale for Thai head nurses (ANPS-Thai), a norm-referenced framework will be used. When measuring subject performance in respect to other subjects in a precise comparison this framework is commonly used. This framework is to measure a specific characteristic which can maximally discriminate among subjects processing different amounts of the characteristic (Waltze, Strickland & Lenz, 2017). The scores of the advocacy for the nursing profession scale will be compared among head nurses.

## **Definition of terms**

Advocacy for the nursing profession is defined as speaking up or standing up for, and actions taken by head nurses on behalf of the nursing profession which includes promoting the nursing profession development, protecting the nursing profession's identity, providing information of the nursing profession to others, acting to make the nursing profession visible to the public, and supporting nursing organizations' activities to benefit society.

### **1. Promoting excellence of the nursing profession**

Nursing education ensures nurses have resulting knowledge and skills to help them to adapt to different situations and solve problems. (Hood, 2014). The quality of both nursing health care and patient care are enhanced through the provision of continuous education. (Fumic, Marinovic, & Brajan, 2014). Nurse study and search for effective guidelines to improve nursing care to meet standards equal to high quality institutions. Nurses link research to practice by assessing research utilization (McLaughlin, & Sanchez, 2017). Advancing knowledge and furthering experience result in improvements in performance, increases in professional

knowledge and self-esteem which consequently enhance the status of the nursing profession. (Jaradeh, & Hamdeh, 2010).

## 2. Protecting the nursing profession's identity

Protecting the nursing profession is one of the important roles of nurses in maintaining the status of the profession, defending or protecting patients, themselves and the profession from harm, attack, invasion, and insult by using knowledge, performing their duties with academic principles and the highest professional standards (Foley, Minick, & Kee, 2000; Tomajan, 2012; Wilson, 1979; Yoder-Wise, 2011). Head nurses protect the nursing profession by demonstrating their ethical leadership to inspire nurses to perform nursing practice based on codes of ethics and professional law. Ethical behaviors of head nurses and nurses will gain trust from the public (Altuntas, & Baykal, 2010; Rich, 2016). Commitment to promoting academic advancement ensuring the development of nurses and being committed to enhancing nursing's self-image can improve and protect the nursing profession. (Schultz, 2018).

## 3. Providing information on the nursing profession to others

Accurate and adequate information is important for decisions of individuals, groups, and organizations (Saba, & Westra, 2015; Sewell, 2016). Nurses at all levels are trained to provide adequate information to patients, families, and other health care personnel. Patients who receive accurate and adequate information can make decisions based on their real needs, values, and beliefs (Fry, & Johnstone, 2008). Therefore, their decisions are autonomous and benefit them. In addition, nurses have an obligation to the nursing profession to provide information regarding the nursing profession to the public. Such information includes roles and performances of the nursing profession, nursing organizations, and roles of nurses to promote people's health and well-being (Darvish, Bahramnezhad, Keyhanian, & Navidhamidi, 2014).

#### 4. Acting to make the nursing profession visible to the public

Head nurses must be competent in their work including clinical practice skills, maintaining professional and academic expertise through continuing education, and pursuing certification in some specialty areas. With knowledge and skills in academic and clinical functions, head nurses can gain trust, and respect, and collaborate with patients and others. In addition to competence, having a strong ethical characters are essential for head nurses to act as a representative of the nursing profession (Pullen, 2010). According to Epstein and Turner (2015), nurses at all levels are expected by the society to demonstrate ethical practice as their decisions and their actions affect the health and lives of other people.

#### 5. Supporting nursing organizations' activities to benefit the society

Head nurses support and promote the profession's activities by active involvement in professional organizations. Such activities included cooperating in organizing social activities with professional organizations, and assisting for victims of disaster. Moreover, collaboration with organization's activities and dedicating self after work hours or sacrificing personal happiness for the benefit of others are important roles of head nurses to support the nursing profession and inspire nurses to act in a way of supporting and promoting the nursing organization (Kuokkanen, 2000). In addition, head nurses have responsibility to publicize or campaign for the nursing profession's activities which benefit the society and public. The result of this step was the five components of advocacy for the nursing profession which were used to develop an item pool.

### **Significance of the study**

This research is significant to the administration, research, and education of nursing.

### 1. Nursing administration

Administration can utilize the Advocacy for the Nursing Profession Thai Head Nurses Scale (ANPS-Thai) to assess advocacy for the nursing profession for Thai head nurses and acquire legitimate results. The findings of this study will be used to evaluate head nurses level of advocacy for nursing profession reflecting head nurses' role. After that strategies will be identified to advance the role of nurses and head nurses in promoting nursing profession advancement, protecting the nursing profession's identity, providing information on the nursing profession to others, acting to make the nursing profession visible to the public, and supporting nursing organizations' activities to benefit society. Nursing administrators provide training programs for head nurses to develop nursing skill. Professional nursing can ensure head nurses will be a role model of advocacy for others.

### 2. Nursing research

The ANPS-Thai tool demonstrated acceptable psychometric properties to be a standard instrument. The researcher can use the ANPS-Thai in assessing advocacy for the nursing profession in countries which have a similar cultural context. The implications of the ANPS-Thai can be maximized in general government hospitals since they are the setting in this study. The results of this study can be used to guide researchers who are interested in advocacy for the nursing profession in other groups of hospital such as tertiary hospital or primary hospital with suitable modification.

### 3. Nursing education

Educators can use the scale of advocacy for nursing profession in teaching nursing students in clinical and nursing administration curriculum or other courses. It is essential for nursing students or nurses to prepare advocacy skills to overcome

barriers that enhance the quality of care and promote advancement of the nursing profession.

### **Summary**

Advocacy for the nursing profession is important in nursing organizations because it aids the advancement of the profession and increases trust in the nursing profession. However, it is rarely mentioned and no instrument to measure the advocacy for the nursing profession has been found in Thailand. The objective of this study is to develop the Advocacy for the Nursing Profession Scale for Thai Head Nurses and determine its psychometric properties. The two research questions are (1) What are the components of the Advocacy for the Nursing Profession Scale for Thai Head Nurses? (2) How valid and reliable is the Advocacy for the Nursing Profession Scale for Thai Head Nurses? The concept analysis and literature reviews on the nursing profession, Code of Nursing Ethics (The Nurses Association of Thailand, (2003) develop concept framework of the study, were synthesized as the conceptual framework. The methodology of the study will use the scale development in 2 parts. The first part is the development of Advocacy for the Nursing Profession Scale for Thai head nurses (ANPS-Thai). The second part is psychometric evaluation with the ANPS-Thai.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Introduction**

To construct the Thai Head Nurses' Advocacy for the Nursing Profession Scale, the review will cover the following topics:

1. The nursing profession
  - 1.1 Definitions of the nursing profession
  - 1.2 Characteristics of the nursing profession
  - 1.3 Professional nurses' roles
2. Advocacy as an ethical concept in the nursing profession
  - 2.1 Definitions of advocacy
  - 2.2 Advocacy in the nursing profession
  - 2.3 The importance of advocacy for the nursing profession
  - 2.4 Attributes of advocacy in the nursing profession
  - 2.5 Factors related to advocacy for the nursing profession
3. The Code of Ethics for Thai nurses as a foundation of advocacy
4. Head nurse roles in advocacy for the nursing profession
  - 4.1 Promoting advocacy for the nursing profession by head nurses
  - 4.2 The study related to advocacy for nursing profession by head nurses
5. Measurement tools related to advocacy in the nursing profession

#### **1. The nursing profession**

##### **1.1 Definitions of the nursing profession**

Profession is defined as “the group’s mission and foundations of practice, the mastery of theoretical knowledge, development of the capacity to solve problems, use of practical knowledge and self enhancement of continued learning and

development” (Black, 2017). A profession is generally differentiated from other careers by (1) the pertinent specialized training needed to gain the required knowledge to fulfil the role, and (2) the situation of the individual role in relation to servicing a community or establishment. The standard of education and practice for the profession are defined by the profession’s members rather than by the outsiders. The education of the professional involves attitudinal aspects and social and its technical features unlike those usually required in other groups of occupations. (Blais, Hayes, Koziar, & Erb, 2006).

The nursing profession is “an occupational group of persons with a set of attitudes or behaviors, or both” (Kelly & Joel, 1999). Professional nurses have improvisational skills which support the ability to individualize care for clients in various settings. Scientific knowledge provides the foundation for professional practice and the art of adaptation is then used in care techniques. Hence, nursing is not only thought of as a science, but also an art (Hood, 2014). Nurses have a responsibility to deliver care to their patients and professional knowledge at their expected level of practice in hospital (Tappen, Weiss & Whitehead, 2004). Nursing, has been noted for its dynamism, as it is comprised of several different components including an established a code of ethics, standards of practice, education, service, and research (Zerwekh & Zerwekh, 2012). For a registered nurse, nursing practice has been described as using health services such as health teaching, case finding, counseling, and preparation of supportive or restorative care to diagnose and treat actual or potential health problems (Mason, Isaacs & Colby, 2011).

## **1.2 Characteristics of the nursing profession**

The characteristics of the nursing profession adhere to standards of professional practice for actions and nursing practices within an ethical and regulatory framework as follows (Black, 2017; Hood, 2014; Schwirian, 1998):

1.2.1 A profession has relevance to social values. Nurses are not only focused on the treatment component of patient care, but also on wellness and health promotion issues, as a part of their nursing practice. Nurses will become increasingly



important because of their ability to be managers of wellness and teachers of health promotion activities, that activities have an impact on social values.

1.2.2 A profession has a training or education period. An educational process for any professional is critical because it transmits the knowledge base on the profession and through research and other scholarly endeavors, advances the practice of the profession.

1.2.3 Aspects of self-motivation focus on the way patients, family and society are served by the nursing profession. Political activity is a way of translating social value into action. The nursing profession is rewriting its role through the vital nursing skills it provides to care for patients today, the medical and technological advancement it utilizes, and its future vision for nursing care.

1.2.4 A profession has a code of ethics. Nursing, like other professions, has ethical dimensions.

1.2.5 A professional has a commitment to lifelong work. Nursing as a career has great potential for financial rewards, involvement in a variety of professional endeavors, several different areas of practice, and to prevent repetition a lifelong work commitment.

1.2.6 Members control their profession. Nurses are not entirely autonomous. Although nurses have the challenge to ensure that members of the profession honor the trust given by society, they also work under professional and legislative control. Nurses are expected to take responsibility for their own actions and not just follow orders without thinking critically.

1.2.7 A profession has a framework of theory which professional practice is based on. Nursing continues to be based in the sciences and humanities.

1.2.8 The nursing profession is comprised of members who share both an identity and a unique subculture.

### **1.3 Professional nurses' roles**

Professional nurses, despite their area of practice or environment, have traditional duties and responsibilities and multiple roles which include those of care

provider, counselor, client advocate, leader, manager, agent of change, researcher, and inter-professional health care team coordinator (Koch, 2017).

### ***Care provider***

The role of care provider is basic to the nursing profession. The nurses assess the strengths and weaknesses of clients, their coping behaviors, resources, and the surroundings to ensure the self-care abilities and problem solving of both the client and family are optimized. The nurse coordinates curative interventions with the client, physicians, and other health care providers. In addition, nurses take responsibility by coordination of care which involves other health care professionals or resources, helping the client and providing continuity with the health care system. Caring is a fundamental characteristic of the nursing expert and perpetually focal to nursing interventions (Cherry, 2017).

### ***Educator and counselor***

Multiple factors increase the need for nurses to serve as educators. Health promotion and health maintenance is a current priority, in addition to managing disease. The role of nurse counselor has been elevated to new heights. Nurses assist clients to consider options, identify their choices, and nurture a sense empowerment in a fast developing health care environment.

### ***Client advocate***

Professional nurses perceive that the client advocacy role is fundamental with numerous client groups in a multitude of situations. The essential duties involved including promoting what is the best for the client, or ensuring the needs of client are met, and protecting the client's rights. The nurse has an obligation to advocate for high quality and safe patient care. This role is to respect client decisions and support client autonomy (Master, 2017).

### ***Leader and manager***

Professional nurses' leadership role is to the healthcare system. Leadership in nursing differs depending on level and includes duties such as: improving health status and potential of individuals and families, ensuring the provision of high quality care in all health care settings, increasing professional colleagues' effectiveness and level of satisfaction, providing care, and managing multiple resources in a health care facility. The management role nurse is now of greater importance than ever before and includes planning, providing direction, and monitoring and assessing nursing care of individuals, families, and communities.

### ***Researcher***

Nursing has taken its place among other disciplines in the result and used of research specific to its profession. Along with the majority of researchers who operate at doctoral and postdoctoral levels, there is an increasing number of nurses with master's degrees, and also at baccalaureate and associate degree levels taking part in research. These nurses might be providing assistance with data collection, appraising research findings, and utilizing findings in practice. Nurses link research to practice by assessing research utilization, consulting with staff members to determine clinical problems, and assisting staff to discover, implement, and evaluate findings in order to improve health care. (McLaughlin, & Sanchez, 2017).

### ***Coordinator of the inter-professional health care team***

Inter-professional teams consist of health care professionals from multiple disciplines and include nurses, doctors, pharmacists, social workers and other specialized therapists. Through the formal and informal communication of ideas and opinions of team members, health care plans are determined. Each discipline brings its own set of comprehensive specialized skills and knowledge, thus, advancing care quality and satisfaction of both patients and nurses. In turn, this keeps down hospital costs through a decrease in the length of hospital stays and improves nurse retention.

## **2. Advocacy as an ethical concept in the nursing profession**

### **2.1 Definitions of advocacy**

The word advocate originates from the *advocatus* in Latin, which means a person called forth to provide evidence (Blais, Hayes, Kozier & Erb, 2006). The term of evidence may include information about existential needs or preferences of the patient, patient's rights, and knowledge based on evidence of care in a certain situation. In the legal context, the word "advocacy" refers to lawyers' defense of their client and act to plead on behalf of another who cannot speak for themselves (Grace, 2001; Wheeler, 2000). The Merriam-Webster dictionary stated that "Advocacy is the act or process of supporting a cause or proposal: the act or process of advocating for something." Advocates are known for backing causes or specific concerns. Since the days of Florence Nightingale, nurses have been at the forefront of advocating for accessible, quality healthcare. The American Nurses Association (ANA) (2010) defined advocacy as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities, and populations." Social work advocacy is the special representation of a client and attempting to influence decision making in an unresponsive system (Schneider, Lester, & Ochieng, 2013). Advocates promote change by taking action to advance a concept, individual, demand or collective with the purpose of affecting attitudes, behavior and decisions through the use of strategies which are cognitive, emotional and behavioral (London, 2010). Health advocacy is supportive and educational services maintain, improve, and manage the health of a patient. Community health uses advocacy for supporting self-care and health lifestyle. (McGinnis & Zoske, 2013). It represents action toward public policy and systems level change. Nurse advocate for both patients and families through conversing with a healthcare team, respecting, protecting, speaking and acting on behalf of the patient (Hank, 2010).

Professional advocacy can be described as a multidimensional, proactive process through which the advocate defends or promotes the rights of others while changing the system to meet the need (Yoder-Wise, 2011). Health, safety, and patients' rights, including their right to privacy, are the main reasons nurses advocate. Nurses are able to make a distinct connection with patients to understand their opinions through the use of knowledge specific to the registered nurse. (Potter, Perry, Stockert, & Hall, 2013). Vaartio, Leino-Kilpi, Salanterä, and Auominen (2006) described nursing advocacy as better than good care, empowerment of patients, a respect for patients' rights and showing respect as a representation of professional duties. According to Hanks (2008) nursing advocacy includes the actions of speaking on behalf of patients, ensuring their needs are met, and encountering the contentment and dissatisfaction that comes with changes in patient behavior. Advocacy uses skills learned in training that are further developed through working experience. Advocacy for the nursing profession is viewed as the actions of the professional role of a nurse while assuming the nurse role is directed at fulfilling the goal of the profession in which objectives further capture the scope of nursing responsibilities (Grace, 2001), maintaining unity, ensuring nurses are informed, promulgating nursing knowledge, and fostering professional progress (Matthews, 2012). According to Marquis and Huston (2012), advocacy is helping others by informing people who empower less of their rights and making sure they have sufficient information on which to base their decisions. According to Breeding and Turner (2002), the need for finding informing and supporting the nurse advocating on behalf of a patient in response to awareness of the patient's need.

Advocacy for the nursing profession is defined as speaking up or standing up for, and actions taken by head nurses on behalf of the nursing profession which includes promoting the nursing profession development, protecting the nursing profession's identity, providing information of the nursing profession to others, acting to make the nursing profession visible to the public, and supporting nursing organizations' activities to benefit society.

## 2.2 Advocacy in the nursing profession

Advocacy is one of the ethical concepts which form the foundation for professional nursing. It is used to explain the anatomy of the relationship between nurse and patient, the right protection model and views the nurse as the defender of patient rights in the healthcare system. Advocacy is described as a values based decision model, viewing the nurse as the person who assists the patient to ensure their needs, interests and choices are appropriate for their values and lifestyle. Moreover, advocacy is to describe respect-for-persons, and understanding the patient as a fellow human being entitled to respect. The advocate role is carried out on account of self and/or others with the purpose of increasing knowledge of an issue in addition to promoting health, preventing illness, and relieving suffering (Fry & Johnstone, 2008). Advocacy is most often on behalf of a patient (Westrick, 2014). Moreover, nurses need to advocate for themselves as well as for their profession. Nurses may claim to have a unique position as advocate among all other health care professionals (Simmonds, 2008).

The nurse's role is as a nursing advocacy. Sellin (1995) explored patient advocacy employed in institutional nursing, and defined the meaning of patient advocacy such as standing up for the patient, protecting, and acting on the patient's behalf including speaking out to other healthcare professionals and physically refusing to allow a procedure to take place. Watt (1997) studied nursing advocacy by outlining the themes describing the basis of nursing advocacy, such as respect for human rights and the relationship between nurses and patients. The process of nursing advocacy included informing, supporting, and representing patients in the setting. Chafey, Rhea, Shannon and Spencer (1998) defined advocacy as coordination with the system, intervening with the system on behalf of the patient and empowering and relating interpersonally with the patient. O' Connor and Kelly (2005) defined advocacy as "expert knowledge to advocate effectively, challenge traditional healthcare power structures, and bridge the perceived communication gap" between patients and other professions and the health care system. Nursing is taking responsibilities in order to meet the profession's commitment to providing care for everyone in need. Nurses are

providing healthcare service to individuals, families, and community (Fry & Johnstone, 2008). Nurses' effect on patient outcomes and nursing contributions to organization safety and quality are increasingly evident. For nursing, advocacy defines speaking out for other persons and themselves, respecting, protecting, speaking and acting on behalf of patient (Finkelman & Kenner, 2013; Grace, 2001; Hamric, 2000; Hanks, 2008; MacDonald, 2006; Potter & Peery, 2003; Tannous, 2000).

### **2.3 The importance of advocacy for the nursing profession**

Nurses are the most numerous profession within healthcare and according to the public, the most trusted (Kunaviktikul, Anders, Srisuphan, Chontawan, Nuntasapawat, & Pumarporn, 2001). Advocacy on the behalf of patients, colleagues and the profession is essential. Head nurses are provided with the chance to positively impact the profession. There are consisted of advancement of the nursing profession, professional image, and trust.

#### **Advancement of the nursing profession**

Professional advancement is structured activity that the nursing division plans for increasing, knowledge advancement and staff capabilities. It offers nurses the opportunity to increase their capabilities and participate in professional promotion (Sheikhi, Khoshknap, Mohammadi, & Oskouie, 2016). Continuing education while working results in promoting knowledge and skill that facilitates nurse advancement.

Professional advancement for nurses is essential to the individual, health care organization, and nursing's place in the interdisciplinary care team. Profession advancement refers to the pathway to higher qualifications and clinical skills for those nurses able to reach the required standard which in turn works towards the goal of nursing excellence. It involves acquiring skills to ensure high standards of clinical care and execution in order to provide safe and high quality care (Adeniran, Bhattacharya, & Shrivastava, 2015).

### **Professional image**

The nursing professions image is constantly evolving in response to the media, issues related to women and the surrounding environment in regards to healthcare (Adaryani, Salsau, & Mohammadi, 2012). The nursing profession is currently building a positive and proficient image which should be supported and continued by nurses new to the profession. This can be carried out by behaving ethically to support their self-image and ensuring they are aware of the challenges and opportunities, they will encounter (Schultz, 2018).

Advocacy is essential to the nursing role. It involves representing not only patients and families, but also themselves as nurses and the nursing profession. In order to be successful advocates in their daily duties as nurses and personal lives, they should be assertive and as a result feel empowered (Hoeve, Jansen & Roodbol, 2013).

Nurses represent the profession in all situations and settings. Their image is conveyed through their appearance, dress, and the identification they carry. It is a requirement for nurses to represent their profession in inter-professional gatherings where they have the opportunity to further enhance the image of the profession by communication the details of their position and skill set. This can be carried out both verbally and with the use of effective presentation skills and equipment. Clear communication through techniques such as story-telling and power point presentation and showcasing their proficiency will further promote the image of the nursing profession (Hoeve, Jansen & Roodbol, 2013).

### **Trust**

Trust is essential in the relationship between the healthcare professional and patient. In healthcare, nursing talks about ethics. The field of bioethics is an important part of work. In nursing, nurses follow the Code of Ethics. This Code of Ethics consists of guidelines for quality nursing care. An essential constituent of ethics is trust. Nurses need to trust the honesty of colleagues and others and do the right thing. It is vital for nurses to be undeviating in their approach to improve the health of the public through being honest, trustworthy and ethical (Rutherford, 2014; Olshansky, 2011). Trust is an important aspect of nursing and occurs in a setting where nurses



exhibit competence and knowledge, share information and maintain confidentiality (Roetveit, Hansen, Leiknes, Joa, Testad, & Severinsson, 2015).

## **2.4 Attributes of advocacy in the nursing profession**

Literature related to advocacy in the nursing profession has emphasized patient advocacy or nursing advocacy. The nurses' roles as advocate include protecting, providing information, supporting, and acting (Finkelman & Kenner, 2013; Fry & Johnstone, 2008; Grace, 2001; Hamric, 2000; Hanks, 2008; MacDonald, 2006; Potter & Peery, 2003; Sellin, 1995; Tannous, 2000).

### **2.4.1 Protecting the nursing profession**

Protect is defined as to cover or shield from harm, injury, danger, or to maintain the status (Mish, 1996), to defend or guard from attack, invasion, insult, or keep safe from harm, injury (Hornby, Harris, & Stewart, 1993). Protecting the nursing profession is important roles of nurses in maintaining the status of the profession, defending or protecting patients, themselves and the profession from harm, attack, invasion, and insult by using knowledge, and performing their duties with academic principles and the highest professional standards (Foley, Minick, & Kee, 2000; Tomajan, 2012; Wilson, 1979; Yoder-Wise, 2011).

Head nurses protect the nursing profession by demonstrating their ethical leadership to inspire nurses to perform nursing practice based on codes of ethics and professional law. Ethical behaviors of head nurses and nurses will gain trust from the public (Altuntas, & Baykal, 2010; Rich, 2016) The nursing profession can protect itself through being committed to improving its image by ensuring the progress of all nurses which can be achieved by means of furthering their knowledge and level of academic attainment (Schultz, 2018).

### **2.4.2 Providing information of the profession to the public**

Accurate and adequate information is important for decisions of individuals, groups, and organizations (Saba, & Westra, 2015; Sewell, 2016). Nurses at

all levels are trained to provide adequate information to patients, families, and other health care personnel. Patients who receive accurate and adequate information can make decisions based on their real needs, values, and beliefs (Fry, & Johnstone, 2008). Therefore, their decisions are autonomous and benefit them. In addition, nurses have an obligation to the nursing profession to provide information regarding the nursing profession to the public. Such information includes roles and performances of the nursing profession, nursing organizations, and roles of nurses to promote people's health and well-being (Darvish, Bahramnezhad, Keyhanian, & Navidhamidi, 2014).

#### 2.4.3 Supporting and promoting the profession's activities

Head nurses support and promote the profession's activities by active involvement in professional organizations. Such activities included cooperating in organizing social activities with professional organizations, and assisting victims of disaster. Moreover, collaboration with organization's activities and dedicating self after work hours or sacrificing personal happiness for the benefit of others are important roles of head nurses that support the nursing profession and inspire nurses to act in a way of supporting and promoting the nursing organization (Kuokkanen, 2000). In addition, head nurses have responsibility to publicize or campaign for the nursing profession's activities which benefit the society and the public.

#### 2.4.4 Acting as a representative of the profession

The definition of act means the doing of a thing, the process of doing something (Mish, 1996), or perform a role, fulfil the function (Hornby, Harris, & Stewart, 1993). Being a representative of the nursing profession head nurses must be competent in their work including clinical practice skills, maintaining professional and academic expertise through continuing education, and pursuing certification in some specialty areas. With knowledge and skills in academic and clinical functions, head nurses can gain trust, respect, and collaborate with patients and others. In addition to competence, having a strong ethical character is essential for head nurses to act as a representative of the nursing profession (Pullen, 2010). According to Epstein and Turner (2015) nurses at all levels are expected by the society to demonstrate ethical practice as their decisions and their actions affect health and lives of other people.

## **2.5 Factors related to advocacy for the nursing profession**

There are various factors related to advocacy for the nursing profession as follows:

### **2.5.1 Ethical behavior**

Ethical behavior is important to the nursing profession, which serves individuals, families and the wider community. Nurses accumulate ethical experiences through the services they provide including health promotion, restoration of health, illness prevention and alleviation of suffering. Nurses must utilize their ethical understanding to deduce what action should be undertaken (Fry & Johnstone, 2008). Nursing professionals require knowledge of ethics to guide performance. Ethical principles most relevant to nursing include beneficence and non-maleficence, justice, autonomy, veracity, and fidelity. These principles influence both moral decision making and moral action in nursing (Fry & Johnstone, 2008; Fry & Veatch, 2006; Johnstone, 2004).

The six principles of ethics are explained below in more detail (Black, 2017). Beneficence is defined as to do the good thing. In deciding what the correct course of action is, nurses should invariably contemplate the patients' background and circumstances prior to acting. The definition of non-maleficence is the responsibility to avoid harming others. The risks for patients in certain types of therapeutic treatment are part of health care, but the treatment is carried out for the long term benefit of the patient. Justice involves the same treatment for individuals with the same standing, which in healthcare terms means the same healthcare problem. In contrast, justice for dissimilar individuals denotes they receive different care appropriate to their condition. Autonomy is defined as respect of an individuals' right to choose. Patients have different values and beliefs which affect their choices and need to be respected to make them autonomous. The definition of veracity is telling the truth and avoiding telling lies. Veracity is an essential element in the building and perpetuation of trust. Fidelity is defined as loyalty or strict observation of promises or commitments which is essential in nursing in relation to both patients and colleagues.

A head nurse is responsible for managing nursing staff, equipment, and nursing services. Their daily role involves prioritization of patients, development of services and cooperation with others. The nurse's behavior is characterized by involvement with service, demonstrating dedication and enthusiasm, which indicates between knowledge and working (Marquis & Huston, 2012). Mason, Isaacs and Colby (2011) stated that "the role of the nursing profession is defined as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, while promoting advocacy in the care of individuals, families, communities, and populations."

Nurses and head nurses have an essential part to play in assuring health care services are managed effectively and efficiently. Nevertheless, head nurses face ethical problems as a consequence of healthcare laws and regulations, accountability and dispensations required by health organizations, a range of management structures, financial and manpower restrictions, working relationships with hospital health staff, their level of education. The complex nature of health care and greater workload. Additionally, it has been noted in many studies that nurses suffer from low levels of job satisfaction, burnout and experience problems in relation to nursing's negative image. Furthermore, health staff in hospitals confront additional ethical problems due to administrative processes and updated practices, which makes solving ethical problems and making ethical decisions problematic, resulting in health staff and administrators feeling under additional pressure and behaving unethically. Head nurses should know how ethical their actions are and how they can improve their ethical performance (Ozturk, 2012).

### **Ethical climate**

Ethical climate refers to common viewpoints of practice in an organization in relation to decision making and reflection of an ethical manner. This comprises power issues, trust and humanistic intercommunication within organizations (Goldman & Tabuk, 2010; Humphries & Woods, 2016). In carrying out their duties nurses are constantly affected by the ethical climate. Nurses must respond to the constraints, rewards and punishments involved by continuing to perform ethical and clinical care to

a high quality (Olson, 1998; Schneider, 1987). The ethical climate influences nurse advancement of their morals and identity and has compelled them to excel in moral and ethical issues. Its significance stems from both formal and informal culture. The influence from formal culture comprises leadership, decision making, policy, structure, rewards mechanisms and socialization, while informal culture includes behavioral norms, role modeling, ritual, and historical storytelling and language. The ethical climate should be considered in assessment of nurses, as a positive ethical environment is further improved by positive patient focused actions in an environment where responsibilities and duties are shared in an ethical manner in addition to positive communication and inter-professional cooperation (Numminen, Leino-Kilpi, Isoaho, & Meretoja, 2015; Pauly, Varcoe, Storch, & Newton, 2009; Schluter, Winch, Holzhauser, & Henderson, 2008).

### **Virtue trait**

Virtue ethics focus on the nature of people and aspects of behavior as the determining factor in analyzing ethical conduct (Brody, 1988). Moral virtues are characteristics that influence people to behave, think and feel in a prescribed manner. Cultivating and exercising moral virtues is instrumental to leading morally good lives. Exercising moral virtues tends to help people to fare well in life and helps others fare well too (Armstrong, 2006). According to Sartorio and Zoboli (2010), perspective character traits of good nurses are appropriate fulfillment of duties, dedicated patient advocacy, personal availability to welcome others, accomplished, ability to admirably perform professional duties to their conclusion, integrate both authority and power sharing in care of patients.

### **Training**

It is the responsibility of Nurses today to maintain moral integrity, duties and precepts salient to their profession. Nonetheless, nurses face a progressively more intricate web of moral decisions and demands making virtuous practice throughout organizations increasingly challenging. Decision making and altruistic patient care are based on what the nurse thinks is either right or wrong and can manifest in any situation in the healthcare environment (Urlich, Taylor, Soeken, O'Donnell, Farrar,

Danis, & Grady, 2010). Therefore, different individuals might perceive the morals or ethics of the point in question differently and as a result react in a different manner. Various factors may contribute to varying reactions such as age, gender, ethnicity, and nursing experience. Furthermore, the extent of moral behavior may be determined by the magnitude to which nurses encounter ethical problems (Jones, 1991). Nurses feel confusion in their ability how to take appropriate moral action. According to Grady et al. (2008), ethics education and training for nurses are significant as they positively influence both moral action and moral confidence, and use ethical resources. They can assist development of confidence and knowledge in decision making to take pertinent action. Continuing ethical education has been shown to have an association with high levels of confidence and moral action. Access to continuing education may also be an indicator of the organization's ethical climate and support for ethics.

### **Competency**

In Thailand, TNC (2010) defined competency as knowledge, ability, and attitudes that enable nurses to practice with safety and responsibility within the scope of their profession while being effective team members, maintaining personal and professional development, and above all, striving to be decent members of society. Competency can be categorized into 8 aspects: ethics, Code of conduct, and the law; core nursing and midwifery practices, professional characteristics; leadership, management, and quality improvement; academics and research competencies, communication and relationships, information technology, and social competency. One important aspect of competency is ethics, code of conduct, and the law which need to be defined as nurses are sensitive to ethical and legal issues, while still being capable of making moral decisions and incorporating morality into their nursing practices appropriately. This is display in actions such as taking appropriate actions to protect patients who are vulnerable to violation of rights and immoral and unethical practices, performing nursing care with kindness and compassion, taking into consideration the optimal benefits of patients, the professional code of ethics, and laws and relevant regulations. Characteristics of the other profession that nurses should attain include: be trustworthy; be a good role model in health and exhibit appropriate conduct in their interaction with patients, family members, colleagues, and others. These characteristics

also include the continuity of self-improvement, a positive professional attitude, and confident expression of opinions based on knowledge, analytical thinking, and good reasoning skills. Moreover, academic and research competencies demonstrate that nurses are aware of the significance of research and knowledge development. They possess basic knowledge in research methods, knowledge management, application of empirical information to practices, and dissemination of knowledge to the health team and to the public. Therefore, these competencies are essential for head nurses to act as a representative of the nursing profession.

### **3. The Code of Ethics for Thai nurses as a foundation of advocacy**

The Code of Ethics outlines nurses' responsibility to navigate proper channels in order to deal with matters pertaining to the healthcare environment. Additionally, the nursing Code of Ethics classifies expected skills and activities related to advocacy which advance the profession and are central to the professional nurses' advocacy role.

The essence of the Code of ethics of healthcare professions represents the discipline's promise to society (Grace, 2014). The Code of ethics for nursing emphasizes the personal conduct of the nurse, projects the ethical image of the nursing profession to the public, the responsibility of the nurse to patient maintenance of nursing practice standards, accountability for nursing actions and respecting the dignity and rights of all people to take action in instances where the rights of people are being violated or at risk of being violated to the detriment of their health and well-being (Westrick, 2014).

The Code of Ethics refers to a written list of a profession's values and standard of conduct and provides a framework for members of the profession. In the nursing profession, nurses have developed codes for nurses that state nurses' responsibility to patients, co-workers, and society which the nursing profession can use as guidelines to practice.

### **The code of ethics in Thailand**

The Nurses' Association of Thailand developed a Code of Ethics in 1985 and revised it in 2003 (The Nurses' Association of Thailand, 2003).

1. Nurse is responsible for people who need nursing care and health care
2. Nurse provides nursing service with compassion, respect for value of life, health, and well-being of people.
3. Nurse has professional interaction with clients, colleagues, and people with respect for human dignity and human rights.
4. Nurse focuses on justice and equity in society.
5. Nurse practices with excellence orientation.
6. Nurse prevents harm to clients' health and life.
7. Nurse has responsibility in establishing trust to the nurses and the nursing profession
8. Nurse has participating in professional advancement
9. Nurse has responsibility to herself as well as to others.

The nursing profession must be accepted by patients, public, and other professions which affect the good image of the nursing profession. Nurses must be good, ethical, and take care of patients to a high standard until patient safety is achieved. Nursing profession has a body of knowledge and high ability, and has developed itself comparative with other professions. This ensures society accepts the nursing profession. The code of ethics has three statements related to advocacy for the nursing profession which can be used as a guide as follows:

1. Professional practice with excellence orientation. This statement requires nurses to provide care based on knowledge and rationale, continue to develop knowledge and experience, maintain professional competence, perform evaluation, and professional practice with high standard.

All-inclusive quality and safety is ensured through health care, medical and technical accomplishments and recognized standards of treatment. Patient safety is upheld and improved by improvements in nursing health care quality and patient care effectiveness both of which are enhanced by continuous education (Fumic, Marinovic, & Brajan, 2014). It requires individuals take personal responsibility for their own



learning and development. Individual learning helps nurses to continue to update skills and remain in the workplace. Nurses will maintain a capability and competence to perform well in their current role. The result of development of knowledge and experience are improving performance, increasing professional knowledge, increasing self-esteem, and enhancing the status of the profession (Jaradeh, & Hamdeh, 2010). Nurses need to acknowledge professional practice with excellence regulation so that they get close to patients but need support in initiating and sustaining nursing care (Austin, 2011).

“Competence is the ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role or setting.” Aspects such as self-respect, self-esteem, professional status, and the meaningfulness of work are all influenced by competence. (American Nurses Association, 2001). In nursing role, a performance evaluation is currently used as achievement orientation, communication, continuous improvement, customer focus, integrity, systematic thinking, and team work to ensure nursing practice meets the highest possible standards (American Nurses Association, 2001; Saenprasarn, 2005). The provision of personal high quality care requires nurses to be compassionate, respectful and to treat patients in a dignified manner in order to ensure it is both safe and effective. It is imperative that nurses are committed to the provision of caring excellence that should be safe, compassionate and holistic. (Groves, 2014).

2. Responsibility in establishing trust to the nurses and the nursing profession. This statement requires the performance of ethical behaviors in personal life, professional practice with commitment to the nursing Code of Ethics and respect for the law, the provision of quality care and acknowledgement by the public, cooperation in the development of the nursing profession “with unity”, and the maintaining of good human relations and cooperation with others to benefit the society at local, national, and international levels.

Ethics is known to be an essential element of leadership. Ethical behavior can be promoted by nurses in order to help avert behavior that is unethical. To further ethical behavior nurses need to observe others behavior and the ramifications of those actions. The desired outcomes include, readiness to come to the aid of others, ability to

perform the task, job satisfaction, commitment to the establishment, ability to perceive the ethical situation, feelings of optimism about their working future, and feeling autonomous, and significant. Leaders are prominent mentors that engender feelings of trust and responsibility by nature of the relationship (Nelson, n.d). For example, head nurses help subordinates feel more autonomous and significant in their work which contributes to improved performance and effort.

Many nursing associations use a code of ethics to promote the profession, thus, improving standards of practice and behavior. In addition, the scope of practice is enhanced and widened and standards are ensured through competency definitions which are publicly available for all to see (Beyers, 2014). A code of ethics acts as a contract with the society it serves and is vital to the profession due to the guidance, both ethical and legal, it offers to all members of the profession. Professional codes of ethics are a system of rules and principles with which a profession is expected to regulate its members. Nursing ethics are provided the standards for professional behavior and the study of principles of right and wrong are conducted for nurses (Lachman, 2009). Ethics concern the good of an individual within society. The code provides nurses with guidance for legal and ethical responsibility to patients and society while upholding the integral rights of individuals who receive and provide nursing care (Emeghebo, 2011; Nursing and Midwifery Council, 2008).

The public image of nurses is a source of concern because of its impact on the use of nursing service by clients and the self- image of nurses. Kalisch, Begeny, and Neumann (2007) studied the image of nurses on the internet and results were that approximately 70% of nurses were shown to be both educated and intelligent, while 60% were competent, accountable, committed, trustworthy, and respected. Nurses were noted for their proficiency and skills. The Gallup survey, conducted annually, analyzing trust in different professions (Riffkin, 2014), shows the public continues to rate nursing as the most honest and ethical. 80% of Americans say nurses have "very high" or "high" standards of honesty and ethics. A nurses' appearance was studied a sign for good characters as was fulfilling their duties correctly, prepared and available to welcome others, and being proactive patient advocates. They are recognized as talented, and competent persons that carry out professional duties perfectly (Sartorio, & Zoboli, 2010). Nurses need to act in response to the demands of hospitals,

stakeholders, organizations, and government as well as those of patients. Nursing activities were centered in hospitals by coordinating nursing action to develop society (Benton, 2012). Nurses need to collaborate among nurses, nursing organizations that could build unity in the profession and strengthen nursing (Matthews, 2012).

3. Participating in professional advancement. This statement requires participation as a leader in nursing practice, education, research, and administration, to lead professional direction, policy, and plan for the development of the profession and knowledge including nursing techniques, basic theories, and advanced specialized nursing science. The collection and dissemination of knowledge and information of the profession, and the demonstration of roles as an individual, and cooperation within the institution, profession, organizations, and national, and international levels are also necessary.

Nurses as leaders could be responsible for personnel in other disciplines, not just in nursing. In many settings, teams involve nurses, teachers, therapists, technicians, pharmacists, social workers, fiscal and front-office staff, and others staff who contribute to patient care. Nurses also interact with others profession that providing nutritional services, maintaining physical facilities, supporting nursing staff in care delivery, and caring for the environment (Clipriano, 2011). The responsibilities of a nurse leader include practice, strategic planning, advocacy for human resource concerns, assuring an environment that supports clinical excellence, and promoting professional achievement (Tomajan, 2012). Nurse leaders are more than ever involved in setting organizational policies through policy committees, and they must determine how policy will be implemented in their units. Input from subordinates in forming, implementing, and reviewing policy allows nurse leaders to develop guidelines that all nurses will support and follow. Having uniform policies developed through collaboration is significant. After policy has been formulated, the head nurse has the responsibility of communicating that policy to all who may be affected by it (Marquis, & Huston, 2012).

It is anticipated that professional nurses advance the profession by exhibiting activities based on their role as an advocate. Such nurses possess proficiency valuable to further communication within the nursing profession

(Tomajan, 2012). In spite of nurses working in a range of roles and environments, their goals continue to be identical. Provision of optimal care based on evidence based research while advocating for the patient. In this role nurses need to be aware of the latest research and put in to practice evidence based nursing in the provision of care. Information gained through research can potentially be significant in patient care in all health care environments (Tingen, Burnett, Murchison, & Zhu, 2009).

### ***The International council of nurses' code of ethics***

The ICN code of ethics for nurses has four fundamental components that delineate ethical conduct standards comprised of nurses and the profession, nurses and practice, nurses and co-workers, and nurses and people. These are guidelines for nurses to take action based on social values and needs. Statements regarding nurses and the nursing profession are as follows (ICN, 2012):

1. *“The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.*
2. *The nurse is active in developing a core of research-based professional knowledge that supports evidence-based practice.*
3. *The nurse is active in developing and sustaining a core of professional values.*
4. *The nurse, acting through the professional organization, participates in creating a positive practice environment and maintaining safe, equitable social and economic working conditions in nursing.*
5. *The nurse aims to sustain and protect the natural environment and is aware of its consequence on health.*
6. *The nurse contributes to an ethical organizational environment and challenges unethical practices and settings.”*

## **4. Head nurse roles in advocacy for the nursing profession**

### **4.1 Promoting advocacy for the nursing profession by head nurses**

#### ***4.1.1 Role model of ethical leadership***

Ethical leadership is important and vital in providing direction that enables nurses to do the right thing or prevent them from doing the wrong thing. Adherence to ubiquitous standards of moral behavior is prerequisite to being an ethical leader. Ethical leadership uses common leader actions such as communication, behavior and decision making to be a role model to followers (Mihelic, Lipicnik, & Tekavcic, 2010; Wright, & Quick, 2011). Ethical leaders influence the ethical behavior of the followers by observing and setting high ethical standards and using reward and punishment. In the organization, nurses as ethical leaders, follower can learn ethical behaviors by observation and emulation of the ethical leader as their role models. Thus as ethical leader can help the development of the ethical performance in nurses. In a way, everyone who work in nursing can act as ethical leaders, for example, nurses worked in their everyday that demonstrate a commitment to ethical practice and act as an ethical role model for others. Head nurses are responsible to influence their subordinate and for acting as a mediator between professional values and organizational (Esmaelzadeh, Abbaszadeh, Borhani, & Peyrovi, 2017; Gallagher, & Tshudin, 2010).

#### ***4.1.2 Coaching/teaching***

A head nurse is responsible for developing and training patients, and subordinates to change behavior, develop a team, and help others to reach an optimum level of performance. The main focus is facilitating patients and subordinates to be aware of choices, explain information and flourish (Marquis & Huston, 2012).

#### ***4.1.3 Professional development***

Advocating for professional nursing is a leadership role (Marquis & Huston, 2012). The head nurse is responsible to patients, families, and staff for

interpreting and achieving the organization's mission and goal. Effective head nurses help to promote the health care organization. Head nurses are responsible for maintenance of their staff members' relationships at work which is comprised of organizing schedules and pay, and resolving conflict when needed. Head nurses work at various units or departments in hospitals. In general, they work in units where coordination of nursing teams is needed. Head nurses carry out the same functions as any other nurse such as carrying out high quality nursing of the patients, but they are also in a managerial position and often are responsible for whole sections of facilities as well as communication with upper management and doctors (Ray, 2017).

A head nurse is responsible for updating current professional knowledge and developments, collaborating with training directorate in planning the programs to meet self and staff learning needs, and demonstrating evidence of successful participation in mandatory courses required by the Hospital / University.

Head nurses maintain the nursing organization to support an organization structure through adherence to the basic principles of organizing, and share accountability for professional practice, collaboration and improvement of system. Meanwhile head nurses advocate for a work environment that minimizes related illness and injury (Roussel, 2013). They advocate powerfully for greater involvement of highly qualified nurses in the hospital and health care system, and other organizations that recognize the importance of the nursing profession in affecting health care quality (Prybil, Dreher & Curran, 2014). Finally, they also establish a code of ethics in their work (Black, 2017).

#### ***4.1.4 Maintain quality care***

A head nurse is responsible in the designated unit to monitor the quality of care and initiate action and implementation of appropriate corrective measures, motivate nursing/healthcare team members and promote a positive client service approach towards patients, family and visitors, and collaborate with other departments to enhance quality of patient care (Armstrong, Rispel, & Kekana, 2015).

#### **4.1.5 Research**

A head nurse is responsible for identifying areas for clinical research and participating in research and quality improvement activities, planning and conducting audits in the designated unit/ward to ensure evidence based nursing practice, and participating in research and quality improvement activities.

#### **4.2 The study related to advocacy for nursing profession by head nurses**

One study in Thailand was found concerning advocacy for the nursing profession experienced by head nurses in general hospitals, in the three southernmost provinces (Prasertsri, 2012). 30 head nurses were recruited for interview with open-ended, semi-structured questions developed based on Thailand's code of nursing ethics. Data were analyzed using content analysis. The finding found eight themes of advocacy for the nursing profession as follows:

##### **1. Nurturing and coaching nurses to be good and smart.**

The theme reflected head nurses' advocacy role for the nursing profession by nurturing and coaching nurses to be good and smart because they believe that nurses who are knowledgeable, competent, and moral will enhance quality of care which will promote the nursing profession's image to the public.

Nurse coaching provides an unparalleled opportunity to blend nursing knowledge and experience gained in the field with nursing philosophy and skills which are both holistic and unifying (Luck, 2013). Coaches were able to help new nurses or nurses, post-orientation, to enhance their skills and confidence in practice through targeted feedback, suggestions of other possible choices and outcome evaluation. The coaches' major responsibility was the affirmation and growth of the new nurses (Nelson, Apenhorst, Carter, Mahlum, & Schneider, 2004). Thus, the nurses became more skilled and secure in their profession (Grindel & Hagerstrom, 2009).

##### **2. Developing competencies to the same level as other professions.**

Head nurses work with the other professions in the healthcare system. Therefore, a head nurse must develop or gain knowledge, skill, competency

and expertise in their area. Head nurses seek to perform professional nursing ability through acceptance from a multidisciplinary team.

Proper development is essential to increase skills and abilities to help nurses in the effective performance of their job (Basavanthappa, 2011). Nurses must demonstrate collaboration, discussion and learning from other professions to challenge when required for quality. Desired competencies include respect, leadership, and being acquainted with goals, strategy and expected levels of commitment set in order work together to produce quality outcomes.

3. Cultivating nurse leaders through administrative skills development and provision of training opportunity.

Head nurses cultivate nurses through administrative skills by providing opportunities for training nurses especially nurse leaders. The nursing profession requires teamwork, decision making skills, problem solving, and regulation all of which are important administrative roles for nurse leaders.

Head nurses can create and maintain organizations which support and mentor nurses by further fostering their skills and learning, through sharing best practice. This can help develop new ideas and serve as a forum for evaluation and feedback (Bally, 2007).

4. Building trust of the patients by ethical performance.

Building trust by ethical performance is expected from society due to nurses being expected to demonstrate ethical behaviors such as veracity, and fidelity.

The nurse provides a service to patients that is performed in the spirit of religious duty. The service to patients was established as the foundation on which standards for nurses' ethical behavior would be built (Fry & Johnstone, 2008). Trust is a relationship between the patient and nurse. Nurses have competency requirements matching knowledge, skills, and behaviors with the needs of patients and families to create trusting relationships.



5. Setting and committing to goals to be excellent and inspiring.

Head nurses reflected to an advocacy role by inspiring subordinates or nurses to be engaged and enthusiastic in their work. Head nurses seek opportunity to search or develop guidelines, innovation, and research through successful performance or achievement of goals.

Nurses have goals to establish standards to improve the health and well-being of all patients in nursing care and establish responsibilities for which nurses are accountable (Black, 2017).

6. Demonstrating independent roles to make the values of the nursing profession visible to the public.

The Nursing profession has autonomy and an independent role in which the nurses' role is to ensure it is obvious that colleagues, administrators, patients, and society are accepted and perceive the values of the nursing profession.

Nurses have responsibilities beyond their shift, and they are responsible for keeping up with developments in the area while ensuring patients receive the highest quality treatment available. It is important for nurses to have a voice in healthcare related issues. The public considers the nurse to be the most trusted healthcare provider and are able to describe what nurses do (Daggett, 2014).

7. Being a role model as a good person with good character.

Head nurses are visible to the public as role models both personally and in their work. Nurse leaders must be role models with good character, behavior, and self-development.

Nurses should commit to being role models. They possess goals and values that can be encouraged and shared with others, such as experience, best practice and mentoring excellence. However, in order to achieve this, they need to foster development of trust among staff and ensure integrity in the workplace (Bally, 2007).

8. Co-operating with society and nursing organizations in various activities.

Head nurses cooperate with the community and organizations for social activities. This is because head nurses believe that relationships with other units, communities, society, and organizations benefit and promote acceptance of the nursing profession.

Nurses cooperate with different areas of society such as patients, physicians, nursing educators, administrators, researchers, professional associations, and governments. They are responsible for ensuring that patients receive a high quality of care representing a positive image of nursing and continuous efforts towards improvement (Ballard, 2003).

## **5. Measurement tools related to advocacy in the nursing profession**

Review literature found existing tools of the patient advocacy scale consist of the tools related to patient advocacy including the Protective Nursing Advocacy Scale (PNAS) (Hank, 2010) which had results that comprised four factors as follows: (1) acting as an advocate, included example items, “patients need nurses to act on the patients’ behalf, nurses are legally required to acts as patient advocates when patients are perceived to be in danger, and as the nurse, I keep my patient’s best interest as the main focus of nursing advocacy, (2) work status and advocacy actions, comprise items such as I may be punish for my actions by my employer when I inform my patients of their own rights, and nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers, (3) environment and education influences, included the following example items, increased dedication to nursing increases the nurse’s ability to act as a patient advocate, increased nursing education enhances the nurse’s effectiveness in patient advocacy, and nurse that are committed to providing good patient care are better patient advocates, and (4) support and barriers to advocacy, included, I am less effective at speaking out for my patients when I am tired, I am not an effective advocate because I am suffering burnout, and lack of time inhibits my ability to act as a patient advocate.”

According to the review of existing tools on advocacy for the nursing profession, it was found that there was no existing tool specifically for advocacy for the nursing profession, but there were tools related to the nursing profession consisting of the Nurses Professional Values Scale – Revised (NPVS-R) (Weis & Schank, 2009), the Attitude Scale for Nursing Profession (ASNP) (Coban & Kasikci, 2011), and the Administrative Ethics Behavior Scale (AEBS) (Ozturk, 2012). All of these tools were developed in western countries. This section will briefly explain the tools and their components including each of their strengths and weaknesses. The tools will be explained in terms of purposes, measurement framework, and psychometric properties.

The Nurses Professional Values Scale – Revised (NPVS-R) is related to the nursing profession in that it used the American Nurses Association Code of Ethics for nurses designed to determine nurses' professional values. The results showed 5 factors consisting of (1) caring (9 items), items include "safeguard patient's right to privacy, maintain confidentiality of patient, provide care without prejudice to patients of varying lifestyle, and protect rights of participants in research; (2) activism (5 items) with items such as participate in activities of professional nursing associations, participate in nursing research and/or implement research findings appropriate to practice, and advance the profession through active involvement in health related activities; (3) trust (5 items), including maintain competency in area of practice, accept responsibility and accountability for own practice, seek additional education to update knowledge and skills; (4) professionalism (4 items), comprising of items such as establish standards as a guide for practice, promote and maintain standards where planned learning activities for students take place, initiate actions to improve environments of practice; (5) justice (3 items), including assume responsibility for meeting health needs of the culturally diverse population, promote equitable access to nursing and health, and protect health and safety to the public."

For the Attitude Scale for Nursing Profession (ASNP), the results showed three factors: (1) properties of nursing profession, (2) preference to nursing profession, and (3) general position of nursing profession. The example items in factor 1 comprise properties of the nursing profession such as I think it is important that nurses have personal characteristics like good humour, insightfulness, devotion and charity, nurses should be compassionate, and I think communication is crucial in nursing. The

example items that showed in factor 2 included preference to nursing profession such as I love the profession of nursing, I think nursing is the most appropriate profession for me, and I would practice in any condition. The example items that showed in factor 3 concerned the general position of the nursing profession such as nurses work under very difficult conditions, I think nursing profession has not reached the state it deserves, and nursing is a very exhausting profession.

Results from the Administrative Ethics Behavior Scale (AEBS), showed four factors as follows: (1) good human relationships and humanism, examples included, listens to criticisms directed towards herself and deals with them constructively, does her best to know nurses individually, and shows sympathy to nurses and supervisor nurses, (2) justice and equality, comprised examples such as, allows nurses and supervisor nurses to exercise their legal rights, does not ignore injustices, and adopts the principle of fair punishment for guilt, (3) truthfulness and honesty, included, does not abuse resources of the organization, does not disregard forgery and frauds, and does not commit forgery or frauds concerning her job, (4) liabilities and supremacy of law, contained items such as, does fulfill illegal orders or practice, and attends education programs for her own professional development and follows the literature (5) rights and freedom, included, forces no one to adopt her belief, does not oppress nurses due to their belief, and does not prevent nurses' freedom of organization and exercise of union rights.

## **Summary**

Advocacy is one of the ethical concepts forming the foundation of professional nursing. For nursing, advocacy is defined as speaking out for other persons and themselves and active in a respectful manner. Advocacy for the nursing profession defines actions from the professional role to working on behalf of patients, themselves and their profession. Advocating for professional nursing is a leadership role. Head nurses maintain the nursing organization to support organizational structure through sharing accountability for professional practice, collaboration and improvement of the system. The Code of Ethics can be used as a guide to demonstrate advocacy for the nursing profession. It consists of the nurse always maintaining the highest standard of

nursing service, the nurse assumes responsibility to make people trust nurses and the nursing profession, and the nurse always maintains collaboration with others with the purpose of promoting the nursing profession. The components of advocacy for the nursing profession consist of protecting the nursing profession, providing information to public, supporting activities' organization, and acting as visible representative to society.

## **CHAPTER 3**

### **METHODOLOGY**

#### **Introduction**

The objectives of this study were to develop the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai) and to evaluate its psychometric properties. The research questions were proposed: (1) What are the components of the Advocacy for the Nursing Profession Scale of Thai Head Nurses and (2) How valid and reliable is the Advocacy for the Nursing Profession Scale for Thai Head Nurses?

The study was divided into two phases: (1) the development of the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai), and (2) psychometric testing of the ANPS-Thai. The scale development guidelines of DeVellis (2017) and Waltz, Strickland and Lenz (2017) were used in this study. The design of research, population and sampling technique, setting, instrument, data collection, protection of human subjects, and data analysis are presented in this chapter.

#### **Phase 1: Development of the Advocacy for the Nursing Profession Scale of Thai Head Nurses**

This phase comprised three steps including: (1) determination of the construct to be measured, (2) generation of an item pool, and (3) response format design. The details of each step are described as follows:

##### **Step 1: Determination of the construct to be measured**

The purpose in this step was to determine the construct of the study. According to DeVellis (2017), the first step of scale development is to determine clearly what it is to be measured, thus substantive theories related to the phenomenon of interest are the primary focus for the scale developer.

In this step, the researcher conducted concept analysis of advocacy for the nursing profession, and the literature review regarding the nurses/head nurses'

advocacy roles for the nursing profession in order to search for specific concepts for guiding the development of a scale to measure the Advocacy for the Nursing Profession of Thai head nurses.

### 1.1 Concept analysis of advocacy for the nursing profession

Concept analysis based on the guideline of Walker & Avant's (2011) was used to analyze the concept of advocacy for the nursing profession. All the searches were for English and Thai documents published from 1980 to 2017. Inclusion criteria included quantitative and qualitative research designs, English, Thai abstracts and full papers. Various databases were used including CINAHL, Proquest, PubMed, Business Source Complete, and Directory of Open Access Journal (DOAJ). The literature search was based on the meanings of advocacy and profession, nursing profession, advocacy for the profession, advocacy for the nursing profession, professional advocacy, and patient advocacy.

### 1.2 Literature review regarding nurses/head nurses' advocacy roles for the nursing profession

Besides the concept analysis, a literature searched emphasizing Thai nurses/head nurses' roles in advocacy for the nursing profession was performed to guide the development of the Advocacy for the Nursing Profession Scale for Thai Head Nurses (ANPS-Thai). All the searches were for English and Thai documents published from 1980 to 2017. Inclusion criteria included quantitative and qualitative research designs, English, Thai abstracts and full papers. Various databases were used including CINAHL, Proquest, PubMed, Business Source Complete, and Directory of Open Access Journal (DOAJ). The literature search was based on the meanings of head nurse role, head nurse advocacy's role, role of nursing profession, head nurse advocate for the profession, advocacy for the nursing profession, professional advocacy.

### 1.3 Integration of the results from concept analysis and the literature review to develop components of advocacy for the nursing profession

The attributes from concept analysis and the literature review regarding head nurses' advocacy for the nursing profession were integrated by analysis

of common and related terms and then synthesized to develop components of the advocacy for the nursing profession.

### **Step 2: Generation of an item pool**

The purpose of this step was to generate an item pool for the ANPS-Thai relevant to each component of the advocacy for the nursing profession. The operational definition of each component developed from the results of concept analysis and literature review was identified to guide generation of an item pool.

In generation of an item pool, DeVellis (2017) suggested selection of items reflecting the purpose of the scale. The construct of interest should generally be reflected in item content. The researcher developed a blueprint based on Waltz, Strickland, and Lenz (2017) to match each item with the content of the components. In addition, the redundant items were included in the ANPS-Thai. According to DeVellis (2017), in the scale development process redundancy in an item pool can cultivate items that reveal the phenomenon through a range of methods, thereby capturing the phenomenon of interest.

Additionally, consideration of item characteristics in item pool development was based on DeVellis's guideline. For example, long winded items avoided, positive worded items utilized, and multiple negatives avoided ensuring that not more than one idea was contained in each item. Since the advocacy is a positive concept, the ANPS-Thai contains only positively worded items.

### **Step 3: Response format design**

Likert scale is the most prevalent item form. Likert scales contain declarative sentences, along various responses indicating different degrees of agreement or statement ratification. A range of response options should be worded to indicate equal intervals with relation to agreement. The Likert Scale is widely used to measure the opinions, belief, and attitude (DeVellis, 2017). It has been stated that higher mean scores in relation to possible attainable scores may result from use of Likert scales with 5-7 points, rather than 10 points (Dawes, 2008). Empirical evidence,



uses an odd number of levels, this allows respondents a choice of various levels to ensure a high level of accuracy, that is, if the scale is increased, the result of reliability is also increased to avoid forcing respondents to choose a direction (Garland, 1991; Tsang, 2012). 5 Point Likert scales have been stated as being more reliable, due to the presence of a midpoint offering neutrality. After a review of the scale formats available, the researcher decided on 5 point Likert scale for the ANPS-Thai with 5 indicating completely true and 1 completely untrue actions of participants (Krosnick and Fabrigar, 1997).

The result of this step was the ANPS-Thai Version 1

## **Phase 2: Psychometric evaluation**

The validity and reliability of the ANPS-Thai were evaluated. The validity of the ANPS-Thai was assessed for content and construct validity. Moreover, internal consistency and stability were used to assess the reliability of the ANPS-Thai. This phase consisted of (1) determination of the validity of the Advocacy for the Nursing Profession scale, (2) pre-testing to determine internal consistency reliability, (3) consideration of inclusion of validation items, (4) administration of items for a development sample, and (5) final testing to determine construct validity and stability reliability.

### **Step 1: Determination of the validity of the ANPS-Thai**

#### **1.1 Content validity determination**

The purpose of this step was to evaluate the relevancy of the scale's content to the concept of advocacy for the nursing profession. This step used psychometric evaluation to establish the contents were representative of the concepts (Merle, 1998). Content validity determines how well test items reflected the domains. This procedure was examined by the experts. DeVellis (2017) stated that maximization of content validity should be ensured through item pool verification by a group of

experts in the specific area of study. This should be carried out on individual items in addition to the complete instrument. According to Waltz, Strickland, and Lenz (2017), evaluation of items included measuring terms for relevancy, clarity, and appropriacy for the construct, while representing the concept underlying the measure's development. To evaluate the content validity of the ANPS-Thai, the following procedures were implemented.

### ***Sample***

The initial item pool (ANPS-Thai version 1) was verified by a panel of experts to conclude whether items entirely characteristic of advocacy for the nursing profession. Lynn (1986) recommended having a minimum of five experts to determine the generated items as it can ensure incorrect conclusions are kept to a minimum. Accordingly, a group of five Thai nurses and nurse educators comprised the expert panel for this study. These experts consisted of three nurse educators who were experts in ethics and among this group one was also an expert in instrument development, and two nurse administrators who had experience in ethics research (Appendix A).

### ***Instruments***

Two forms of the instrument used in this step were: (1) the ANPS-Thai version 1 and (2) a content validity evaluation form consisting of the response format: the rating of 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, and 4 = very relevant (Appendix B).

### ***Data collection***

The steps of data collection are presented as follows:

1. A letter from the Dean, Faculty of Nursing, Prince of Songkla University was sent to directors of hospitals/experts to request permission for collection data.

2. The researcher informally contacted the experts to explain the procedures of data collection (expert review) after permission was granted.

3. A letter and a set of instruments from the Dean, Faculty of Nursing, Prince of Songkla University was issued to panel experts requesting they independently appraise if the ANPS-Thai version 1 was sufficient to represent the concept of advocacy for the nursing profession

4. The experts were asked to rate their opinions on the degree of relevance and clarity and conciseness of the items. If the experts rated at 1 or 2, they should suggestion.

### *Data analysis*

The content validity index (CVI) was utilized to determine the applicability of ANPS-Thai content to the objective of this present study. During the study, inter-rater agreement was measured at item level and in addition to the overall scale. Identification item level of content validity index (I-CVI) took place through experts rating item relevancy to decide which items should be discarded. The proportion of agreement was estimated by dividing the number of experts who rated 3 or 4 by the total number of experts (Lynn, 1986). Two procedures were utilized to compute the Content validity index for scale (S-CVI), the first method is S-CVI/UA (universal agreement) which is computed from the number of items rated 3 or 4 by all content experts divided by the total number of items on an instrument. In the second method, the S-CVI/Ave is calculated from the average of the I-CVIs for all instrument items or can be computed by averages of the proportion of items rated relevant (3 or 4) across experts. (Lynn, 1986; Polit & Beck, 2006; Polit, Beck, & Owen, 2007; Waltz, Strickland, & Lenz, 2017). If a scale is determined by five or fewer experts to have items with I-CVI = 1.00 and an S-CVI/Ave of .90, it can be considered to possess excellent content validity (Waltz, Strickland & Lenz, 2017). I-CVI and S-CVI values greater or equal to .80 in the development of a scale are endorsed as an acceptable content validity level (Lynn, 1986; Polit & Beck, 2006; Polit, Beck, & Owen, 2007).

The result of this step was the ANPS-Thai Version 2

## **Step 2: Pre-testing to determine internal consistency reliability**

Pre-testing was carried out in order to scrutinize the scale's internal consistency and item analysis.

### ***Sample***

The sample consisted of 30 head nurses/sub-head nurses who had experience as acting head nurses in a general hospital in Southern Thailand. The inclusion criteria of samples in the study were: (1) working full time in hospital, (2) having at least one year of experience as head nurses/acting head nurses, (3) able to communicate in Thai. In this study, all head nurses in the selected hospital were included as the samples. For sub-head nurses, those who had nursing experience of at least five years and at least one year as acting head nurses were randomly recruited.

### ***Instrument***

The pre testing instruments were (1) the demographic data form which consisted of age, gender, marital status, education level, position, department and years of experience of being head nurses, and (2) the ANPS-Thai version 2.

### ***Data collection***

The steps of data collection are presented as follows:

1. The research proposal was evaluated and approved by the Social and Behavioral Sciences Institutional Review Board (IRB) of Prince of Songkla University (Appendix C).
2. A letter asking for permission to collect data was sent from the Faculty of Nursing, Prince of Songkla University to the director of the selected hospital.

3. The researcher informally contacted directors of the nursing division of the hospital to ask for a research assistant after the proposal was accepted by the hospital or approved by the Hospital Institutional Review Board.

4. The researcher contacted the research assistant to explain the study plan and prepare them for data collection such as selecting the samples who met the criteria, distributing the set of questionnaires, collecting/following up the returned questionnaires using sealed envelopes, and sending the questionnaires to the researcher while maintain the confidentiality of the returned questionnaires.

5. The sample answer the questionnaires within 1 week and return back to the research assistant for sealed envelopes.

6. The researcher examined the completeness of each questionnaire after receiving it from the research assistants.

### ***Data analysis***

Data analysis were performed as follows:

#### ***1. Internal consistency***

Internal consistency involves the uniformity of scale items. If there is a logical connection between scale items and latent variables along with inter-item correlations which are high, the items concerned are deemed as measuring the same construct (DeVellis, 2017). The internal consistency reliability of the ANPS-Thai version 2 was evaluated using Cronbach's alpha coefficient. The alpha coefficient of .7 is minimally acceptable for a newly developed instrument (Nunnally & Bernstein, 1994).

#### ***2. Item analysis***

Item analysis involves statistical procedures permitting an examination of the pattern of responses to each item that provides guidelines for modification with the purpose of improving the efficacy of test items and the

legitimacy of test scores ( DeVellis, 2017). Therefore, item analysis of the ANPS-Thai using the correlations of items to item and item to total scale were analyzed. In this step, items were reconsidered and retained, revised, or deleted. The criteria to retain or delete the items of the ANPS-Thai followed three criteria proposed by Nunnally & Bernstein (1994). Firstly, the criterion level, used as an absolute guide for identifying and discriminating, was .3. Items with a level below .3 were removed from the scale's item set. Secondly, the criterion for inter item analysis was a desirable average correlation between .3 and .7. Finally, the last criterion item in the analysis was the internal consistency estimate (alpha) which should not decrease if the item was deleted.

The result of this step was the ANPS-Thai version 3.

### **Step 3: Consideration to include validation items**

The purpose of this step was determining whether or not the samples answer the items of primary interest for the reasons that the researcher assumed. There may be other motivations influencing their responses. One type of motivation that can be assessed is social desirability. Distortion may result from the motivation of an individual determined to present themselves positively in response to the expectations of society. The inclusion of a social desirability scale permits the researcher to measure the influence of social desirability on individual items (DeVellis, 2017). According to Waltz, Strickland, & Lenz (2017), in the interpretation of responses to pertinent social measures, such as affective self-report measures, personality measures, and surveys, desirability is a possible concern.

Since head nurses are expected to be advocates for the nursing profession, it is possible that their responses to the ANPS-Thai are social preference answers. Therefore, the Social Desirability Scale was distributed along with the ANPS-Thai in the development sample.

### ***Sample***

This step used the same steps as administering items in a development sample.

### ***Instruments***

The instruments used in this step comprised (1) the ANPS-Thai version 3, and (2) the Social Desirability Scale.

The original SDS was developed by Crowne-Marlow (1960), then Stober (2001) revised and created a short form called SDS-17. Its Cronbach's alpha was .74 and the convergent validity of this new scale's scores demonstrated correlations between .52 and .85 in conjunction with other social criterion including Lie Scale, Sets of Four Scale, the Eysenck Personality Questionnaire, and Marlowe-Crowne Social Desirability Scale. Besides, the scale was appropriate for adults aged 18-80 years. (Stober, 2001). Therefore, this scale was chosen to be used in this study due to its psychometric properties and the characteristics mentioned.

The original SDS-17 was in English. Sriratanaprat (2012) translated the SDS-17 from English to Thai language by back translation method. The researcher was given permission by the author to use the Thai version. Therefore, the Thai version SDS-17 was utilized in the study. If there is a no significant correlation between the ANPS-Thai and the SDS-17, it can be assumed that the ANPS-Thai is a social preference free scale.

### ***Data collection***

The steps of data collection are presented as follows:

1. A letter asking for permission to collect data was sent from the Faculty of Nursing, Prince of Songkla University to a director of each selected hospital.

2. The researcher informally contacted directors of the nursing division of the hospital to ask for a research assistant after the proposal was accepted by the hospital or approved by the Hospital Institutional Review Board.

3. The researcher contacted the research assistants to explain the study plan and prepare them for data collection such as selecting the samples who met the criteria, distributing the set of questionnaires, collecting/following up the returned questionnaires using sealed envelopes, and sending the questionnaires to the researcher while maintain the confidentiality of the returned questionnaires.

### *Data analysis*

Correlation between the mean scores of the ANPS-Thai and those of Social Desirability Scale was performed using Pearson product-moment correlation coefficient in order to ensure that the ANPS-Thai was a social preference free scale. The reliability of the SDS-17 was tested using Kuder Richardson (KR-20) before performing the Pearson product-moment correlation coefficient.

### **Step 4: Administration of items to a development sample**

The objective of this measure was to administer the pool of items to samples and to evaluate the reliability and construct validity of the ANPS-Thai. In this step, the ANPS-Thai version 3 was distributed to a large number of head nurses with working experience in general hospitals.

### *Setting*

Government general hospitals were the research setting of this study. Each province in Thailand has 1-2 government general hospitals with a total of 75 general hospitals throughout Thailand. The characteristics of a general hospital consisted of having 120-500 beds, providing secondary care, and located in large district or its province (Ministry of Public Health, 2016). The six regions in Thailand had the following numbers of government general hospitals: 14 hospitals in the north,



16 hospitals in the northeast, 3 hospitals in the east, 8 hospitals in the west, 18 hospitals in the central (excluding hospitals in Bangkok), and 16 hospitals in the south (Bureau of Policies and Strategy, 2012).

### *Population*

The population in this study were Thai head nurses who worked in government general hospitals in six regions of Thailand. The number of head nurses in each hospital were approximately 20-25.

### *Sample and sampling*

The head nurses in this study were Thai full time employees at hospitals, who have worked for at least one year in the hospital, and able to communicate in Thai. According to DeVellis (2017), larger samples would increase the generalizability of the conclusions by means of factor analysis. Sample size can differ from 5 subjects per item in relation to a minimum of 100 (Gorsuch, 1983), 3 to 6 subjects per item for a minimum of 250 (Cattell, 1966), 5 to 10 subjects per item with a minimum of 250 subjects (Tinsley & Tinsley, 1987), and up to 10 subjects per item (Munro, 2005). Another set of guidelines to determine sample size adequacy comprised: 100 subjects are poor, 200 subjects are fair, 300 subjects are good, 500 subjects are very good, and 1,000 subjects or more excellent (Comery 1973; Tinsley & Tinsley, 1987).

In this study, 5-10 subjects per item were chosen to estimate sample size. Of 75 hospitals in all regions, 50 percent of hospitals in all regions and 43-100 percent of hospitals in each region depending on the number of provinces in the region, were recruited using simple random sampling. The 37 hospitals were as follows: Northern region comprised 6 hospitals, Northeast region comprised 7 hospitals, Eastern region comprised 3 hospitals, Western region comprised 5 hospitals, Central region comprised 9 hospitals, and Southern region comprised 7 hospitals. However, 26 hospitals allowed the researcher to collect data.

### *Instruments*

The instruments used for data collection consisted of: (1) the demographic data form, and (2) the ANPS-Thai version 3 (Appendix D).

### *Data collection*

#### *Preparation phase*

1. A letter asking for permission to collect data was sent from the Faculty of Nursing, Prince of Songkla University to a director of each selected hospital.

2. The researcher informally contacted directors of the nursing division of each hospital to ask for a research assistant after the proposal was accepted by the hospital or approved by the Hospital Institutional Review Board

3. The researcher contacted the research assistants to explain the study plan and prepare them for data collection such as selecting the samples who met the criteria, distributing the set of questionnaires, collecting/following up the returned questionnaires using sealed envelopes, and sending the questionnaires to the researcher while maintaining the confidentiality of the returned questionnaires.

#### *Implementation phase*

1. The head nurses who were the study samples were asked to complete the self-report questionnaire within 2 weeks and return it in a sealed envelope prepared by the researcher to the research assistant of each hospital.

2. The research assistant sent the questionnaires to the researcher by sealed envelopes, and maintain the confidentiality of the returned questionnaires.

3. The researcher examined the completeness of each questionnaire after receiving it from the research assistants.

### *Data analysis*

The data analysis in this step comprised the internal consistency, item analysis, factor analysis.

#### 1. Internal consistency

Internal consistency use Cronbach's alpha coefficient that performed on ANPS-Thai version 3. A high Cronbach's alpha implied the high internal consistency of the instrument. A satisfactory Cronbach's alpha for a newly developed instrument is .70 (Nunnally & Bernstein, 1994).

#### 2. Item analysis

Item analysis is used to evaluate scale items and determine whether they should be retained or deleted. Item analysis of the item-total correlations of the ANPS-Thai was carried out in order to assess each items central tendency and its correlation with the total score (Nunnally & Bernstein, 1994). Items with correlations lower than .30 insufficiently contribute to the total score, whereas those with correlations higher than .70 are superfluous and as a result both categories were deleted. The number of items needed to achieve an acceptable level of reliability is shown from item analysis. Cronbach's alpha coefficient estimate is of concern as it should not be decreased if the items are deleted. However, the items would be kept, whether or not they met the criteria, if their contents are considered strongly consistent with the theoretical definitions of the scale's magnitude (Ferketich, 1990). Item analysis of the ANPS-Thai was performed based on item-total correlations and item-item correlations as well as its' consistency with theoretical definitions.

#### 3. Factor analysis

The study was expected to identify the factor structure for items of the advocacy for the nursing profession. To reduce the number of variables or

examine correlation patterns among variables factor analysis is useful tool (Tabachnick & Fidell, 2013). Data from the field testing questionnaires is used to analyze construct validity and to empirically conclude the number of constructs or factors underlie a set of items within the scale (Soeken, 2010). Exploratory Factor Analysis (EFA) is the statistical method of factor analysis that had been most frequently used to examine construct validity as it connects small numbers of underlying conceptual variables to observed measures (DeVellis, 2017). This is a method for organizing the items into factors. Factor numbers explain the number of components required to elucidate the relationship among variables. Items measuring the same constituent should load on the same factor, while items measuring to different constituents should load on different factors (Munro, 2005). Exploratory factor analysis (EFA) was utilized in the present study to decide on the ANPS-Thai factor structure due to its large number of highly correlated items that required condensing and grouping to create a new composite measure representing each group of items.

Previous to perform the factor analysis, checking the assumptions regarding normality of the distribution. The test of normal distribution is a visual check of the normal Q-Q plot that compared the cumulative distribution of the observed values with the expected values derived from the normal distribution. If the variable has normal distribution and normal distribution forms a straight line, it will fall almost diagonally (Ho, 2014). Another diagnostic test for normality is based on the skewness values. The statistical z value for the skewness value is calculate by dividing the skewness value by square root of their standard errors. If the calculate z value exceeds the specified value of critical probability, then distribution is abnormal. For example, a calculated z value exceeding  $\pm 2.58$  will result in a rejection of the assumption of normality at the 0.01 critical probability (alpha) level. A calculated z value exceeding  $\pm 1.96$  will result in a rejection of the assumption of normality at the 0.05 alpha level (Ho, 2014). The results were satisfied. (Appendix E)

The assumptions of EFA consist of the Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity. The KMO was the measure of sampling adequacy, indices that was used to examine the sufficient items for each factor. Its index range from 0 to 1, should be over 0.5 to be an appropriate technique. If KMO is at least .80 or higher, the data are adequate for the use of factor analysis. A score lower

than .50 might need more data, which is possible with a larger sample (Dixon, 2005). To assess if a correlation matrix is conducive to factor analysis through hypothesis testing and that the matrix is an identity matrix in which all coefficients not in the diagonal are zeroes Bartlett's test of sphericity is used. It can also be utilized to ensure sufficient correlation of original variables. The use of factor analysis as a suitable procedure is confirmed if a low probability is acquired and the hypothesis of an identity matrix is rejected (Dixon, 2005). This test should be significant ( $p < .05$ ), if not, EFA would not be appropriate (Williams, Brown, & Onsmann, 2012).

Exploratory Factor Analysis (EFA) consisted of two steps: (1) the factor extraction method using principal component analysis (PCA), and (2) the extracted rotation method using orthogonal rotation by varimax technique because it maximized a variable's loading on one factor and minimized its loading on all others which make interpretation clearer (DeVellis, 2017). PCA can be used for dimension reduction in order to reduce the number of variables in a set while still retaining the majority of information.

In this study, the EFA with varimax rotation was performed to measure the number of factors based on the following criteria:

(1) An eigenvalue is equal or greater than 1. "An eigenvalue is a ratio between the common (shared) variance and the specific (unique) variance explained by a specific factor extracted. The rationale for using the eigenvalue criterion is that the amount of common variance explained by an extracted factor should be at least equal to the variance explained by a single variable, if that factor is to be retained for interpretation. An eigenvalue greater than 1 indicates that more common variance than unique variance is explained by that factor" (Ho, 2014).

(2) "The scree test is used to identify the optimum number of factors that can be extracted before the amount of unique variance begins to dominate the common variance structure. The scree test is derived by plotting the eigenvalues (on the Y axis) against the number of factors in their order of extraction (on the X axis)" (Ho, 2014).

The initial factors extracted are large factors (with high eigenvalues), followed by a smaller factor. Diagrammatically, the plot will indicate a

steep gradient between the large factors and the progressive decrease of the remaining factors. The point of demarcation is taken to predict the maximum number of factors to extract. Those factors above this point of inflection are considered, while those below are not (Ho, 2014).

(3) “Percentage of variance criterion is an approach based on achieving a specified cumulative percentage of total variance extracted by successive factors. The purpose is to ensure practical significance for the derived factors by ensuring that they explain at least a specified amount of variance. In the social sciences, it is not uncommon to consider a solution that accounts for 60 percent of the total variance as satisfactory” (Hair, Black, Babin, & Anderson, 2010).

(4) Factor loadings. “An item is retained when: (1) the item factor loading is equal or greater than .30. Factor loading is the correlation of the variable and the factor, the square loading is the amount of the variable’s total variance accounted for by the factor. Factor loadings in the range of .30 to .40 are considered to meet the minimal level for interpretation of structure. Factor loadings of .50 or greater are considered practically significant. Loadings exceeding .70 are considered indicative of well define structure and are the goal of any factor analysis.” (DeVellis, 2017; Munro, 2005; Waltz, Strickland & Lenz, 2017), (2) communality is greater than .30. When each variable’s factor solution accounts for the amount of variance it is called communality. Communalities can be utilized by researchers to examine if acceptable levels of explanation are met by the variables. Factors offering most logical interpretations according to the concept are used in cases with large cross loadings (DeVellis, 2017; Nannally & Bernstein, 1994). As each variable normally comprises more than one significant variable, the interpretation process is often complex. Usually significant moderate size loadings are found on one or more variables or cross loading occurs, where variables have multiple significant loadings, complicating interpretation of factors (Hair, Black, Babin, & Anderson, 2010).

(5) Theoretical interpretability. O’Rourke and Hatcher (2013) stated the meaning interpretation of retained components and verification that interpretation is logical in relation to the constructs comprise interpretability criterion. Criteria include the following: “(1) a given component contained at least three variables, (2) the variables that load on a given component share the same conceptual

meaning, (3) the variables that load on different components seem to be measuring different constructs, and (4) the rotated factor pattern demonstrate simple structure which includes (4.1) most of the variables have relatively high factor loadings on only one component and low loadings on the other components, and (4.2) most components have relatively high loadings for some variables and low loadings for the remaining variables.”

(6) Parsimony. A measure needs to be parsimonious which comprised the minimum number of items that adequately assess the factor. It can identify relatively few items that are strongly related to a small number of factors (DeVellis, 2017).

(7) Internal consistency of the total scale and each factor. The internal consistency of the ANPS-Thai was determined using the Cronbach’s alpha coefficient. The alphas required for the total ANPS-Thai and each factor were at least .7.

The result of this step was the ANPS-Thai version 4.

### **Step 5: Final testing to determine construct validity and stability reliability**

The purpose of the final testing was to examine the construct validity by hypothesis testing, and stability reliability of the newly developed ANPS-Thai.

#### ***Evaluation of construct validity: Hypothesis testing***

Construct validity was evaluated in order to test the hypothesis. To do this the conceptual framework is utilized with the purpose of stating the hypothesis through analysis of participants’ behavior, data collection and usage of results to make inferences as to whether the construct adequately explained the collected data (Waltz, Strickland, & Lenz, 2017).

In this study, the proposed hypothesis was “head nurses’ advocacy for the nursing profession was positively correlated with their moral actions.” According to Begley (2010), it is expected that nurses consider a code of conduct to be an

essential component in protecting the patients and ensuring good behaviors in practice. Ethical behavior is important to the nursing profession. In nursing practice, nurses need to carry out ethical behaviors including health promotion, illness prevention, health restoration health and alleviation of suffering. According to Fry (1994), advocacy is one of the ethical concepts in nursing practice. Nurses have a moral obligation to advocate for the profession, subordinates, workplace, and patients (Marquis & Huston, 2012). Therefore, it was hypothesized that head nurses' advocacy for the nursing profession was positively correlated with their moral actions.

### ***Sample***

Sixty head nurses were selected from four government general hospitals in southern Thailand which were not the research setting for the field test. The characteristics of the head nurses who were samples for hypothesis testing were full time employees at the hospitals, experienced as head nurse for at least one year in the hospital, and able to communicate in Thai.

### ***Instruments***

Two instruments were used to collect data: (1) the ANPS-Thai version 3, and (2) the Head Nurses' Moral Actions Questionnaire developed by Muangprasert (2009) based on the ethical principles proposed by Fry and Johnstone (2008) and Beauchamp and Childress (2001) and the scope of head nurses' responsibilities (Thai Nursing Division, 2006). The content validity index of the questionnaire was .92 and reliability tested by Cronbach's alpha coefficient was .98 (Appendix F).



### ***Data collection***

#### *Preparation phase*

1. A letter asking for permission to collect data was sent from the Faculty of Nursing, Prince of Songkla University to a director of each selected hospital.
2. The researcher informally contacted directors of the nursing division of each hospital to ask for a research assistant after the proposal was accepted by the hospital or approved by the Hospital Institutional Review Board.
3. The researcher contacted the research assistants to explain the study plan and prepare them for data collection such as selecting the samples who met the criteria, distributing the set of questionnaires, collecting/following up the returned questionnaires using sealed envelopes, and sending the questionnaires to the researcher while maintain the confidentiality of the returned questionnaires.

#### *Implementation phase*

1. The head nurses who were the study samples were asked to complete the self-report questionnaire within 2 weeks and return it in a sealed envelope prepared by the researcher to the research assistant of each hospital.
2. The research assistant sent the questionnaires to the researcher by sealed envelopes, and maintain the confidentiality of the returned questionnaires.
3. The researcher examined the completeness of each questionnaire after receiving it from the research assistants.

### ***Data analysis***

Pearson product-moment correlation coefficient was used in this study to examine the correlations between score of advocacy for the nursing profession and that of head nurses' moral actions. According to Waltz, Strickland and Lenz

(2017), the hypothesis is accepted as evidence of construct validity when positive correlation between the two instruments are found.

### **Evaluation of stability reliability**

The stability of the ANPS-Thai was examined on two separate occasions by test-retest method. Within two weeks interval between the tests, 30 head nurses from two government general hospitals were randomly selected for test-retest reliability. Completion and return of the self-administered questionnaire to the researcher by Head nurses took place within three weeks.

### ***Instruments***

The instruments used for data collection consisted of: (1) the demographic data form, and (2) the ANPS-Thai version 3.

### ***Data collection***

#### ***Preparation phase***

1. A letter asking for permission to collect data was sent from the Faculty of Nursing, Prince of Songkla University to a director of each selected hospital.

2. The researcher informally contacted directors of the nursing division of each hospital to ask for a research assistant after the proposal was accepted by the hospital or approved by the Hospital Institutional Review Board.

3. The researcher contacted the research assistants to explain about the study plan and prepare them for data collection such as selecting the samples who met the criteria, distributing the set of questionnaire, collecting/following up the returned questionnaires using sealed envelopes, and sending the questionnaires to the researcher while maintaining the confidentiality of the returned questionnaires.

### *Implementation phase*

1. The head nurses who were the study samples were asked to complete the self-report questionnaire within 3 weeks and returned them in a sealed envelope prepared by the researcher to the research assistant of each hospital.

2. The research assistant sent the questionnaires to the researcher by sealed envelopes, and maintain the confidentiality of the returned questionnaires.

3. The researcher examined the completeness of each questionnaire after receiving it from the research assistants.

### *Data analysis*

Pearson product-moment correlation coefficient was used to correlate data from the two sets of scores. The correlation more than .70 was set as a satisfactory reliability. High stability or test retest reliability was highlighted by the instrument's high correlation coefficient. For a reliability coefficient to be considered satisfactory, it should be above .70 (Burn & Grove, 2009; Waltz, Strickland, & Lenz, 2017).

The process of development and psychometric evaluation of the ANPS-Thai are show in figure 3.1.

### **Protection of Human Subjects' Rights**

The study began after approval was obtained from the Social and Behavioral Sciences Institutional Review Board (IRB) of Prince of Songkla University. The researcher informed examples with a letter concerning the purposes of study, assurance of the subject's confidentiality, voluntary participation in the study, benefits of this study in education, research, and the administration of nursing, along with the researcher's name, address, and phone number. Each participant received an information package containing a set of questionnaires along with a statement regarding their rights. Anonymity was ensured by the use of coding as identification. Code numbers were included on each questionnaire so the questionnaire could be

followed up if required. All documents received from participants were kept confidential and return of the questionnaires was considered as consent of study participation. This was free from risk for all participants (Appendix G).

### **Summary**

In this study, two phases were employed which included development of ANPS-Thai, and psychometric evaluation of the scale. The initial item pool was generated based on the construct developed from concept analysis of advocacy for the nursing profession and the literature reviews regarding head nurses' advocacy for the nursing profession. The content of ANPS-Thai was appraised by a panel of experts to ensure the construct was relevant, clear, and appropriate prior to administration of the samples. Using inclusion criteria as the basis, the sample was randomly recruited from general hospitals in Thailand. While IRB compliant, informed consent that invited them to complete the ANPS-Thai was sought. Performance of exploratory factor analysis with varimax rotation was used to discover the ANPS-Thai factor structure. Evaluation of the psychometric properties of the ANPS-Thai was conducted including construct validity, internal consistency, and stability reliability.

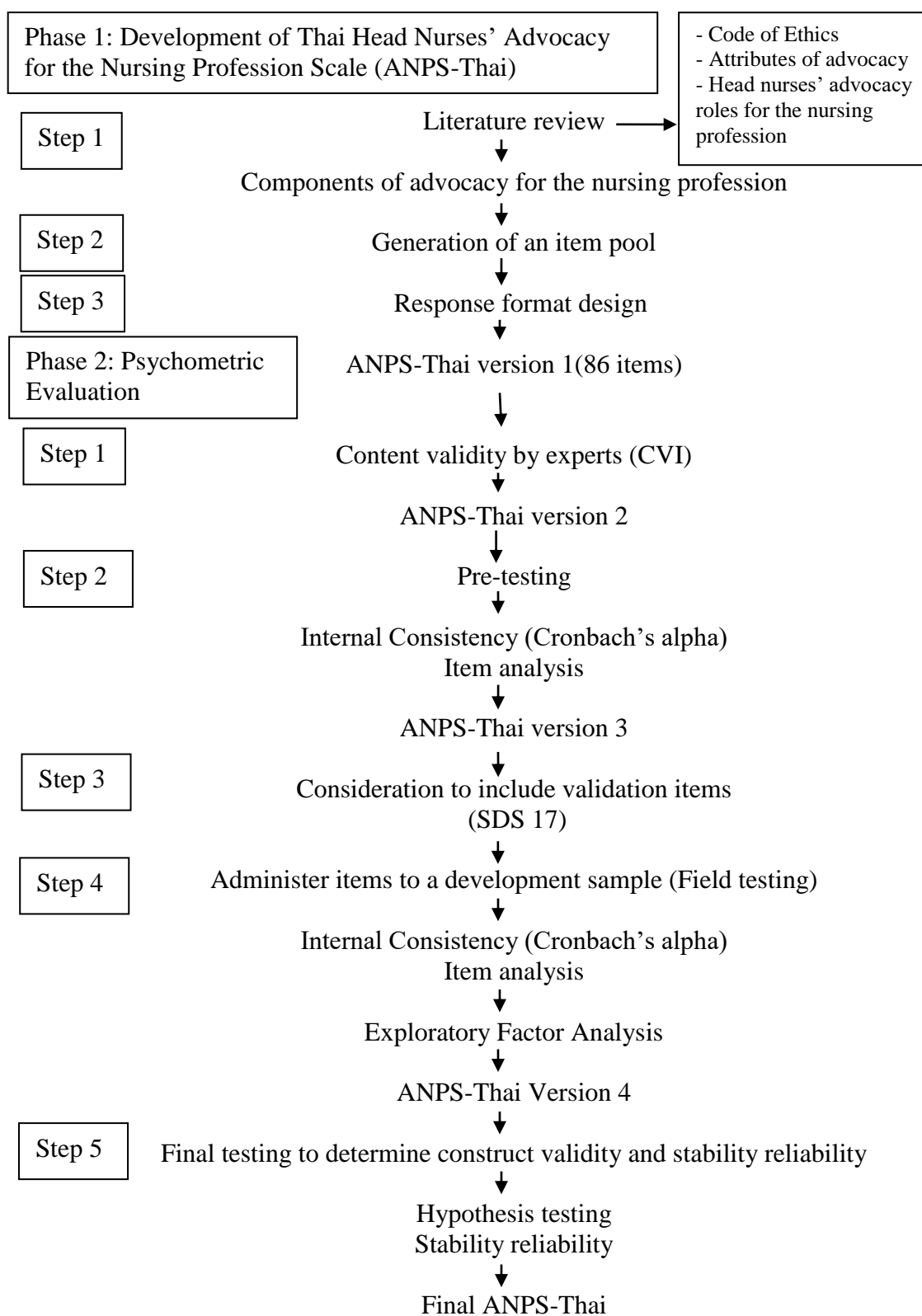


Figure 3.1: Steps of development and psychometric evaluation of the ANPS-Thai

## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

This chapter presents and discusses the findings of two phases of the study. The first phase is the development of the Advocacy for the Nursing Profession Scale for Thai Head Nurses (ANPS-Thai). The second phase is evaluation of the psychometric properties of the ANPS-Thai.

#### **Results**

##### **Phase 1: Development of the Advocacy for the Nursing Profession Scale of Thai Head Nurses (ANPS-Thai)**

###### **Step 1: Determination of the construct to be measured**

Through concept analysis on advocacy for the nursing profession and literature review regarding nurses/head nurses advocacy roles for the nursing profession, the researcher determined to use three statements of the Code of Ethics for Thai Nurses (The Nurses Association of Thailand, 2003) and a qualitative study on Thai head nurses' advocacy for the nursing profession by Prasertsri (2012) together with attributes of advocacy for the nursing profession from concept analysis to develop the conceptual framework of the study.

###### **1.1 Attributes of the Advocacy for the Nursing Profession**

Attributes found from concept analysis comprised: (1) Protecting the nursing profession, (2) Providing information of the profession to public, (3) Supporting and promoting the profession's activities, and (4) Acting as a representative of the profession.

### 1.2 The codes of ethics for Thai nurses

The code of ethics of the nursing profession provides an explanation of members' expectations of the profession, personal standards and performance benchmarks that illustrate the highest standards of nursing (Porter-O'Grady & Malloch, 2013). The Nurses Association of Thailand first introduced their Code of Ethics in 1985 and it was later revised in 2003 (The Nurses Association of Thailand, 2003). It consists of nine statements, however, three statements emphasize the role of nurses in the nursing profession including: (1) professional practice with excellent orientation, (2) responsibility in establishing trust in nurses and the nursing profession, and (3) participation for professional advancement.

### 1.3 A qualitative study on Thai head nurses' advocacy for the nursing profession

From a literature review on research studies related to advocacy for the nursing profession relevant to head nurses in Thailand, it was found that there was only one study by Prasertsri (2012) which explored head nurses' experiences regarding their advocacy for the nursing profession. Nine themes emerged which consisted of (1) nurturing, coaching nurses to be smart, (2) developing competencies to the same level as other professions, (3) cultivating nurse leaders through administrative skills development and provision of training opportunity, (4) building trust of the patients by ethical performance, (5) setting and committing to goals to be excellent and inspiring, (6) demonstrating independent roles to make the values of the nursing profession visible to the public, (7) being a role model as a good person with good character, (8) Co-operating with society and nursing organizations in various activities.

### 1.4 Integration of attributes of advocacy for the nursing profession, Code of Ethics for Thai nurses, and a previous qualitative study on head nurses' advocacy for the nursing profession

The researcher developed a blue print to analyze and synthesize the components of advocacy for the nursing profession to guide the scale development.

Table 1

Integration between the Code of Ethics for Nurses, Attributes of Advocacy for the Nursing Profession, Previous Study of Thai Head’s Nurses’ Advocacy Role to Develop Components of the ANPS-Thai

Components of the ANPS-Thai	Code of Ethics for nurses	Attributes of advocacy for the nursing profession	Previous study head’s nurses advocacy’ role
<p><b>1. Promoting excellence of the nursing profession</b></p> <p>1.1 Excellent practice</p> <p>1.2 Participation in professional advancement</p> <p>1.3 Competency development of self and nurses</p> <p>1.4 Commitment to the goal of excellence</p>	<p><b>Statement 5: Professional practice with excellent orientation</b></p> <p>1. Providing care based on knowledge and rationale</p> <p>2. Profession practice with high standard</p> <p><b>Statement 8: Participation in professional advancement</b></p> <p>1. Participating as leader in the nursing practice, education, research, and administration</p> <p>2. Participating to lead direction, policy, and plan for professional development</p>		<p>1. Nurturing and coaching nurses to be good and smart</p> <p>2. Developing competencies to the same level as other professions</p> <p>3. Cultivating nurse leaders through administrative skills development and provision of training opportunity</p> <p>4. Setting and committing to goals to be excellent and inspiring</p>



Components of the ANPS-Thai	Code of Ethics for nurses	Attributes of advocacy for the nursing profession	Previous study head's nurses advocacy' role
	3 Developing knowledge includes nursing techniques, basic theories, and advanced specialized nursing science		
<p><b>2. Protecting the nursing profession's identity</b></p> <p>2.1 Establishing public trust in nurses and the nursing profession</p> <p>2.1.1 Ethical performance</p> <p>2.1.2 Commitment to nursing Code of Ethics and law</p> <p>2.2 Protecting the nursing profession</p>	<p><b>Statement 7: Responsibility in establishing trust in nurses and the nursing profession</b></p> <p>1. Performing ethical behaviors in personal life</p> <p>2. Professional practice with commitment to nursing Code of Ethics and respect the law</p> <p>3. Cooperating to develop the nursing profession "with unity"</p>	Protecting the nursing profession	Building trust of the patients by ethical performance

Components of the ANPS-Thai	Code of Ethics for nurses	Attributes of advocacy for the nursing profession	Previous study head's nurses advocacy' role
<p><b>3. Providing information of the nursing profession to others</b> Disseminating knowledge and providing information of the profession to individuals and public</p>	<p><b>Statement 8: Participation in professional advancement</b> Collecting and disseminating knowledge and information of the profession</p>	<p>Providing information of the profession to the public</p>	
<p><b>4. Acting to make the nursing profession visible to the public</b> 4.1 Demonstrating independent Roles to perform quality care 4.2 Representing the profession to the public 4.3 Cooperating with various levels in the society</p>	<p><b>Statement 7: Responsibility in establishing trust in nurses and the nursing profession</b> 1. Providing care with quality and acknowledged by the public 2. Demonstrating roles as individual, and cooperating within the institution, profession, organizations, and national, and international levels</p>	<p>Acting as a representative of the profession</p>	<p>Demonstrating independent roles to make the values of the nursing profession visible to the public</p>

Components of the ANPS-Thai	Code of Ethics for nurses	Attributes of advocacy for the nursing profession	Previous study head's nurses advocacy' role
<p><b>5. Supporting nursing organizations' activities to benefit the society</b></p> <p>5.1 Participating in activities to benefit the society</p> <p>5.2 Supporting and promoting activities of the nursing organizations</p>	<p><b>Statement 8: Participation in professional advancement</b></p> <p>Having good human relations and cooperate with others to benefit the society at local, national, and international levels</p>	<p>Supporting and promoting the profession's activities</p>	<p>Co-operating with society and nursing organizations in various activities</p>

## Components

Definitions of components of the ANPS-Thai may pertain to discussions regarding measuring instrument development for a construct and the magnitude to which the instrument measures the related construct.

### 1. Promoting excellence of the nursing profession

To perform advocacy role by promoting excellence of the nursing profession, head nurses need to use full capacity to promote highest standard practice such as provide care based on knowledge and rationale through nurturing and coaching nurses to be good and smart, and cultivate nurse leaders through administrative skills development and provision of training opportunity. They set strategies to support innovations and knowledge to advance the profession by developing knowledge including nursing techniques, basic theories, and advanced specialized nursing science and setting and committing to goals to be excellent and inspiring. The other strategies for promoting nursing profession is supporting innovations and knowledge to advance the profession, and developing competencies of self and nurses to be accepted by the profession and multidisciplinary.

### 2. Protecting the nursing profession's identity

Head nurses gain reliability and trust for the nursing profession from the public by performing ethical behaviors in personal life and professional practice with commitment to nursing Code of Ethics and respect the law. They build trust of the patients by ethical performance. Head nurses expressed independent professional roles as reliable and trusted by multidisciplinary team which cooperating to develop the nursing profession "with unity."

### 3. Providing information of the nursing profession to others

Head nurses advocate for the nursing profession by providing accurate information regarding roles of nurses and the nursing profession to the others including other nurses, healthcare team, patients, and society.

#### 4. Acting to make the nursing profession visible to the public

Head nurses present achievements reflecting professional roles and demonstrating roles as individual, and cooperating within the institution, profession, organizations at national and international levels through demonstrating independent roles to make the values of the nursing profession visible to the public such as providing care with quality.

#### 5. Supporting nursing organizations' activities to benefit the society

Head nurses participate in activities to benefit the society held by nurses' association, nursing council, and other organizations at local, national, and international levels and support nurses to participate in activities of nurses' association and nursing council.

### **Step 2: Generation of an item pool**

A large item pool was developed for each component of advocacy for the nursing profession. The total number of items in the initial item pool was 86 and the number of items in each component were as follows:

- (1) Promoting excellence of the nursing profession, comprised 24 items
- (2) Protecting the nursing profession's identity, comprised 22 items
- (3) Providing information of the nursing profession to others, comprised 16 items
- (4) Acting to make the nursing profession visible to the public, comprised 10 items
- (5) Supporting nursing organizations' activities to benefit society, comprised 14 items

### **Step 3: Response format design**

In the 5 point Likert scale used in ANPS-Thai:

5 = Completely true actions of sample

4 = Mostly true actions of sample

3 = Equally true and untrue actions of sample

2 = Mostly untrue actions of sample

1 = Completely untrue actions of sample

The result of the first phase was the ANPS-Thai Version 1 with 86 items.

## **Phase 2: Psychometric evaluation**

### **Step 1: Content Validity Index**

From examination of the content validity index of ANPS-Thai version 1, it was found that I-CVI ranged from .80 to 1.00, S-CVI/UA (universal agreement) was .92, and S-CVI/Ave (average) was .98. Through this process, all items were retained and 2 items were added (1) develop own unit to set a good example for other units, and (2) promote/support nurses to be competent in their work.

The result of this step was ANPS-Thai version 2 with 88 items.

### **Step 2: Pre-testing to determine internal consistency reliability**

From pre-testing with 30 head nurses to evaluate the ANPS-Thai version 2, internal consistency reliability and item analysis were determined.

Cronbach's alpha coefficient was computed to examine the internal consistency of ANPS-Thai version 2. The alpha coefficient of the entire scale was .98. For item analysis, all items of the ANPS-Thai version 2 met the level of item-total correlation between .30-.90 indicating that the items were appropriate to conduct

further steps. Therefore, the ANPS-Thai version 3 consisted of 88 items, and no items were deleted.

### Step 3: Consideration to include validation items

#### *The relationship between the SDS-17 and the ANPS-Thai*

Pearson product-moment correlation coefficient was used to gauge the relationship between the SDS-17 and the ANPS-Thai. The result showed that the ANPS-Thai total score and the social desirability score was significantly positive, low correlated with each factor at .01 ( $p < 0.01$ ) (Table 2).

Table 2

*Correlation among the SDS-17 and the ANPS-Thai version 3 (N=541)*

	Domain	Social Desirability
1	Promoting excellence of the nursing profession	.13**
2	Protecting the nursing profession's identity	.16**
3	Providing information of the nursing profession to others	.09**
4	Acting to make the nursing profession visible to the public	.14**
5	Supporting nursing organizations' activities to benefit the society	.12**
The ANPS-Thai's total Score		.14**

\*\*  $p < 0.01$

The result of this step was ANPS-Thai version 4 with 88 items.

### Step 4: Administration of items to a development sample

The ANPS-Thai version 4 was distributed to 541 Thai head nurses. from six regions of Thailand: North, North-East, East, West, Central, and South. The return rate of questionnaires was 60.97% (564 from 925 questionnaires and 541 questionnaires were complete).

From descriptive statistics, all subjects were female, the ages ranged from 29 to 60 years old with average age of 52.08 years (SD=4.66). Most were Buddhists (96.90%), and married (62.80%). Their education level was bachelor's degree (69.10%) and master's degree (29.40%). Work experience ranged from 15 to 41 years with average of 29.64 years (SD=5.05). Their work experience as head nurses ranged from >1 to 30 years with an average of 8.96 years (SD=7.12). In the past, they served on a risk management committee (30.10%), followed by nursing quality assurance committee (24.10%), and hospital quality improvement (24.00%). Currently, they served on a nursing quality assurance committee (59.10%), followed by hospital quality improvement (55.10%), and risk management (44.00%). Most conferences/seminars/workshops they had experience of were professional law (78.7%), followed by leadership (76.00%), nursing ethics (72.80%), management (61.20%), and code of ethics (59.50%) (Table 3).

Table 3

*Frequency and Percentage of Samples Categorized by Demographic Data (N= 541)*

Demographic data	Frequency	Percentage
<b>Age</b>		
29-34	2	0.37
35-40	12	2.22
41-45	36	6.65
46-50	113	20.98
51-55	245	45.29
56-60	133	24.58
Mean=52.08, SD=4.66, Min= 29, Max=60		
<b>Gender</b>		
Female	531	98.20
Male	10	1.80



Table 3 (continued)

Demographic data	Frequency	Percentage
<b>Religion</b>		
Buddhism	524	96.90
Islam	13	2.40
Christianity	4	.70
<b>Marital Status</b>		
Single	139	25.70
Married	340	62.80
Widowed/Divorced/Separated	62	11.50
<b>Education</b>		
Bachelor Degree	374	69.10
Master's Degree	159	29.40
Doctoral Degree	8	1.50
<b>Current Work Unit</b>		
Medicine	182	33.64
Surgical	106	19.60
Obstetrics	53	9.80
Pediatrics	53	9.79
Outpatient department	52	9.61
Intensive care unit	27	4.99
Bone	25	4.62
Gynecology	24	4.44
Otorhinolaryngology	19	3.51
<b>Nursing work experience (Years)</b>		
15-20	36	6.65
21-25	60	11.10
26-30	181	33.45
31-35	225	41.59
36-40	39	7.21
Mean=29.64, SD=5.05 , Min=15, Max=40		

Table 3 (continued)

Demographic data	Frequency	Percentage
<b>Experience as Head Nurse (Years)</b>		
1-5	228	42.14
6-10	119	21.99
11-15	84	15.53
16-20	72	13.31
21-25	28	5.18
>25	10	1.85
Mean=8.96, SD=7.12, Min=1, max=28		
<b>Previous Committee Experience</b>		
Risk Management	163	30.10
Nursing Quality Assurance	152	28.10
Hospital Quality Improvement	130	24.00
Ethics	94	17.40
<b>Current Committee</b>		
Nursing Quality Assurance	320	59.10
Hospital Quality Improvement	298	55.10
Risk Management	238	44.00
Ethics	151	27.90
<b>Conference/Seminar/Workshop Experience</b>		
Professional Law	426	78.70
Leadership	411	76.00
Nursing Ethics	394	72.80
Management	331	66.20
Code of Ethics	322	59.50
Patients' Rights	301	55.60
Advocacy	42	7.80

### ***Internal consistency reliability of the ANPS-Thai version 4***

Internal consistency reliability the APNS-Thai version 4 was evaluated by Cronbach's alpha coefficient. The alpha of total scale was .98.

### ***Item analysis***

Item-total correlations were computed on the APNS-Thai version 3. Item-total correlations of all items in the ANPS-Thai ranged from .30-.80 which indicated that the items were desirable to remain in the scale for further analysis.

### ***Exploratory Factor Analysis (EFA)***

Exploratory Factor Analysis was performed to explore factor structure of the 88 items of the APNS-Thai version 4. Three steps of the analysis were performed: (1) testing the assumptions of factor analysis, (2) factor extraction using principle components analysis method, and (3) varimax rotation.

#### ***1. Testing the assumptions of factor analysis***

The 88 items of the ANPS-Thai were tested for the assumption of EFA which consisted of the Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity. The Kaiser-Meyer-Olkin (KMO) reflected an adequacy of sample at .97. An overall significance of high correlations within a correlation matrix ( $\chi^2=41138.25$ ,  $p=.00$ ) was displayed through use of Bartlett's test of sphericity. The assumptions testing confirmed the appropriateness of using EFA for the ANPS-Thai version 4.

#### ***2. Factor extraction using principal components analysis method***

An initial test for factor extraction used eigenvalues greater than 1, scree plot, factor loadings, and total percent of variance explained. In this step, eigenvalues greater than 1 (1.04-36.14) resulted in 12 factors. The total percent of

variance explained was 68.15%. Furthermore, scree plot examination (Figure 4.1) indicated that three to five factors should undergo investigation to select the best factor structure.

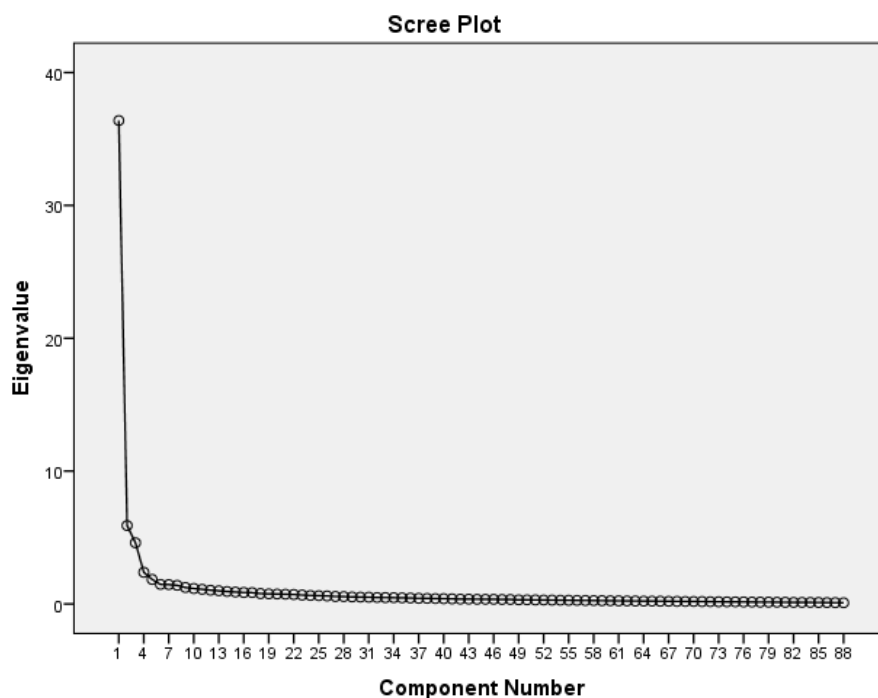


Figure 4.1 The scree plot of the ANPS-Thai version 4 (88 items)

### 3. Varimax rotation

Varimax method was used to conduct the rotation of orthogonal type. The rotation was performed with 3, 4, and 5 factors with cutoff point at .30, .40, and .50. Five factors structure was found to be conformed to the set criteria which included (1) eigenvalue greater than 1, (2) scree plot, (3) total percentage of variance was 58.09%, (4) factor loadings ranged from .50-.80, (5) theoretical interpretability, (6) parsimony, (7) internal consistency of the total scale and each factor. In order to reduce side loadings, most parsimonious, and theoretical interpretable, the factor loading cutoff point was increased to .50. Alpha coefficient of the total scale was .98 and each factor ranged from .89 to .96. Finally, five factors solution with 72 items accounted for 58.09% of variance with eigenvalues ranged from 7.16- 13.06, factor

loadings ranged from .50-.80, and alphas greater than .8 which was the most desirable scale of the ANPS-Thai version 5 (Table 4).

Table 4

*Eigenvalue, Percentage of Variances, the Number of Items, and Alpha Coefficients of the ANPS-Thai Version 5 (72 Items)*

	Factor	Eigenvalue	Percent of variances	Number of items	Alpha coefficients
1	Promoting academic atmosphere and facilitating research and innovation	13.06	14.08	21	.96
2	Proactivity to protect professional image	12.10	13.75	16	.94
3	Cooperating with others and sacrifice for the benefit of society and profession	10.40	11.83	15	.95
4	Speaking out to enhance professional worth	8.39	9.53	12	.94
5	Managing for maximum quality	7.16	8.14	8	.89
	Total		58.09	72	.98

The detail of scale factors is demonstrated as follows:

Factor 1: Promoting academic atmosphere and facilitating research and innovation

Factor 1 consisted of 21 items with factor loadings ranging from .50-.80 and accounted for 14.84% of variance with eigenvalue of 13.06, and alpha of .96. Item content examination revealed the subject matter of these items accentuated head nurses' roles to set policies, provide facilities and resources, and promote atmosphere

to support nurses for developing innovation, and research, and academic work. Therefore, Factor 1 was labeled as “*Promoting academic atmosphere and facilitating research and innovation*” (Table 5).

Table 5

*Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 1: Promoting Academic Atmosphere and Facilitating Research and Innovation (N = 541)*

Item no	Item statements (n = 21)	Factor loading
1	Organize academic activities to provide knowledge on the development of innovations/research to nurses	.80
2	Promote academic atmosphere in the nursing division through presentation of innovations/research in patient ward	.78
3	Develop a proposal and propose to administrators to allocate funds and time for nurses to develop of innovations/research	.77
4	Search for people/resources for nurses to support development of innovations/research	.76
5	Search for funding resources for nurses to develop innovations/research	.74
6	Set up a policy for excellence-focused management through development of innovations/nursing knowledge	.71
7	Set up a policy to support nurses to present innovations/research in academic forums	.68
8	Select appropriate academic forums for nurses to present their innovations/research	.68
9	Demonstrate leadership roles by proposing policy recommendations for academic development at academic conferences	.67

Table 5 (continued)

Item no	Item statements (n = 21)	Factor loading
10	Seek opportunities to present innovations/research at national multidisciplinary academic conferences	.67
11	Propose policy recommendations to nursing division concerning professional development	.67
12	Join with nurses in setting a clear goal for the development of innovations/research	.65
13	Develop a proposal and propose to administrators to set a policy supporting nurses to pursue their higher education	.65
14	Support nurses to present innovations/research findings at various academic forums	.63
15	Act as a leader to build innovations/research team in patient ward	.60
16	Set up a policy to use innovations/research as an indicator of nurses' performance	.60
17	Motivate nurses to recognize that pursuing higher education is a duty of nurses to patients and the profession	.60
18	Prepare nurses to gain confidence in expressing opinions at multidisciplinary conferences	.56
19	Support nurses in gaining expertise to be speakers at various levels of academic forums	.52
20	Act as a role model in expressing opinions on quality development at various occasions, e.g. conferences or multidisciplinary work	.52
21	Act as a role model for nurses in seeking up-dated knowledge for real know-how in performing work	.50
Eigenvalue		13.06
% of variance		14.84

### Factor 2 Proactivity to protect professional image

Factor 2 consisted of 16 items with factor loadings ranging from .52-.75 and accounted for 13.75% of variance with eigenvalue of 12.10, and alpha of .94. Item content examination revealed the subject matter of these items highlighted head nurses' roles in protecting the nursing profession and gaining trust from the public by taking action as an ethical role model, developing trustworthy personalities, protecting and advocating for patients, providing best care to the patients, and speaking up for the nursing profession. In addition, this factor included items content reflecting head nurses' leadership role to enhance nurses' abilities in multidisciplinary team, support nurses' roles in providing standard and ethical care, and protecting the nursing profession's dignity. Therefore, Factor 2 was labeled as "*Proactivity to protect professional image*" (Table 6).

Table 6

*Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 2: Proactivity to Protect Professional Image (N = 541)*

Item no	Item statements (n = 16)	Factor loading
1	Remind nurses to perceive their roles in protecting the dignity of the profession	.75
2	Act as a professional role model who adheres to morals and ethics	.73
3	Seek no personal gain for self/family members from the job	.68
4	Develop credible, trustworthy personalities	.67
5	Warn nurses when their actions impair the reputation or image of the profession	.66
6	Protect patients who receive unfair treatment	.66
7	Act as an advocate when patients are unable to protect their rights	.63
8	Will not protect wrong doers/people who discredit the profession	.63



Table 6 (continued)

Item no	Item statements (n = 16)	Factor loading
9	Reflect actions which make nurses credible and trusted by the patients	.62
10	Emphasize nurses recognize the importance of performing duty based on standards, code of ethics, and professional law	.59
11	Provide care to patients with high competence to reassure patients of the quality of care they will receive from nurse	.58
12	Support nurses to develop efficiency in performing duty which is comparable to other professions	.57
13	Explain information accurately when people make inaccurate comments about the nursing profession	.55
14	Warn nurses who speak of the nursing profession negatively	.53
15	Speak of the nursing profession positively	.52
16	Support nurses to express creative opinions in working with multidisciplinary team	.52
Eigenvalue		12.10
% of variance		13.75

Factor 3 Cooperating with others and sacrifice for the benefit of society and profession

Factor 3 consisted of 15 items with factor loadings ranging from .52-.75 and accounted for 11.83% of variance with eigenvalue of 11.83, and alpha of .95. Item content examination revealed the subject matter of these items reiterated head nurses' roles to collaborate with nursing organizations to perform activities for the benefit of society. Head nurses also acted as a role model and dedicated themselves after their office hours to perform activities for the society. Moreover, head nurses invite and support nurses to join nursing organizations' activities. Therefore, Factor 3 was labeled as "*Cooperating with others and sacrifice for the benefit of society and profession*" (Table 7).

Table 7

*Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 3: Cooperating with Others and Sacrifice for the Benefit of Society and Profession (N = 541)*

Item no	Item statements (n = 15)	Factor loading
1	After office hours, still working collaboratively with other patient wards/nursing division in activities for the society	.75
2	Cooperate with professional organizations, e.g. nursing council, nursing association, in organizing activities for the society	.72
3	Invite nurses to participate in the activities of the nursing council, nursing association to support the society	.71
4	Act as a role model in participating in the activities of nursing council, nursing association on a regular basis	.71
5	Join with various units/organizations on a regular basis in organizing activities for the society	.70
6	Cooperate with other units in organizing activities for the society on important occasions of the profession	.70
7	Support nurses to participate in activities organized by professional organizations	.69
8	Campaign or publicize to invite nurses to be members of professional organizations	.69
9	Join activities with multidisciplinary team to benefit the society by performing the professional role	.68
10	Follow up on information and activities of the nursing council, nursing association in order to disseminate to the public and others	.68
11	Organize activities with the society in helping people who suffered in a disaster	.65

Table 7 (continued)

Item no	Item statements (n = 15)	Factor loading
12	Sacrifice personal happiness for the benefit of patients, workplace, and the profession e.g. cancel vacation for the nursing division/hospital when needed	.59
13	Participate in proposing opinions and recommendations on professional organizations' activities that benefit the society	.59
14	Join membership of organizations or charitable agencies to support the society, e.g. PMMV	.58
15	Dedicate self to work, even after office hours	.52
Eigenvalue		10.40
% of variance		11.83

#### Factor 4 Speaking out to enhance professional worth

Factor 4 consisted of 12 items with factor loadings ranging from .50-.72 and accounted for 9.53% of variance with eigenvalue of 8.39, and alpha of .94. Item content examination disclosed the subject matter of these items underlined head nurses' roles to provide/disseminate/publicize accurate information and news regarding the nursing profession and its roles and functions to healthcare professionals, other people, and the society. Therefore, Factor 4 was labeled as "*Speaking out to enhance professional worth*" (Table 8).

Table 8

*Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 4: Speaking Out to Enhance Professional Worth (N= 541)*

Item no	Item statements (n = 12)	Factor loading
1	Seek opportunities to publicize the profession/professional organizations to nursing professionals and the public	.72

Table 8 (continued)

Item no	Item statements (n = 12)	Factor loading
2	Offer advice to nurses on providing information about the roles of the profession/professional organizations to other people	.69
3	Provide accurate information about the roles of the profession to the public	.67
4	Search for channels to publicize the profession regarding nurses' achievements in health care	.66
5	Suggest nurses be aware of their duty to publicize the profession's achievements to the society	.63
6	Disseminate information about the profession/professional organizations to the public in various academic activities	.59
7	Provide information to other people about the important roles of the profession to the health of the public when having opportunity	.56
8	Follow up on information of the profession on a regular basis and disseminate knowledge to others	.55
9	Disseminate information of the nursing council, nursing association to nurses	.54
10	Present information that reflects the values of the profession at multidisciplinary team meetings	.53
11	Set a topic regarding professional roles and the importance of the profession to the society in orientation program for new nurses	.50
12	Provide evidence-based data regarding the professional organizations' work to the society	.50
Eigenvalue		8.39
% of variance		9.53

### Factor 5 Managing for maximum quality

Factor 5 consisted of 8 items with factor loadings ranging from .51-.58 and accounted for 8.14% of variance with eigenvalue of 7.16, and alpha of .89. Item content examination divulged the subject matter of these items accentuated head nurses' roles to develop self-expertise, and utilized knowledge to perform high quality care, and enhance nurses' knowledge and skills. Head nurses also seek cooperation with others for quality improvement. Furthermore, head nurses demonstrated their ability to develop their unit to become a good model for others. Therefore, Factor 5 was labeled as "*Managing for maximum quality*" (Table 9).

Table 9

*Item Statements, Factor Loadings, Eigenvalue, and Percentage of Variance of Factor 5: Managing for Maximum Quality (N = 541)*

Item no	Item statements (n = 8)	Factor loading
1	Seek effective approaches for nursing improvement to meet standards equivalent to high performance institutions	.58
2	Seek appropriate approaches for the development of knowledge and professional skills for each nurse	.57
3	Utilize knowledge and ability to fully develop patient ward with maximum quality	.56
4	Develop own unit to set a good example for other units	.55
5	Seek cooperation from multidisciplinary team in developing the quality of work	.55
6	Develop self-expertise to be visible by the profession and multidisciplinary team	.55
7	Act as a mentor of each nurse to develop his/her professional knowledge and skills	.51

Table 9 (continued)

Item no	Item statements (n = 8)	Factor loading
8	Perform work with knowledge to be accepted co-workers and multidisciplinary team	.51
Eigenvalue		7.16
% of variance		8.14

### ***Reliability of ANPS-Thai version 5***

This type of reliability was evaluated by using 541 subjects. The ANPS-Thai (version 5) 72 items was used to calculate alpha coefficients on subscales and total scores. Findings revealed the overall internal reliability was good ( $\alpha=.98$ ) and the alpha coefficient of each factor ranged from .89-.96 (Table 4 p. 86).

### ***The relationship between the SDS-17 and the ANPS-Thai version 5***

The relationship between the SDS-17 and the ANPS-Thai version 5 was evaluated through the use of Pearson product-moment correlation coefficient. Results showed that the ANPS-Thai total score and the social desirability score was significantly positive, low correlated with each factor, except factor four which was non statistically significant correlation at .01 at .01 ( $p<0.01$ ) (Table 10).

Table 10

*Correlation among the SDS-17 and the 5 Factors of the ANPS-Thai version 5 (N=541)*

Factors	Social Desirability
1 Promoting academic atmosphere and facilitating research and innovation	.11**
2 Proactivity to protect professional image	.17**
3 Cooperating with others and sacrifice for benefit of society and profession	.13**
4 Speaking out to enhance professional worth	.06
5 Managing for maximum quality	.15**
The ANPS-Thai's total Score	.14**

\*\*  $p < 0.01$

### **Step 5: Final testing to determine construct validity and stability reliability**

This step is composed of construct validity and stability reliability.

(1) Construct validity evaluation through hypothesis testing was performed on the ANPS-Thai version 5. The result showed that head nurses' advocacy for the nursing profession was statistically positive moderately correlated with their moral actions which supported the proposed hypothesis (Table 11). It is indicated that the construct validity was achieved.

Table 11

*Correlation Coefficient of the ANPS-Thai Version 5 and the Head Nurses' Moral Action (N = 50)*

Total score	r
ANPS-Thai	.48**
Head nurses' moral action	

\*\*  $p < 0.01$

(2) Stability reliability was performed by using test-retest method. The 72 item ANPS-Thai version 5 was distributed to 30 head nurses of two government general hospitals who had experience as head nurse for more than 1 year and the same proceedings were repeated with the same group with a two week-interval. The score of each factor and the total score of the ANPS-Thai of both tests were appraised for correlation by applying Pearson product-moment correlation coefficient. Results revealed significant correlations ( $p<0.01$ ) demonstrating the dependability of this scale (Table 12).

Table 12

*Stability Evaluation of the First and Second APNS-Thai Tests Using Test-Retest Method (N = 30)*

Factor	<i>r</i>
1. Promoting academic atmosphere and facilitating research and innovation	.95**
2. Proactivity to protect professional image	.83**
3. Cooperating with others and sacrifice for benefit of society and profession	.89**
4. Speaking out to enhance professional worth	.89**
5. Managing for maximum quality	.88**
The ANPS total score	.97**

\*\*  $p<0.01$



## **Discussion**

This study aimed to develop the Advocacy for the Nursing Profession of Thai Head Nurses Scale (ANPS-Thai), and evaluate its psychometric properties. The discussion of the findings is presented in two parts: (1) the components of the ANPS-Thai, and (2) psychometric properties of the ANPS-Thai.

### **1. The components of the ANPS-Thai**

#### **1.1 The total scale of the ANPS-Thai**

The ANPS-Thai final version consisted of 72 items with 5 factors: (1) promoting academic atmosphere and facilitating research and innovation, (2) proactivity to protect professional image, (3) cooperating with others and sacrifice for the benefit of society and profession, (4) speaking out to enhance professional worth, and (5) managing for maximum quality. The total percent variance explained by the five factors was 58.09%. According to Scherer, Wiebe, Luther, and Adam (1988), a variance explained between 40% and 60% is considered sufficient in social science. Hair, Black, Babin and Anderson (2010) indicate 60% of the total of variance as satisfactory. However, some indicate that 50% of the variance is acceptable (Beavers, Lounsbury, & Richards, 2013). In this study, therefore, the total percent of variance explained was sufficient for a newly developed scale. The eigenvalues ranged from 7.16-13.06 and since they were all greater than 1.0, considered significant (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Factor loadings of all items in the range of .50-.80. are considered practically significant and there was strong loader on each factor (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013; Waltz, Strickland, & Lenz, 2017; Yong & Pearee, 2013). In addition, the new scale of ANPS-Thai with 72 items had overall internal consistency reliability of .98 and the alpha coefficient of factors ranged from .89-.96 which indicate high reliability. According to Nunnally and Bernstein (1994), an alpha coefficient .7 was minimally acceptable for a newly developed instrument. Therefore, the ANPS-scale is appropriate to assess advocacy for the nursing profession of Thai head nurses.

## 1.2 The five factors of the ANPS-Thai

Factor 1: Promoting academic atmosphere and facilitating research and innovation

The first factor contained 21 items with factor loadings ranging from .50 to .80 and accounted for 14.84% of variance with eigenvalue of 13.06. This factor showed high loading scores as DeVellis (2017), Munro (2005), and Waltz, Strickland and Lenz (2017) suggested that factor loadings from .30 to .40 reach the minimal level for interpretation of structure. Factor loadings .50 or greater are thought to be practically significant. Loadings exceeding .70 are considered characteristic of a well-defined design and are the objective of factor analysis. Percentage of variance of 14.84% reflected satisfactory variance as Dixon (2005) stated that at least 5% of variance in each factor is acceptable. In addition, an eigenvalue 13.06 was considerate acceptable since it is more than 1 (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Cronbach's alpha coefficient of this factor was .96, reflecting high quality of the scales (DeVellis, 2017).

Factor 1 reflected head nurse's roles to advocate for the nursing profession by promoting academic atmosphere and facilitating research and innovation based on the following reason:

Head nurses advocated as facilitating research and innovation by supporting nurses to develop research/innovations/nursing knowledge and promoting academic the atmosphere for nurses. For example, "organize academic activities to provide knowledge on the development of innovations/research to nurses," and "promote academic atmosphere in the nursing division through presentation of innovations/research in patient ward." Providing facilities and resources were essential roles of head nurses in this study. For example, they searched for people/resources for nurses to support the development of innovations/research, searched for funding resources, and proposed higher administrators allocate funds and time for nurses. According to Scala, Price, & Day (2016), there are barriers for nurses to develop innovations/research including insufficient time, inadequate knowledge, and the apparent deficiency of support for organizational leadership. All nursing positions at each level suffer from inadequate time and resources. Similarly, Syme, & Stiles (2012), proposed factors that are barriers to research participation comprising

insufficient education and research skills, scant resources, administration support, and lack of time for research participation. These barriers can be solved by education and training, providing time, and finances. Head nurses strongly support providing the opportunity for nurses to participate in research projects, research committee development, seminars, journal organizations, and newsletters in order to bring research skills up to date. Administration pinpointed appropriate finances before funding opportunities were offered on application to staff at forums.

Patient outcomes and the objectives of the organization can be advanced by cutting edge ideas developed as a result of the conducive environment created by head nurses and the funding they seek. Funding and backing such as time, effort, space and manpower are perquisites of innovation saturation (Crozier, Moore, & Kite, 2012). Lack of resources is problematic for staff to carry out planned interventions putting research into action to enhance service or to facilitate nurses to carry out research in their area of clinical specialty. Head Nurses need to promote and advocate for innovation in order to establish process and culture which form the basis of innovation to manifest (Baker, 2014).

Furthermore, this study demonstrated the head nurses' advocacy role in advancing the nursing profession by acting as a role model for nurses as one item stated "act as a role model in expressing opinions on quality development in various occasions e.g. conference or multidisciplinary work" and "act as a role model for nurses in seeking up-date knowledge for real know-how in performing work." According to Cherry (2017) nurses must be role models, meaning they demonstrate exemplary professional performance of duties and patient care. In addition to the nurses' must also similarly, nurses must also foster relationships with inter professional health team members which are both caring and respectful and demonstrate enthusiasm in order to enhance along with an enthusiastic attitude to promote togetherness and group spirit. Further skills vital to nurses' role as director comprise productive communication and conflict management skills, delegation skills, and team building skills.

Head nurses demonstrated their ability to develop their unit to become a good model for others. The items that reflected head nurses' advocacy roles to develop their own unit to set a good example for other units. According to, Rowland and

Rowland (1997), Head nurse is a first level management position in hospital with 24 hours responsibility, usually for one nursing care unit in an organization. The domain of responsibility includes nursing care, patient teaching, staff development, reporting budgeting, evaluating, disciplining, and scheduling. Generally, a head nurse is responsible for the implementation, coordination, and evaluation of patient care. Head nurses are expected to implement and monitor administrative plans and policies, inform staff nurses about changes, and alert to policies. They represent patient and staff needs at the next level of nursing administration and act as a resource to the nursing staff. The main administrative duties for a head nurse include productivity of operations, through resource staff management, staff development, and quality of care evaluation. Harmina, Baddar, and Hamoda (2003) maintained the role of a head nurse comprises three particular areas: ensuring patient needs are fulfilled through management of patient care, managing staff members to ensure they are utilized, guided, evaluated and corrected in their practice and management of their unit to guarantee smooth operation to reach organizational goals.

In this study, head nurses promoted professional advancement by setting policies, supporting nurses and promoting academic atmosphere, providing facilities and resources, and acting as a role model for nurses. Three items emphasized the head nurses' advocacy role to set up policies regarding development of innovations and research, and nursing knowledge for example, one item stated that "head nurses set up a policy for excellence-focused management through development of innovations/nursing knowledge" and an item on policy stated "set up a policy to support nurses to present innovations/research in academic forum." In addition, they proposed policy recommendations to nursing divisions and administrators, for example, one item stated "propose policy recommendations to nursing division concerning professional development," while another stated "develop a proposal and propose to administrators to set a policy supporting nurses to pursue their higher education."

As health systems change and develop rapidly, head nurses are required to progress at the same speed due to their essential role. The professional issues they encounter require the acquisition of policy making skills since they are able to provide a unique perspective because of their values, ethical background, advocacy skills and experience. Involvement in policy making affecting patients, families, and themselves

is vital as head nurses' input provides protection for the safety of patients, increases and promotes care quality, and ensures their access to the required resources. Without policies, the goals of organization are difficult to achieve. Head nurses should recognize in their role as part of a nursing division, many factors affect their position. These include conflicts which can be successfully managed in order to contribute to success (Arabi, Rafii, Cheraghi, & Ghiyasvandian, 2014).

Nursing research is vital to the profession in order to enhance exemplary nursing care through continuous development. The primary role of nurses' regardless of their environment and responsibilities, is unchanged, providing optimal care and acting as an advocate for patients based on evidence based research. As nurses provide care for patients, they should be up to date with nursing research and put into practice evidence-based nursing procedure in the provision of optimal nursing care. Information gained from nursing research can conceivably directly impact patient care in a wide range of health care settings (Tingen, Burnett, Murchison, & Zhu, 2009).

Nowadays, Thailand has given importance to innovation, so the policy of Thailand 4.0 which focuses on value-based and innovation-driven economy by emphasizing innovation products rather than production of commodities. Focusing on the promotion of technology, creativity, and innovation focused industries in a service based economy. One agenda has noted health system for development from traditional service to high value service such as wellness and medical service, and professional service (Thailand Board of Investment, 2017). Advancement of evidence based practice in nursing has been an increasing focus of the profession with advance practice nurses, administrators and nurse researcher having a pivotal role (Grove, 2017). Innovation is vital due to its pivotal role in maintaining and enhancing care quality. Nurses need to be instrumental in this process by contributing new information and improved methods of health promotion, preventing disease and improving ways of care and cure. This is crucial for the safety of patients and quality of care. Nursing innovation is paramount to progress in the healthcare system. Innovation in nursing care remains a driving force to balance containment of costs and the quality of health care. (Kaya, Turan, & Aydin, 2016).

The provision of safe, high quality care for patients based on research evidence and professional competence and not traditional outdated methods, is made

possible through nurses' evidence based practice. Advances in information have facilitated the dissemination of research and other types of evidence, making them widely available. Evidence based practice presents a blueprint to guarantee nursing care utilizes cutting edge nursing knowledge (Masters, 2017). Along with innovation, it is vital to ensuring care quality, up to date information, health protection, disease prevention and personalized care (Kaya, Turan, & Aydm, 2015).

#### Factor 2: Proactivity to protect professional image

The second factor contained 16 items with high factor loadings which ranged from .52 to .75 (DeVellis, 2017; Munro, 2005; Waltz, Strickland & Lenz, 2017) and 13.75% of variance explained by this factor which was acceptable (Dixon, 2005). The eigenvalue of 12.35 was considerate acceptable since it is more than 1 (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Cronbach's alpha coefficient of this factor was .94 reflecting high quality of the scales (DeVellis, 2017).

Head nurses protect the nursing profession by demonstrating their ethical leadership to inspire nurses to perform nursing practice based on codes of ethics and professional law. Ethical behaviors of head nurses and nurses will gain trust from the public (Altuntas, & Baykal, 2010; Rich, 2016). The nursing profession can be protected by dedication and a commitment to the improvement of nursing's self-image (Schultz, 2018).

Factor 2 reflected head nurse' roles to advocate for the nursing profession by protecting the nursing profession and gaining trust from the public by taking actions as an ethical role model, and developing trustworthy personalities. For example, the items stated "act as a professional role model who adheres to morals and ethics," "act as advocate when patients are unable to protect their rights" and "develop credible, trustworthy personalities." Head nurses are expected by the nursing profession to perform an ethical leadership role (Barkhordari-Sharifabad, Ashktorab, & Atashzadeh-Shoorideh, 2017; Esmaelzadeh, Abbaszadeh, Borhani, & Peyrovi, 2017). Ethics is central to the leadership nurses provide (Butts, 2013). It aids the furthering of relationships in addition to shared and organizational goals. In their commitment to the

profession nurses are aware of their position of respect and trust in relation to the public (Schroeter, 2008).

Ethical leadership provides an influence for the channeling of growth in others, enhancing knowledge, self-confidence and professional progress. It is rooted in honest examination of personal beliefs, thoughts and goals which provide a basis for voluntarily aiding others take responsibility for their actions (Ambigai, & Kumaraswamy, 2013). The meaning of ethical leadership, which is made up of a range of different elements, is unclear. It has been noted that it should be viewed as providing guidance that make it possible for people to do what is right, rather than prevent wrong doing. Ethical leaders need to demonstrate universal standards of moral behavior, thus reinforcing their values and beliefs (Brown & Trevino, 2006). Ethical leadership involves questioning concerning the rightness or wrongness of actions in order to be a role model of others (Mihelic, Lipicnik, & Tekavcic, 2010).

Nowadays, head nurses have the opportunity to establish trust and engagement in the workplace that provides a basis for working responsibly. In order to make this possible staff need to be considered, understood and respected. Mutual trust, honesty and integrity are also needed to ensure staff members feel part of the organization. To ensure the nursing environment nursing leaders should demonstrate behavior such as following ethical codes, in line with their moral values (Mannix, Wilkes, & Daly, 2015).

Ethical leaders have been noted for their honesty, altruism and discipline and their impartial and amicable decision making. Ethics are a priority in policy making and implementation, with subordinates made clearly aware of the consequences of not adhering to expected moral behavior. Leaders are able to ensure an ethical work environment through use of their personal and positional power (Barkhordari-Sharifabad, Ashktorab, & Atashzadeh-Shoorideh, 2017).

Nurses advocate in a range of environments and healthcare settings in addition to the community and in health care policy for both patients and their families (Bednarski, 2009). According to TNC (2010), nurses' performance includes compassionate caring with kindness while considering optimal patient outcomes, professional ethical codes, laws and regulations. In performance of their duties nurses take suitable action in protection of patients who are at risk of being exposed to

immoral and unethical practice. Nurses need to balance knowledge, competence, advocacy, relationships at work and creativity in the research team as they are ethically accountable for patient rights and welfare (Grady & Edgerly, 2009). It is essential nurses take part in the development of patient care standards and suitable evaluation tools to enhance the involvement of intellectual and interpersonal activities in nursing (Ambigai, & Kumaraswamy, 2013).

Furthermore, factors reflected head nurses' advocacy for the nursing profession by providing quality and equity care to the patients. The examples of items included "protect patients who receive unfair treatment," "provide care to patients with high competence to reassure patients of the quality of care they will receive from nurse." According to Ambigai, and Kumaraswamy (2013), quality will be guaranteed if the standard of nursing care is enhanced through attending to individual needs and providing personal responses. In practice, nurses consult a range of experts in specific domains to raise the standard and efficiency of care. If accepted standards are not met, nurses' risk being subject to legal action and malpractice suits. Head nurses must ensure accepted standards of quality care are met and improved by warning others about care standards and leading by example. In addition they can utilize their experience by contributing to the formulating of patient safety and care quality policies (Bednarski, 2009).

Equity and justice are paramount in the nursing profession. Equity forms a part of healthcare ethics and presupposes all patients have the right to equitable service and healthcare provision (Rich, 2016). Justice involves equal opportunity and the same treatment for patients with the same situation and in contrast, different treatment for those with different needs (Black, 2017). In addition, the head nurses' role is reflected in enhancing nurses' abilities in a multidisciplinary team, supporting nurses' roles in providing standard and ethical care, and protecting the nursing profession's dignity. For examples, items stated "support nurses to express creative opinions in working with a multidisciplinary team," "support nurses to develop efficiency in performing duty which is comparable to other professions," and "remind nurses to perceive their roles in protecting the dignity of the profession." Head nurses provide support for nurses by coordinating and interacting with other healthcare team members such as doctors, pharmacists, and social workers in addition to family



members. When a patient needs to be hospitalized, discharged or moved to another healthcare setting nurses take part in coordination. Nurses also have a range of other roles including provision of follow up appointments, appropriate medication and safety information about prevention and self-care which may help them lead healthier lifestyles. Moreover, head nurses' roles include speaking up for the nursing profession which is reflected in the items "speak of the nursing profession positively," "explain information accurately when people make inaccurate comments about the nursing profession" and "warn nurses who speak of the nursing profession negatively." According to Schultz (2018), every professional nurse has the responsibility to tell the public about what nurses do and the amount of education and dedication it takes to be a nurse. The public has little knowledge about the work nurses carry out, despite them being highly regarded (Buresh & Gordon, 2006). Nowadays, it is public knowledge that nurses hold baccalaureate, master, and doctoral degrees and serve in education, research, and independent clinical practice domains. Nevertheless, the public are more aware of how they respond to their needs, if they experience pain, or fear and not nurses' educational background or their ethical standards and whether they adhere to them. Nurses are the first person a patient asks when something is wrong as they listen intently and provide honest answers. Family members or neighbors will often ask a nurse for advice when health problems or problems with health services arise (Bednarski, 2009).

Factor 3: Cooperating with others and sacrifice for the benefit of society and profession

The third factor contained 15 items with factor loadings ranging from .52 to .75. This factor showed high loading scores (DeVellis, 2017; Munro, 2005; Waltz, Strickland & Lenz, 2017). The percent of variance of factor 3 was 11.83 which was satisfactory (Dixon, 2005). The eigenvalue of 10.40 was considerate acceptable since it is more than 1 (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Cronbach's alpha coefficient of this factor was .95 reflecting high quality of the scales (DeVellis, 2017).

This factor emphasized head nurses' roles to collaborate with nursing organizations to perform activities for the benefit of society and invite and support

nurses to join nursing and other organizations. The examples of item were “cooperate with professional organizations, e.g. nursing council, nursing association, in organizing activities for the society,” “join with various units/organizations on a regular basis in organizing activities for the society” and “invite nurses to participate in the activities of the nursing council, nursing association to support the society.” In Thailand, the nursing profession has two main national professional organizations which include the Nurses’ Association of Thailand, and Thailand Nursing and Midwifery Council. The key roles of these organizations are: advancing the nursing profession and raising professional standards, strengthening nurses’ competencies, developing cooperation, promoting the nursing image to the public, and enhancing the public good. The nursing organizations require participation of nurses to support their activities performed for the benefit of society. According to Tomajan (2012), head nurses are expected to engage in nursing organizations’ activities for the society. As professional advocates, head nurses are also expected to inspire nurses to participate with the nursing organizations and their units in performing activities which benefit the society.

In addition, head nurses’ roles include to act as a role model and dedicate themselves after their office hours to perform activities for the society. Various items emphasized the head nurses’ role as “after office hours, still working collaboratively with other patient wards/nursing division in activities for the society,” “sacrifice personal happiness for the benefit of patients, workplace, and the profession e.g. cancel vacation for the nursing division/hospital when needed” and “dedicate self to work, even after office hours.” In Thai society, nurses are expected to demonstrate their kindness to other people. Kindness is an important concept in Buddhist philosophy. Kindness is a sign of good character and is valuable as it signals nurses’ intent and desire to provide patient care. Along with kindness, nurses use compassion which contributes to understanding of the patient’s condition as it shows their aim to end the patient’s suffering. In their daily practice a nurses’ role includes observing patients’ suffering, providing support for their feelings, and carrying out nursing roles using kindness and compassion with the purpose of ending their suffering (Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005). According to Jull (2001), compassion is not just a feeling but a moral virtue requiring nurses to act when encountering suffering. Compassion also informs the bioethical principles of beneficence, autonomy

and justice. Compassionate beneficence require that nurses help others even when there is some inconvenience or sacrifice required, or when there is risk to the nurse.

#### Factor 4: Speaking out to enhance professional worth

The fourth factor contained 15 items with factor loadings ranging from .50 to .72. This factor showed high loading scores (DeVellis, 2017; Munro, 2005; Waltz, Strickland & Lenz, 2017). The percent of variance of factor 4 was 9.53% which was acceptable (Dixon, 2005). The eigenvalue of 8.39 was considerate acceptable since it is more than 1 (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Cronbach's alpha coefficient of this factor was .94 reflecting high quality of the scales (DeVellis, 2017).

Advocacy is speaking on behalf of something of importance which is one of the primary roles of a nurse. Although advocacy is commonly associated with the patient and family however, nurses should also advocate for themselves and the nursing profession. To perform this effectively, nurses should be self-assured and legitimate. Nurses are representatives of the profession providing, publicizing or propagating information and constantly performing as advocates in their work and in their private lives (Hoeve, Jansen & Roodbol, 2013).

In this study, head nurses performed their advocacy role by providing/publicizing/disseminating information and news regarding the nursing profession and its roles and functions to healthcare professionals, other people, and the society. The items in this factor were "provide accurate information about the roles of the profession to the public," "seek opportunities to publicize the profession/ professional organizations to nursing professionals and the public," "disseminate information about the profession/professional organizations to the public in various academic activities."

There continues to be inconsistency between the public's understanding of the nursing profession and nursing reality. The public perceived nurses as physician assistants who only follow the physicians' orders (Huston, 2017). The professional law requires nurses to perform four main functions regarding the health of people which include health promotion, disease prevention, nursing therapeutic, and rehabilitation (TNC, 2010). The main functions of professional nurses are independent since professional nurses, currently are highly educated. Nursing education is more

advanced and nurses hold higher degrees of education from baccalaureate to doctoral levels. Therefore, the roles of nurses are expanded and more complicated in order to effectively perform holistic nursing care to people in all groups and all health conditions. Dawoud and Maben (2008) maintained that public perception of the nursing profession was from negative cases instead of the positive achievements of the profession. This was viewed as conceivably having a negative effect on public confidence. Nevertheless, conceivably inconsistent or poor delivery of care was responsible for this negative perception. Even in situations when nursing care is of a high standard, trust is essential in public service delivery. Dawoud & Maben (2008) recommended activities viewed to be an initial step in emphasizing the nursing professions' positive contribution: using the media to promote positive achievements, improving the professions' image and professional attitude to enhance public perception of the profession, and promoting the value of their role.

Similarly, in Thailand there is evidence that some Thai people are not knowledgeable about the nurses' roles and functions in health care and the roles of the nursing profession to the society. Therefore, head nurses must advocate for their profession by providing accurate information to the public and disseminating news or activities of the nursing profession which are valuable to the society. According to Stewart, Nugent, Elliott, and Masters (2017), it is imperative nurses share their story of nursing.

#### Factor 5: Managing for maximum quality

The fifth factor contained 15 items with factor loadings ranging from .51 to .58. This factor showed high loading scores (DeVellis, 2017; Munro, 2005; Waltz, Strickland & Lenz, 2017). The percentage of variance of factor 5 was 7.16% which was acceptable (Dixon, 2005). The eigenvalue of 7.16 was considered acceptable since it is more than 1 (Hair, Black, Babin & Anderson, 2010; Ho, 2014; Tabachnick & Fidell, 2013). Cronbach's alpha coefficient of this factor was .89 reflecting high quality of the scales (DeVellis, 2017).

Head nurses are held responsible for patient care quality in their unit or ward and are in charge of managing nursing care to patients. This comprises management of all staff which participate in healthcare delivery (Armstrong, Rispel, &

Kekana, 2015). The role of nurse in quality improvement is especially important in hospital. Nurses at the bedside use quality improvement techniques in their daily practice to ensure quality of patient care. As nurses constantly observe clinical issues they may introduce appropriate quality improvement processes (Masters, 2017). Nurses must recognize their goal to provide patients with high quality care high quality care (Jensen, & Lidell, 2009). It is nurses' responsibility to uphold professional standards. In order to do, they should be committed to assisting in nursing regulation to safeguard the public right to quality nursing care (Schroeter, 2008). Peter (2002), stated that head nurses are authorized by society to advocate for patients, thus, ensuring the health care provided is attainable, reasonably priced, and high quality. Head nurses demonstrate a range of high level skills such as high level critical thinking and problem solving skills, highly effective communication, and comprehensive knowledge of health and disease conditions.

Factor 5 demonstrated the head nurses' advocacy role to maintain maximum quality of nursing. The items emphasized head nurses' roles related to quality of care. Examples of items related to quality care included "seek effective approaches for nursing improvement to meet standards equivalent to high performance institutions," and "seek cooperation from multidisciplinary team in developing the quality of work." In addition, factor 5 covered items regarding self-expertise development as well as developing nurse competencies in order to provide maximum quality to the patients. Examples of items included "develop self-expertise to be visible by the profession and multidisciplinary team," and "seek appropriate approaches for the development of knowledge and professional skills for each nurse."

In order to ensure care is of a high quality, head nurses must contribute to its creation through integrating research and evidence based practice in clinical nursing practice. Evidence based practice is initiated when practice, education or administration reveal a question for further research. Nurses have an active role in finding suitable questions which would enhance knowledge concerning the problems they face. Head nurses have the opportunity to help build a suitable framework for research and evidence based practice in order to positively contribute to working environment in which nurses take part in clinical decision making based on their experience and the evidence available (Newhouse, 2007).

Moreover, factor 5 revealed items regarding collaboration with multidisciplinary team. Nurses collaborate with patients, peers, and other professionals in the health care delivery system. As part of the interdisciplinary team nurses should acknowledge the proficiency and assistance each member offers. In addition, they should be willing to listen to others and share responsibilities with them as well as take part in goal setting and research collaboration to further knowledge of specific problems (Vincent & Masters, 2017). Attending conferences and training events is a good way to keep informed of developments and increase specialist knowledge, providing opportunities to network with other professionals. Sharing good practice is a good way of making up for limited resources. In additional, some of organizations publish their research papers online with free access (Nova, & Dwynwen, 2013). Moreover, inter-professional collaboration between physicians and nurses is important for patient care and particularly benefits patients because they work well together as colleagues.

## **2. The Psychometric Properties of the ANPS-Thai**

The discussion section is made up of three parts: (1) the content validity of the ANPS-Thai, (2) the construct validity, and (3) the reliability.

### ***2.1 The content validity of the ANPS-Thai***

The item level content validity indices (I-CVI) ranged from .80 to 1.00, and content validity index for the whole scale of the ANP-Thai (S-CVI) revealed that S-CVI/UA (universal agreement) was .92 and S-CVI /Ave (average) was .98. For scale development, the I-CVI and S-CVI values greater of equal to .80 are considered an accepted level of content validity (Lynn, 1986; Polit & Beck, 2006, Polit, Beck, & Owen, 2007). Therefore, the CVIs supported that the ANP-Thai had satisfactory evidence as a newly developed scale designed for measuring advocacy for the nursing profession of Thai head nurses.

## ***2.2 The construct validity***

The construct validity of the ANPS-Thai was investigated using EFA resulting in an outcome of satisfactory. It contained five factors comprising 72 items which suited this present study as each factor was acceptable with moderate to high factor loadings (Waltz, Strickland & Lenz, 2017). In addition, the majority of factors accounted for at least 5% of variance and all had eigenvalues greater than 1, both of which were satisfactory. Moreover, the construct of advocacy for the nursing profession was captured by the ANPS-Thai as it accounted for 58.09% of total variance which demonstrated it was suitable to assess advocacy for the nursing profession for Thai head nurses.

In addition, the ANPS-Thai was tested for the construct validity by hypothesis testing. The proposed hypothesis which stated that there was a positive correlation between head nurses' advocacy for the nursing profession and their moral actions was performed using Pearson's product moment correlation coefficient. The result showed that correlation between the total scores the ANPS-Thai and head nurses' moral actions was a statistically significant moderate and positive correlation ( $r = .48, p < .01$ ). According to Fry (1994), advocacy is an ethical concept in nursing practice. Nurses who are cultivated to advocate for the patients, their colleagues, and the profession are more likely perform moral behaviors in their nursing practice (Butts, 2013; Dehghani, Mosalanejad, & Nayeri, 2015; Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005). The ANPS-Thai and the Head Nurses' Moral Actions measure related phenomenon. Therefore, the positive correlation between the advocacy for the nursing profession and moral actions reflects the construct validity of the ANPS-Thai.

## ***2.3 The reliability***

The stability and internal consistency of the ANPS-Thai were used tested using two kinds of reliability. An assessment of internal consistency using Cronbach's alpha coefficient were performed on two instances: pre-test and field test resulting in the same alpha value of .98 which was accepted as high reliability. According to DeVellis (2017) and Polit and Hungler, (1995), for a newly created tool

an alpha value greater than .7 is highly acceptable internal consistency, as high alpha values demonstrate that scale items are able to form strong factors yielding good results (Dixon, 2001; Dahm, Willems, Ivancevich, & Graves, 2009). Unquestionably, the internal consistency and reliability of the ANPS-Thai was demonstrated through strong evidence.

Stability testing of the ANPS-Thai using test-retest method from administering the ANPS-Thai on two separate occasions with a two-weeks interval were statistically significant correlated ( $r = .97, p < .01$ ). Hence, the stability of the ANPS-Thai was confirmed through evidence to be stable for a newly developed tool. DeVellis (2017) maintained that constant scores that remain unchanged after more than one event indicate a significant construct due to its ability to compare and assess the construct on more than one occasion.

The ANPS-Thai was also examined to evaluate the extent to which social preference influenced individual items. The result showed a statistically significant positive, low correlation ( $r = .14, p < 0.01$ ). It can assume that the ANPS-Thai was influenced by social preference at a minimal level. As Thai culture emphasizes social harmony, the thoughts and behaviors of Thai people are influenced by social values (Sriussadaporn-Charoenngam & Jabin, 1999). Thais tend to avoid to personal friction to maintain good relationships. Moreover, *Kreng Jai* is a common character trait among Thai people referring to considering for others and being thoughtful in order to preserve a conducive social atmosphere (Kityadisai, 2005). Thai people are not often inclined to express their feelings particularly if the answer will cause themselves, the profession, and their organization to lose face.

## **Summary**

The development and psychometric evaluation of the ANPS-Thai using EFA with varimax rotation. The result revealed 5 factors consisted of (1) promoting academic atmosphere and facilitating research and innovation, (2) proactivity to protect professional image, (3) cooperating with others and sacrifice for the benefit of society and profession, (4) speaking out to enhance professional worth, and (5) managing for maximum quality. The total variance explained of the ANPS-Thai was



acceptable and factor loadings of all items was strong loader on each factor. Internal consistency reliability indicated high reliability. The construct validity using hypothesis testing was supported the proposed hypothesis. The stability reliability was performed by using test-retest method that indicated to support the stability of this newly developed tool.

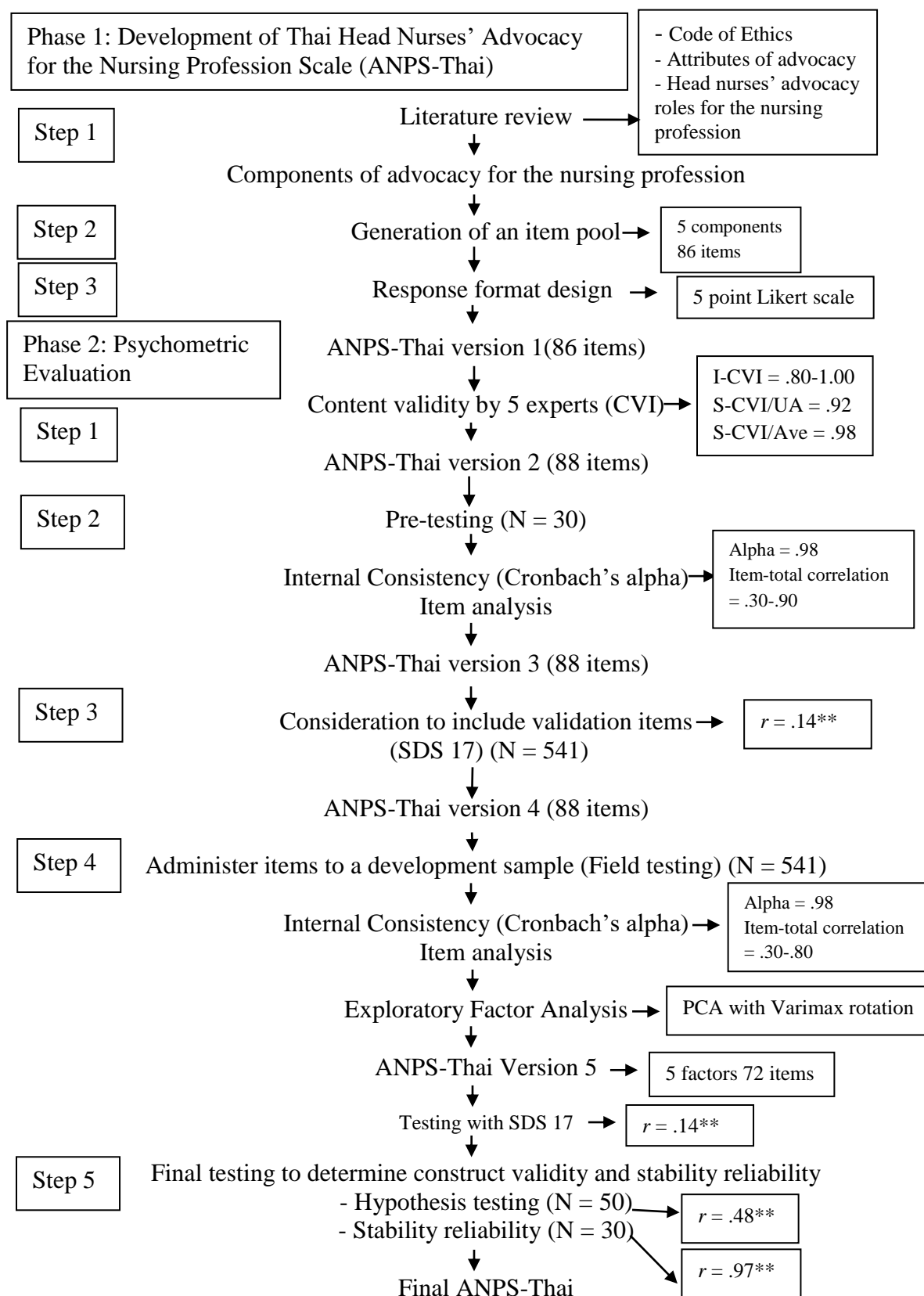


Figure 4.1: Steps of development and psychometric evaluation of the ANPS-Thai and the results

## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **Introduction**

This chapter presents a conclusion of the study, which contributed to the development and psychometric evaluation of a structured instrument to assess the advocacy for the nursing profession of Thai head nurses. Implications of the study are also identified. The chapter concludes with recommendations of the study to nursing education, practice, administration, and further research.

#### **Conclusions**

The purpose of this study was to develop a valid and reliable scale to measure advocacy for the nursing profession of Thai head nurses.

This study consisted of 2 phases: (1) development of the advocacy for the nursing profession scale which comprised 86 items, (2) evaluation of the psychometric properties of ANPS-Thai. It was found that ANPS-Thai had high content validity indices: I-CVI ranged from .80-1.00, S-CVI/UA = .92, and S-CVI/Ave = .98.

Factor analysis using varimax rotation was performed with 541 Thai head nurses in 26 government general hospitals in six regions. The results revealed that the Advocacy for the Nursing Profession of Thai Head Nurses (ANPS-Thai) was composed of 72 items with five factors and a total variance explained of 58.09%. Factor loadings of the ANPS-Thai ranged from .50-.80. Internal consistency reliability was performed by using Cronbach's alpha coefficient, yielding an alpha of .98. The results of five factors were as follows:

1. Factor 1: Promoting academic atmosphere and facilitating research and innovation (21 items) had factor loadings ranging from .50-.80, accounted for 14.84% of variance with an eigenvalue of 13.06, and an alpha coefficient of .96.

2. Factor 2: Proactive to protect professional image (16 items) had factor loadings ranging from .52-.75, accounted for 13.75% of variance with an eigenvalue of 12.10, and an alpha coefficient of .94.

3. Factor 3: Cooperate with others and sacrifice for the benefit of society and profession (15 items) had factor loadings ranging from .52-.75, accounted for 11.83 % of variance with an eigenvalue of 10.40, and an alpha coefficient of .95.

4. Factor 4: Speak out to enhance professional worth (12 items) had factor loadings ranging from .50-.72, accounted for 9.53 % of variance with an eigenvalue of 8.39, and an alpha coefficient of .94.

5. Factor 5: Managing for maximum quality (8 items) had factor loadings ranging from .51-.58, accounted for 8.14 % of variance with an eigenvalue of 7.16, and an alpha coefficient of .89.

In addition, construct validity using hypothesis testing was evaluated. It was found that the hypothesis was supported by a statistically significant correlation between advocacy and moral action of head nurses ( $r = .48, p < .01$ ). Furthermore, the stability of ANPS-Thai was also evaluated to demonstrate the reliability of the scale. Test-retest results showed high correlation between the scores of advocacy measured two times ( $r = .97, p < .01$ ). Therefore, it is concluded that the ANPS-Thai has satisfactory validity and reliability which is relevant to the Thai context and can be used for other researchers who are interested in this study.

### **Implications and Recommendations**

The ANPS-Thai is a valid and reliable scale for measuring advocacy for the nursing profession of Thai head nurses in Thailand. Its' implications and recommendation are presented as follows:

#### **Nursing administration**

Nursing administrators can use the ANPS-Thai to assess head nurses' level of advocacy for nursing profession in order to develop programs to strengthen and enhance head nurses' advocacy roles for the nursing profession.

### **Nursing education**

The ANPS-Thai can be used to guide the design of the ethics content in nursing curricular. Nursing education should emphasize the importance of advocacy in ethics teaching in nursing curriculum of master's degree and short course of nursing administration and cultivating them throughout the nursing curriculum.

### **Nursing research**

The ANPS-Thai demonstrated adequate psychometric properties, therefore, it is beneficial for researchers who are interested in the study of advocacy for the nursing profession. The implications can be maximized in general government hospitals since they are the settings in this study. However, ANPS-Thai can be further tested in other settings or can be modified for other groups of nurses or refine optimal scale length.

### **Strengths of the study**

Strengths of the ANPS-Thai are as follows:

1. The ANPS-Thai shows high validity and reliability which were examined through more than one type of validity and reliability testing. Validity of the ANPS-Thai was performed by content validity and construct validity. The content validity of the ANPS-Thai was achieved by high values of I-CVIs, SCVI/UA, and SCVI/Ave. In addition, two types of construct validity were performed including exploratory factor analysis (EFA), and hypothesis testing. Both types of construct validity assure the high validity of the ANPS-Thai. The ANPS-Thai was tested with two types of reliability including internal consistency reliability and stability reliability. Both types of reliability support the quality the ANPS-Thai.

2. The ANPS-Thai is developed by comprehensive literature reviews of Thailand and other countries and concept analysis together with the Code of Nursing Ethics for Thai nurses and an empirical study on head nurses' role in advocacy for the nursing profession which was conducted in Thailand. Therefore, the ANPS-Thai is

specific to the Thai context and at the same time it represents universal content of the nursing profession.

3. The ANPS-Thai is the first instrument developed through steps of standard scale development to measure advocacy for the nursing profession in Thailand.

### **Limitation of the study**

The ANPS-Thai had a significant positive low correlation with social desirability scale, therefore, social preference has low influence on the ANPS-Thai. However, when administering the ANPS-Thai to the samples, the researchers must assure the samples that the confidentiality and anonymity of their answers are strictly protected. r

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# Appendices

Appendix A  
**List of Expertise**

Five experts examined the content validity of the Advocacy for the Nursing Profession Scale. The experts are listed as follows:

1. Associate Professor Dr. Siriporn Khampalikit
2. Associate Professor Dr. Wandee Suttharangsee  
Faculty of Nursing, Prince of Songkla University
3. Assistant Professor Dr. Suntharawadee Theinpichet  
Continuing Nursing Education Test Center
4. Dr. Buppa Boonyamanee  
R.N., Thanyarak Songkhla Hospital
5. Dr. Navarat Rakchat  
R.N., Songkhla Hospital

Appendix B

แบบประเมินความตรงตามเนื้อหา (Content validity Form) ของเครื่องมือวิจัย

เอกสารชุดนี้ เป็นแบบประเมินความตรงตามเนื้อหาของเครื่องมือวิจัย ผู้วิจัยใครขอความกรุณาจากท่านในการแสดงความคิดเห็นเกี่ยวกับระดับความสอดคล้องของเนื้อหา (Relevancy) โดย 4= สอดคล้องดีมาก 3= สอดคล้องดี 2= สอดคล้องเล็กน้อย 1= ไม่สอดคล้อง รวมถึงความชัดเจน (Clarity) และการกระชับความ (Conciseness) ของคำถาม โดยการทำเครื่องหมายถูก (✓) ลงในช่องที่ตรงกับความคิดเห็นของท่านหลังคำถามแต่ละข้อ และหากคำถามใดที่ท่านเห็นว่า สอดคล้องเล็กน้อย ไม่สอดคล้อง ไม่ชัดเจน หรือ ไม่กระชับความ สมควรแก่การปรับปรุงหรือมีข้อเสนอแนะอื่นๆ กรุณาเติมข้อความในช่องแสดงข้อเสนอแนะด้วย ผู้วิจัยขอขอบคุณในความอนุเคราะห์ของท่านครั้งนี้

ข้อคำถาม	สอดคล้องกับวัตถุประสงค์การวิจัย			ความสอดคล้องกับเนื้อหาที่ต้องการวัด					ความชัดเจน		ความกระชับ		ข้อเสนอแนะในการปรับปรุง
	วัตถุประสงค์ข้อที่	สอดคล้อง	ไม่สอดคล้อง	เนื้อหาที่วัด	4	3	2	1	ชัดเจน	ไม่ชัดเจน	กระชับ	ไม่กระชับ	
<b>1. Promoting the nursing profession advancement</b> <b>1.1. ใช้ศักยภาพอย่างเต็มที่ในการส่งเสริมการปฏิบัติงานด้วยมาตรฐานสูงสุด</b>													
1. แสดงความคิดเห็นและข้อเสนอในระดับนโยบายให้มีกลไกส่งเสริมการปฏิบัติงานด้วยมาตรฐานสูงสุด													
2. ปฏิบัติหน้าที่ในทุกสถานการณ์ด้วยหลักวิชาและมาตรฐานสูงสุดของวิชาชีพ													
3. แสวงหาโอกาสในการชี้แนะ ย้ำเตือนให้พยาบาล ตระหนักถึงความสำคัญของการปฏิบัติงาน ด้วยมาตรฐานสูงสุด													
4. เป็นที่เลี้ยงให้กับพยาบาลในการพัฒนาความรู้ และทักษะวิชาชีพให้กับพยาบาลแต่ละคน													
5. หาแนวทางที่เหมาะสมในการพัฒนาความรู้และทักษะวิชาชีพให้กับพยาบาลแต่ละคน													
6. ....													



เอกสารรับรองโครงการวิจัย  
โดยคณะกรรมการจริยธรรมการวิจัยในมนุษย์  
สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

รหัสรับโครงการ: 2017 NSt – QI 004  
ชื่อโครงการ: Development and Psychometric Evaluation of the Advocacy for the Nursing Profession Scale for Thai Head Nurses (ANPS-Thai)  
รหัสหนังสือรับรอง: PSU IRB 2017 – NSt 004  
ชื่อหัวหน้าโครงการ: นางสาวทวีพร เพ็งมาก  
หน่วยงานที่สังกัด: หลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์  
เอกสารที่รับรอง: 1. แบบเสนอโครงการเข้ารับการประเมินจริยธรรมในงานวิจัย  
2. เครื่องมือวิจัย  
3. ใบเชิญชวนและใบยินยอมเข้าร่วมการวิจัย  
วันที่รับรอง: 10 เมษายน 2560  
วันที่หมดอายุ: 10 เมษายน 2562

ขอรับรองว่าโครงการดังกล่าวข้างต้น ได้ผ่านการพิจารณาเห็นชอบโดยสอดคล้องกับหลักการเบลมอนด์ (Belmont) จากคณะกรรมการจริยธรรมการวิจัยในมนุษย์ สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

(ลงนาม).....

(รองศาสตราจารย์ ดร.อรัญญา เชาวลิต)

ประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์

สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

**Appendix D**  
**Questionnaire**

Development and Psychometric Evaluation of the Advocacy for  
the Nursing Profession Scale for Thai Head Nurses

**Part 1 – General Information**

Please place a “✓” mark in the slot fitting your actions the most.

1. Age.....years

2. Gender      1. Female                    2. Male

3. Religion    1. Buddhism                    2. Islam  
                  3. Christianity            4. Other (Please specify) .....

4. Marital Status      1. Single    2. Married  
                                  3. Widowed/Divorced/Separated

5. Education    1. Bachelor’s Degree    2. Master’s Degree  
                  3. Doctorate    4. Other (Please specify) .....

6. Current Work Unit:

- 1. Internal Medicine      2. Surgical
- 3. Obstetrics            4. Pediatrics
- 5. Gynecology            6. Bone
- 7. Otorhinolaryngology    8. Other (Please specify) .....

7. Nursing work experience.....years.

8. Experience as Head Nurse.....years.

9. Previous Committee Experience (Respondents can select more than one):

- Ethics                                    Nursing Quality Assurance
- Risk Management            Hospital Quality Improvement
- Other (Please specify) .....

10. Current Committee (Respondents can choose more than one):

- Ethics                                    Nursing Quality Assurance
- Risk Management            Hospital Quality Improvement
- Other (Please specify) .....

11. Conference/Seminar/Workshop Experience (Respondents can choose more than one):

- 1. Nursing Ethics                       2. Leadership
- 3. Management                               4. Professional Law
- 5. Professional Ethics                       6. Patients’ Rights
- 7. Advocacy                                       8. Other (Please specify) .....

**Part 2:** Please make a “✓” mark in the space fitting your actions.

- 5 = Completely true actions
- 4 = Mostly true actions
- 3 = Equally true and untrue actions
- 2 = Mostly untrue actions
- 1 = Completely untrue actions

No.	Topic	Level				
		5	4	3	2	1
1.	Express opinions and proposals at the policy level to have mechanisms for supporting work meeting the highest standards.					
2.	Perform duties in every situation with academic principles and the highest professional standards.					
3.	Seek opportunities to provide recommendations and remind nurses to be aware of working with the highest standards.					
4.	Mentor nurses to develop individual nursing knowledge and professional skills.					
5.	Search for appropriate guidelines in developing individual nursing knowledge and professional skills.					
6.	Study and search for effective guidelines to improve nursing care to meet standards equal to high quality institutions.					
7.	Specify changes in new research/knowledge presentations to improve work at patient ward meetings.					

No.	Topic	Level				
		5	4	3	2	1
8.	Fully use knowledge and capabilities to develop patient wards for maximum quality and set good examples for other agencies.					
9.	Seek cooperation from multi-disciplinary teams to improve performance quality.					
10.	Set policies for innovation or research achievements as indicators of nurses' performance.					
11.	Become a leader in pushing for innovation/research development teams in patient wards.					
12.	Set clear goals for innovation/research development with nurses.					
13.	Demonstrate leadership by providing policy recommendations to develop the profession at academic conferences.					
14.	Provide policy recommendations for nursing division related to nursing profession development.					
15.	Specify patient ward management policies aimed at care excellence by developing nursing innovations and knowledge.					
16.	Prepare proposals for executives to allocate funds and time for nurses to have opportunities to develop innovations and research.					
17.	Organize activities to provide knowledge in the area of innovation and research development for patient ward nurses.					
18.	Search for sources of capital for nurses to develop innovations and research.					

No.	Topic	Level				
		5	4	3	2	1
19.	Search for a coordinate with individuals and agencies capable of being consultants or mentors for nurses in developing innovations and research.					
20.	Promote academic atmospheres in nursing division by presenting outcomes of patient ward innovation and research development.					
21.	Become a model for nurses in studying current knowledge in order to be informed at work.					
22.	Prepare proposals for executives at the policy level to provide opportunities for nurses to continue education at higher levels.					
23.	Motivate every nurse to be aware that higher education is a nurse's duty to the profession.					
24.	Continually search for self-improvement opportunities to have modern knowledge in the areas of management and nursing.					
25.	Display ability to solve patients' problems and give patients confidence in nurses' capabilities.					
26.	Care for patients at full capacity to give patients confidence in quality care from nurses.					
27.	Keep promises made to patients.					
28.	Develop the quality of useful nursing practices for patients to be evident to others.					
29.	Emphasize that nurses need to be aware of the importance of performing duties based on ethical standards and profession laws.					
30.	Reflect for nurses to see actions that build reliability and trust in patients.					
31.	Protect patients who have received unfair care or treatment.					



No.	Topic	Level				
		5	4	3	2	1
32.	Advocate for patients when patients cannot protect patients' rights.					
33.	Refuse to protect persons who have violated/disgraced the nursing profession.					
34.	Reprimand nurses when nurses have violated the reputation or image of the nursing profession.					
35.	Remind nurses of personal roles in protecting the dignity of the profession.					
36.	Behave as an example of practitioners in the profession who adhere to morals and ethics.					
37.	Develop personality to become a reliable, trustworthy person.					
38.	Refuse to seek personal/familial gain by performing professional duties.					
39.	Support nurses to develop performance efficiency comparable to other professions.					
40.	Demonstrate capacity to cooperate with multiple disciplines such as by expressing beneficial opinions and implementing opinions to clearly develop the organization.					
41.	Earnestly participate in hospital development to receive quality accreditations.					
42.	Self-develop to gain expertise evident in the eyes of the profession and multiple disciplines.					
43.	Work by using knowledge and gain acceptance from professional colleagues and multiple disciplines.					
44.	Support nurses to express creative opinions in working with multiple disciplines.					
45.	Present opinions to show the point where the profession stands at conferences with other disciplines.					

No.	Topic	Level				
		5	4	3	2	1
46.	Refuse to perform duties in place of other professions.					
47.	Speak of the nursing profession in a positive light to build pride in the profession among nurses.					
48.	Provide evidence-based data concerning professional organization performance for society.					
49.	Provide information for others regarding significant roles of the nursing profession for public health at every opportunity.					
50.	Seek public relations channels to disseminate achievements of professional nurses regarding healthcare.					
51.	Disseminate documents of the Thai Nursing Council/Nurses' Association of Thailand.					
52.	Regularly follow-up on news and information on the profession to disseminate knowledge to others.					
53.	Provide accurate data concerning the roles of the nursing profession for the public.					
54.	Seek opportunities to disseminate the profession/professional organizations to practitioners of the profession and the general public.					
55.	Provide care recommendations when providing information regarding the roles of the profession/professional organizations for others.					
56.	Arrange topics on professional roles/and the importance of the nursing profession to society during orientation for new nurses.					
57.	Disseminate information concerning the profession/professional organizations to the public at academic activities such as exhibition boards.					

No.	Topic	Level				
		5	4	3	2	1
58.	Direct nurses to be aware of duties of professional practitioners in disseminating professional achievements to society.					
59.	Explain and provide accurate information when other persons speak of the organization negatively.					
60.	Provide recommendations for nurses in communicating with persons who have negative attitudes toward the nursing profession/professional organizations.					
61.	Reprimand nurses when nurses speak of the nursing profession negatively.					
62.	Present information reflective of nursing professional values at conferences with multiple disciplines.					
63.	Set policies for patient ward nurses to present innovations/research findings in academic forums.					
64.	Support patient ward nurses to present innovations/research findings in academic forums.					
65.	Select appropriate forums for presenting innovations and research findings for patient ward nurses.					
66.	Present innovations/researches at national conferences with multiple disciplines.					
67.	Mentor nurses to gain confidence in expressing opinions to improve work quality on various occasions such as conferences or work in cooperation with multiple disciplines.					
68.	Support nurses who have expertise to become lecturers at academic events at various levels.					
69.	Motivate nurses to be aware that presenting achievements for society to perceive is an important role and duty to the profession.					

No.	Topic	Level				
		5	4	3	2	1
70.	Use professional knowledge to provide safety for the public, even outside working hours.					
71.	Sacrifice personal happiness for the benefit of patients, organizations and the profession such as by cancelling leave to help with work at the nursing group/hospital.					
72.	Be dedicated to work, even after working hours.					
73.	Participate in organizing activities for society with various agencies/organizations.					
74.	Use professional roles to participate in activities with the multi-disciplinary team to benefit society.					
75.	Cooperate with patient wards/nursing divisions in performing activities for society outside of working hours.					
76.	Cooperate in organizing social activities with professional organizations such as the Thai Nursing Council or the Nurses' Association of Thailand.					
77.	Participate in providing beneficial opinions and recommendations for the profession and operations of professional organizations for society.					
78.	Cooperate with other agencies to organize social activities for important days of the profession.					
79.	Participate in social activities to assist disaster victims.					
80.	Become members of charitable agencies or organizations to help society such as PMMV.					
81.	Invite nurses to participate in the activities held by the Nurses' Association of Thailand/Thai Nursing Council to help society.					
82.	Rally or disseminate to invite nurses to become members in professional organizations.					

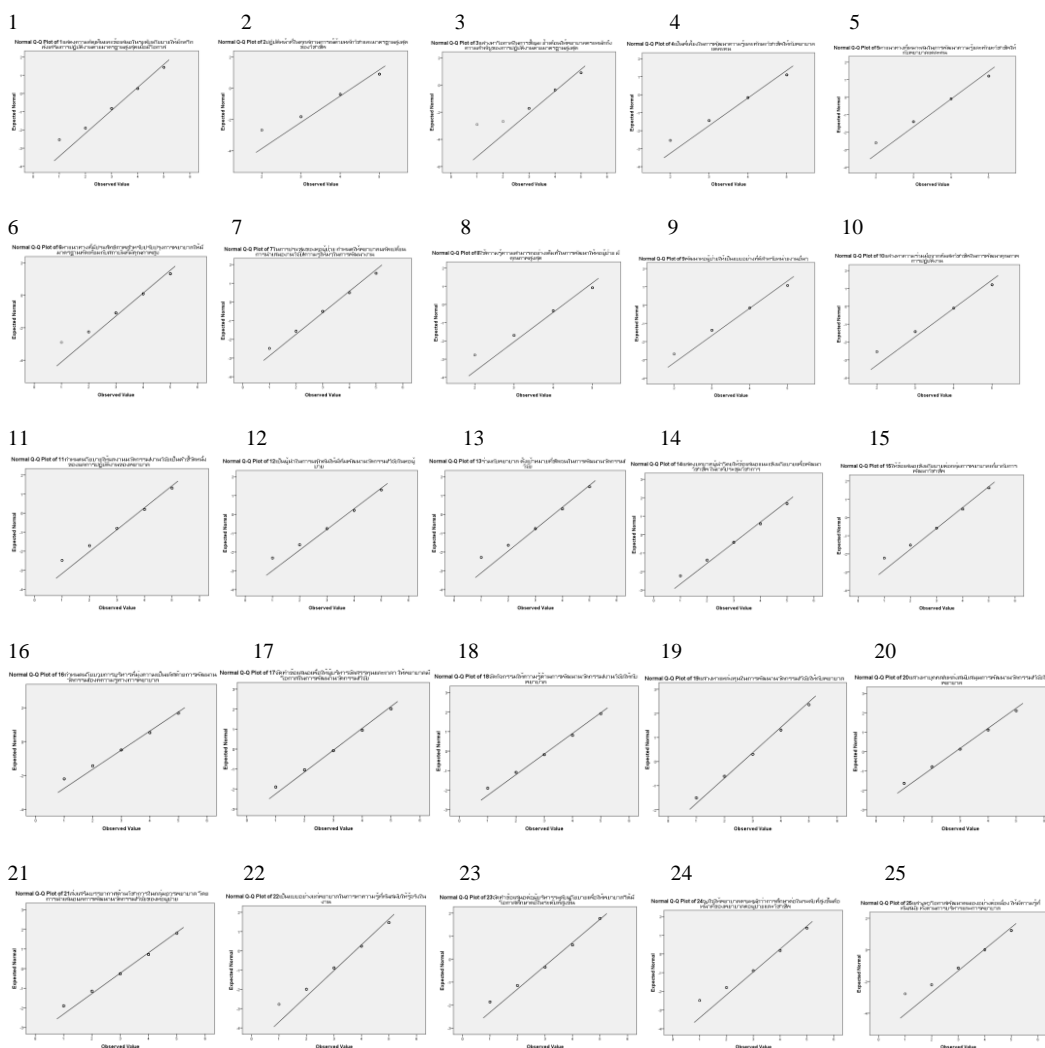
No.	Topic	Level				
		5	4	3	2	1
83.	Monitor news on the activities of the Nurses' Association of Thailand/Thai Nursing Council to disseminate news to others					
84.	Participate in activities organized by professional organizations.					
85.	Allocate time for nurses to attend activities held by the Nurses' Association of Thailand/Thai Nursing Council.					
86.	Set an example for participation in activities held by the Nurses' Association of Thailand/Thai Nursing Council.					

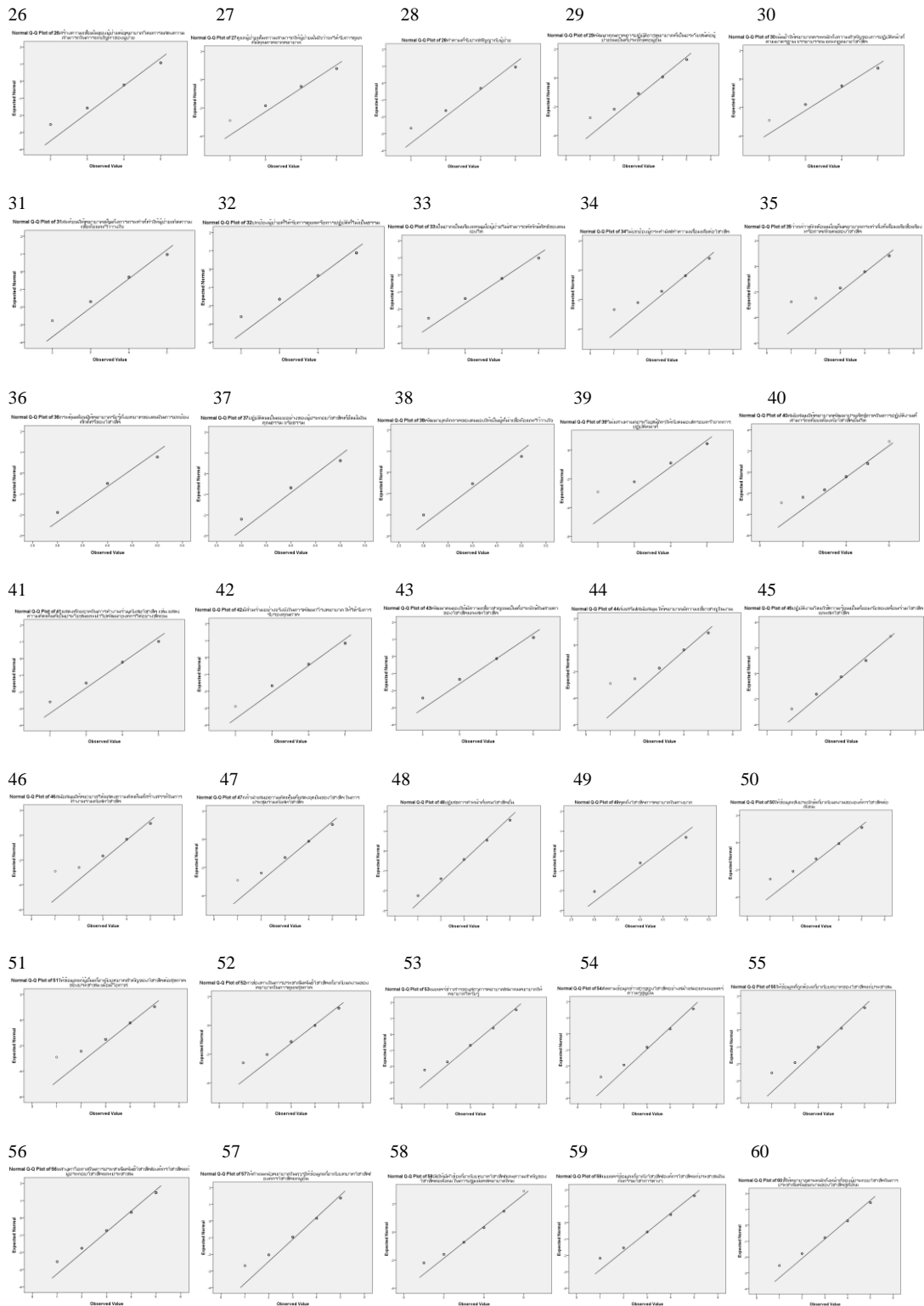
## Appendix E

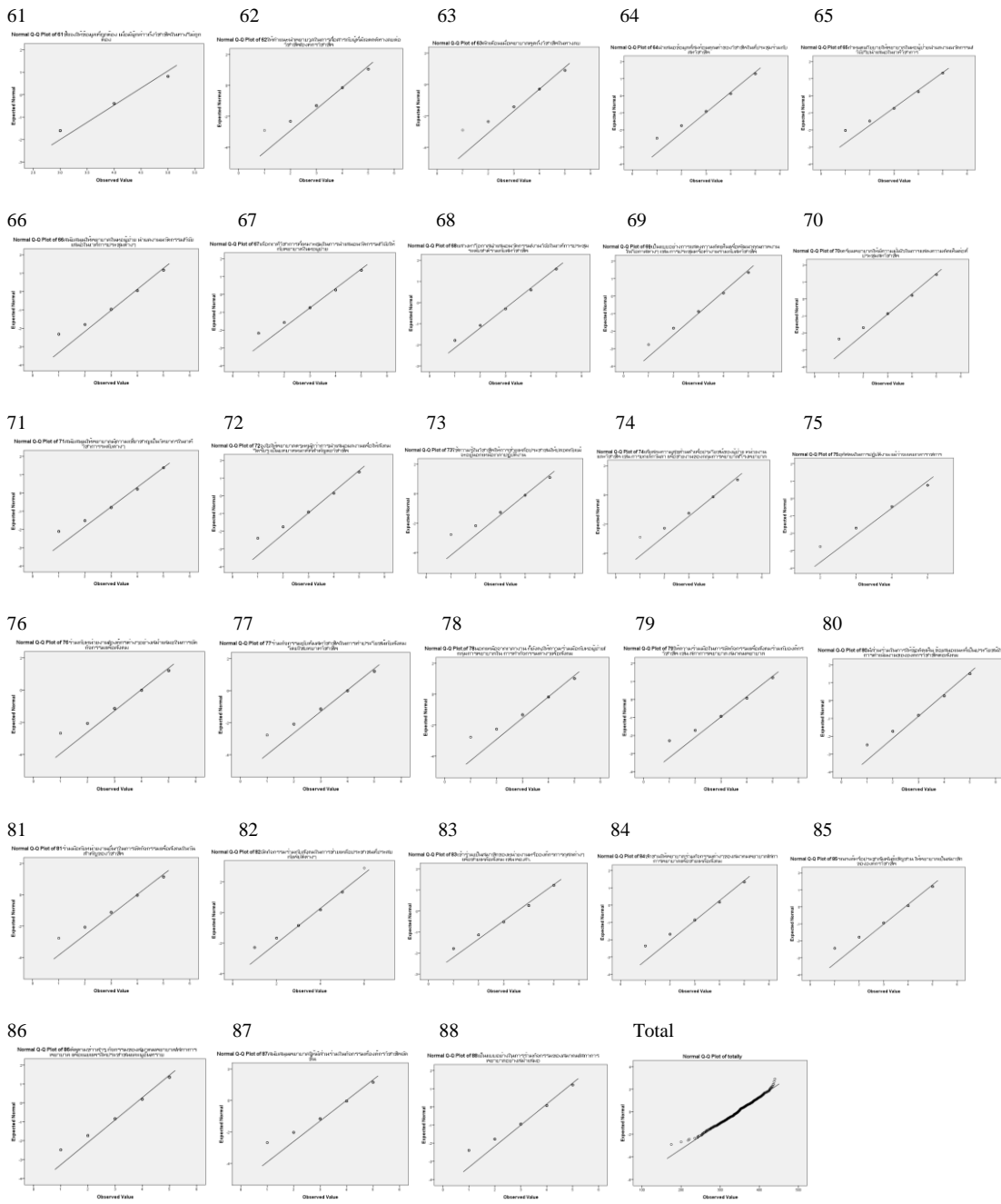
### Testing assumption

#### 1. Normal distribution

1.1 A diagnostic test for normality is a visual check of the normal Q-Q plot that compared the cumulative distribution of the observed values with the expected values derived from the normal distribution. The normal distribution forms a straight diagonal line, and if a variable's distribution is normal, the data distribution will fall more or less on the diagonal (Ho, 2014). Inspection of the normal Q-Q plot shows very little departure from normality for the ANPS-Thai.









### 1.2 Z value for the skewness

Another diagnostic test for normality is based on the skewness values. The statistical z value for the skewness value is calculate by dividing the skewness value by square root of their standard errors.

If the calculate z value exceeds the specified critical probability value, then the distribution is non-normal. For example, a calculated z value exceeding  $\pm 2.58$  will result in a rejection of the assumption of normality at the 0.01 critical probability (alpha) level. A calculated z value exceeding  $\pm 1.96$  will result in a rejection of the assumption of normality at the 0.05 alpha level (Ho, 2014). Based on the obtained skewness statistics, the z value for the ANPS-Thai is -0.377 to -2.48 which is less than  $\pm 2.58$ . Thus, it can be concluded that the distribution of this does not depart significantly from normality. There are 4 items met the z value at -2.59 to -3.11. which is exceeding  $\pm 2.58$ , it means that very little departure from normality.

## Appendix F

## แบบสอบถาม

## พฤติกรรมจริยธรรมของหัวหน้าหอผู้ป่วย

โปรดทำเครื่องหมาย ✓

ลงในช่องขวามือที่ตรงกับความคิดเห็นของท่านมากที่สุดเพียงคำตอบเดียวในแต่ละข้อและกรุณาตอบให้ครบทุกข้อ โดยมีเกณฑ์พิจารณาดังนี้

- 1 คะแนน หมายถึงท่านมีการปฏิบัติตามข้อความนี้ น้อยที่สุด
- 2 คะแนน หมายถึงท่านมีการปฏิบัติตามข้อความนี้ น้อย
- 3 คะแนน หมายถึงท่านมีการปฏิบัติตามข้อความนี้ ปานกลาง
- 4 คะแนน หมายถึงท่านมีการปฏิบัติตามข้อความนี้ มาก
- 5 คะแนน หมายถึงท่านมีการปฏิบัติตามข้อความนี้ มากที่สุด

พฤติกรรมจริยธรรม		ระดับการปฏิบัติ				
		5	4	3	2	1
1	กระทำการพยาบาลด้วยความนุ่มนวล อ่อนโยน จิตเมตตากรุณา					
2	ปลอบโยน ให้กำลังใจผู้ป่วยในการต่อสู้กับความเจ็บป่วย					
3	ใช้คำพูดและกริยาที่สุภาพต่อผู้ป่วย					
4	จัดสิ่งแวดล้อมภายในหอผู้ป่วยให้ปลอดภัยและสุขสบาย					
5	กำกับดูแลให้พยาบาลดูแลผู้ป่วยอย่างมีคุณภาพตามมาตรฐานวิชาชีพ					
6	ให้การดูแลผู้ป่วยอย่างมีคุณภาพตามมาตรฐานวิชาชีพ					
7	รับฟังปัญหาของผู้ป่วยด้วยความสนใจ เอาใจใส่					
8	ให้ความช่วยเหลือแก่ผู้ป่วยทันทีที่ทราบว่ามีปัญหา/ต้องการความช่วยเหลือ					
9	จัดระบบการส่งต่อที่รวดเร็วในกรณีผู้ป่วยไปรับการรักษานอกหอผู้ป่วย/นอกโรงพยาบาล					
10	ไม่ทำให้ผู้ป่วยได้รับความเจ็บปวดหรืออันตรายจากการปฏิบัติการพยาบาลโดยไม่จำเป็น					
11	กำกับดูแลพยาบาล ไม่ทำให้ผู้ป่วยได้รับความเจ็บปวดหรืออันตรายจากการปฏิบัติการพยาบาลโดยไม่จำเป็น					
12	ไม่ใช้คำพูดหรือกริยาท่าทางที่ทำให้ผู้ป่วยสะเทือนใจ/ด้อยศักดิ์ศรี					
13	ไม่ปล่อยให้ผู้ป่วยเสี่ยงต่อการเกิดอันตราย เช่น ไม่ยกไม้กั้นเตียงในผู้ป่วยที่ไม่รู้สึกตัวก่อนลະจากเตียง					
14	ไม่ผูกยึดผู้ป่วยโดยไม่จำเป็น					
15	มีนโยบายให้พยาบาลไม่ผูกยึดผู้ป่วยโดยไม่จำเป็น					

พฤติกรรมจริยธรรม		ระดับการปฏิบัติ				
		5	4	3	2	1
16	ดูแลผู้ป่วยให้ได้รับการช่วยเหลือที่สอดคล้องกับความต้องการของแต่ละคน					
17	สนับสนุนพยาบาลให้ดูแลผู้ป่วย ให้ได้รับการช่วยเหลือที่สอดคล้อง กับความต้องการของแต่ละคน					
18	ให้การดูแลผู้ป่วยอย่างเท่าเทียมกันโดยไม่คำนึงถึงอายุและเพศ					
19	ให้การดูแลผู้ป่วยอย่างเท่าเทียมกันโดยไม่คำนึงว่าผู้ป่วยเป็นโรคติดต่อหรือไม่ติดต่อ					
20	ให้การช่วยเหลือผู้ป่วยโดยไม่คำนึงถึงสภาพทางสังคมเศรษฐกิจ					
21	ให้การดูแลผู้ป่วยอย่างเท่าเทียมกัน แม้ผู้ป่วยมีศาสนา ภาษา วัฒนธรรมที่แตกต่างจากท่าน					
22	จัดสรรอุปกรณ์ต่างๆอย่างเหมาะสมและเพียงพอกับผู้ป่วยแต่ละราย					
23	กำกับดูแลพยาบาลในการให้ข้อมูลแก่ผู้ป่วยเพื่อประกอบในการยอมรับ/ปฏิเสธการรักษาพยาบาล					
24	เปิดโอกาสให้ผู้ป่วย/ครอบครัวบอกถึงปัญหาและความต้องการการรักษาพยาบาล					
25	ให้ข้อมูลเกี่ยวกับผลดี ผลเสียและผลลัพธ์ของการรักษาพยาบาล เพื่อประกอบ การยอมรับหรือปฏิเสธการรักษาพยาบาล					
26	เปิดโอกาสให้ผู้ผู้ป่วยมีส่วนร่วมในการตัดสินใจพิจารณาทางเลือกที่เหมาะสมในการรักษาพยาบาลได้อย่างอิสระ					
27	อธิบายเกี่ยวกับการรักษาพยาบาลแก่ผู้ป่วยก่อนการให้รักษาพยาบาลนั้นๆ					
28	ให้การพยาบาลใดๆต่อผู้ป่วยภายหลังได้รับความยินยอมจากผู้ป่วย					
29	จัดระบบให้ผู้ผู้ป่วยได้รับข้อมูลด้านการรักษาพยาบาลที่ถูกต้องและเพียงพอ ก่อนการตัดสินใจ					
30	จัดให้มีแนวปฏิบัติในการบอกความจริงที่เป็นข่าวร้ายแก่ผู้ป่วย/ครอบครัว					
31	บอกความจริงที่เป็นข่าวร้ายแก่ผู้ป่วยเมื่อผู้ป่วยมีความพร้อมทั้งทางร่างกายและจิตใจ					
32	บอกความจริงแก่ผู้ป่วยโดยอยู่ภายใต้ขอบเขตวิชาชีพ					
33	บอกข้อมูลที่จำเป็นเกี่ยวกับการเจ็บป่วยแก่ผู้ป่วย เช่น ความก้าวหน้าของการบำบัดรักษา วิธีการดูแลตนเอง					
34	บอกข้อมูลแก่ผู้ป่วยที่เป็นความจริงซึ่งเข้าใจง่ายและสามารถปฏิบัติตามได้อย่างถูกต้อง					
35	บอกความจริงที่เป็นข่าวร้ายแก่ผู้ป่วยด้วยความเข้าใจและเห็นใจ					
36	ประเมินการรับรู้/ผลกระทบที่จะเกิดกับผู้ป่วยหลังบอกความจริง					

พฤติกรรมจริยธรรม		ระดับการปฏิบัติ				
		5	4	3	2	1
37	ไม่นำข้อมูลจากผู้ป่วยต้องการปกปิด ไปบอกผู้ไม่เกี่ยวข้องกับการรักษาพยาบาล					
38	ตักเตือนพยาบาลที่เปิดเผยความลับผู้ป่วย					
39	ไม่อนุญาตให้ผู้ที่ไม่เกี่ยวข้องเข้าถึงข้อมูลผู้ป่วย					
40	พูดคุยกับผู้ป่วยเกี่ยวกับข้อมูลที่เป็นความลับในที่ที่เป็นส่วนตัว					
41	จัดระบบการดำเนินงานไม่ให้เกิดการรั่วไหลของข้อมูลทั้งทางวาจา เอกสาร และทางคอมพิวเตอร์					
42	ปฏิบัติตามคำสัญญาที่ให้ไว้กับผู้ป่วย					
43	ให้คำปรึกษา แนะนำผู้ได้บังคับบัญชาด้วยความเต็มใจ					
44	สอนงาน นิเทศและกำกับดูแลให้ผู้ได้บังคับบัญชาปฏิบัติงานอย่างมีประสิทธิภาพ					
45	มอบหมายงานตามความสามารถของผู้ได้บังคับบัญชา					
46	ดูแลสวัสดิการและสิทธิประโยชน์ของผู้ได้บังคับบัญชา					
47	ส่งเสริมความก้าวหน้าในอาชีพแก่ผู้ได้บังคับบัญชาในลักษณะต่างๆ เช่น สนับสนุนเป็นผู้มีความชำนาญการพยาบาลเฉพาะสาขา					
48	จัดสิ่งแวดล้อมที่ปลอดภัยในการทำงานของผู้ได้บังคับบัญชา					
49	ไม่ทำในสิ่งที่เป็นเหตุให้ผู้ได้บังคับบัญชาเสื่อมเสียชื่อเสียง					
50	ไม่ลงโทษผู้ได้บังคับบัญชาเกินกว่ากฎเกณฑ์ที่หน่วยงานกำหนด					
51	ไม่ตำหนิ/พูดซ้ำเติมหรือใช้คำพูดที่ทำให้ผู้ได้บังคับบัญชาเสียกำลังใจ					
52	ไม่มอบหมายงานผู้ได้บังคับบัญชาที่หนักเกินกำลัง					
53	ไม่มอบหมายงานที่เสี่ยงแก่ผู้ได้บังคับบัญชาโดยไม่มีมาตรการป้องกัน/ช่วยเหลือที่ดีพอ					
54	ไม่โยนความผิดให้ผู้ได้บังคับบัญชาเมื่อมีความผิดพลาดเกิดขึ้นในหน่วยงาน					
55	มอบหมายงานแก่ผู้ได้บังคับบัญชาด้วยความเท่าเทียมกัน					
56	จัดสรรอัตราค่าจ้างการปฏิบัติงานในแต่ละเวรให้สมดุลกับจำนวนผู้ป่วย					
57	ดูแลความเป็นอยู่ของผู้ได้บังคับบัญชาอย่างเท่าเทียมกันโดยไม่คำนึงถึงศาสนา ภาษา วัฒนธรรม ความเชื่อและวิถีชีวิตที่แตกต่าง					
58	พิจารณาความดีความชอบ/เลื่อนขั้นเงินเดือนของผู้ได้บังคับบัญชาตามหลักเกณฑ์ที่หน่วยงานกำหนด					
59	ให้รางวัลและมีการยกย่องชมเชยผู้ได้บังคับบัญชาเมื่อทำความดีหรือมีผลงาน					
60	ให้อิสระผู้ได้บังคับบัญชาในการแสดงความคิดเห็นโดยอยู่ภายใต้เหตุผลและความถูกต้อง					

พฤติกรรมจริยธรรม		ระดับการปฏิบัติ				
		5	4	3	2	1
61	นำความคิดเห็น/ข้อเสนอแนะของผู้ใต้บังคับบัญชาไปใช้ในการดำเนินงาน					
62	ให้อิสระแก่ผู้ใต้บังคับบัญชาในการร่วมกิจกรรมทั้งภายใน/ภายนอกองค์กรที่สอดคล้องกับคุณค่า ความเชื่อของแต่ละคน					
63	มอบหมายงานที่สอดคล้องกับคุณค่า ความเชื่อ ศาสนาและวัฒนธรรม ของผู้ใต้บังคับบัญชา					
64	ให้อิสระในการเลือกงานที่สอดคล้องกับความรู้ ความสามารถและประสบการณ์ของผู้ใต้บังคับบัญชาโดยไม่เกิดผลเสียต่องาน/ผู้อื่น					
65	ให้ข้อมูลแก่ผู้ใต้บังคับบัญชาที่เป็นความจริงบนพื้นฐานความถูกต้อง โดยไม่ทำร้ายจิตใจ					
66	ชี้แจงผลการประเมินการปฏิบัติงานอย่างมีเหตุผลต่อผู้ใต้บังคับบัญชา					
67	ประเมินการรับรู้/ผลกระทบที่เกิดกับผู้ใต้บังคับบัญชาหลังบอกความจริง					
68	บอกความจริงที่เป็นข่าวร้ายแก่ผู้ใต้บังคับบัญชาด้วยความเข้าใจและเห็นใจ					
69	ให้ข้อมูลต่อผู้ใต้บังคับบัญชาและทุกฝ่ายที่เกี่ยวข้องอย่างถูกต้องและตรงกัน					
70	ไม่อนุญาตให้ผู้ไม่มีอำนาจเข้าถึงข้อมูลที่เป็นความลับของผู้ใต้บังคับบัญชา					
71	จัดระบบการจัดเก็บข้อมูลที่เป็นความลับของผู้ใต้บังคับบัญชา					
72	ปฏิบัติตามคำสัญญาที่ให้ไว้กับผู้ใต้บังคับบัญชา					
73	ไม่นำข้อมูลที่เป็นความลับของผู้ใต้บังคับบัญชาไปเปิดเผยแก่ผู้ที่ไม่เกี่ยวข้อง					
74	ตักเตือนผู้ใต้บังคับบัญชาที่เปิดเผยข้อมูลที่เป็นความลับของเพื่อนร่วมงานต่อผู้อื่น					
75	ให้คำปรึกษาผู้ใต้บังคับบัญชาในเรื่องที่เป็นความลับในที่ที่เป็นส่วนตัว					

**Appendix G**  
**Protection of Human Subject's Rights**

Dear, all

I am Ms. Thaweporn Pengmak, a doctoral student of faculty of nursing, Prince of Songkla University, Songkhla. Currently I am undertaking a research project entitled "Development and Psychometric Evaluation of the Advocacy for the Nursing Profession scale of Thai head nurses (ANPS-Thai). You are an important participant who has the experience of advocacy for the nursing profession. The study will develop the advocacy for the nursing profession scale of Thai head nurses.

I would like to invite you to participate in my study. If you decide to participate, you have the option of answering the questionnaire by yourself. Your name will not appear on any paper, only a confidential code number will appear on the paper. The number will be assigned by me and known only to me for kept your confident. Your decision whether or not participate in this study will not prejudice you.

A form below is attached for you to keep your agreement records in this study. You can make decision whether or not to sign your name in this form. Your signature indicates that you have read the information provided, understand it. Please feel free to choose it.

.....

(Miss Thaweporn Pengmak)  
Faculty of Nursing  
Prince of Songkla University  
E-mail: [Teachertid@hotmail.com](mailto:Teachertid@hotmail.com)  
081-098-1059

Date .....

## VITAE

**Name** Thaweeporn Pengmak

**Student ID** 5610430006

### **Educational Attainment**

Degree	Name of Institution	Year of Graduation
Diploma in Nursing Science Equivalent to Bachelor of Science in Nursing	Boromrajonani College of Nursing Songkhla	1996
Master of Art (Social Development)	National Institute of Development Administration	2006
Master of Nursing Science (Nursing Administration)	Prince of Songkla University	2010
Certificate of a program of study in research in instrument development	University of North Carolina at Chapel Hill	2017

### **Scholarship Awards during Enrolment**

1. The Office of the Higher Education Commission
2. The Graduate School Dissertation Funding for Thesis Fiscal Year 2015

### **Work – Position and Address**

**Work position** Teacher

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### **List of Publication and Proceedings**

Pengmak, T., Chaowalit, A., & Nasea, T. (2017). Advocacy for the nursing profession: A concept analysis. The international nursing conference on ethics, esthetics and empirics in nursing: Driving forces for better health. The faculty

of nursing, Prince of Songkla University, July 5-7, 2017, the 60th anniversary of His Majesty the King's Accession to the throne international convention center, Thailand, Oral presentation.