THE PERCEPTION OF ADMINISTRATORS CONCERNING ROLE EXPECTATION AND ROLE PERFORMANCE OF NURSES WITH A MASTER'S DEGREE IN NURSING IN HOSPITALS UNDER THE JURISDICTION OF THE MINISTRY OF PUBLIC HEALTH

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ABSTRACT

The purposes of this correlational descriptive study were to examine role expectation and role performance of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the Ministry of Public Health (MOPH) as perceived by administrators; to study the administrators' satisfaction with the role of nurses with a master degree in nursing; and to explore personal factors of administrators related to role expectation. The target population consisted of 263 administrators working in hospitals under the jurisdiction of the MOPH who were responsible for 282 master's-prepared nurses. The data were collected from September 2000 to April 2001 by mail questionnaires. The research instruments used for data collection consisted of two sets of questionnaires developed by the researcher. The first was a survey form for a name list of nurses with a master's degree in nursing and administrators; the second was a self-administered questionnaire, which comprised 2 parts: 1) Demographic data form and 2) Role expectation, role performance, and role satisfaction questionnaire. The questionnaire was developed based on the role of advanced nursing practice as described by the Thai Nursing Council. It was validated by 5 experts. Reliability of the questionnaire was established. The Cronbach Alpha Coefficient obtained for role expectation was .96, role performance was .95, and role satisfaction was .96.The data were analyzed by using descriptive statistics, t – test, one-way ANOVA, and LSD.

The results indicated that role expectation of nurses with a master's degree in nursing, as perceived by administrators was at a high level in each and in overall role components, while role performance was at a low level in each and in overall role components. There was a significant difference between role expectation and role performance in each and in overall role components ($p < .001$). The administrators' satisfaction with the role of nurses with a master's degree in a nursing was at a low level in each and in overall role components. To consider the administrators' satisfaction regarding the groups of role congruity and role incongruity, it was found that there was a statically significant difference in their satisfaction ($p<.05$). The mean score of administrators' satisfaction in Group 1 (high role expectation – high role performance) was higher than that of Group 2 (high role expectation – low role performance) and Group 4 (low role expectation – low role performance), but there was no difference in administrators' satisfaction between Group 2 and Group 4. When the mean scores of role expectation were compared regarding age, educational level, years of experience with the current position, and type of hospitals , it was found that there were only significant differences in role expectation in ethical and legal role, regarding type of hospitals ($p < .05$). The results of this study can provide the baseline information to develop the role and function of nurses with a master's degree in nursing in the organization.

KEY WORDS : ROLE EXPECTATION / ROLE PERFORMANCE / ADMINISTRATORS / NURSES / MASTER'S DEGREE IN NURSING

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บทบาทที่คาดหวังและบทบาทที่ปฏิบัติจริงของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลตามการรับรู้ของผู้บริหารในโรงพยาบาลสังกัดกระทรวงสาธารณสุข (THE PERCEPTION OF ADMINISTRATORS CONCERNING ROLE EXPECTATION AND ROLE PERFORMANCE OF NURSES WITH A MASTER'S DEGREE IN NURSING IN HOSPITALS UNDER THE JURISDICTION OF THE MINISTRY OF PUBLIC HEALTH)

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พย.ม. (การพยาบาลผู้ใหญ่)

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บทคัดย่อ

การวิจัยความสัมพันธ์เชิงพรรณนานี้มีจุดประสงค์เพื่อศึกษา บทบาทที่คาดหวัง บทบาทที่ปฏิบัติจริงและความพึงพอใจในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลตามการรับรู้ของผู้บริหารในโรงพยาบาลสังกัดกระทรวงสาธารณสุข และปัจจัยที่เกี่ยวข้องกับความคาดหวังในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ประชากรเป้าหมายเป็นผู้บริหารในโรงพยาบาลสังกัดกระทรวงสาธารณสุข 263 คน ซึ่งรับผิดชอบพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลจำนวน 282 คน เก็บรวบรวมข้อมูลระหว่างเดือนกันยายน 2543 ถึง เดือนเมษายน 2544 ด้วยวิธีส่งแบบสอบถามทางไปรษณีย์ เครื่องมือที่ใช้ในการวิจัยประกอบด้วย แบบสำรวจรายชื่อของพยาบาลที่สำเร็จการศึกษาในระดับปริญญาโทการพยาบาลและผู้บริหาร และแบบสอบถามเกี่ยวกับบทบาทที่คาดหวัง บทบาทที่ปฏิบัติจริง และความพึงพอใจ ในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล เครื่องมือวิจัยใช้บทบาทการปฏิบัติการพยาบาล ขั้นสูงของสภาการพยาบาลเป็นกรอบแนวคิด ตรวจสอบความตรงตามเนื้อหาโดยผู้ทรงคุณวุฒิ 5 ท่าน มีค่าสัมประสิทธิ์แอลฟาครอนบาค ในบทบาทที่คาดหวังได้เท่ากับ .96 บทบาทที่ปฏิบัติจริงได้เท่ากับ .95 และความพึงพอใจในบทบาทเท่ากับ .96 วิเคราะห์ข้อมูลด้วยสถิติบรรยาย การทดสอบค่าทีการวิเคราะห์ความแปรปรวนทางเดียว และ LSD

ผลการศึกษาพบว่า ผู้บริหารมีความคาดหวังในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลอยู่ในระดับสูง ทั้งโดยรวมและรายด้าน มีการรับรู้บทบาทที่ปฏิบัติจริงอยู่ในระดับต่ำ ทั้งโดยรวมและรายด้าน เมื่อทดสอบความแตกต่างกัน พบว่า บทบาทที่คาดหวังและบทบาทที่ปฏิบัติจริงมีความแตกต่างกันทั้งโดยรวมและรายด้าน อย่างมีนัยสำคัญทางสถิติที่ระดับ .001 มีความพึงพอใจต่อบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ในระดับต่ำทั้งโดยรวมและรายด้าน และพบว่า ผู้บริหารมีความพึงพอใจในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลแตกต่างกันในแต่ละกลุ่มอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 โดยกลุ่มที่คาดหวังสูง-ปฏิบัติจริงสูงมีความพึงพอใจในบทบาทสูงกว่ากลุ่มคาดหวังสูง-ปฏิบัติจริงต่ำ และกลุ่มคาดหวังต่ำ-ปฏิบัติจริงต่ำ ส่วนกลุ่มคาดหวังสูง-ปฏิบัติจริงต่ำ และกลุ่มคาดหวังต่ำ-ปฏิบัติจริงต่ำ มีความพึงพอใจในบทบาทไม่แตกต่างกัน นอกจากนี้ พบว่า ผู้บริหารที่มีความแตกต่างกันของอายุ ระดับการศึกษา ระยะเวลาในการดำรงตำแหน่งปัจจุบันแตกต่างกัน มีความคาดหวังในบทบาทไม่แตกต่างกัน ยกเว้นปัจจัยด้านประเภทโรงพยาบาลพบว่า ผู้บริหารที่ปฏิบัติงานในประเภทโรงพยาบาลแตกต่างกันมีความคาดหวังในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลด้านคุณธรรม จริยธรรมและกฎหมายแตกต่างกัน อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 ผลการวิจัยครั้งนี้สามารถนำไปเป็นข้อมูลพื้นฐาน ในการกำหนดและพัฒนาบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลให้มีความชัดเจนยิ่งขึ้น

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CHAPTER 1
INTRODUCTION

Background and Rationale

In recent years people's health problems have become more complex and more difficult to assess and this has reinforced the need for creative, innovative nursing professionals (Gliss, 2000: 40). Moreover, technological advances and the resultant changes in medical practices have had a significant impact on the organization of health professionals. As a result of turbulent health–care reform, administrators have been challenged by decreasing budgets just as the demand for quality care is increasing. Nurses constitute the largest health–care provider group; consequently, they are most often the central component of health services, and nurses deliver the bulk of direct care intervention (Pearson, 2001: S1). Therefore, nursing administrators are ultimately responsible for the productivity, quality and effectiveness of nursing care (Perala, 2001: 61).

Considering that nurses play a key role in all health-care activities they must be equipped to meet the ever present challenges in promotive, preventive, curative, and rehabilitative care (Heiberg, 2001: 1). Improvements in the quality of nursing care, require enhanced specialization in nursing practice and this in turn requires continuing education at graduate level. In Thailand, there are many institutions providing graduate level education - mainly master's programs - that aims to prepare the nurses to become Advanced Practice Nurses (APNs) (Tassana Boonthong, 1997: 44).

Advanced Practice Nurses (APNs) must deliver efficiency, quality and cost effectiveness, and they must be capable of addressing health problems in satisfying and qualified ways (Beecroft, 1997: 93; Dawson & Benson, 1997: 250; Gilliss, 2000: 35). APN, as specialists with deep and expanded knowledge, skill, autonomy in clinical decision- making, responsibility for integrating nursing theory and research for innovation in complex nursing care, are required in specialized clinical areas

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(Somchit Hanucharurnkul, 1999: 2-3). Therefore, clearly APNs are a vital part of the system of health-care delivery (Price & Minarik, 1999: 92).

The Thai Nursing Council has proposed various roles for advanced practice nurses, including the expert practitioner role, the educator role, the researcher role, the consultant role, the administrator role, and the ethical and legal role (The Thai Nursing Council, 1998). However, the roles of nurses with a master's degree in nursing in Thailand are unclear. Research has shown that after completion of the master's program, the roles and responsibilities of nurses with a master's degree in nursing are no different from those of the nurses who have specialized skills in their clinical area. Furthermore, there is an inadequate system to ensure the suitable utilization of the potential of APN (Somchit Hanucharurnkul, 1997b: 31).

There is a lot of confusion, suspicion and misinformation about the role of nurses with a master's degree in nursing, thus they must demonstrate that they do make a significant difference in the delivery of health care. Moreover, nursing administrators must solve the problem of role ambiguity faced by APNs. The administrators are responsible for enhancing the professional development of nurses with a master's degree in nursing and for ensuring that their nursing practice meets the required standards (Krumm, 1992: 21; Chammo, C., 2001; Parahoo, 2000: 91-92; Bousfield, 1997: 248-249). Indeed, the utilization of nurses with a master's degree in nursing depends on the perception of the administrators (Walker, 1986: 52).

On the basis of the researcher's experience as a professional nurse at a regional hospital under the jurisdiction of the Ministry of Public Health (MOPH), it would appear that the roles of nurses with a master's degree in nursing remains indistinct and uncertain. The under-utilization of such nurses may be attributable in part to role ambiguity and the differences between role expectations and role performances. There are many research studies in many countries that clarify the role expectations and role performances of nurses with a master's degree in nursing who were prepared to be APNs. However, there are no in-depth studies in hospitals under the jurisdiction of the MOPH of administrators' perceptions of the role expectations and role performances of nurses with a master's degree in nursing, but there is one study on this topic in Thai university hospitals. If nurses with a master's degree in nursing are to be better valued, and more responsive to changes in current and future health care delivery systems,

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the perceptions of administrators concerning the role expectations and role performances of nurses are crucial, and thus this is why this topic was selected as the research topic.

Theoretical Framework of the Research

The conceptual framework of this research is based on the role theory proposed by Hardy and Conway (1988). The concepts in role theory, which were utilized in the study, include role expectation, role performance, and role congruity.

Role theory (Hardy & Conway, 1988) is the theory that represents a collection of concepts and a variety of hypothetical formulations that predict how actors will perform in a given role, or under what circumstances certain types of behaviors can be expected (Conway, 1988a: 63). The term role refers to both the expected and the actual behaviors associated with a position (Hardy & Hardy, 1988b: 165). It is constructed as an organizing and interpreting of cues in one's environment. Thus, role always involves either an individual's definition of a specific situation or an individual's acceptance of a group's definition of a specific situation.

Role expectation refers to position - specific norms that identify the attitudes, behaviors, and cognitions required and anticipated for role occupants in one position. These expectations are not only the expectation for occupants held by role partners or others but also the expectations held by oneself (Hardy & Hardy, 1988b: 165).

Role performance refers to role behavior that is differentiated behavior or action relevant to a specific position.

Role congruity is the condition in which there is compatibility between role expectations and role performance. It reflects that there is successful role performance and appropriate role socialization in society that leads to less role strain (Hardy & Hardy, 1988b: 191). Role satisfaction is an indicator of the lack of role strain in society. A high level of role satisfaction occurs when there is compatibility between role expectation and role performance. The result of this is a positive sanction (Hardy & Hardy, 1988b: 164). Role satisfaction occurs after the role has been performed resulting in the occupant having positive feelings, pride, and increased self-confidence with the role.

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Roles require a process of socialization in the organization. When nurses with a master's degree in nursing have completed the master's program they must, therefore, be socialized into their new roles as APNs. In Thailand, the roles of APNs are not clear. Therefore, the Thai Nursing Council proposed that the major role components of APNs should include: expert practitioner, educator, researcher, consultant, administrator, and ethical and legal role. Expert practitioner is the central role with the other roles in a subordinate position. Nevertheless, all roles must be integrated by the APNs. The administrators have the authority to utilize nurses with a master's degree in nursing to achieve the goal of the organization. If nurses with a master's degree in nursing can perform their roles congruent with administrators' expectation, they will have less role strain and the administrators will have more satisfaction with the role of the APNs. In contrast, if administrators have expectations of the role of nurses with a master's degree in nursing that do not fit with the APNs' role performance this can cause the administrators to be less satisfied with the APNs' roles .

However, this study focuses only on the roles of nurses with a master's degree in nursing as perceived by administrators. Role congruity means the fit between the perceptions of administrators concerning role expectations and role performance of nurses with a master's degree in nursing.

The factors that influence role expectations and role performance consist of both individual characteristics and social characteristics (Kahn, et al., 1964: 164). The perceptions of administrators concerning role expectations of nurses with a master's degree in nursing depend on individual factors of administrators (Sullivan & Decker, 1992: 39-40; Robbins, 2001: 121). There was no consensus in the studies of the relationship between individual factors and perceptions of role expectations. However, this study has selected some factors that may be related to role expectation of nurses with a master's degree in nursing as perceived by administrators, as indicated below:

1. Age

Age is a demographic factor that influences expectations, performance, and ability to learn and practice (Kahn, et al., 1964). Some studies have found that age was associated with the administrators' perceptions of role

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expectations. In the studies of Jeranukul, A. (2002: 73) age was divided into three groups, <40 years, 40 – 50 years, and >50 years. Furthermore, one study reported that age was significantly related to the administrators' perceptions of role expectation: at the age of 49 or more, administrators had more expectations than at the age of less than 49 (Tanchairitikul, S., 1991). Moreover, some studies found that age was not correlated with role expectations as perceived by supervisors (Tiayakul, P., 1997; Koohathong, S., 1990).

2. Educational level

Some research found that there was an association between the role expectations of specialists in public health offices and educational level. (Koohathong, S., 1990). However, some research studies yielded different results; thus, the association between the role expectations and education level cannot be confirmed (Suwanakul, I., 1987).

3. Years of experience in current position

More experienced administrators should be more able to understand their working activities and expert performance efficiency. Tanchairitikul, S. (1991) reported that length of service in the current position was a factor associated with role expectations of their supervisors. Moreover, some studies found different results: that is, years of experience in the current position had not correlated with the role expectation as perceived by administrators.

4. Type of hospital

This study has categorized hospitals into four types based on the Office of the Civil Service Commission classification. These types of hospitals have different supervision structures, responsibilities, policies, and technology applications. The type of hospital along with its organizational structure and environmental factors influence the role perceptions of nursing professionals. The type of hospital is significantly related to role expectations and role performances as reported in many studies (Tardrom, W., 1992; Rangchangul, N., 1985; Kunpakdee, P., 1990; Karntak, N., 1992). Tardrom, W. (1992) reported that there was a positive relationship between types of service places and perceptions of roles and activities.

As a result, the researcher focused on the perceptions of administrators concerning role expectations and role performance of nurses with a master's degree

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in nursing, the administrators' satisfaction with the role of nurses with a master's degree in nursing, and the personal factors of administrators related to role expectations.

The conceptual framework in the study can be summarized as shown in Figure 1 :

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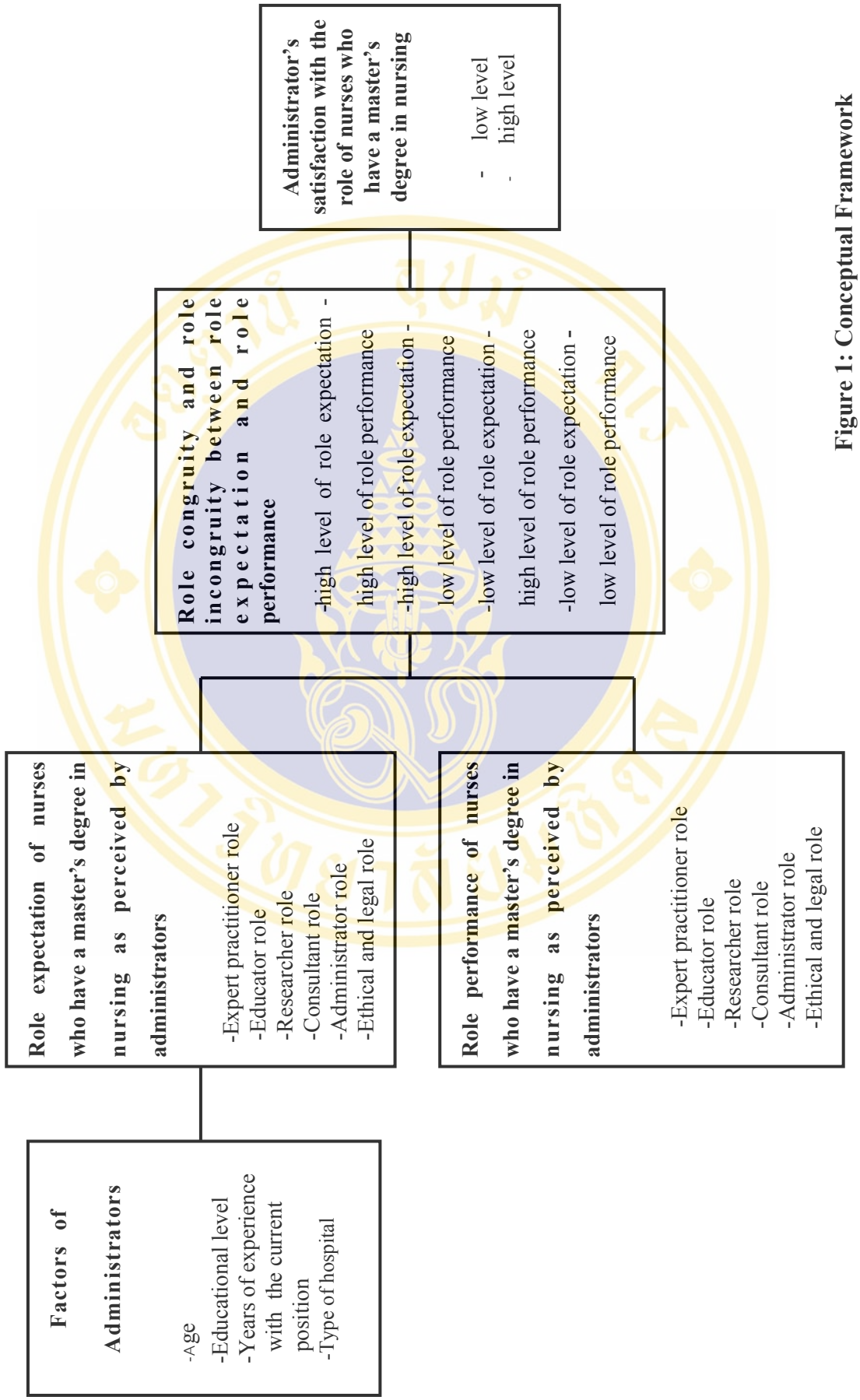

Figure 1: Conceptual Framework

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Research Questions

1. What is role expectation and role performance of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators?

2. What are the differences between role expectation and role performance of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators ?

3. What is the administrators' satisfaction concerning role of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH ?

4. What are the differences in the administrators' satisfaction with role of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH regarding role congruity and role incongruity?

5. What are the differences in role expectation of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators regarding personal factors: age, educational level, years of experience with the current position, and type of hospitals ?

Research Objectives

The purposes of this study are as follow:

1. To describe role expectation and role performance of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators.

2. To compare role expectation and role performance of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators.

3. To describe the administrators' satisfaction with the role of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH.

4. To determine the differences in the administrators' satisfaction with the role of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH regarding role congruity and role incongruity.

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5. To determine the differences in role expectation of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH as perceived by administrators regarding personal factors including age, educational level, years of experience with the current position, and type of hospitals.

Assumption

In this study, the administrators do not have different role expectations of individual nurses with a master's degree in nursing and who work in the same positions in the same area. Therefore, the administrators who are responsible for more than one nurse with a master's degree in nursing should respond to the questionnaires regarding role expectation only once.

Scope of the Research

This research aimed to study administrators' role expectations of nurses with a master's degree in nursing and their perception of the role performance of these nurses according to the roles of APNs proposed by the Thai Nursing Council, as well as the administrators' satisfaction with the role of nurses with a master's degree in nursing, and personal factors of administrators related to role expectation. The study covered 263 administrators of 282 nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH. Data were gathered from September 2000 to April 2001.

Expected Outcomes and Benefits

The results of this study could be utilized in nursing practice, nursing administration, nursing research, and nursing education.

1. For nursing practice: the results of this study will be beneficial for the nurses with a master's degree in nursing as they can be used as a guideline to improve their competencies in advanced nursing practice, to clearly understand their roles, and to understand the needs of administrators and how the organizational culture and policy affect them.

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2. For nursing administration: the results of this study will provide a guideline for administrators to promote actual role performance of nurses with a master's degree in nursing in accordance with their competencies and expectations. This is valuable for personal development and role stress reduction, and can motivate role satisfaction and maximize the utilization of nurses with a master's degree in nursing and thus improve the quality of care.

3. For nursing research: The results of this study can be used as baseline information for conducting research related to the role of nurses with a master's degree in nursing.

4. For nursing education: The results of this study could be directly utilized by a nursing faculty to inform their efforts to provide graduate level advanced nursing practice programs.

Definition of Terms

The operational definitions of terms used in this study are as follows:

Nurses with a master's degree in nursing are defined as those nurses who have completed a master's degree program in nursing science, nursing education, or have a master's degree in science (nursing); with a major specialization in ambulatory care, acute care nursing, medical-surgical nursing, pediatric nursing, gerontological nursing, maternal and newborn nursing, psychiatric-mental health nursing, community health nursing, women's health nursing, infectious control nursing education, currently working in the hospitals under the jurisdiction of the MOPH. These master-degree nurses practice with a focus on patients and families, and do not hold a position as a nurse administrator.

Administrators refer to persons who supervise nurses with a master's degree in nursing and the nurses report directly to them; for example head nurses, director of nursing services, physicians. Their responsibilities include to evaluate the role and function of nurses with a master's degree in nursing.

Role of nurses with a master's degree in nursing is defined as the action and responsibility of advanced practice nurses based on the concept of advanced nursing practice in an area of specialization as indicated by the Thai Nursing Council. There were six roles: expert practitioner role, educator role, researcher role, consultant

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role, administrator role, and ethical and legal role, which can be divided into two topics:

- **Role expectation** is defined as the behaviors of nurses with a master's degree in nursing that should be carried out to fulfill their role obligations, as perceived by administrators. It was measured by a questionnaire developed by the researcher and associates based on the roles of APNs proposed by the Thai Nursing Council. The possible scores ranged from 0 - 4 with high scores indicating strong perceptions of role expectations.

- **Role performance** is defined as actual behaviors to be performed by nurses with a master's degree in nursing as perceived by administrators to fulfill their obligation. It was measured by a questionnaire developed by the researcher and associates based on the roles of APNs proposed by the Thai Nursing Council. The possible scores ranged from 0 - 4 with high scores indicating very strong perceptions of role performance.

Role congruity refers to the fit between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators. Role congruity was defined by the fit between level of role expectation and role performance; 1) perceived high level of role expectation – perceived high level of role performance and 2) perceived low level of role expectation – perceived low level of role performance. In contrast, role incongruity was defined by the lack of fit between level of role performance and role expectation of nurses with a master's degree in nursing as perceived by administrators: 1) perceived low level of role expectation – perceived high level of role performance and 2) perceived high level of role expectation – perceived low level of role performance.

Administrators' satisfaction refers to positive feeling or attitude of administrators toward role of nurses with a master's degree in nursing. It is measured by a questionnaire developed by the researcher and associates based on the role of APNs proposed by the Thai Nursing Council. The possible scores range from 0 – 4 with high scores indicating a high degree of satisfaction with the role of nurses with a master's degree in nursing.

Personal factors were defined as the characteristics of administrators which effects their role expectations. They are as follows:

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Age was defined as the years of age rounded up or down to the nearest whole number. Fractions of years, i.e. 6 months or more will be rounded up; less than 6 months, will be rounded down. Age was divided into three groups, ≤ 40 years, 41 – 50 years, and 51 – 60 years.

Education level was divided into three groups, bachelor's degree, master's degree, and doctoral degree

Years experience in current position was defined as the number of years in present position of administrator. Fraction of years, i.e. 6 months or more would be rounded up ; less than 6 months, would be rounded down. It was divided into three groups ≤ 5 years, 6 – 10 years, and >10 years.

Type of hospital was divided into four types of hospitals under the jurisdiction of the Ministry of Public Health (MOPH) as specified by the Office of the Civil Service Commission. These hospitals are regional hospitals, general hospitals, community hospitals, and specialized hospitals.

Community hospitals were defined as the community hospitals under the Office of the Permanent Secretary for Public Health. These hospitals served as the major primary and secondary care centers for non-critical patients with both acute and chronic conditions. These hospitals also serve as district health centers at the same time, and can accommodate patients with 30-120 beds.

General hospitals refer to the provincial hospitals under the Office of the Permanent Secretary for Public Health. These hospitals serve as the primary, secondary, and tertiary care centers for acute and chronic disease cases including physician-referred cases from community hospitals. However, these hospitals can accommodate patients with 500 beds or less.

Regional hospitals refer to regional hospitals under the Office of the Permanent Secretary for Public Health. These hospitals can accommodate patients with more than 500 beds. These hospitals serve as the major tertiary care centers for critical patients with both acute and chronic conditions, and physician-referred cases from general hospitals. In this study, the general service hospitals under the Department of Medical Service are also categorized in this type of hospital because their potentiality and situation of working are similar to those regional hospitals under the Office of the Permanent Secretary for Public Health.

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Specialized hospitals refer to hospitals or institutes that serve as the major tertiary care centers in their specialized field. They are comprised of hospitals under the Department of Medical Service, the Department of Health, the Department of Mental Health, and the Department of Communicable Disease Control.

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CHAPTER 2
LITERATURE REVIEW

Literature related to the study of administrators' role expectations of nurses with a master's degree in nursing who work in hospitals under the jurisdiction of the MOPH, and their perceptions of the role performance of these nurses and their satisfaction with the roles of these nurses was reviewed. Literature was drawn from the following areas:

1. Development of master's programs in nursing in Thailand
2. Advanced nursing practice and the role of advanced practice nurses
3. Socialization in advanced nursing practice
4. The concept of role theory
5. Administrators and nurses with a master's degree in nursing
6. The organization and responsibilities of hospitals under the jurisdiction of the MOPH.

Development of Master's Programs in Nursing in Thailand

The nursing profession is dynamic and continuously developing to meet society's needs. Because of the changes in political, socioeconomic and technological development, the health problems of Thai citizens have become more complex. Nurses constitute the majority of health care professionals and are working in every setting of the public health care system. Therefore, nurses have to prepare themselves to handle more complex health problems than hitherto. Since the competence of nurses with a bachelor's degree is limited, it is difficult for them to solve complex health problems, and therefore training in advanced nursing practice is required, preferably by studying at graduate level. This is the main argument espoused in support of continuing nursing education.

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In Thailand, the first master's program in nursing was established in 1973 at the Department of Nursing, Faculty of Education, Chulalongkorn University. The specialty area of this program was nursing administration and was designed to prepare graduates who were knowledgeable in nursing administration. (Tassana Boonthong, et al., 2001: 1). A few years later, in 1977, a master's program in nursing was developed at Mahidol University's Faculty of Nursing and the Department of Nursing, Faculty of Medicine, Ramathibodi Hospital. The purpose of this program was to prepare advanced practice nurses in clinical specialty areas. Shortly thereafter, other universities offered programs in Nursing Science with the objective being to enable the master's level nurses to become profoundly knowledgeable in particular specializations (Somchit Hanucharurnkul, 1995: 24; Sompan Hincheeranant, 1994: 8-9).

Presently, there are sixteen specialty areas offered in a master's degree program: acute care nursing, adult nursing, ambulatory care nursing, community health nursing, family health nursing, gerontological nursing, medical-surgical nursing, infection control nursing, maternal and newborn nursing, pediatric nursing, parent-child nursing, public health nursing, mental health and psychiatric nursing, and women's health nursing (The Graduate Study, Chiang Mai University, 1999; The Graduate Study, Khon Khan University, 1999; The Graduate Study, Mahidol University, 1999; The Graduate Study, Chulalongkorn University, 1998; The Graduate Study, Prince of Songkhla University, 1999; The Graduate Study, Burapha University, 1999; The Graduate Study, Naresuan University, 1999; Tassana Boonthong, et al., 2001: 5-7; Christian University, 2002).

At present, there are two plans offered in a master's degree in nursing: plan A and plan B. Plan A emphasizes research. Graduates of this program are prepared to be nursing scholars and to be knowledgeable in conducting research. To fulfill the requirements of this plan a master's thesis is required. Plan B is a non-thesis degree whereby the thesis is replaced with a thematic paper. The graduates in this program are prepared to be knowledgeable in research utilization in nursing practice (Ministry of University Affairs, n. d: 63-64).

In Thailand, not all graduate programs in nursing are preparing nurses for advanced nursing practice (Tassana Boonthorng, et al., 2001: 3-15). For advanced nursing practice, the curriculum must follow that proposed by the Thai Nurse Council:

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(1) core graduate curriculum, (2) advanced nursing practice core, and (3) specialty courses (Personal communication, 2002).

In summary, the main purpose of the master's program in nursing is to equip the master's prepared nurses with deep and broad knowledge and competence in advanced nursing practice. Moreover, the objectives are to help the graduate nurses to improve their critical thinking, clinical reasoning, and to develop innovative interventions informed by evidence-based knowledge (Pensri Rabeerb, 1997: 1).

Advanced Nursing Practice and the Role of Advanced Practice Nurses

The dramatic changes in social, political, and economic life, along with rapid environmental and technological development have had an impact on health care needs. It is now necessary for nursing professionals to develop and extend the scope of nursing practice to advanced nursing practice. Therefore, nurses need to be committed to ongoing learning and to understand the definition and elements of advanced nursing practice. Only in this way will they develop the requisite new skills and competencies to meet the health care demands of their clients.

Definition and conceptualization of advanced nursing practice

Various definitions of advanced nursing practice have been proposed by many specialty professional nursing organizations. Their meanings vary according to the type of framework used and the level of analysis performed. The American Nurse Association (ANA) identifies and defines three concepts to differentiate advanced nursing practice from basic nursing practice: (1) Specialization in one of the four advanced nursing practice specialty areas, namely clinical nurse specialist, nurse practitioner, nurse midwife, or nurse anesthetist; (2) Expansion or acquisition of new practice knowledge, skills, and competencies; (3) Advancement in terms of both specialization and expansion, that results in the integration of theory, skills, and competencies to respond to the needs of patients/ families and an evolving healthcare system (ANA, 1996 cited in Hickey, 2000: 4; Hamric, 2000: 39).

Hamric (1996: 47) defined advanced nursing practice as the application of an expanded range of practical, theoretical, and research-based

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therapeutics to phenomena experienced by patients within a specialized clinical area of the larger discipline of nursing. The characteristics of advanced nursing practice is comprised of three primary criteria and eight core competencies. Three primary criteria of advanced nursing practice are: (1) a graduate degree with a concentration in advanced nursing practice, (2) professional certification of practice at an advanced level within a given specialty , and (3) a practice that is focused on patients and their families. In addition the eight core competencies of advanced nursing practice include expert clinical practice, expert guidance and coaching of patients/families and other care providers, consultation, research skills including utilization, evaluation and conduction, clinical and professional leadership, collaboration, change agent skills, and ethical decision - making skills (Hamric, 1996: 48-56).

In Thailand, the Thai Nursing Council has defined advanced nursing practice in accordance with the key components definition of advanced nursing practice in the United States of America. According to the Thai Nursing Council, advanced nursing practice is the practice which requires graduate knowledge combined with the experience in practice in a specialty area for a period of time. The advanced nursing practice focuses on patients, families and communities. In addition, advanced practice nurses must be certified by the Thai Nursing Council (Thai Nursing Council, 1998).

In summary, the definition of advanced nursing practice emphasizes the acquirement of specialized knowledge and skills through study and supervised practice at the graduate level and experience in a specialty area, advanced practice nurses should be able to integrate theory, research, and practice to provide nursing services.

Evolution of advanced nursing practice

As society has gone through various changes, the nursing profession has shown a commitment to responding effectively to changing healthcare needs. In the current climate of radical and unsettling change, advanced practice nurses are at the forefront of the nursing profession’s response by acquiring greater expertise and assuming greater autonomy and responsibility for meeting society’s healthcare needs (Hickey, 2000: 3). Advanced nursing practice has been developing continuously, but

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the development of advanced nursing practice has differed in certain details from one country to another as follows:

In the United States of America, the socio-political environment has produced dynamics that were unique in the development of each advanced practice nurse role. The term advanced nursing practice first emerged in the early 1900s with regard to physician supply and demand. At that time physicians were more interested in surgery and less interested in anesthesia. This provided opportunities for nurses to move into anesthesia as certified registered nurse anesthetists (CRNA) (Bigbee, 1996: 3-24). A similar lack of interest by physicians in obstetrics, along with support for maternal and child health in the public health sector provided opportunities for nurses to expand their roles as certified nurse midwives (CNM). Shortages and the maldistribution of physicians in the 1960s created an environment that was supportive for nurses to become clinical nurse specialists (CNS). The growing concerns about unmet needs in primary care, especially for children, led to the development of the first nurse practitioner (NP) program in pediatrics at the University of Colorado in 1965 (Ford, 1995: 12-13; Komnenich, 1998: 33-35).

Because nurses developed knowledge and skills in many specialties it became quite difficult for nurses to define themselves and their work. Therefore, the American Nurse Association (ANA, 1993 cited in Hamric, 1998: 63) used the term “advanced practice nurse” to refer to certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, and nurse practitioners-all of which were considered parts of advanced nursing practice.

The Certified Registered Nurse Anesthetist (CRNA) has responsibility for administration of local, regional, and general anesthesia. In addition, the role of the CRNA includes establishment of invasive monitoring, post-anesthesia care, acute and chronic pain management, and associated clinical support functions such as respiratory care and emergency resuscitation (American Association of Nurse Anesthetists, 1996 cited in Hickey, 2000: 6).

The Certified Nurse Midwife (CNM) is a clinical nurse expert who has the advanced knowledge, skills, competencies, and clinical reasoning for managing pregnant women and newborns. The focus of practice is providing

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maternity care, neonatal care, family planning, and well-women gynecological care (American College of Nurse-Midwives, 1993 cited in Hickey, 2000: 7).

The Clinical Nurse Specialist (CNS) is an expert clinician who practices in a particular specialty or subspecialty area and engages in direct and indirect practice activities. The subroles of CNS are the expert practitioner role, the education role, the consultant role, administrator role, and the researcher role.

Each role of the advanced practice nurses was faced with confusion in the beginning and resistance within the nursing and medicine professions. Some of this confusion and resistance has continued up to the present. However, regardless of the varying levels of support, it included strong collaboration and support both within and outside the nursing profession. This support has come in the form of financial, moral and political resources that have ensured the maturation of advanced practice nurse roles despite a degree of intra/interprofessional resistance. Moreover, education has been a significant force in the development of each advanced practice nurse role with gradual movement over time towards post-baccalaureate education (Sompan Hincheeranant, 1994: 8-14; Bigbee, 1996: 3-24; Styles, 1996: 25-41; Komnenich, 1998: 8-46).

Canada, which has long enjoyed a good relationship with the United States of America, received the concept of advanced nursing practice from there. The Canadian Nurses' Association issued a statement on specialization in nursing with regard to position, level of specialization, and areas of specialization in 1971. The roles of advanced practice nurses and the educational system to prepare advanced practice nurses are similar to the American model. The obstacles to developing advanced nursing practice in Canada included the fact that the introduction of clinical nurse specialists was somewhat low key and the fact that the role of clinical nurse specialists was not clear (Castledine, 1998a: 26-27). However, various facilitating factors encouraged the development of CNS, including: role clarification and the integration of the CNS position into the leadership and clinical system of health organizations, economic justification, commitment of resources, anticipatory problem- solving guidelines, and peer support. Moreover, the advanced practice nurses made efforts to be recognized by the public. They make a difference in the quality of nursing care and in their own profession wanted to outline their practice which was

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characterized by autonomy, flexibility, and professional and personal growth (Davies & Eng, 1995: 23-30).

The United Kingdom (UK) has been expanding nursing roles to include advanced nursing practice since the mid-1970s, along with the scope of nursing practice. This has clearly evolved in response to the development of medical science and the shortage of medical manpower due to financial constraints. The first role of advanced practice nurses was clinical nurse consultation in psychiatric nursing. Later, the roles of advanced practice nurse expanded into the role of CNS, CNM, and NP but not the role of CRNA. The job description of CNS and NP was not specifically defined at first, but these nurses were expected to practice at a high level of sophistication, and their role definitions are more broad, requiring that they provided overall supervision of practice and carried functions related to research and teaching. This makes it possible for nurses to become involved in almost all areas of health care practice.

Therefore, the United Kingdom Central Council (UKCC) offered advanced education for nurses at graduate level. Many universities provided training programs for nurses. These programs prepared nurses to have the competencies needed by advanced practice nurses, which included caregiving, education, consultation, leadership, and management. Moreover, the UKCC established guidelines on extended roles and the adaptation of roles to meet the changing needs of society (Castledine, 1998b: 41-42, Wang, Yen & Snyder, 1995: 252; Ketefian, et al., 2001: 152-163).

Australia provided opportunities for advanced nursing practice during the 1990s. This resulted from changes in industrial society, an increase in the number of specializations, and shortages of nursing and medical staff. The first role was clinical nurse consultant (CNC) for respiratory/thoracic clients, followed by clinical nurse specialist. The CNS referred to a nurse who had basic experience, work experience in a specialty field and was prepared at the graduate level (Duffield, Pelletier, & Donoghue, 1995: 149-154; Parrinello, 1995: 9-16). However, career advancement of the CNS focuses on functional area, such as administration and education rather than advanced clinical practice. Presently, the role of advanced practice nurse includes CNS, unit manager, CNC and NP (Whyte, 2000: 1072-1080).

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The models of advanced nursing practice include the physician-practice model, the nursing model, and a hybrid of the previous two models titled the joint model of collaborative practice (Parrinello, 1995: 9-16). The educational preparation for advanced practice nurses was similar to that in the United Kingdom. But the role components and the responsibilities of advanced practice nurses were similar to those of the United States of America.

The obstacles to role development of advanced practice nurse in Australia were role conflict within the nursing profession and with the medical profession, lack of educational preparation for advanced practice nurses, and a reimbursement system that provides only for physicians (Smith, 1996: 549-564).

In the Republic of China, advanced nursing practice emerged in the 1960s as a result of physician shortages, rapid economic growth, and the changing health care demands of the population. The roles of the advanced practice nurse included CNM, CNRA, CNS, and NP. The CNM and the CRNA received acceptance from clients, but these nurses were not prepared at graduate level. The CNS and the NP were not recognized by the public because of a lack of legal and policy support and the unclear status of advanced practice nurses in the health care system (Wang, Yen, & Snyder, 1995: 252-255).

In summary, the evolution of advanced nursing practice in the five social systems referred to was shaped by socio-political and professional forces in each country. Commonalties and distinguishing features across each health and social system have been identified.

In Thailand, the concept of advanced nursing practice emerged 30 years ago when the Faculty of Nursing, Mahidol University, developed a short course training program on cardio-thoracic surgical nursing (Somchit Hanucharurnkul, 1990: 44). The Department of Nursing, Faculty of Medicine, Ramathibodi Hospital, and Faculty of Nursing, Mahidol University, offered the first masters' program in nursing in 1977 by focusing on specialty areas. To develop the quality of nursing practice, these two institutions placed the clinical nurse specialist role as a functional specialty, besides teaching and administration. Nowadays, many institutions have established master's programs for advanced nursing practice.

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Although there are numerous nurses with a master's degree in nursing in university hospitals and hospitals under the jurisdiction of the MOPH, most of them work as staff nurses. There is only one university hospital, Ramathibodi Hospital, that has established an advanced practice nurse position in the nursing department (Personal communication, 2002). There is obviously confusion between the role of expert practitioner defined by the Ministry of University Affairs and the Office of the Civil Service Commission and the advanced practice nurses because of the name. Expert practitioner as determined by the Office of the Civil Service Commission in 1984 refers to a position in the organizational setting (Karnngam, P., 1992: 21-24 ; Suwannakul, I., 1987: 10-13). Those eligible for such a position had to have a certain number of years of experience in the organization (Renu Pookboonmee & Siriorn Sinthu, 1994: 30). Similarly, hospitals under the jurisdiction of the MOPH and the Ministry of University Affairs, defined the expert practitioner according to: 1) work quality, 2) level of promotion, and 3) individual work experience (The Honorable Committee of Nursing, the Office of the Civil Service Commission, 1999: 1-17). There is no mention of educational preparation and the only way to become an expert practitioner is by accumulating years of experience. This is different from the definition of the ANA. This situation leads to confusion in the definition and results in various role expectations of clinical nurse specialists.

The Thai Nursing Council has defined the role of advanced nursing practice and proposed the major role components of advanced practice nurses to include expert practitioner, educator, researcher, consultant, administrator, and ethical and legal role. There are five major areas including Maternal-Newborn and Midwifery Nursing, Pediatric Nursing, Medical-Surgical Nursing, Psychiatric-Mental Health Nursing, and Community Health Nursing (The Thai Nursing Council, 1998).

There are few studies that indicate the needs of advanced practice nurses. Sararach, A., (1998) studied the opinions of hospital personnel about clinical nurse specialist competencies and the number of clinical nurse specialists needed in regional and specialty hospitals. The target population was composed of administrators, nursing administrators, physicians who had more than five-years experience, and nurses who had a master’s degree in nursing working in 20 regional

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and six specialty hospitals. The data were collected by structured interviewing or mailing questionnaires to respondents for self-completion. The results indicated that there was a high level of acceptance of all clinical nurse specialist competencies by the respondents. The items with the highest mean scores were morality and ethics; the lowest mean score item was change agent. About 50% of the respondents did not answer the item concerning the number of nurse specialists needed in their hospitals, but most of the answers indicated that about one to five persons were needed in each main specialty.

In summary, the role of advanced nursing practice could be clearly promoted with the support of various factors: strong national organizational leadership, educational programs, research findings, and leaders in nursing specialties (Bigbee, 1996: 22). First, strong national organizational leadership--ANA, UKCC, The Thai Nursing Council--could enable APNs to perform their role with accountability and autonomy by defining and certifying the role of advanced nursing practice. Second, educational programs could prepare them with effective competencies to meet social needs. Third, findings from research have demonstrated the importance of clarifying their roles and evaluating their competencies to solve health problems, so these findings and others could play an important role in improving their role. Finally, administrators, have a responsibility to remain knowledgeable about advanced practice nurses' roles and can act as facilitators in role development.

Model of Advanced Nursing Practice

Many authors have described models of advanced nursing practice. In this study, Benner's novice-to-expert model and Calkin's model were chosen as guidelines to delineate the scope of advanced nursing practice, the competencies, and role of the advanced practice nurses.

Benner's novice-to-expert model

Benner (1984: 13-38) classified the competency of staff nurses in clinical practice into five levels. These levels are novice, advanced beginner, competent, proficient, and expert. It is important to note that Benner did not study advanced practice nurses, but describes the expert by experience. Using an interpretive

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approach to identifying and describing clinical knowledge, Benner identified seven domains of expert nursing practice .These domains are the helping role, the teaching-coaching function, administering and monitoring therapeutic interventions and regimens, effective management of rapidly changing situations, the diagnostic and monitoring function, monitoring and ensuring the quality of health care practices, and organizational and work-role competencies. (Benner, 1984: 46)

In 1985, Fenton conducted research to find out the roles of clinical nurse specialists and nurse practitioners with a master's degree using Benner's model. The results of the study confirmed the seven domains of nursing practice proposed by Benner and found an additional domain of practice of nurses holding a master's degree, which was the consulting role. (Fenton, 1985: 31-37).

A limitation of Benner's work for use by advanced practice nurses is the fact that the research has been limited to hospital nurses, and particularly critical care nurses. Because the essential content of the model is embedded in clinical examples, the advanced practice nurses must be able to extrapolate from the examples and to apply the content to their own practices. (Walsh & Bernhard, 1998: 109-110)

Calkin's model of advanced nursing pratice

Calkin (1984) developed a model of advanced nursing practice to help nurse administrators distinguish the roles of advanced practice nurses. Calkin's model embraced the range of population responses to health problems, the skill level of a nurse, and the level of a nurse's knowledge. Calkin divided nurses into three levels: the novice, the expert-by-experience, and the advanced practice nurse.

The novices are nurses at the beginning level. They have knowledge only from education they gained during their studies. Nurses at this level can manage only a narrow range of human responses because their skills in diagnosis and treatment are limited. Calkin suggested that novices have greater knowledge than practice skills.

The experts-by-experience are nurses who have greater experience. Nurses at this level can diagnose and deal with a wider range of human responses than novices. Their skill development is greater than their knowledge development.

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Advanced practice nurses have high levels of both knowledge and practice skills. They are able to manage the fullest range of human responses. This ability develops as a result of the specialized knowledge and skills they have acquired through education and experience (Calkin, 1984: 24-30).

Calkin's model is useful for scholars to use in studying the functions of advanced practice nurses, and is also useful for administrators who must maximize a multi level nursing workforce and need to rationalize the use of advanced practice nurses (Styles, 1996: 36).

The role components of advanced practice nurses

The American Nurse Association (ANA, 1986: 1-4) has described the roles of clinical nurse specialists to include expert practitioner, educator, consultant, researcher, and administrator. Each role component is described as follows:

Expert practitioner: Clinical nurse specialists model excellence in practice through direct care of selected clients or groups and interdisciplinary collaboration in planning care. They use clinical decision making based on nursing diagnosis; assess health status and illness conditions; diagnose human responses to actual or potential health problems and seek validation of etiologies of client care problems; plan for therapeutic intervention; intervene to assist clients; and evaluation.

Educators: They function as educators by teaching clients, families, and communities, providing information when there is a knowledge deficit or when new information is needed. They also act as role models and preceptors for nurse generalists and faculty and students.

Consultants: They are consultants, receiving requests from within and outside the clinical setting. They interact in the community of healthcare professionals, sharing knowledge to facilitate an interdisciplinary approach to client care. Consultation consists of problem solving with a client who may be an individual, family, group, agency, community, or colleagues as well.

Researchers: They promote scientific inquiry in clinical practice, using the research process to improve that practice. They also contribute to research in their area of specialization.

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Administrators: They may maximize their opportunities for expert innovation in clinical practice by choosing to be administrators; thus their responsibilities are to design and direct clinical programs and service, as well as to direct care programs in an area of specialization. Programs provide them with the opportunity to maintain a client based practice and serve as the expert role model in clinical practice. In addition, being administrators may allow them to fulfill the roles of consultant, educator, and researcher.

In Thailand, the Thai Nursing Council (1998) has specified the role and responsibilities of advanced nursing practice into six role components as follows:

Expert practitioners: Advanced practice nurses would be able to provide direct care for complicated patients and/or critical patients by using advanced knowledge and specialized skills. In communities, they would provide services to individuals, families, groups, and communities with normal health status, high risk, and chronic illnesses which need long-term care.

Administrators: Advanced practice nurses serve as leaders and managers by integrating their advanced knowledge and specialized skills to achieve collaboration and act as change agents. These ensure an effective and efficient nursing service for patients, families, and communities.

Educators: Their responsibilities are to plan and teach nurses and clients according to their needs and health problems, to cooperate and assist nurses to develop health education programs for clients and families, and to be preceptors for students and nurse generalists.

Consultants: They would be consultants for nurses and other healthcare team members to solve problems and meet the healthcare needs, as well as, to develop themselves and the nursing profession.

Researchers: They should recognize the importance of the contribution of research to improving the quality of nursing and the participation in others' research in their areas. In addition, they should analyze, disseminate, and apply the research results to improve nursing practice.

Ethical and legal role: Nurses should provide ethical care of clients, families, communities, and healthcare teams. They should perform according

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to the regulations of the Thai Nursing Council and be able to use ethical decision-making skills under the Nursing Practice Act and to protect the human rights of patients.

In the current health care environment, collaboration between health care providers is an essential component of effective patient care. To meet the demands for cost-effectiveness and quality, clinicians from all disciplines must share ideas about the care they provide and jointly define ways to deliver it so as to maximize quality and minimize duplication of effort (Hanson, Spross, & Carr: 316-347). In this study, this role was included in the expert practitioner role.

The use of advanced practice nurses

Changes in the organization, delivery, and financing of health care and continued pressure on the health care system have made evaluation a critical issue for advanced practice nurses. By virtue of their educational and practice competencies, advanced practice nurses must be able to provide society with evidence of their contributions to health care. The advanced practice nurses have a social responsibility to promote the optimal health of individuals, families, and communities. These issues include problems of access to services and concerns about the quality, effectiveness, and cost of interventions. Advanced practice nurses have the opportunity to operationalize their roles in a context that is consistent with their values about patient care (Girouard, 2000: 756-758).

In the 1960s, academic nurse practitioner programs began in response to the shortage of primary health care physicians (Koch, Pazaki & Campbell, 1992: 62). Nurses practitioner programs were based on nursing wellness or health promotion models and included patient assessment, diagnosis, and intervention, including some prescriptive privileges. (Sellards & Mills, 1995: 64). The nurse practitioner's role was to assist clients in meeting their health needs by complementing the physician's role and emerged in rural and occupational settings with an emphasis on primary health care(Pearson,1990: 9-31). The impact of their competencies was supported by the study of the U.S. Congressional Office of Technology Assessment (OTA) (1986: 5 cited in Sellards & Mills, 1995: 64-65) which reported in December, 1986 their findings on the positive impact of the quality of care which was found to be comparable to physicians' in resolving the patient's

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problems and in prescribing practice. The results also indicated that patients were more satisfied with nurse practitioners because of the more comprehensive nature of their examinations, the personal interest shown, and the reduction of costs. Furthermore, the study by Aquilino et al. (1999: 224-226) found that physicians having previous experience working with nurse practitioners providing primary care had significantly more positive attitudes toward nurse practitioners.

Numerous research shows that advanced practice nurses are efficient, provide high quality care, and are cost effective (Beecroft, 1997: 93; Dawson & Benson, 1997: 64-65). Similar to nurse practitioners, clinical nurse specialists were being employed to work with resident physicians to ensure the continuity of patient care and assisted with patient care because of a reduction in physician resident hours and workload (Herbage Busch, 1995: 318). When considering the role component of advanced practice nurses, the study by Walker (1986: 52-54) found that clinical nurse specialists were involved in practitioner activities 34% of the time, followed by education (29%), consultation (22%), and research (15%), and the administrators believed clinical nurse specialists improved the quality of patient care (96% of the respondents) and provided cost–effective care (80% of the respondents). Davies & Eng (1995: 26) reported that the clinical nurse specialists spent most of their time in the practitioner role, then the consultant role. The smallest amount of time was spent on the research role. Moreover, the research of Hester & White study (1996 : 190-193) found that the clinical expert role was the role practiced most often, whereas the researcher and manager roles were practiced the least.

According to Scott (1999: 185) the clinical nurse specialists reported spending time in the roles of expert practitioner, educator, consultant, administrator, and researcher. Another study indicated that the clinical nurse specialists reported spending 85–90% of their time in direct patient care (Bamford & Gibson 2000: 285). Chien & Ip (2001: 543) reported that clinical nurse specialists spent 35% to 45% of their time in directing patient care and documentation, higher than other role components. Finally, Mundinger (1994: 211-214) stated that clinical nurse specialists demonstrate cost-effective, high quality care that can substitute for some medical care of stable in-patients. Cost-effective activities identified were clinical nurse specialists' impact on early discharge, clinical services performed at lower costs, operation

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of nurse-managed centers, product evaluation, nursing practice changes. (Scott, 1999: 184)

Harrell & Maculloch (1986: 44-48) indicated that there were a number of problems restricting nurses from carrying out the role of advanced practice nurses, including role ambiguity, lack of support, lack of legal basis for advanced practice and inappropriate use of the title, lack of authority, resistance from staff nurses, and lack of hard data to demonstrate work. Barrett (1971 cited in Harrell & McCulloch, 1986: 47) pointed out that the clinical nurse specialists may respond to role ambiguity by setting specific goals, developing programs, defining problems, and setting about the task of finding solutions to the problems. The barriers to carrying out the research role of advanced practice nurses were: inadequate experience in planning research, insufficient time implementing new ideas, lack of planning and monitoring quality improvement programs, lack of resources, lack of recognition of importance of research, and lack of administrative support Chien & Ip, 2001: 547; Chammo, C., 2001: 91-92; Appel, et al., 1996: 79 ; Parahoo, 2000: 91-92).

A study of the socialization process in advanced nursing practice can help us to understand how advanced practice nurses are used in health care settings.

Socialization in Advanced Nursing Practice

Socialization is the fundamental process for developing interpersonal competence and competence in role relationships (Hardy & Hardy, 1988: 169).

Hixon (1999: 46-65) pointed out that socialization within advanced nursing practice depends on three interlinked dimensions: professional socialization, organization socialization, and role socialization as well as the development of the personal self.

Professional socialization is the complex process by which an individual acquires the skills, knowledge, and sense of occupational identity characteristic of that profession. Fundamental to this process is the internalization of the profession's values, norms, and ethical standards into one's behavior and self-concept. The novices must learn the technology and language of the profession, internalize the professional culture, find a personally and professionally acceptable version of the role, and integrate the professional role into all other life roles. The values basic to the nursing professional

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are developed when individuals come to a nursing education program. The professional values for advanced nursing practice are maintained and enhanced through socialization at master's degree level. Some research studies on professional socialization are included below.

To become socialized into the professional role, student nurses must acquire the critical norms, values, and behaviors of the nursing profession. (Coudret, et al., 1994: 342). After completing a master's program, nurses with a master's degree in nursing can provide effective and high quality care. Davies & Eng (1995: 23-30) studied the experiences of practicing CNS in the Lower Mainland region of British Columbia. The participants were nurses who had graduated from a nursing program and were employed as a CNS. They identified several benefits of their graduate education. For example, it helped them develop critical thinking skills, enabled them to analyze and synthesize information, and become familiar with concept development. Furthermore, graduate education was seen as a necessary tool for implementing the CNS role.

This was congruent with the study of Whyte et al. (2000: 1072-1080) whose results indicated that nurses who graduated with a master's degree from the University of Edinburgh thought the master's level education had enabled them to be more aware of recent research relevant to their work and to appraise, utilize, and undertake research themselves. They felt more confident and were able to assess complex situations and become leaders in their profession.

In addition, the clinical courses provided time in a practicum whereby advanced practice students could gain quality experience with excellent mentoring and preceptorship in the field (O' Flynn, 1996: 436-437). The study of Hupcey (1990: 196-201), a national survey, identified the factors within the socialization process which seemed to influence the expectations of the master's level nurse practitioner students and explored their expectations of the role behaviors of nurse practitioners. The results revealed that the opportunity to practice selected role behaviors in a clinical setting was statistically influential in their expectation. Then the opportunity to practice was important for master's degree level aspects of the nurse practitioner role. For role expectations, the students also placed greater significance on technical/medical aspects than master's degree level role behaviors. The results suggested that the students were

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not being adequately socialized into the role of master's degree level nurse practitioners during their graduate education.

Organizational socialization is the process of learning what is important in an organization or subsystem of that organization. It is the foundation for personal satisfaction and later loyalty to bureaucratic and professional standards. Upon entering the work setting, novices must integrate professional beliefs acquired through education into a primarily bureaucratic setting. Work setting is a powerful determinant of socialization because it is the source of one's income and social identity. An integration of the professional and the bureaucratic value system can solve the problem of conflicts between values and role. The structural and organizational characteristics are vital factors in determining the success of the integration of individuals in the setting. As Baird & Prouty (1989: 261-278) pointed out, the structure of the organization influences function and sets the framework for activity. Whether the clinical nurse specialist is placed in a line or staff position, whether it is population-based or unit-based, and who they report to within the administrative structure are all variables influencing their socialization in the organization.

As organizations look for ways to control costs, productivity, and operational effectiveness, nurses with a master's degree in nursing must be clear about what each role of the APN contributes to patient care (Cram, et al.,1996: 33).

Role socialization or role development is the process of learning specific skills. It is described as the training and preparation for the performance of the specific tasks. The role socialization of advanced practice nurses depends on the professional and the organizational dimensions of socialization as well as on the development of the personal self. Then, it occurs in two phases--graduate nursing education and the practice setting. Learning the role of advanced nursing practice through socialization and interacting with the role model in the work environment are both essential for role development.

Consequently, socialization in advanced nursing practice is a continuous process that has significant implications for the development of advanced practice nurses. However, if they cannot be adequately socialized in advanced nursing practice, they are likely to face difficulty in terms of role transition (Hardy & Hardy, 1988: 216).

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Role Transition

A transition is defined as a dynamic movement between two relatively stable states with phases of entry, passage, and exit, requiring life pattern changes (Chick&Meleis.1986 cited in Kelly & Mathews, 2001: 157).

Brykczynski (2000: 115) stated that role transition is a dynamic and prolonged process of change that occurs over time as new roles are acquired. It also occurs when a person moves from one major position to another (Hardy & Hardy, 1988: 214). Role transition usually involves a social process, so it is a useful way to analyze position changes and associated social processes (Hardy & Hardy, 1988: 217).

The successful process of role transition in advanced nursing practice is determined by the advanced practice nurse educational process, i.e. role acquisition in school, and situational transitions in work setting, i.e. role implementation at work. (Brykczynski 2000: 115-130)

Role acquisition in school

Roberts and colleagues (1997 cited in Brykczynski, 2000: 117-118) noted that role acquisition in school consists of four stages: complete dependence, developing competence, independence, and interdependence. This transition process starts with an initial feeling of loss of confidence and competence accompanied by anxiety, especially as the first clinical experiences are to observe rather than to provide care, an inability to recall simple facts, and having difficulty prioritizing. Ongoing clinical preceptorship experiences in realistic practice can help students increase confidence and competencies so that they can pass the various stages of role transition in school.

Role implementation at work

The process of advanced practice nurses' role implementation is an example of situational transition. Hamric & Taylor (1989 cited in Brykczynski, 2000: 122-123) described seven phases of role development of clinical nurse specialists as follows:

1. Orientation phase is characterized by enthusiasm, optimism, and attention to mastery of clinical skills. The new advanced practice nurses need facilitation for their transition in the form of developing

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a structured orientation plan. They need to be aware of the importance of being informed about organizational structure, peer support groups, and administrative support. Working with more experienced mentors would be useful for them.

2. Frustration phase is associated with the feeling of conflict as a result of unrealistic expectations, inadequacy in response to the overwhelming problems, and anxiety. They need support from administrators and group of peers by setting realistic expectations, sharing concerns, and reassessing priorities.

3. Implementation phase is described as one of role modification in response to interactions with others. It is associated with a renewed or returning perspective. Formal evaluation is needed for them to demonstrate their effectiveness.

4. Integration phase is characterized by self-confidence and assurance in the advanced level of practice, and by integration of role components appropriate for a particular situation. The plan to guide continued role expansion and impact evaluation is important for this phase.

5. Frozen phase is described as being associated with frustration, anger, and lack of career satisfaction.

6. Reorganization phase is characterized by the restructuring of role responsibilities and changing expectations.

7. Complacent phase is characterized by comfort, stability and questionable impact on the organization.

The last three phases are negative resolutions for advanced practice nurses. To enhance role development in these phases, self-assessment and early problem recognition can help prevent negative feeling associated with these phases.

Because the role is evolving and is influenced by the health care delivery system, the nursing profession, the medical profession, and the practice setting, entering a new position with different expectations can lead to feelings of disorganization, uncertainty, and insecurity (Hayes,1994: 62-66).

Kelly & Mathews (2001: 156-162) studied the transition to first position as nurse practitioners. The purpose of this research was to obtain a better

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understanding of the transition process of graduates to their first position as nurse practitioners. The sample comprised 21 recent graduates who were practicing in central Illinois as nurse practitioners. The major themes that emerged were the loss of control of time and privacy, sense of isolation, relationship changes and loss of old friends, role ambiguity, significant personal satisfaction of role, and importance of a support network. For new graduates, the facilitation of role development and job satisfaction is important. Professional colleagues need to be patient, give verbal support, and consistent guidelines during this transitional period because their encouragement is important for professional growth and for acceptance of the nurse practitioners.

In 1997, the use of nurse practitioners with a collaborative practice model was initiated in the university hospital of Missouri Hospital and Clinic Columbia. Nursing administrators provided salary support and administrative supervision to retain the nurse practitioners. They established a task force to develop supporting documents for nurse practitioners' transition into the acute care setting by developing a philosophical statement on the role, job specification, and a clinical privileging process. Additionally, to ensure the success of the new roles, each nurse practitioner underwent a four-month orientation period to provide others with the opportunity to become familiar with them and their role expectations. When Knaus et al. (1997: 20-27) surveyed the utilization of nurse practitioners, the results indicated that nurse practitioners spent most of their time in direct care. Physicians, nursing staffs, and patients were satisfied with their work even though many patient care providers had conflicting ideas about the responsibilities of nurse practitioners in acute care settings.

Role socialization of advanced nursing practice always involves socialization for social roles. Successful role development in the setting, requires individuals to understand the concept of role theory.

Concept of Role Theory

Hardy & Conway (1988) maintained that role theory refers to the knowledge which consists of clusters of concepts, emerging subtheories, and a diverse set of empirical research findings that address specific aspects of social behavior. There are two major perspectives in role theory, namely symbolic interaction role theory and

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structural functional (social structural) role theory. The goal of both perspectives is to understand and explain social order. They have common concepts such as role, role behavior, norms, sanction, and status.

The symbolic interactionists focus on individuals in reciprocal social interactions who actively construct and create their environment through a process of self-reflexive interaction. Social processes and their outcomes emerge as individuals interact, shape, and adapt to their social environment. Problematic situations or situations that demand new interpretations or new lines of action are major foci of study. The theory initially dealt with change, dynamics, and the processes by which individuals creatively adapted to a society in flux. (Hardy & Hardy, 1988a: 32)

The structural-functional perspective focuses on the bigger picture-society, social systems, the social structure and on the other patterned behaviors that develop over time. Social structures are seen to shape and to a large extent determine individual behavior. Analysis is of the structure or of the aggregate rather than the individual in relation to the social environment. (Hardy & Hardy, 1988a: 32)

A major difference between the two perspectives is that the former conceives of social action as learned responses that are communicated during the process of socialization and reinforced in the individual by the approval or disapproval of 'significant others' such as parents, teachers or employers, while the latter posits that the individual engages in interactions with others and selects certain cues for action which for him have more relevance than others (Conway, 1988: 69-72).

General definitions

In role theory, there are various definitions which have been modified to develop a sense of understanding about social phenomena (Hardy & Hardy, 1998: 159-167).

Norms are rules that either prescribe or proscribe behavior. They are expectation, standards, or guidelines that suggest what a person "ought to", "should", or "must" do as well as "ought not to", or "must not" do, think, or feel.

Negative sanctions are punishments for violations of norms. These punishments include criticism, disapproval, and ostracism.

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Positive sanctions are rewards or reinforcing acts for adherence to norms. These are social rewards such as social approval, liking, praise, and support.

Sanctions, both positive and negative, are used to modify behavior and to maximize adherence to current group norms or prescriptions. The degree and type of sanctioning depends upon the visibility of an act and the extent to which it is valued.

Role refers to both expected and actual behaviors associated with a position. Roles are more or less fixed positions within society to which certain expectations and demands are attached, and they are enforced by sanction either negative or positive (Conway, 1988: 64). Furthermore, the concept of role has more specific referents to be used for the sake of clarity as follows (Hardy & Hardy, 1988: 164-165, 188).

A role occupant (role incumbent) is a person who holds a position within the social structure.

Role performance (role behavior or role enactment) is differentiated behavior or action relevant to a specific position.

Role expectation (obligations, demands) is position-specific norms that identify the attitudes, behaviors, and cognition required and anticipated from a role occupant.

A role partner (counter role occupant) is a person who, while occupying an interdependent position with the occupant of the focal position, holds role expectations for the focal occupant. Role partners may enact the same role as the incumbent (for example, staff nurse with staff nurse), or role partners may enact reciprocal roles (for example, staff nurse with head nurse).

A role set is the constellation of relationships with the role partners of a particular position. A role set comprises all of an actor's role partners. Merton (1959 cited in Hardy & Hardy, 1988: 187) proposed that for a role set, each person is faced with articulating the role expectations of their numerous role partners for their role sets.

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Role stress and role strain

Role stress is a condition occurring when a social structure creates very difficult, conflicting, or impossible demands for occupants of the position. Role stress will be approached as a problem requiring a solution. However, some situations are not necessarily abnormal and undesirable. For example, role conflict can facilitate or broaden an individual's perspective.

Role stress is useful to describe conditions producing stress reaction. The typology of role stress includes:

1. Role ambiguity: It is the condition that the norms for the role may be vague, ill defined, or unclear. There is disagreement on role expectation associated with a lack of clarity in those expectations. Then, the role incumbents have difficulty fulfilling role obligations.

2. Role conflict: It is a condition in which the focal person perceives existing role expectations as being contradictory or mutually exclusive. Even if role expectations are clear, the role occupant may have difficulty fulfilling role performance because the expectations themselves are contradictory.

3. Role incongruity: It is a condition in which self-identity and subjective values are grossly incompatible with role expectations (role transition and poor self-role fit).

4. Role overload: It is a condition in which the actor is unable to carry out all role obligations in the time available.

5. Role underload: It is a condition in which role expectations are minimal, and abilities of the role occupant are underutilized.

6. Role overqualification: It is a condition in which the role occupant's motivation, skills, and knowledge far exceed those required.

7. Role underqualification (role incompetence): It is a condition in which the role occupant lacks the necessary resources (commitment, skill, and knowledge).

Role strain

It is a subjective state of emotional arousal in response to the external conditions of social stress. It may be experienced by a role occupant

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as an increased level of awareness, general emotional arousal, or such feelings as distress, anxiety, or frustration.

The conditions contributing to role stress and role strain are socialization deficit, a change in role in the system, or a change in organization and delivery of healthcare (Hardy & Hardy, 1988: 170-172). An empirical study of role strain can be conducted by measuring both physiological and social responses. For social responses, role strain has been related to withdrawal from interaction, reduced involvement with colleagues and organization, and dissatisfaction (Hardy & Hardy, 1988: 190-191).

Role congruity/role incongruity

Hardy & Hardy (1988: 193) explained that role congruity can exist when the person's self and identity are congruent with the position occupied.

However, there are several sources of role incongruity (Hardy & Hardy, 1988: 213):

1. Lack of person-role fit is the result of incompatibility between one's skills and abilities and one's role obligations. The study of this incongruity has been of particular interest to those studying occupations, the work role, and organizational management by using the person-environment fit theory.

2. Personal values and self-concept are incompatible with expected role behaviors.

According to a review of the literature, there are several studies of role congruity between role expectation and role performance of role occupants. However, there are few studies of role incongruity.

This research focused on person-role fit. It aimed to study the role congruity and role incongruity of role occupants, nurses with a master's degree in nursing as perceived by role partners, or administrators. The criteria for role congruity and role incongruity used in this study were the compatibility between the level of role expectation and role performance, low and high levels. Thus, there were four groups of role congruity and role incongruity in this study as follows:

Group 1 perceived high level of role expectation –
perceived high level of role performance (high-high)

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Group 2 perceived high level of role expectation – perceived low level of role performance (high-low)

Group 3 perceived low level of role expectation – perceived high level of role performance (low-high)

Group 4 perceived low level of role expectation – perceived low level of role performance (low-low)

Role incongruity was one type of role stress. If role problem and role strain are prolonged, they might pose a danger to the system. Role satisfaction is an indicator to predict role strain. Then, administrator's satisfaction is a variable to measure the role strain when there is role incongruity between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators.

Administrators' satisfaction

Satisfaction is defined as a fulfillment of a need or want, and is the state of being satisfied or the state of enjoyment. (Merriam-Webster's Collegiate Dictionary, 1995: 1038)

Satisfaction refers to the feeling when a person has achieved something that she or he expected to achieve (Oxford advanced learner's dictionary, 2000: 1180)

In this study of administrators' satisfaction with the role of nurses with a master's degree in nursing, the administrators' satisfaction means the positive feeling or attitudes of administrators toward the role of nurses with a master's degree in nursing.

There are numerous studies of role satisfaction of the role occupants, while there are very few studies on the role satisfaction of the role occupant as perceived by the role partners. Some of them are reviewed herein.

Whyte et al. (2000: 1072-1080) aimed to evaluate whether master's degree nurses at University of Edinburgh were fit for the purpose and were able to translate knowledge into professional action. The nurses who graduated with a master's degree were asked to complete questionnaires. The majority of the respondents (89%) thought that master's programs were relevant to the purpose of developing their professional role. They answered that the programs had helped them gain professional skills,

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presentation skills, and research skills, all of which contributed to a sense of personal growth. These led them to be satisfied with the programs.

Walker (1986: 52-54) studied nursing service administrators' views of clinical nurse specialists. The basic purposes of the study were to obtain a description of institutional utilization within the region of the clinical nurse specialist's role and to ascertain their perceptions of the effectiveness of this role. The subjects were 52 directors of nursing, seven assistant directors of nursing, five clinical directors of nursing, and 15 others.

When investigating their satisfaction with the role of the clinical nurse specialists, it was found that they were satisfied with the role of clinical nurse specialists because they believed that the clinical nurse specialist could improve the quality of patient care.

Administrators and Nurses with a Master's Degree in Nursing

In this time of restructuring, downsizing, cost containment, in health care, nursing administrators are faced with the difficult task of providing quality nursing care to clients in a cost-effective manner. Persuading nursing administrators that clinical practice can benefit from the use of nurses who have obtained a graduate education continues to be an arduous task. Under-utilization of master's prepared nurses may be attributable in part to role ambiguity, differences in role expectations and functions, and viewing the roles held by master's-level nurses as nonessential (Cannon & Beare, 1999: 199). The administrators are important persons who can support or undermine the role of nurses. Because of their responsibilities for staffing, they can place them where they deem appropriate and have authority to make optimal use of them to achieve the goal of the organization. As a result of the review of literature on advanced nursing practice, it was found that administrative support is an important variable for advanced practice nurses to implement new roles (Krumm, 1996: 532; Chammo, C. 2001; Parahoo, 2000: 91-92; Bousfield, 1997: 248-249; Hamric & Taylor, 1989 cited in Hixon, 2000: 55-57).

Administrative actions which enhance the role of advanced nursing practice include promoting information regarding the attributes of the role of APNs, promoting

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the value of APNs in the mission of the organization, supporting the reimbursement, and supporting research to enhance the quality of care (Sellards & Mills, 1995: 64-70; Krumm, 1996: 537-538). It could be claimed that administrators are facilitators whose support of the role of nurses with a master's degree in nursing is crucial.

At present, nurses with a master's degree in nursing are distributed in many areas of their institutions, so their administrators may be in various positions and professions. For this study, "administrators" refers to administrators who were reported to directly by nurses with a master's degree in nursing, including head nurses, director of nursing, physicians, etc. Their responsibility is to closely evaluate the role and function of nurses with a master's degree in nursing.

However, based on the experience of the researcher, almost all administrators of nurses with a master's degree in nursing were nursing administrators. When considering the levels of management in the nursing organization, it can be divided into three levels: the first line manager, middle manager, and top manager (Kunelaya Tantypalachewa, 1996: 10-23, 24-33).

First, the first line management, such as nurse managers or head nurses, are responsible for ward management and supervision. The bedside care of patients is delegated to the head nurse who is responsible for the individualized nursing care.

Second, the middle level, such as nurse supervisors or nurse coordinators, are responsible for supervising head nurses in planing the nursing care, interpreting the policies of the hospital, and assisting head nurses to establish and maintain the quality of care. In addition, they are responsible for coordinating between the first and top managers.

Lastly, the top level, such as the directors of nursing service, have managers or supervisors report to them. Their responsibilities focus on determining philosophy, policies, and objectives of the nursing department to meet the policies of the hospital.

Therefore, support and utilization the role of nurses with a master's degree in nursing depends on the perception of administrators of the value of their role. Numerous research studies have investigated role expectation and role performance as perceived by administrators. Some of these are discussed in the following sections:

Tarsitano et al (1986: 4-9) studied the perception of clinical nurse specialists and nurse administrators. The aim of the study was to investigate the similarities

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and differences between nurse administrators and clinical nurse specialists regarding the importance of the clinical nurse specialist role, clinical practice, education, administration, and research. The subjects were 54 nurse administrators and 35 clinical nurse specialists from a large metropolitan area. The report showed that both groups agreed on the relative importance of the components except for the researcher role. The nurse administrators placed a higher value on the research component than did the clinical nurse specialists.

Suwanakul, I. (1987) studied the clinical nurse specialists' activities as perceived by themselves and nurse administrators in regional hospitals and medical centers, Ministry of Public Health. This study aimed to study and compare expectations of clinical nurse specialists and nurse administrators concerning clinical nurse specialists' activities. The results revealed that there was a difference between the clinical nurse specialists and nurse administrators. The expectations of nurse administrators were higher than those of the clinical nurse specialists. Also, both groups highly valued the health education consultant role and the nursing round planning role.

Koohathong, S. (1990) studied role expectation and role performance of specialists in public health according to self-perception, and perception of chief and staff of the provincial medical office. The sample of this study consisted of 72 provincial chief medical officers, 61 specialists in preventive medicine, 65 specialists in public health, and 72 heads of promotion and prevention section. One of the objectives in this study was to investigate role expectation and actual performance of specialists in public health as perceived by themselves, immediate supervisors, and their colleagues. The results showed that role performance of specialists in public health as perceived by administrators was at the "average" level, and role expectation of specialists in public health was at the "high" level.

Karngarm, P. (1992) studied the actual roles, expected roles, and role problems of clinical nurse specialists by comparing actual and expected roles as reported by themselves, directors of nursing department, and head nurses. The sample consisted of 17 directors of nursing departments, 104 head nurses, and 104 clinical nurse specialists. The results indicated that the actual roles of clinical nurse specialist were at the "high" level in the roles of administration and consultant

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as reported by the directors of nursing and clinical nurse specialists. The directors of the nursing department, head nurses, and clinical nurse specialists also reported the expected roles of clinical nurse specialists at the "high" level in all roles, and expected all roles higher than actual roles. The report of directors of the nursing department and clinical nurse specialist indicated problems of clinical nurse specialist's roles at a 'low" level, but that of head nurses was at a "moderate" level.

Saloa, G. (1998) studied valuing and role performance as expert clinicians of professional nurses in Nakorn Chiang Mai Hospital by collecting data from 85 head nurses and 223 staff nurses practicing in all nursing sections and having experiences in nursing in that section for more than 5 years. The subjects were 85 head nurses and 223 staff nurses practicing in all nursing section. The results of the study showed that head nurses and staff nurses gave a "high" value to the clinical nurse specialist's role in every part. However, there was a difference between the mean score of role valuing of the head nurses and staff nurses regarding teaching and quality assurance. In addition, there was a difference between the mean score of role performance of the head nurses and staff nurses regarding quality assurance and organizational and work role competencies.

In addition, the perception of administrators may vary according to many individual factors.

Factors related to the perception of administrators concerning role expectation

The role of master's degree nurses is evolving and is influenced by the health care delivery system, the nursing profession, and the practice setting, (Hayes, 1994: 62-66).

Robbins (2001: 121-123) pointed out that the perception refers to a process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment.

There are various factors affecting the perception: internal factors and external factors (Luthan, 1995: 90-97; Sullivan & Decker, 1992: 39-40; Robbins, 2001: 122-124; Jumnian Chotchoung, 1976: 167-168; Krongkaew Yukarn, 1994: 47-60). For internal factors, there are personal characteristics of the individual, attitudes,

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motives, interests, past experiences, and expectations. On the other hand, the external factors were institutional structure and institutional objectives.

Regarding expectation, it distorts individuals' perception in that they will see what they expect to see (Robbins, 2001: 123) depending on experience and education level (Surang Chan aim, 1986: 54) that makes them perceive differently.

As Hurley-Wilson (1988: 75) pointed out, role expectation is always attached to position. Then, the perception of administrators concerning role expectation of nurses with a master's degree in nursing as advanced practice nurses depends on their personal characteristics. From the review of literature, there are numerous factors associated with the administrator's perception. In this study, the interesting factors are age, educational level, and years of experience in the current position.

Age provides a convenient index of time in the process of personality development and experience. It makes individuals build up adaptation and learning (Jintana Unipan, 1991: 55 cited in Manee Leesiriwattanakul, 1997: 39). Then, older persons have a chance for learning more than younger persons, and they also have higher levels of perception than younger persons. However, Sriksuntisuk, S. (1985: 29 cited in Koohathong, S., 1990: 41) indicated that persons age between 20 and 50 years old can obtain new details more rapidly than the person age more than fifty years old.

Education means experience in a formal class (Somyot Naveekarn, 1995: 161). Educational level could show the ability of individuals in what they have learned and adapted for their works, activities, and application to problems (Manee Leesirivattanakul, 1997: 40).

Experience refers to thinking, knowledge, and acts which individuals did in the past (Chumnian Choungchot, 1976: 85). The differences in knowledge or past experience make individuals perceive differently (Chumnian Choungchot, 1976: 85).

Type of hospital refers to four types of hospitals under the Ministry of Public Health as specified by the Office of the Civil Service Commission. These hospitals are 25 regional hospitals, 46 general hospitals, 83 community hospitals, and 21 specialized hospitals.

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Regarding personal factors related to the perception of administrators, age, educational level, years of experience with the current position, and type of hospital, some research studies are described below.

Suwanakul, I (1987) studied the clinical nurse specialists' activities as perceived by themselves and nurse administrators in regional hospitals and medical centers, Ministry of Public Health. This study aimed to study the differences of expectations of nurse administrators classified by their personal factors. The results indicated that there was no difference of expectations of nurse administrators classified by their educational backgrounds, positions, and experiences, concerning the clinical nurse specialist activities.

Koohathong, S. (1990) studied role expectation and role performance of specialists in public health according to self-perception, and perception of chief and staff of provincial office. The sample of this study consisted of 72 provincial chief medical officers, 61 specialists in preventive medicine, 65 specialists in public health, and 72 heads of the promotion and prevention section. One of the objectives of this study was to find how their provincial chief medical officers perceived role expectation of the specialist role and how these perceptions were associated with their personal characteristics. The results indicated that age was not associated with role expectation of specialists in public health as perceived by their supervisors--provincial chief medical officers, except for some of the subroles: controlling and monitoring and evaluation role. Moreover, the educational level was associated with their expectation in administrative and academic roles. In addition, there was no association between the number of years in the administrative position and their expectation in the role of specialists.

Tanchairitikul, S. (1991) studied head nurses' behavior related to ward administration as perceived by professional nurses at the general hospitals in the northeastern part of Thailand. The sample consisted of 44 nurse administrators, 74 head nurses, and 216 staff nurses in eight hospitals. A comparison of the expected behavior of head nurses as perceived by nurse administrators and their personal factors revealed that there was a difference in expected behavior regarding age groups. It also indicated that among the age groups younger than 45 years old, 45-49 years old, and older than 49 years old, nurse administrators in the oldest age group had higher

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expectations than those in the other age groups. Finally, number of years of experience was found to be associated with role expectation of head nurses as perceived by their supervisors. Nurse administrators with more than 14 years experience had more expectation of the role of head nurses than those with less than or equal to 14 years experience. However, there was no difference in role expectation of head nurses as perceived by nurse administrator with respect to educational level: bachelor's degree and diploma. Although subjects who had a bachelor's degree had higher expectation of the roles of management and direction than the those who had a diploma.

Tieyakul, P. (1997) studied the expected and actual roles of Provincial Public Health Officers in the central region as perceived by ministerial, provincial, and district health officers. The study attempted to identify associations between their expectation and their personnel characteristics. The subjects of the study were ministerial health officers, provincial health officers, and district health officers. The results suggest that there was no association between age and educational level and role expectation of the provincial public health officers as perceived by ministerial, provincial, and district health officers. However, except for Ministry of Public Health, educational level was associated with role expectation of provincial public health officers. In addition, educational level was associated with role expectation of provincial public health officers with respect to the academic aspect. Regarding the length of time in the present position, there was no association with role expectation of provincial public health office except by ministerial officers. The results showed that the length of time in the present position was associated with role expectation of administrative legislative planning and health system development, technical, and supervision, and supportive aspects.

The literature reviewed indicated that there was no consensus in the relationship between role expectation and personal factors: age, educational level, and years of experience in the current position. Then, the researcher was interestedin studying the differences in role expectation of nurses with a master's degree in nursing as advanced practice nurses regarding personal factors of administrators' age, educational level, years of experience in the current position, and type of hospitals.

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The Organization and Responsibility of Hospitals under the Ministry of Public Health

The Ministry of Public Health is a major ministry of the government responsible for managing health service in all parts of the country. Its purpose is to promote the quality of care, ensuring efficient and equitable access to health services for the population (The Committee of Development and Planning for Public Health, 1996: 101). According to the Act of the Reformation of the Divisions of the Ministry of Public Health, the researcher has divided hospitals into four types: community hospitals, general hospitals, regional hospitals, and specialized hospitals.

Community hospitals are rural hospitals under the Rural Health Division, the Office of the Permanent Secretary for Public Health. They are responsible for primary and secondary health care services for the district health service system for disease prevention, health promotion, curative therapies for non-critical patients, rehabilitation through the improvement of self-care agency of the clients, including mobile health care service in distant villages. The hospitals are both health problem consultation centers and health professional training centers. These hospitals contain 10 to 120 beds. Currently, there are 712 community hospitals in Thailand (The Department of Public Health cited in Jindawatana, A., et. al, 2000: 56-60)

General hospitals are provincial hospitals under the Provincial Hospitals Division, the Office of the Permanent Secretary for Public Health. There are 76 hospitals mostly located in the center of town or large business districts, each hospital contains less than 500 beds. They are responsible for primary, secondary, and tertiary care for patients who have less complications than those treated in regional hospitals, including physician-referred cases from community hospitals. Their responsibility is to provide integrated services including health promotion, prevention, curative therapies, and appropriate rehabilitation based on their competence. These hospitals are also educational information centers and health professional training centers. In addition, promotion and support to clinical research and health research are emphasized. (The Office of the Permanent Secretary for Public Health, 1995; 85-87)

Regional hospitals are the largest hospitals, having at least 500 beds or providing 20 specialty services. Regional hospitals are under the Office of

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the Permanent Secretary for Public Health. They are responsible for tertiary health care, receive referrals, serve as consultants in diagnosis and treatment, and provide rehabilitation in complicated diseases that need specialist care and high technology. These hospitals also develop advanced knowledge, serve as research centers and act as practical settings for education of baccalaureate-level and post-graduate health-care professional students. There are twenty-five regional hospitals around the country. In addition, in this study, the general service hospitals under the Department of Medical Service are placed in the same category as the regional hospitals because they serve the same functions as the regional hospitals. These general service hospitals are Ratchavithi General Hospital, Nopparat Rajathanee General Hospital, Lertsin General Hospital (Alpha Research Ltd., 2000: 369).

Specialized hospitals are the hospitals or institutes, which serve as major tertiary care centers in their specialized field. They are specialized hospitals under the Department of Medical Service, the Department of Health, the Department of Mental Health, and the Department of Communicable Disease Control.

The specialized hospitals and institutes under the Department of Medical Service have responsibilities for diagnostic investigation, comprehensive therapies, rehabilitation, carrying out medical research in a particular area, and extending knowledge of medical technology to health professionals. These hospitals include Thanyarak Hospital, Metta Pracharak (Watraikhing) Hospital, the National Neuroscience Institute, the National Cancer Institute, and Queen Sitikit National Institute of Child Health (The Royal Decree of the Department of Medical Service, Ministry of Public Health, 1994: 2).

Specialized hospitals under the Department of Communicable Disease Control comprise Bamrasnaradura Hospital, Central Chest Hospital, and Phra Phadaeng Hospital (The Department of Communicable Disease Control, 1991 cited in Sararach, A., 1999: 42–43). Bamrasnaraduar Hospital serves as the tertiary care center for communicable disease. The Central Chest Hospital serves as the tertiary care center for treatment of pulmonary disease, heart disease, infectious disease, and noninfectious disease. Phra Pradaeng Hospital is a leprosarium and serves as the tertiary care center for leprous patients. Moreover, all three of these hospitals are responsible for conducting studies and research, establishing educational standards,

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and developing new technology in their specialty areas in accordance with standard protocols. In addition, they are centers of health professional development.

Specialized hospitals under the Department of Mental Health serve as tertiary care centers for psychopaths and retardates. These hospitals provide diagnosis and curative service, rehabilitation centers, mental health promotion, and prevention. Moreover, they are responsible for developing and relaying the body of knowledge in their area of specialization to related units including protocols and methods to solve mental health problems. In addition, coaching and training of psychiatrists and other health professionals are emphasized (the Royal Decree of the Department of Mental Health, 1993, 1993: 7-8).

Specialized hospitals under the Department of Health are the Maternity and Child Hospitals in 12 regions. These hospitals are responsible for family health covering fertility, pregnancy, and delivery to reduce morbidity, mortality, and disability from pregnancy, and delivery and to prevent hereditary disorders, infectious disease, and unhealthy environmental factors affecting fetuses. Their responsibilities are also to promote growth and to development and monitor health promotion and developmental care. Furthermore, they are models for demonstration and application of high technology concerning family health to solve health problems to improve the population's quality of life (Department of Health, 1997).

In summary, all of the hospitals perform a major role in providing health services in broad areas and in specific health care problems. As a result, they need health care providers who have depth and breadth of knowledge and a specific specialization, especially advanced practice nurses. By virtue of their educational and practice competencies, advanced practice nurses must be able to provide optimal health care to individuals, families, and communities.

The Research Summary

Changes in the organization, delivery, and financing of health care, has required the nursing profession to responding effectively to meet health care needs. Nurses constitute the largest health care provider group and nurses deliver the bulk of direct care intervention; consequently, they most often the central component

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of health services. As Thailand continues to debate health care reform and to express concern about the quality, effectiveness, and cost of interventions, advanced nursing practice is becoming more and more necessary. To improve the quality of nursing care, master's level education is essential for registered nurses to become specialists in the various areas of nursing practice. In Thailand, there are many institutions providing education for advanced nursing practice, particularly in the form of master's degree programs. Because the role of nurses with a master's degree in nursing is uncertain and in order to facilitate advanced nursing practice, the Thai Nursing Council has proposed various role components of advanced practice nurses which include the expert practitioner role, the educator role, the researcher role, the consultant role, the administrator role, and the ethical and legal role.

Some nurses with a master's degree in nursing work in hospitals under the jurisdiction of the MOPH. If nurses can completely perform their role as advanced practice nurses, they will be able to respond to the policy of their organizations more thoroughly and ensure high quality, effective and equitable health services. However, the role of nurses with a master's degree in nursing remains indistinct and uncertain. Under-utilization of these nurses may be attributable in part to role ambiguity and differences in role expectations. A lack of role clarity leads to role strain, which may decrease motivation of nurses to perform their role to fit the expectation of colleagues and the organization, and lead to reduced quality of nursing care.

To solve this problem, collaboration among administrators, educators, and nurses with a master's degree in nursing is required. Administrators who are key persons for deploying the nurses with a master's degree in nursing professional development and for ensuring they accomplish their practice role according to the required standards have a particularly important role to play. The perception of administrators is of a great value in clarifying the role of APNs within the organization and gaining their wide acceptance. This study focused on the perceptions of administrators concerning role expectation, role performance of nurses with a master's degree in nursing, the administrators' satisfaction with the role of nurses with a master's degree in nursing, and how the personal factors of administrators related to role expectation. The concept of role theory of Hardy and Conway (1988) and role components of advanced practice nurses proposed by The Thai Nursing Council were used as the conceptual framework of this study.

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CHAPTER 3
MATERIALS AND METHODS

Research Design

This correlational descriptive study was designed to describe and compare administrators' perceptions of role expectation and role performance of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH, and to study administrators' satisfaction with the role of nurses with a master's degree in nursing. In addition, it aimed to study the personal factors of administrators that were related to role expectation.

Characteristics of Population

The population frame of the study was 422 administrators of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH. The inclusion criteria for the sample population were as follows:

1. The administrators were persons who exercised direct supervision over nurses with a master's degree in nursing and these nurses had a reporting relationship to them. They might be head nurses, directors of nursing, physicians, and heads of the division.

2. The administrators were immediate supervisors who were responsible for evaluating the role and responsibility of nurses with a master's degree in nursing.

3. The administrators were willing to participate in the study.

Fifty-seven administrators of nurses with a master's degree in nursing did not meet the aforementioned inclusion criteria. Thus the sample population comprised 365 administrators.

Research Setting

The research was carried out from September 2000 to April 2001 in hospitals under the jurisdiction of the MOPH. They consisted of community hospitals, general

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hospitals, regional hospitals, and specialized hospitals. The community hospitals are responsible for primary and secondary health care services with between 30 – 150 beds. The general hospitals are intended to serve an area corresponding to a province and are responsible for primary, secondary, and tertiary care services with between 151–499 beds. They receive referrals of persons with complicated diseases from community hospitals. The regional hospitals are the largest hospitals, having at least 500 beds. They are responsible for tertiary care services, receive referrals from regional hospitals, serve as consultants in diagnosis and treatment, and provide rehabilitation services for complicated diseases that need specialist care and high technology. The specialized hospitals serve as major tertiary care centers in their specialized fields. They include specialized hospitals under the Department of Medical Service, the Department of Health, the Department of Mental Health, and the Department of Communicable Disease Control. One of the regional hospitals contacted declined an invitation to participate in this study.

The nurses who work in the aforementioned hospitals under the jurisdiction of the MOPH play an important role in carrying out the mission of the organizations they work for and are expected to be role models and bridge the gap between theory and practice. They conscientiously acquire advanced knowledge and skills to meet the goals of their organizations and ensure that high quality care is provided at a reasonable cost. Nevertheless, the roles of nurses with a master's degree in nursing are no different from those of nurses who have specialized skills in a particular clinical area, and remain indistinct. There is an inadequate system for the appropriate utilization of nurses with a master's degree in nursing.

Protection of Human Rights

The human rights of the participants were respected. To assure protection, a research consent form for participation in this study was given to the participants. A statement included in the cover letter guaranteed confidentiality and anonymity of individual responses. Information provided by the participants would be kept confidential and would be reported only in the form of group data. (See Appendix A).

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Instrumentation

Two sets of the questionnaires were used in this study: (See Appendix B).

Set 1: A survey form to compile a list of names of nurses with a master's degree in nursing and their administrators

This form was developed by the researcher and associates to survey the number and name of nurses with a master's degree in nursing who worked in the hospitals under the jurisdiction of the MOPH and their administrators. The form contained blank items to record the details of nurses with a master's degree in nursing (name, surname, the major field in master's degree program, academic year of program completion, present position and current nursing unit) and their administrators (name, surname, current position, and working area).

Set 2: A self-administered questionnaire to assess role expectation, role performance, and role satisfaction

This 14-page questionnaire was developed by the researcher and associates. It consisted of two parts:

Part 1: A demographic data form

The demographic data form consisted of: age, education level, title of position, number of years experience in current position, working area.

Part 2: A series of questions related to role expectation, role performance, and role satisfaction

This part of the questionnaire was developed to measure role expectation, role performance, and role satisfaction of nurses with a master's degree in nursing as perceived by administrators. The questionnaire was based on the role of advanced practice nurses described by the Committee of the Certified Advanced Nursing Practice Program of the Thai Nursing Council and it was informed by the literature review. This questionnaire consisted of questions about six role components of advanced practice nurses: expert practitioner, educator, researcher, consultant, administrator, and ethical and legal role.

The role expectation, role performance, and satisfaction questionnaire consisted of 56 positive items categorized into one of the six role components: expert practitioner (11 items), educator (9 items), researcher (7 items), consultant (13 items), administrator (11 items), and ethical and legal role (5 items).

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In addition, this part of questionnaire included an open-ended question for administrators to list other roles of nurses with a master's degree in nursing not included in this questionnaire.

Scoring Scale of role expectation, role performance, and role satisfaction

In each item, the score was rated on a 5 – point rating scale, from 0 to 4 as follows:

0 = never expected/ never performed/ dissatisfied,

1 = very rarely expected/ very rarely performed/ very rarely satisfied,

2 = rarely expected/ rarely performed/ rarely satisfied,

3 = often expected/ often performed/ often satisfied, and

4 = very often expected/ very often performed/ very often satisfied.

In addition, the researcher avoided the neutral opinion because this study was similar to social science research in which respondents could give a neutral or a middle choice. This should be discarded or divided as it was not truly reflective of the respondents' feelings or attitudes and could lead to response bias (Demsey & Demsey, 2000: 200).

Criterion of level of role expectation, role performance, and role satisfaction

The levels of role expectation, role performance and role satisfaction were determined by calculating item mean scores and then dividing the mean scores into two levels; high level and low level. To prevent the social desirability response bias, i.e. the tendency of some participants to misrepresent their perceptions by giving answers that are consistent with prevailing social views (Polit & Hungler, 1999: 204), the researcher used the point of 75% to divide the level of the scores as follows: mean score 3.00-4.00 (75-100%) indicated that administrators had a high level of perceived role expectation, role performance and role satisfaction; mean score 0-2.99 (0-74.99%) indicated that administrators had a low level of perceived role expectation, role performance and role satisfaction.

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Criterion of role congruity and role incongruity

The two levels of mean score of role expectation and role performance were determined to classify groups in terms of congruity between role expectation and role performance of nurses with master's degree in nursing as perceived by administrators. The groups consisted of 4 sub-groups including:

Group 1 perceived high level of role expectation-perceived high level of role performance (high-high)

Group 2 perceived high level of role expectation-perceived low level of role performance (high-low)

Group 3 perceived low level of role expectation-perceived high level of role performance (low-high)

Group 4 perceived low level of role expectation-perceived low level of role performance (low-low)

Regarding the groups of congruity, if there was compatibility between role expectation and role performance of nurses with master's degree in nursing as perceived by administrators, these groups were classified as role congruity groups such as group 1 and group 4. If there was incompatibility between role expectation and role performance of nurses with master's degree in nursing as perceived by administrators, these groups were classified as role incongruity groups such as group 2 and group 3.

Content Validity

The content validity of the instruments was established by a panel of five experts. The panel consisted of two nursing instructors who were experts in advanced nursing practice and were committee members responsible for training programs awarding certificates in advanced nursing practice of the Thai Nursing Council. One is a professor of nursing at the Nursing Department, Faculty of Medicine, Ramathibodi Hospital and the other is an associate professor of nursing who is the Dean of The Faculty of Nursing at Bangkok Christian College. The other three were nursing specialists, one was a nursing scholar of the Nursing Division of the MOPH, and two were nurses who worked as advanced practice nurses, one at the Department of Nursing, Siriraj Hospital, and the other with experience

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in maternity and newborn care at Phramongkutlao Hospital. The instruments were revised based on the experts' suggestion and recommendations before being tested for reliability.

Reliability Testing

Reliability testing was conducted with 22 administrators of nurses with a master's degree in nursing from 3 hospitals, namely Phramongkutklao Hospital, The Police General Hospital, Medical College and Vajira Hospital (Bangkok Metropolitan Administration: BMA). The Cronbach's alpha coefficients of the total score for role expectation, role performance and role satisfaction were 0.98 each. For this study, the instruments were used with 282 participants. The Cronbach's alpha coefficients of the total score for role expectation, role performance and role satisfaction were .96, .95, .96, respectively. The Cronbach's alpha coefficients for each role component are shown in Appendix C.

Data Collection Procedures

The data collection took place between September 2000 to April 2001. The process of data collection in this study was separated into two phases:

Phase 1: Survey the number and compile a list of names of nurses with a master's degree in nursing and administrators who worked in hospitals under the jurisdiction of the MOPH. The steps were as follows:

1. Assistance was asked from the Thai Nursing Council to issue a letter asking for cooperation to compile a list of names of nurses with a master's degree in nursing and their administrators.

2. The formal letter from the Thai Nursing Council was sent to the directors of 758 hospitals under the jurisdiction of the MOPH. Each packet included the survey form for demographic data of nurses with a master's degree in nursing and their administrators, and a stamped envelope with the return address. The administrators were asked to complete the form and return it within 4 weeks. In cases where the mail still had not been returned two weeks after the deadline, a follow-up letter was sent, and administrators were asked once again to complete the survey form and return it within 4 weeks.

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3. The returned survey forms were processed to provide the list of names of nurses with a master's degree in nursing and their administrators who worked in hospitals under the jurisdiction of the MOPH.

The list of names of the target population was compiled over a 3-month period (September to December 2000). One hundred and seventy-five hospitals reported having nurses with a master's degree in nursing. This survey had some limitations in that some of the nurses with a master's degree in nursing did not report their functions as either staff nurses or nursing administrators, and the names of their administrators were not clear sometimes. This affected the size of the target population. Thus, at the end of the survey period, there were 365 administrators who were responsible for 346 nurses with a master's degree in nursing included in this study.

Phase 2 : Procedures for data collection

Data collection began after permission was obtained from the Faculty of Graduate Studies, Mahidol University. The steps were as follows:

1. To ask for permission and co-operation in collecting data, a formal letter from the Faculty of Graduate Studies, Mahidol University, was submitted to the directors of 175 hospitals under the jurisdiction of the MOPH.

2. The researcher sent a cover letter explaining the purposes of the study and the expected research outcomes to the director of nursing in each setting, asking for participation in distributing questionnaires to direct administrators of nurses with a master's degree in nursing. Each packet was personalized with a label, and included the protection of human rights of participants form (see Appendix A), self-addressed and stamped envelopes were provided with each questionnaire to encourage their return.

3. The participants were requested to complete the self-administered questionnaires and return the questionnaires within 4 weeks by mail. With regard to the administrators who were responsible for more than one nurse with a master's degree in nursing, they had to answer the questionnaires based on the number of nurses with a master's degree in nursing under their supervision. However, they were instructed to answer Part I: demographic data, and the part concerning role expectation in Part II only once. As for role performance and role satisfaction in Part II, they were requested

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to answer depending on the number of nurses with a master's degree in nursing they supervised.

4. In the event that the questionnaires were not returned one week after the deadline, the researcher sent a postcard to the participants to ask them to complete and return it within two weeks.

5. The researcher checked all of the data in the returned questionnaires and prepared them for statistical analysis.

Analysis of Data

The Statistical Package for Social Sciences (SPSS) Windows Program Version 9 was used for data analysis as follows:

1. Demographic data; age, highest degree obtained, years experience in current position, current position, and type of hospitals were analyzed using descriptive statistics: frequency, percentages, ranges, means, and standard deviation.

2. Role expectation, role performance, and role satisfaction of nurses with a master's degree in nursing as perceived by administrators, were analyzed by using descriptive statistics: means, and standard deviation.

3. The mean comparisons of role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators were analyzed by using paired t-test.

4. One-way ANOVA and LSD were used to compare the differences in the administrators' satisfaction with the role of nurses with a master's degree in nursing according to the role congruity and role incongruity groups.

5. Role expectation of nurses with a master's degree in nursing as perceived by administrators according to age, years of experience in the current position, and work situation were analyzed by using One -way ANOVA and LSD.

6. Role expectation of nurses with a master's degree in nursing as perceived by administrators according to educational level were analyzed by using independent t-test.

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CHAPTER 4
RESULTS

The objective of this study was to determine the differences between administrators' perceptions of the role expectation and role performance of nurses with master's degree in nursing who worked in hospital under the jurisdiction of the MOPH, and their satisfaction with the role of nurses with master's degree in nursing. Three hundred and sixty-five questionnaires were distributed by mail. Of the total number, 294 questionnaires were returned, or a response rate of 80.6%. Of these numbers, 12 questionnaires were incomplete data. So, a total of 282 questionnaires which were responded from 263 administrators were analyzed. In addition, there were 19 administrators who were responsible for more than one nurses with master's degree in nursing more than one person. The results are presented in the following 5 parts with tables and descriptions:

Part 1 : Demographic data of administrators

Part 2 : The role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators

Part 3 : Administrators' satisfaction with the role of nurses with a master's degree in nursing

Part 4 : Administrators' satisfaction with the role of nurses with a master's degree in nursing regarding role congruity and role incongruity

Part 5 : Administrators' perceptions of the role expectation of nurses with a master's degree in nursing regarding personal factors

Part 1 : Demographic data of administrators

There were 263 participants who were responsible for 282 nurses with a master's degree in nursing who participated in this study.

Table 1 describes the demographic characteristics of the participants. The ages ranged from 27 to 60 years; the average age was 46.86 years old

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(SD= 6.94). For the age group, half of them (52.8%) were 41 to 50 years old, followed by 51 to 60 years old (31.2%). The majority of them (81.7%) had bachelor's degree, 17.9% graduate with master's degree, and only one (0.4%) had graduate with doctoral's degree. The largest group of administrators (60.8%) were head nurses, while only one was a physician. With regard to years of experience in current position, range from 1 to 30 years, with an average of 9.07 years (SD= 6.94). There was nearly equal in three group; 36.1% had work experience less than or equal to five years followed by 33.5% had work experience more than ten years and 30.4% had work experience ranged from 5 to 10 years. About 37.6% of the participants worked in general hospitals, followed by 33.5% worked in regional hospitals, and 19.8% worked in community hospitals. Among these, only 9.1% worked in specialized hospitals.

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Table 1 : Demographic characteristics of the administrators (N = 263)

Characteristics	Frequency	Percentage
Age group (years)		
≤ 40	42	16.0
41-50	139	52.8
51-60	82	31.2
Min-Max = 27-60; Mean = 46.86; SD = 6.94		
Highest degree obtained		
Bachelor's degree	215	81.7
Master degree	47	17.9
Doctoral degree	1	0.4
Years of experience with the current position (years)		
≤ 5	95	36.1
6-10	80	30.4
> 10	88	33.5
Min-Max = 1 - 30; Mean = 9.07; SD = 6.49		
Title		
Head Nurse	160	60.8
Director of nursing	50	19.0
Head of the division	52	19.8
Physician	1	0.4

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Table 1 : Demographic characteristics of the administrators (N = 263) (Con't)

Characteristics	Frequency	Percentage
Type of hospital		
Community hospitals	52	19.8
General hospitals	99	37.6
Regional hospitals	88	33.5
Specialized hospitals	24	9.1

Part 2 : The role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators

Based on the range of scores set up for interpretation in Chapter 3, the mean scores of administrators' perceptions of the role expectation and role performance of nurses with a master's degree in nursing were present in Table 2. The mean scores of the overall role expectation was 3.47 (SD=0.41). It can be interpreted that the participants of this study had a high level of perceived role expectation of nurses with a master's degree in nursing. In addition, the mean scores in each role component of role expectation were reported at a high level. Regarding the role component, the expert practitioner role was the highest mean scores with a mean of 3.61 (SD=0.38), and the lowest mean scores was consultant role with a mean of 3.34 (SD=0.52).

Regarding the role components of role performance, the mean scores of the overall role performance was 2.64 (SD=0.52) which can be interpreted that the participants perceived that nurses with a master's degree in nursing performed their role at a low level. For the six role components of role performance, the lowest mean scores was researcher role with a mean score of 2.36 (SD=0.82). The other role components were at a low level with the mean scores ranged from 2.62 to 2.97.

The paired t-test showed statistically significant differences ($p<.001$) between administrators' perceptions of the role expectation and role performance of nurses with a master's degree in nursing in each role component and overall. From table 2

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it can be concluded that the mean score of administrators' perceptions of the role expectation had higher than the mean score of administrators' perceptions of the role performance in each role component and overall.

Table 2 : Means, standard deviations, and comparison of the role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators by paired t-test (N = 282)

The role of nurses with a master's degree in nursing	Role Expectation		Role performance		Paired t-test
	M	SD	M	SD	
Expert practitioner	3.61	0.38	2.84	0.56	21.23***
Educator	3.44	0.50	2.62	0.61	20.82***
Researcher	3.50	0.56	2.36	0.82	21.56***
Consultant	3.34	0.52	2.49	0.61	20.91***
Administrator	3.44	0.46	2.68	0.60	18.12***
Ethical and legal role	3.53	0.47	2.97	0.60	14.46***
Total	**3.47**	**0.41**	**2.64**	**0.52**	**22.88***

***p< .001

Results from open-end responses

The respondents were asked to list additional role expectation that they considered to be the characteristics of nurses with a master's degree in nursing. Categorization of common themes was utilized to derive at common themes from the participants' description. There were six administrators (2.1%) who expressed other role expectations of nurses with a master's degree in nursing. The role of nurses with a master's degree in nursing which they highlighted their perspective should be participate in clinical leadership particularly team leading (three participants), carry on culture of the organization (two participants), and provide support to nursing staff (one participant).

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Part 3: Administrators' satisfaction with the role of nurses with a master degree in nursing

Based on the range of scores of administrators' satisfaction set up for interpretation in chapter 3, the mean scores of administrators satisfaction with role of nurses with a master's degree in nursing are shown in table 3. The mean score of the overall satisfaction with the role of nurses with a master's degree in nursing was 2.68 (SD= 0.52). It can be interpreted that the participants of this study had a low level of satisfaction with role of nurses with a master's degree in nursing. Regarding the six role components, researcher role was the lowest with a mean score of 2.41 (SD=0.78).

Table 3 : Means and standard deviation of administrators' satisfaction with the role of nurses with a master's degree in nursing (N=282)

The role of nurses with a master's degree in nursing	Administrators' satisfaction	
	M	S. D.
Expert practitioner	2.87	0.50
Educator	2.67	0.58
Researcher	2.41	0.78
Consultant	2.56	0.59
Administrator	2.67	0.64
Ethical and legal role	2.98	0.59
Total	**2.68**	**0.52**

Results from open-ended responses

The respondents were asked to additionally express their satisfaction. Categorization of common themes was utilized to derive at common themes from the participants' description. There were six participants (2.1%) who expressed their satisfaction with other roles of nurses with a master's degree in nursing. The roles of nurses with a master's degree in nursing which they expressed their satisfaction were participating in clinical leadership particularly team leading (three subject),

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carrying on culture of the organization (two participants), and providing support to nursing staff (one subject).

Part 4 : The administrators' satisfaction with the role of nurses with a master's degree in nursing regarding role congruity and role incongruity

Based on the criterion of role congruity and role incongruity groups in Chapter 3, there were four subgroups;

Group 1 perceived high level of role expectation- perceived high level of role performance (high-high)

Group 2 perceived high level of role expectation- perceived low level of role performance (high-low)

Group 3 perceived low level of role expectation- perceived high level of role performance (low-high)

Group 4 perceived low level of role expectation- perceived low level of role performance (low-low)

In comparison with the difference in the means of overall administrators' satisfaction regarding role congruity and role incongruity, administrators were divided into 4 groups: administrators with role congruity, group 1 (high - high; n = 54) with a mean score of 3.32 (SD = 0.30) and group 4 (low - low; n = 32) with a mean score of 2.59 (SD=0.52). Administrators with role incongruity, the largest group was group 2 (high – low; n = 193) with a mean score of 2.50 (SD = 0.45) and group 3 (low – high; n = 3) had three persons that the researcher did not bring it to analyze. From the results there was a statistically significant difference in the means of administrators' satisfaction among 3 groups of role congruity and role incongruity groups. (Table 4)

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Table 4 : Comparison of means and standard deviations of administrators satisfaction with the role of nurses with a master's degree in nursing regarding role congruity and role incongruity by using one-way ANOVA (N = 279)

Role	High - high n = 54		High - low n = 193		Low - low n = 32		F
	M	SD	M	SD	M	SD	
Total	3.32	0.30	2.50	0.45	2.59	0.52	82.74*

*p<.05

Then, to find the location of a significant difference in the means of administrators' satisfaction regarding role congruity and role incongruity, LSD was used. It was found that there was a significant difference ($p < .05$) among the means as that of the administrators in Group 1 was higher than those of the others in Group 2 and Group 4. However, there was no significant difference between those with Group 2 and Group 4 (See Table 5).

Table 5 : Comparison of the means of administrators' satisfaction with the role of nurses with a master's degree in nursing regarding role congruity and role incongruity by using LSD

Groups	1	2	4
1. high-high	-		
2. high-low	.82*	-	
4. low-low	.73*	.09	-

* p<.05

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Part 5 : The role expectation of nurses with a master's degree in nursing as perceived by administrators regarding personal factors

To determine the differences in administrators' perceptions of the role expectation of nurses with a master's degree in nursing, the personal factors of the administrators such as age, educational level, years of experience in the current position, and type of hospital were selected into the assessment.

The role expectation of nurses with a master's degree in nursing as perceived by administrators regarding age groups

To explore administrators' perceptions of role expectation of nurses with a master's degree in nursing regarding age groups, the participants were divided into three groups of age: younger than or equal to 40 years old (n = 44), 41-50 years old (n = 148), and 51-60 years old (n = 90). The one way ANOVA was used to compare the differences in these age groups. There was no significant difference between these three groups (See Table 6).

Table 6 : The comparison of means and standard deviations of the role expectation of nurses with a master's degree in nursing as perceived by administrators regarding age groups by using one way ANOVA (N = 282)

The role of nurses with a master's degree in nursing	≤40 years (n = 44)		41-50 years (n = 148)		51-60years (n = 90)		
	M	SD	M	SD	M	SD	F
Expert practitioner	3.54	0.42	3.62	0.38	3.57	0.39	2.18
Educator	3.25	0.48	3.49	0.50	3.43	0.45	2.65
Researcher	3.46	0.51	3.55	0.58	3.49	0.53	0.57
Consultant	3.20	0.50	3.38	0.53	3.36	0.47	1.13
Administrator	3.38	0.48	3.51	0.50	3.44	0.43	1.12
Ethical and legal role	3.46	0.58	3.59	0.49	3.51	0.43	1.37
Total	**3.38**	**0.49**	**3.52**	**0.42**	**3.46**	**0.40**	**1.66**

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The role expectation of nurses with a master's degree in nursing as perceived by administrators regarding educational level

The differences in administrators' perceptions of the role expectation of nurses with a master's degree in nursing regarding educational level were examined through independent-t test comparisons in which the administrators were divided into 2 groups: a bachelor's degree (n = 231) and a master's degree (n = 51). There was no significant difference between those group (See Table 7).

Table 7 : The comparison of means and standard deviations of the role expectation of nurses with a master's degree in nursing as perceived by administrators regarding educational level by using t-test (N = 282)

The role of nurses with a master's degree in nursing	Bachelor's degree (n = 231)		Master's degree (n = 51)		t
	M	SD	M	SD	
Expert practitioner	3.61	0.38	3.60	0.41	0.22
Educator	3.44	0.50	3.44	0.51	0.06
Researcher	3.49	0.59	3.56	0.43	0.87
Consultant	3.32	0.53	3.41	0.42	1.08
Administrator	3.43	0.47	3.46	0.41	0.42
Ethics & legal role	3.52	0.46	3.58	0.49	0.78
Total	3.46	0.42	3.50	0.38	0.58

The role expectation of nurses with a master's degree in nursing as perceived by administrators regarding years of experience in the current position

To examine the differences in administrators' perceptions of the role expectation of nurses with a master's degree in nursing regarding years of experience working in the current position, administrators were divided into 3 groups: less than or equal to 5 years (n = 101), 6 to 10 years (n = 85), and more than 10 years (n = 96). One-way ANOVA was used to test the differences among the means of administrators'

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perceptions of the role expectation of the 3 groups. There was no significant difference between those 3 groups (See Table 8).

Table 8 : The comparison of means and standard deviations of the role expectation of nurses with a master's degree in nursing as perceived by administrators regarding years of experience in the current position by using one-way ANOVA (N = 282)

The role of nurses with a master's degree in nursing	≤ 5 years (n = 101)		6 - 10 years (n = 85)		> 10 years (n = 96)		F
	M	SD	M	SD	M	SD	
Expert practitioner	3.63	0.38	3.58	0.38	3.60	0.37	0.38
Educator	3.45	0.52	3.47	0.48	3.40	0.49	0.44
Researcher	3.59	0.48	3.43	0.52	3.46	0.64	2.40
Consultant	3.38	0.48	3.32	0.53	3.29	0.52	0.77
Administrator	3.47	0.44	3.43	0.47	3.40	0.46	0.74
Ethical and legal role	3.58	0.43	3.52	0.49	3.48	0.47	1.13
Total	**3.50**	**0.39**	**3.45**	**0.41**	**3.43**	**0.42**	**0.87**

The role expectation of nurses with a master's degree in nursing as perceived by administrators regarding type of hospital

To examine the differences in administrators' perceptions of the role expectation of nurses with a master's degree in nursing regarding type of hospitals, administrators were divided into 4 groups: worked in community hospitals (n = 54), worked in general hospitals (n = 102), worked in regional hospitals (n = 98), and worked in specialized hospitals (n = 25). One-way ANOVA was used to test the differences among the means of administrators' perceptions of the role expectation of the 4 groups. There was significant difference ($F = 2.68$, $p < .05$) in the mean score of administrators in the 4 groups in the ethic & legal role (See Table 9).

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Table 9 : The comparison of means and standard deviations of the role expectation of nurses with a master's degree in nursing as perceived by administrators regarding type of hospital by using one way ANOVA (N = 282)

Role of nurses with a master's degree in nursing	(1) n = 57		(2) n = 102		(3) n = 98		(4) n = 25		F
	M	SD	M	SD	M	SD	M	SD	
Expert practitioner	3.57	0.42	3.66	0.36	3.62	0.37	3.47	0.39	1.88
Educator	3.45	0.53	3.53	0.48	3.38	0.52	3.33	0.43	1.78
Researcher	3.55	0.49	3.59	0.60	3.40	0.57	3.42	0.45	2.22
Consultant	3.28	0.54	3.42	0.53	3.31	0.49	3.18	0.44	2.02
Administrator	3.48	0.49	3.50	0.46	3.39	0.45	3.31	0.41	1.96
Ethical and legal role	3.54	0.51	3.60	0.46	3.51	0.43	3.31	0.46	2.68*
Total role	**3.46**	**0.43**	**3.54**	**0.42**	**3.43**	**0.40**	**3.33**	**0.39**	**2.29**

***p <.05**

(1) Community hospitals
(2) General hospitals
(3) Regional hospitals
(4) Specialized hospitals

When the location of a significant differences in the means of administrators' perceptions of the role expectation of nurses with a master's degree in nursing in the ethical and legal role regarding type of hospital were found, LSD was used. Significant differences ($F = 2.68$, $p<.05$) were found between the means of administrators' perceptions of the role expectation of nurses with a master's degree in nursing who worked in general hospitals and community hospitals were higher than specialized hospitals. Apart from this, there was no difference in the means of administrators' perceptions of the role expectation of nurses with a master's degree in nursing. (See Table 10)

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Table 10 : Comparison of the means of the role expectation of the ethical and legal role as perceived by administrators with difference type of hospital by using LSD (N = 282)

Group	1	2	3	4
1. Community hospitals	-			
2. General hospitals	.05	-		
3. Regional hospitals	.04	.09	-	
4. Specialized hospitals	.23*	.29*	.20	-

*** p < .05**

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CHAPTER 5
DISCUSSION

The purpose of this study was to determine administrators' perceptions of the role expectations of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH, and their satisfaction with the nurses' role performances. First, the demographic data is discussed, followed by discussions on role expectations, role performances, administrators' satisfaction with the role of nurses with a master's degree in nursing, administrators' satisfaction with the role of nurses with a master's degree in nursing regarding role congruity and role incongruity, and role expectations regarding personal factors.

Demographic Data of Administrators

From this study, it was found that administrators had an average age of 46.86 years. They were in mid-adulthood, were full of confidence in their capability to solve their own problems, or problems related to their responsibility, and were satisfied with the social aspects of their jobs (Thanapoom, S., 1992: 94). The average number of years of experience in their current position was 9.07 years. Almost all of the subjects were nursing personnel. The majority of the subjects (60.8%) who had direct supervision over nurses with a master's degree in nursing were head nurses. According to the researcher's experience in the hospitals under the jurisdiction of the MOPH, some nurses with a master's degree in nursing are withdrawn from patient care to undertake a full-time specific job such as hospital accreditation or quality assurance. They reported directly to the director of nursing.

The largest number of nursing administrators (37.6%) worked in general hospitals, followed by regional hospitals (33.5%), community hospitals (19.8%), and specialized hospitals (9.1%). It indicated that the general and regional hospitals have more nurses with a master's degree in nursing than community and specialized hospitals. This is similar to the results of the study of utilization patterns of the clinical

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nurse specialist in the United States of America (Hodges, et al., 1988: 20-25). There is a significant relationship between hospital bed size and decision to hire clinical nurse specialists. The major factors for selecting advanced practice nurses were cost effectiveness and improved quality of patient care (Walker, 1986: 52-54 ; Schaffner, et al.,1995: 37-43).

The Role of Nurses with a Master's Degree in Nursing as Perceived by Administrators

The role expectation of nurses with a master's degree in nursing as perceived by administrators

The results of this study indicate that administrators' perceptions of the role expectation of nurses with a master's degree in nursing was at a high level in each role component and overall (Table 2). It meant that administrators had high expectation of master's degree nurses in the role of advanced practice nurses. The results of this study are similar to those of other research studies on role expectation of nurses and other health professionals as perceived by administrators or supervisors including Suwanakul, I. (1987) ; Karngarm, P. (1992); Koohathong, S. (1990); Saloa, G. (1998); and Jeranukul, A. (2002).

As for the overall role component of role expectation, it was at a high level with a mean score of 3.47 (SD=0.41) This result might be explained by the characteristics of advanced nursing practice: specialization, advancement, and expansion (ANA 1995 cited in Hamric, 1996: 46), with an emphasis on direct clinical practice (Hamric, 1996: 50), and by the fact that nursing administrators are ultimately responsible for the productivity, quality and effectiveness of nursing (Perela, 2001: 61). To meet society's needs, the APNs must be efficient, provide high quality nursing services in a cost effective manner, and be capable of addressing health problems in satisfying and professional ways (Beecroft, 1997: 93; Dawson & Benson, 1997: 250 ; Gilliss, 2000: 35). From this result, it can be assumed that administrators recognize the potential of master's prepared nurses and expect the nurses with a master's degree in nursing to perform as described above. This reflects the Thai Nursing Council's concern that

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the roles associated with advanced nursing practice must be congruent with the needs of administrators.

When considering the six role components, the expert practitioner role had the highest mean score (M = 3.61 , SD = 0.38), followed by the ethical and legal role, the researcher role, the educator role, the administrator role, and the consultant role. This result is congruent with the study of the perception of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH (Chammo, C., 2001: 79), and also in agreement with Jeranukul, A. (2002), who studied role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators who worked in university hospitals, as well as the study by Tarsitano et al (1986: 4-9), who studied the perceptions of administrators regarding the clinical nurse specialist role component. The administrators and clinical nurse specialists tended to rate the clinical practice functions as being very important. The findings of these studies indicate that the expert practitioner role was rated as the most important role.

This finding might be explained by the characteristics of the expert practitioner role which emphasize direct clinical care, which of course is the core of nursing practice and the heart of advanced nursing practice (Hamric, 1996: 50). For these reasons, the participants, most of whom were head nurses with responsibility for ward management, especially direct care management (Tantiparacheewa, K., 1996: 24), and had a mission to produce high quality and effective patient care outcomes, expected the expert practitioner role to make a strong contribution to this as shown by it receiving the highest mean score.

The ethical and legal role had the second highest mean score 3.53 (SD=0.47). It might be that as health care increases in complexity, the scope of practice changes, and more sophisticated technology evolves, there will be even more ethical dilemmas (Munro, 2001: 6). Nurses are bound by their professional code of ethics to safeguard patients and to assume responsibility and accountability for nursing judgments and actions (Bingle, 2000: 243). In recent years, patients' rights are recognized in health care settings as a part of the mission of health care organizations and this no doubt influences the administrators to take into account the ethical climate when considering their organizations' actions (Olson, 1995: 88). Because nurses are in

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a position to take an advocacy role on behalf of people needing health care and must participate in decision-making processes (Bingle, 2000: 245), Donagrandi and Eddy (cited in Bingle, 2000: 240) stated that advanced practice nurses case managers as "moral agents" were obligated to support the unique decision making of clients, to provide access to appropriate health care services, and to assure quality care outcomes. On the basis of these reasons, administrators' expectations of the ethical and legal role of master's degree nurses had the second highest mean score.

The consultant role of nurses with a master's degree in nursing was perceived as the lowest ranking role expectation. This may be due to the fact that there is no formal consultation system in nursing practice. Consultations are closely related to practice because their focus pertains to specific patient problems or to patient care, or to issues related to nursing in general (Davies & Eng, 1995: 26). The consultant's role is to collaborate with others in the healthcare system to plan interventions in complex situations, and it is recognized that advanced practice nurses can act as such a resource to the clinical and management staff (Berger et al, 1996: 253). But personal factors such as educational background, experience, and personality are important influences on practice. Baker (1987: 119-123) indicated that the role of the consultant is the major focus of the clinical nurse specialist in the fifth and sixth year of practice. According to the study of Chammo, C. (2001: 77) the majority (84.2%) of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH had only 1-5 years of work experience after completing a master's degree program. Therefore, this might be the reason that administrators expected the nurses with a master's degree in nursing to perform the consultant role to a lesser extent than other roles. The results agree with Jeranukul, A. (2002: 76), who found that administrators in the university hospitals expected the nurses with a master's degree in nursing to perform the consultant role to a lesser extent than other roles.

The role performance of nurses with a master's degree in nursing as perceived by administrators

The results of this study revealed that the administrators perceived nurses with a master's degree in nursing to perform in the role of advanced practice

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nurse at a low level, with the overall mean score of 2.64 (SD = 0.52). This showed that role performance of nurses with a master's degree in nursing were reported by administrators at a low level in each role component and overall (Table 2).

When considering the six role components, the ethical and legal role had the highest mean score 2.97 (SD = 0.60), followed by the expert practitioner role, the administrator role, the educator role, the consultant role, and the researcher role. The ethical and legal role of nurses with a master's degree in nursing were reported by administrators in the first rank. The possible explanation for this might be that the ethical and legal role is integrated into the other role components of advanced practice nurses (Munro, 2001: 6). Accordingly, addressing ethical and legal issues is an essential component of professional nursing practice. In Thailand, human rights are becoming increasingly important, and many hospitals have improved guidelines for clinical practice to resolve ethical dilemmas. A similar by study Cannon & Beare (1999: 202) indicated that the first ranking activity of master's prepared nurses in Louisiana, as reported by nursing administrators, was to maintain a high standard of professional responsibility and accountability concerning ethical issues in clinical practice. These findings are also congruent with the perceptions of administrators in university hospitals (Jeranukul, A., 2002: 76 and Kuawiriyapan, S., 2002: 73), and the perception of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH (Chammo, C., 2001: 79).

The expert practitioner role of nurses with a master's degree in nursing were reported by administrators in the second rank. It was interesting to compare the findings of this study with previous studies which indicated that the most common role performed by nurses with a master's degree in nursing was the expert practitioner role (Tarsitano, et al., 1986: 4-9; Davies & Eng, 1995: 26; Hester & White, 1996: 190-193; Scott, 1999: 183-190; Wood et al., 1996: 283-292; Chase et al, 1996: 41-48). According to the studies of Chammo, C., (2001: 96-100) and Kuawiriyapan, S., (2002: 89-96) the reason why nurses with a master's degree in nursing did not perform the expert practitioner role as the main role is role overload, role ambiguity, lack of support from administrators and colleagues, inappropriate personnel allocation, and limited resources.

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On the other hand, the lowest mean score for the roles performed by nurses with a master's degree in nursing, as reported by administrators, was for the researcher role. As seen from the literature review, this researcher role is recognized as the most difficult to implement, with the least time allocated to it (McFadden & Miller, 1994: 27-33). Davies & Eng (1995: 26) reported that clinical nurse specialists devoted the smallest amount of time to the researcher role. The barriers to performing the researcher role were lack of resources and support, insufficient time, the absence of a nursing research committee, the lack of recognition of the importance of research, a limited nursing budget, lack of administrative support, and lack of statistical consultants. (Chammo, C., 2001; Kuawiriyapan, S., 2002; Chien & Ip, 2001: 547; Apple, et al., 1996: 79; Parahoo, 2000: 91-92).

When considering the development of clinical nursing and the integration of research findings into nursing practice it has to be admitted that research findings often bypass the clinical nurse, who may be more in touch with the day-to-day problems that require investigation. Because nurses in academic settings are more interested in advancing knowledge for the sake of knowledge, they are much more likely to address client problems that are of greater interest to academia than to the clinical nurse. Research findings that are not directly applicable to practice give the appearance that nursing research is too academic and irrelevant. These perceptions are likely to continue until clinical agencies make a concerted effort to establish formal structures that underscore the importance and visibility of nursing research in the practice milieu. Incorporating the clinical nurse researcher position within clinical agencies is a necessary step in that process of formalization (Dennis & Strickland, 1987: 26). Administrative support is frequently necessary to facilitate research utilization (Mackay, 1998: 232-237).

In this study, nurses with a master's degree in nursing performed the role of advanced practice nurse at a low level. After they finished the master's program in nursing they worked in the same position as a staff nurse or a unit-based nurse. There is no advanced practice nurses position in the hospitals under the jurisdiction of the MOPH in particular, leading to under-utilization of nurses with a master's degree in nursing. The absence of positions of advanced practice nurses in nursing organizations may be what prevents them from performing their roles.

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The administrators perceived the role performance of nurses with a master's degree in nursing at a low level. Robichaud and Hamric (1986: 31-36) used "time documentation" (to quantify time spent by clinical nurse specialists in the various role components) as a tool to evaluate the performances of clinical nurse specialists. There should also be an instrument for examining the key structural variables that affect the performance of nurses with a master's degree in nursing as clinical nurse specialists in terms of time use and its utility as a component of clinical nurse specialists' evaluation. Examination of structural variables can assist administrators and clinical nurse specialists to determine whether conditions exist that allow for clinical nurse specialists' practice to be effective. Geographical distribution of the clinical nurse specialists' activities provides the administrators with data reflecting areas where the clinical nurse specialists are needed. The instrument, time documentation, is most helpful during the role development process of new clinical nurse specialists.

The other role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators

The other roles suggest by the administrators were similar to the roles included in the questionnaire: carrying on organizational culture, participating in clinical leadership activities, staff development, participating in an ongoing hospital project, helping to develop clinical practice standards as nursing protocols, and participating in hospital accreditation activities. These results agree with the study of Wood et al (1996: 283-292) which indicated that the clinical nurse specialists generally participated in quality improvement programs. The results revealed that administrators expect nurses with a master's degree in nursing to be leaders in nursing practice in their areas, collaborating with them in management activities and acting as a consultant for staff nurses. Some administrators perceived that the nurses with a master's degree in nursing were inadequately socialized in their roles in their organizations.

The findings regarding role expectation and role performance indicated that nurses with a master's degree in nursing could not perform their role as advanced practice nurses well enough to meet administrators' expectations.

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However, to verify this finding, the difference between role expectation and role performance needs to be tested using statistical analysis.

Comparison of the Differences between the Role Expectation and Role Performance of Nurses with a Master's Degree in Nursing as Perceived by Administrators

The results of the study indicated that there were statistically significant differences between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators in each role component and overall at the $p < .001$ level. The mean score of role expectation was higher than the mean score of role performance in each role components and overall. The results of this study are similar to the findings of Suwanakul, I. (1987); Koohathong,S. (1990); Karngarm, P. (1992); Saloa, G. (1998); and Jeranukul, A. (2002).

The results of the study indicated that nurses with a master's degree in nursing could not perform their roles well enough to meet administrators' expectations. From the studies of Chammo, C., (2001: 96-100) and Kuawiriyapan,S., (2002: 89-96) the reason that nurses with a master's degree in nursing did not perform their role as advanced practiced nurses was because the nurses experience role incongruity due to the fact that there is no clear job description stated in the organization and role overload, i.e. because the nurses have limited resources in their organizations.

When considering the difference between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators, there were differences in all of the six role components. The highest difference between role expectation and role performance was found in the researcher role ($p < .001$). It indicated that when nurses with a master's degree in nursing performed the researcher role they met the administrators' expectations the least. Nursing administrators, in a time of cost containment, need to recognize how research can improve patient outcomes and how the use of advanced practice nurses in a team approach to care can develop cost-effective treatment protocols, critical pathways, and quality patient outcomes (Cannon & Beare, 1999: 207). During their educational

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preparation, advanced practice nurses have been introduced to the research process and most have conduct some data-based project (Oermann & Floyd, 2002: 142). These were the reasons that administrators expected nurses with a master's degree in nursing to perform the researcher role at a high level.

Tarsitano et al (1986: 4-9) studied the perceptions of administrators regarding the clinical nurse specialist role component. They found that the nurse administrators placed a higher value on the research role than did the clinical nurse specialists. Such lack of congruence in role perception could certainly be expected to contribute to role strain on the part of the clinical nurse specialists as well as disillusionment on the part of administrators as to the effectiveness of clinical nurse specialists in this component of their role. With these great expectations, it is not surprising that there have been problems in implementation of the role.

In the actual role performance, there were many barriers that inhibited nurses with a master's degree in nursing in their performance of the researcher role. This is supported by the studies of Chammo, C., (2001: 96-100) and Kuawiriyapan, S., (2002: 89-96).

The ethical and legal role had the least difference between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators. It may be due to the fact that nurses are bound by their professional code of ethics to safeguard patients and to assume responsibility and accountability for nursing judgments and actions (Bingle, 2000: 243). The ethical and legal role is integrated into the various role components of advanced practice nurses (Munro, 2001: 6). Because nurses are in a position to take an advocacy role on behalf of people needing health care and must participate in decision-making processes, to provide access to appropriate health care services, and to assure quality care outcomes(Bingle, 2000: 240-245). Based on these reasons, the administrators should report their expectations of the ethical and legal role congruence when nurses with a master's degree in nursing performed their role.

The findings of this study also suggest that administrators perceived the role performance of nurses with a master's degree in nursing as being incompatible with role expectation. It means there was a role problem or a role stress situation--role incongruity that may contribute to role strain in the organization (Hardy & Hardy, 1988: 190-191).

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Administrators' Satisfaction with the Role of Nurses with a Master's Degree in Nursing

Table 3 showed that the mean score of administrators' satisfaction in each role component and overall role of nurses with a master's degree in nursing were at a low level. It could be assumed that administrators were satisfied with the role of nurses with a master's degree in nursing as advanced practice nurses at a low level.

The low level of administrators' satisfaction means that there was role strain in the organization related to the incompatability between role expectation and role performance of nurses with a master's degree in nursing as perceived by administrators. Even though role strain can facilitate changes in role behavior for role transition of master's prepared nurses (Hard & Hardy, 1988: 216), it may inhibit the learning process for them if role strain is prolonged (Howard & Scott, 1965 cited in Hardy & Hardy, 1988: 216). With prolonged role strain, negative sanctions might occur. To prevent jeopardy from the effect of role strain which can drain energy and commitment to the professional values of nurses, reduce the quality of care, and risk lives (Hardy & Hardy, 1988: 159-160), the low level of administrators' satisfaction needs to be addressed. Because of their responsibilities, administrators who consider using nurses with a master's degree in nursing in the organization are key persons to support them in their various roles (Sellards & Mills, 1995: 64-70; Krumm, 1996: 537-538).

There are several ways to manage the role strain including redefining the role, redefining adequate role performance, and role bargaining with the role partners (Hardy & Hardy, 1988: 159). The establishment of role identity will require the support and collaboration of nursing educators, advanced practice nurses, the nursing profession, and administrators (Redekopp, 1997: 89). Then, it is necessary that administrators and nurses with a master's degree in nursing cooperate to solve this problem by identifying and clarifying the role to fit in with the organization, and exploring role expectations. For master's prepared nurses in the negotiation process, besides cooperating with the administrators, they should ensure that their performance is skillful enough for acceptance (Hardy & Hardy, 1988: 243). For administrators, they should take a leadership role in the planning process to support nurses with a master's degree in nursing and provide the structure to enhance their role development.

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The redesigning of practice is an interesting process that should be used to resolve this situation. Hickey (2000: 19-22) suggests that redesigning should be people-oriented, and it redefines who does what to solve the inappropriate differential practice of nurses prepared at different levels of education.

As can be seen from Table 3, administrators' satisfaction was at a low level when role performance was at a low level. Because the lowest mean score of role performance of nurses with a master's degree in nursing, as reported by administrators, was received by the researcher role, the mean score of administrators' satisfaction with the researcher role of nurses with a master's degree in nursing was also at the lowest level. These findings indicate that the administrators' satisfaction depends on role performance, and are similar to the study by Chanloha, C. (2002: 82) who studied the relationship between role performance of nurses with a master's degree in nursing and their role satisfaction. The results revealed that role performance had a highly positive relationship with role satisfaction. With regard to the administrators' satisfaction with the roles of nurses with a master's degree in nursing, it was similar to their satisfaction with six role components, i.e. it was at a low level.

Thus, the findings suggest that when there is high compatibility between role expectation and role performance, a high level of administrators' satisfaction should appear.

Administrators' Satisfaction with the Role of Nurses with a Master's Degree in Nursing according to Role Congruity and Role Incongruity

The fifth research question addressed the differences in administrators' satisfaction with the roles of nurses with a master's degree in nursing according to role congruity and role incongruity.

As shown in Table 4, there were 247 nurses (88.5 %) with a master's degree in nursing who were expected by administrators to perform the role of advanced practice nurses at a high level. This result reflects that the overall role expectation as perceived by administrators was at a high level. In contrast, there were 32 nurses (11.5%) with a master's degree in nursing who were expected by their administrators

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to perform their role at a low level. This might be because the advanced nursing practice role is unknown. Additionally, the role of advanced nursing practice is a complex one encompassing many subroles related to direct and indirect patient care. Then, administrators might be unclear about the role of nurses, leading to role expectation at a low level.

Regarding role performance, there were 54 nurses (19.4 %) with a master's degree in nursing who performed their role at a high level as perceived by administrators, while 225 (80.6 %) were perceived by their administrators to perform their role at a low level. Therefore overall role performance was at a low level.

Regarding the means of administrators' satisfaction regarding role congruity and role incongruity groups, Group 1 (high-high) was at a high level (M= 3.32), while Group 2 (high-low) and Group 4 (low-low) were at a low level with the mean scores of 2.50 and 2.59, respectively. When the means of administrators' satisfaction were compared among the three groups, the result showed that there was a statistically significant difference in the means of administrators' satisfaction ($P < .05$) among role congruity and role incongruity groups. LSD was used to find out the significant difference of the location for means of administrators' satisfaction, Table 5 shows that the mean of Group 1 (high-high) was higher than those of Group 2 (high-low) and Group 4 (low-low). In addition, there was no difference between the means for Group 2 and Group 4.

The results indicated that the administrators' satisfaction was at a high level when the role congruity between role expectation and role performance was at a high level. This finding could be supported by the study of Marz (1988), Chanloha, P. (2002), and Jeranukul, A. (2002) which found that role satisfaction would be high when there was a high degree of role congruence. In contrast, when there was role congruity between role expectation and role performance at a low level, the administrators' satisfaction should be at a low level. This might be explained by the fact that administrators have low expectation for the advanced nursing practice role for nurses with a master's degree in nursing, or do not expect them to perform this role. Then, they are not satisfied or satisfied at a low level with the role of advanced nursing practice.

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In addition, when there is role stress, role incongruity between high role expectation and low role performance, the administrators' satisfaction should be at a low level, leading to role strain. Therefore, the findings in this part supported the conceptual framework of this study.

Role Expectation of Nurses with a Master's Degree in Nursing Regarding Personal Factors

The last research question addressed the difference in role expectation regarding personal factors of administrators which are age, educational level, years of experience in the current position, and type of hospital.

Role expectation of nurses with master's degree in nursing regarding age of administrators

The subjects were divided into three groups: younger than 40 years old, 41-50 years old, and older than 50 years old. The results showed that there was no difference between role expectation in each age group at a statistically significant level (See Table 6). This finding is similar to the studies of Chammo, C., (2001: 80) and Kuawiriyapan,S., (2002: 75), who reported that age did not correlate with role expectation as perceived by nurses with a master's degree in nursing; age had no correlation with role expectation as perceived by subdistrict health supervisors (Kingko, P., 1992) and as perceived by health promotion section chiefs in the community hospitals (Kongsmoot, K., 1989).

This finding contrasted with the study of Jeranukul, A. (2002: 81) which reported that the role expectation of nurses with a master's degree in nursing as perceived by administrators in different age groups showed significant difference ($p < .05$) in terms of the researcher role. The administrators in the younger group had higher expectations in terms of the researcher role than the administrators who were in the older age group. However, the study of Tanchairitikul, S. (1991) which showed that among the age groups: less than 45 years old, 45-49 years old, and more than 49 years old, the nurse administrators more than 49 years old had higher expectations than the other groups ($p < .05$).

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Role expectation of nurses with a master's degree in nursing regarding educational level

Administrators who graduated with a bachelor's degree and those who graduated with a master's degree were also compared to determine the difference in role expectations. The results showed that there was no difference between role expectation in the two groups at a statistically significant level (See Table 7). This finding is similar to that of Suwannakul, I. (1987: 96), who reported that different educational level groups showed no significant difference in clinical nurses specialist activities as they themselves expected. The study of Tanchairitikul, S. (1991), indicated that different educational levels of nurse administrators showed no significant difference in head nurses' behavior related to ward administration. Because nursing administrators are ultimately responsible for the productivity, quality and effectiveness of nursing care and must address the needs of patients, families, providers and communities, the practice of advanced practice nurses need to be efficient, high quality and cost effective (Beecroft, 1997: 93; Dawson & Benson, 1997: 250; Gilliss, 2000: 35). This might explain why the education level of administrators was no different in terms of role expectation of nurses with a master's degree in nursing.

This finding was in contrast to the study of Jeranukul, A. (2002: 82), who reported that the administrators who graduated with a master's degree had higher expectations in terms of the ethical and legal role than administrators who graduated with a bachelor's degree. Educational level showed a correlation with role expectation (Koohathong, S., 1990). Surarng Chan-aim, S. (1986: 55) also pointed out that more education makes people have higher expectations.

Role expectation of nurses with a master's degree in nursing regarding years of experience in the current position

A comparison of role expectation among the three groups divided by years of experience in the current position: less than or equal to five years, six years to ten years, and more than ten years. The results showed that there was no difference between role expectation in the three groups at a statistically significant level (See Table 8). The greater the number of years in the position may not mean that

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the person has more experience than those who have been in the same position for a smaller number of years. When the persons are in different situations they should have different experiences (Choopikunchai, S.,1978: 131) This finding accords with that of a previous study by Koohathong, S. (1990), which reported that years of experience in the current position did not correlate with role expectation of specialists in public health. This finding contrasted with the study of Jeranukul, A. (2002: 83), which found that the administrators with less than or equal to five years of experience had higher expectations in the researcher role than administrators with five years to ten years ($p<.05$). Moreover, the research of Tanchairitikul, S. (1991), which reported that the nurse administrators with more than 14 years of experience had higher expectations in the role of head nurses than the administrators with or equal to 14 years of experience.

Role expectation of nurses with a master's degree in nursing regarding type of hospital

The type of hospital was divided into four groups: community hospitals, general hospitals, regional hospitals, and specialized hospitals. The role expectation of nurses with a master's degree in nursing as perceived by administrators in different types of hospitals showed a significant difference ($P < .05$) only in the ethical and legal role (See Table 9). The administrators who worked in general and community hospitals had higher expectations in the ethical and legal role than the administrators who worked in specialized hospitals.

The complexity of ethical issues in the current health care environment facing advanced practice nurses in all practice settings gives rise to numerous ethical concerns. The scope and ethical dilemmas experienced by nurses reflect the varied clinical settings in which they practice. Most ethical dilemmas that occur in the health care setting are interdisciplinary (Regigle & Boyle, 2000: 350-354). In the general hospitals, they serve as the primary, secondary, and tertiary care centers including physician-referred cases from community hospitals. In the community hospitals, as the major primary and secondary care centers, material and human resources are scarce, the demands on the nurses require a resourceful and strong individual who must be highly skilled and competent in clinical practice while being sensitive to the unique

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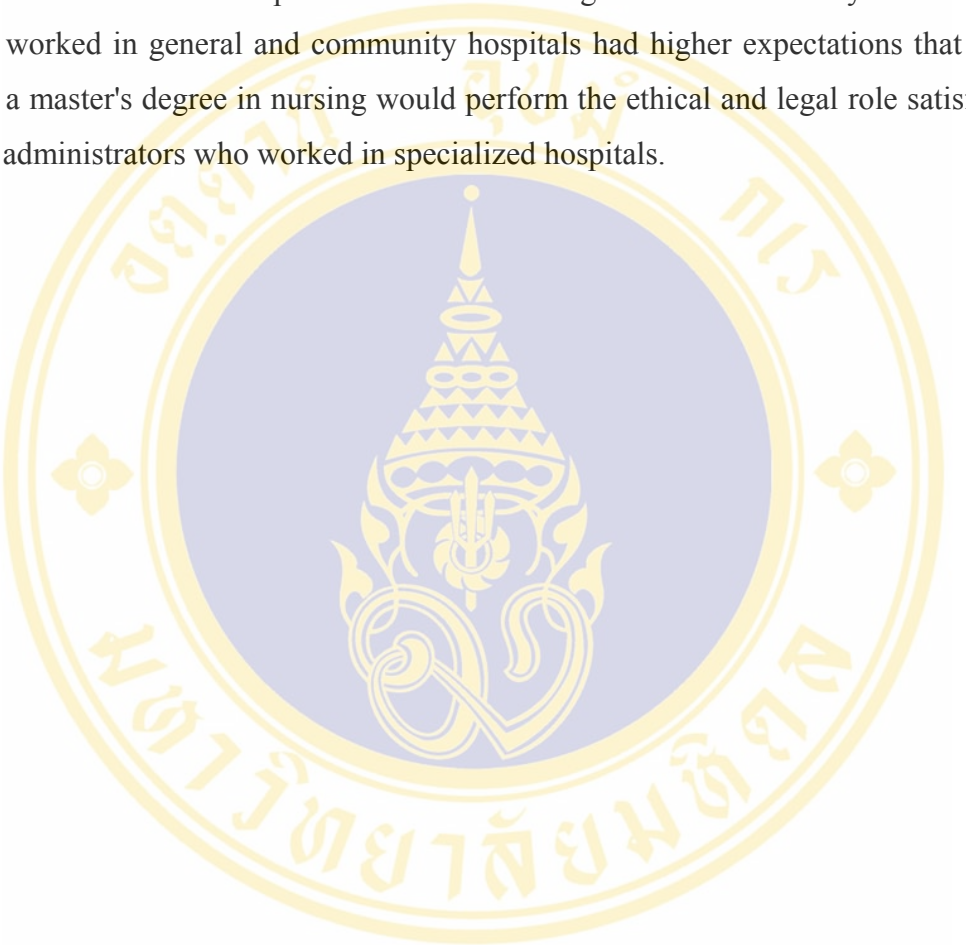
cultural and social qualities of each community (Rozier, 2000: 422). Because the ethical and legal role is integrated into the various role components of advanced practice nurses (Munro, 2001: 6), the specialized hospitals serve as the majority tertiary care centers in their specialized field and this can facilitate the role performance of advanced practice nurses. This might be the reason why administrators who worked in general and community hospitals had higher expectations that nurses with a master's degree in nursing would perform the ethical and legal role satisfactory than administrators who worked in specialized hospitals.



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CHAPTER 6
CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the conclusions of the study will be presented first, followed by the limitations of the study and then the recommendations for nursing administration, nursing education, nursing practice, nursing research, and nursing organizations.

Conclusions of the Study

This research was a correlational descriptive study. The purposes of the research were as follows: to describe administrators' perceptions of the role expectation and role performance of nurses with a master's degree in nursing who worked in hospitals under the jurisdiction of the MOPH; to compare the differences between role expectation and role performance; to explore administrators' satisfaction with the various roles of nurses with a master's degree in nursing; and to identify the personal factors of administrators that influence role expectation. The conceptual framework used in the study was derived from the role theory proposed by Hardy and Conway (1988), and the concept of advanced nursing practice of the Thai Nursing Council.

The target population was 263 administrators who directly supervised 282 nurses with a master's degree in nursing working in all nursing service departments of hospitals under the jurisdiction of the MOPH. Data were collected by a mail survey during September 2000 to April 2001. The research instruments used for collecting data were developed by the researcher and associates and consisted of two sets. The first was a survey form used to compile a list of names of nurses with a master's degree in nursing along with the names of their administrators. The second was a self-administered questionnaire comprised of a demographic data form and a questionnaire designed to elicit information on administrators' perceptions of role expectation, role performance, and role satisfaction of nurses with a master's degree in nursing vis à vis the roles of advanced practice nurses identified by the Thai Nursing Council (1998). There

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were 56 Likert scale questions that consisted of six role components: expert practitioner role, educator role, researcher role, consultant role, administrator role, and ethical and legal role.

The content validity of the questionnaire was established by a panel of five experts. The reliability of the instruments was also tested and established. The Cronbach's alpha coefficient for role expectation was .96, for role performance was .95, and for role satisfaction was .96.

Data were analyzed using descriptive statistics, t-test, one-way ANOVA, and LSD. The results of the study can be summarized as follows:

1. The administrators who directly supervised nurses with a master's degree in nursing in the hospitals under the jurisdiction of the MOPH were mostly head nurses (60.8%). Their age ranged between 27 and 60 years with the mean age of 46.86 (SD = 6.94). A majority of them graduated with a bachelor's degree. Their years of experience in the present position ranged from one to thirty years, with an average of 9.07 (SD = 6.49). Most of them were working in general hospitals.

2. Administrators' perceptions of the role expectation of nurses with a master's degree in nursing was at a high level in each role component and overall.

3. The administrators perceived that nurses with a master's degree in nursing performed their role at a low level in each role component and overall.

4. There were statistically significant differences ($p < .001$) between administrators' perceptions of the role expectation and role performance of nurses with a master's degree in nursing in each role component and overall.

5. The administrators' satisfaction with the role of nurses with a master's degree in nursing was at a low level in each role component and overall.

6. There was a statistically significant difference in administrators' satisfaction regarding role congruity and role incongruity ($p<.05$). The mean score of administrators' satisfaction in Group 1 (high role expectation – high role performance) was higher than that in Group 2 (high role expectation – low role performance) and Group 4 (low role expectation – low role performance). However, there was no statistically significant difference in Group 2 and Group 4.

7. There was no statistically significant difference in administrators' perceptions of role expectation of nurses with a master's degree in nursing regarding personal factors:

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age, educational level, and years of experience in the current position, except for the ethical and legal role in which there was a difference in role expectation regarding type of hospital ($p < .05$).

Limitations of the Study

Some nurses with a master's degree in nursing who worked in a clinical setting in hospitals under the jurisdiction of the MOPH were prepared to be advanced practice nurses and some were not prepared to be advanced practice nurses. The role of nurses with a master's degree in nursing remains indistinct and uncertain. There is an inadequate system for the appropriate utilization of their potential. Therefore, this may have affected the accuracy of administrators' perceptions of role expectation and role performance.

Recommendations

The findings of this study have important implications for nursing administration, nursing education, nursing practice, nursing research, and nursing organizations and therefore the following recommendations are offered:

Nursing administration

Nurse administrators need to re-evaluate the need for all nurses to be educated at graduate level. They can actively promote the utility of nurses with a master's degree in nursing by assisting in the removal of barriers to practice, such as by establishing a well-developed position of advanced practice nurse and a systematic reporting hierarchy to support their entry into the organization, establish clear job descriptions for nurses with a master's degree in nursing to maintain their autonomy and ability to practice, to discuss these practice roles and benefits at public, professional, and internal organization meetings. Administrators can facilitate research on the impact of nurses with a master's degree in nursing through an organized research plan directed at advanced practice evaluation and covering financial matters, work processes, and the outcomes of care

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Nurses with a master's degree in nursing

Nurses with a master's degree in nursing should use their advanced knowledge to show that a master's degree actually makes a difference in the quality of care and its outcomes. To strengthen and promote this issue, nurses with a master's degree in nursing, should demonstrate clinical competence through program development and implement innovative interventions for population-based care.

Nursing education

Nursing educators, who provide the knowledge and skill to enhance the competencies of advanced practice nurses should identify and provide the necessary educational preparation for nurses to respond to society's needs. Clinical preceptorships are important for strengthening the acquisition of role components in actual practice. Nursing educators should work cooperatively with nursing organizations and nursing administrators to improve educational programs and to support the utilization of nurses with a master's degree in nursing.

Nursing research

1. Research on role expectation and role performance of nurses with a master's degree in nursing who are prepared to be advanced practice nurse as perceived by nurses with a master's degree in nursing and their administrators should be conducted.

2. Research should be conducted to find out the other factors that may influence role expectation, role performance, and role satisfaction of nurses with a master's degree in nursing as perceived by nurses and their administrators.

3. Research should be conducted to find out the obstacles to performing the roles of advanced practice nurses and the factors that facilitate performing these roles.

Nursing organizations

The Thai Nursing Council should disseminate the concept of advanced nursing practice to nurses all over the country, and should work cooperatively with the nursing administrators to delineate clear job descriptions for advanced practice nurses, and strengthen the line position in nursing organizations.

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APPENDIX

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APPENDIX A
CONSENT TO PARTICIPATE IN RESEARCH STUDY

หลักสูตรปริญญาโท ภาควิชาพยาบาลศาสตร์

คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี ม. มหิดล

กุมภาพันธ์ พ.ศ. 2544

เรื่อง ขอความร่วมมือในการตอบแบบสอบถาม

เรียน .....

สิ่งที่ส่งมาด้วย แบบสอบถาม จำนวน ชุด

ด้วยดิฉัน นางอรนิต สุวินทรากร นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาการพยาบาลผู้ใหญ่ ภาควิชาพยาบาลศาสตร์ คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล กำลังดำเนินการวิจัยเพื่อเสนอเป็นวิทยานิพนธ์ เรื่อง "บทบาทที่คาดหวังและบทบาทที่ปฏิบัติจริงของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ตามการรับรู้ของผู้บริหารในโรงพยาบาลสังกัดกระทรวงสาธารณสุข" โดยมี รศ. ประคอง อินทรสมบัติ เป็นอาจารย์ที่ปรึกษา ซึ่งผลจากการวิจัยครั้งนี้ สภาการพยาบาลจะนำไปใช้เป็นข้อมูลประกอบการพิจารณาสอบวุฒิบัตร แสดงความรู้ ความชำนาญเฉพาะทาง และประเมินแหล่งประโยชน์ของแหล่งฝึกอบรมพยาบาล ผู้มีความรู้ ความชำนาญเฉพาะสาขาต่อไป

ในการนี้ ผู้วิจัยใคร่ขอความร่วมมือจากท่านในการตอบแบบสอบถามการวิจัยครั้งนี้ ตามความเป็นจริงของท่านมากที่สุด คำตอบของท่านจะมีคุณค่าอย่างมากสำหรับการวิจัย จะไม่มีการเปิดเผยข้อมูลให้เกิดผลเสียหายต่อท่านและหน่วยงานของท่าน และมิได้นำไปประเมินผลการปฏิบัติงาน หรือมีผลต่อการพิจารณาค่าตอบแทนวิชาชีพของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลแต่อย่างใด การนำเสนอข้อมูลจะนำเสนอโดยภาพรวม ผู้วิจัยได้ส่งแบบสอบถามของท่านโดยผ่านกลุ่มงานการพยาบาลและขอความกรุณาส่งแบบสอบถามที่กรอกข้อมูลเรียบร้อยแล้วกลับทางไปรษณีย์ตามชื่อที่อยู่ บนหน้าซองที่แนบมาพร้อมกับแบบสอบถาม ภายใน วันที่ 31 มีนาคม 2544 จะเป็นพระคุณยิ่ง

ขอขอบพระคุณในความร่วมมือ

.....

(นางอรนิต สุวินทรากร)

ผู้วิจัย

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APPENDIX B

INSTRUMENTS

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The survey form

แบบบันทึกข้อมูลเกี่ยวกับพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล

โรงพยาบาล.....

ลำดับ	ชื่อ-นามสกุล	วุฒิการศึกษา	สาขาที่สำเร็จการศึกษา	ปีที่สำเร็จการศึกษา	พยาบาลวิชาชีพระดับ	ปฏิบัติงานในหน้าที่ (หัวหน้าหอผู้ตรวจการ)	ชื่อ-นามสกุลของผู้บริหารของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโท	พยาบาลวิชาชีพระดับ	ปฏิบัติงานในหน้าที่ (หัวหน้าหอผู้ตรวจการ)	หน่วยงาน

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Role expectation, role performance, and role satisfaction of nurses with a master's degree in nursing questionnaire

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คำชี้แจงในการตอบแบบสอบ

แบบสอบถามมีทั้งหมด 2 ส่วน คือ

ส่วนที่ 1 แบบสอบถามเกี่ยวกับข้อมูลส่วนบุคคลของผู้บริหาร

ส่วนที่ 2 แบบสอบถามเกี่ยวกับบทบาทที่คาดหวัง บทบาทที่ปฏิบัติจริงและความพึงพอใจในบทบาทของพยาบาลที่สำเร็จการศึกษาในระดับปริญญาโททางการพยาบาลตามการรับรู้ของผู้บริหาร

การตอบแบบสอบถาม

- กรณีที่ท่านรับผิดชอบพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลมากกว่า 1 คน กรุณาตอบแบบสอบถามส่วนที่หนึ่งซึ่งเป็นข้อมูลส่วนบุคคลและส่วนที่สองซึ่งเป็นบทบาทที่คาดหวังเพียงครั้งเดียว สำหรับบทบาทที่ปฏิบัติจริงและความพึงพอใจในบทบาท กรุณาตอบตามจำนวนของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลที่ท่านรับผิดชอบ

ขอขอบพระคุณในความร่วมมือ

(นางอรนิต สุวิทรากร)
ผู้วิจัย

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<u>แบบสอบถามส่วนที่ 1</u> ข้อมูลส่วนบุคคล และความคิดเห็นทั่วไปของผู้ตอบแบบสอบถาม

คำชี้แจง โปรดทำเครื่องหมาย ✓ ลงในช่อง ❑ หน้าข้อความหรือระบุข้อความในช่องว่างตามความเป็นจริงเกี่ยวกับตัวท่าน

1. ปัจจุบันท่านมีอายุ.....ปี
2. ระดับการศึกษาสูงสุด
   - ❑ ปริญญาตรี
   - ❑ ปริญญาโท
   - ❑ ปริญญาเอก
3. ปัจจุบันท่านดำรงตำแหน่งทางการบริหาร โดยปฏิบัติงานในหน้าที่.....
   - ❑ หัวหน้าหอผู้ป่วย ❑ หัวหน้าพยาบาล
   - ❑ อื่น ๆ (โปรดระบุ).....
4. ท่านปฏิบัติงานในหน้าที่ตามข้อ 3 เป็นระยะเวลา.....ปี
5. หน่วยงานที่ท่านปฏิบัติงาน คือ หอผู้ป่วย/ ฝ่าย.....
   แผนก/ กลุ่มงาน.....(โปรดระบุ)

<u>แบบสอบถาม ส่วนที่ 2</u> บทบาทที่คาดหวัง และบทบาทที่ปฏิบัติจริงของผู้ตอบแบบสอบถาม

คำชี้แจง:

1. แบบสอบถามส่วนนี้เกี่ยวกับ บทบาทที่คาดหวัง บทบาทที่ปฏิบัติจริง และความพึงพอใจในบทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ตามการรับรู้ของผู้บริหาร โดย

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3. กรุณาตอบแบบสอบถามแต่ละข้อความให้ครบ ดังตัวอย่างต่อไปนี้

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ตัวอย่างการตอบแบบสอบถาม

บทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล	บทบาทที่คาดหวัง					บทบาทที่ปฏิบัติจริง					ความพึงพอใจในบทบาท				
	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้คาดหวัง	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้ปฏิบัติ	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่พึงพอใจ
0. เป็นแบบอย่างที่ดีในการปฏิบัติการพยาบาล	✓						✓					✓			

คำอธิบาย ข้อ 0. ทำเครื่องหมาย ✓ ลงในช่องมากที่สุดของบทบาทที่คาดหวัง และทำเครื่องหมาย ✓ ลงในช่องมากของบทบาทที่ปฏิบัติจริง และทำเครื่องหมาย ✓ ลงในช่องมากของความพึงพอใจในบทบาท แสดงว่าท่านรับรู้ว่า กิจกรรมในข้อนี้พยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลควรกระทำมากที่สุด ปฏิบัติจริงในกิจกรรมนี้มาก และท่านเกิดความพึงพอใจมาก

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แบบสอบถาม

บทบาทที่คาดหวัง บทบาทที่ปฏิบัติจริงและ**ความพึงพอใจในบทบาท** ของพยาบาลที่สำเร็จการศึกษาในระดับปริญญาโททางการพยาบาล ตามการรับรู้ของผู้บริหาร

บทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล	**บทบาทที่คาดหวัง**					**บทบาทที่ปฏิบัติจริง**					**ความพึงพอใจในบทบาท**				
	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้คาดหวัง	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้ปฏิบัติ	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่พึงพอใจ
1. ด้านการปฏิบัติการพยาบาล 1.1 ประเมินภาวะสุขภาพของผู้ใช้บริการ……															
1.2 ……..															
2. ด้านการให้ความรู้ 2.1 ให้ความรู้แก่ผู้ใช้บริการ…… ……															
2.2 ……															
3. ด้านการวิจัย 3.1 มีส่วนร่วมในการคัดเลือก ประเมิน ……															
3.2 ……															

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บทบาทของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล	บทบาทที่คาดหวัง					บทบาทที่ปฏิบัติจริง					ความพึงพอใจในบทบาท				
	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้คาดหวัง	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่ได้ปฏิบัติ	มากที่สุด	มาก	น้อย	น้อยที่สุด	ไม่พึงพอใจ
4. ด้านการเป็นที่ปรึกษา															
4.1 ให้คำปรึกษาแก่ผู้ใช้บริการ ……															
4.2 ……															
5. ด้านการบริหารจัดการ															
5.1 ร่วมกำหนดนโยบาย…… ……															
5. .2 ……															
6. ด้านคุณธรรม จริยธรรมและกฎหมาย															
6.1 ปฏิบัติต่อผู้ใช้บริการ……															
6.2 ……															
7. บทบาทด้านอื่น ๆ															
……															
……															
……															

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APPENDIX C

VALIDITY AND RELIABILITY OF INSTRUMENTS

Advanced practice nurses' role	Items	Validity	Reliability (Cronbach' s alpha)					
			Role expectation		Role performance		Role satisfaction	
			Try-out study (N=22)	Main study (N= 282)	Try-out study (N= 22)	Main study (N= 282)	Try-out study (N=22)	Main study (N= 282)
expert practitioner	11	Content	.95	.93	.93	.91	.86	.91
Educator	9	Content	.88	.85	.92	.80	.90	.88
Researcher	7	Content	.92	.90	.92	.87	.93	.87
Consultant	13	Content	.92	.91	.92	.88	.92	.90
Administrator	11	Content	.94	.90	.92	.89	.93	.90
ethical and legal role	5	Content	.86	.86	.86	.84	.86	.85
	56		.98	.96	.98	.95	.98	.96

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APPENDIX D
LIST OF EXPERTS

The content validity of the questionnaires were determined by five experts including:

1. Professor Dr. Somchit Hanucharurnkul
   Adult Nursing, Department of Nursing,
   Faculty of Medicine, Ramathibodi Hospital, Mahidol University.
2. Associate Professor Sompan Hinjiranan
   Faculty of Nursing, Christian Nursing College.
3. Mrs. Yuwadee Kadesompan
   Siriraj Hospital, Mahidol University.
4. Maj. Siriwan Mansook
   Phra Mongkutklao Hospital.
5. Miss. Ampa Sararatch
   The Nursing Division under the Office of the Permanent Secretary, the Ministry of Public Health.

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BIOGRAPHY

NAME	Mrs. Oranit Suwintharakorn
DATE OF BIRTH	30 September 1970
PLACE OF BIRTH	Suphanburi, Thailand
INSTITUTIONS ATTENDED	Boromarajchonnani College of Nursing Nakornrajchasrima, 1988-1992 Diploma in Nursing Mahidol University, 1999-2004 Master of Nursing (Adult Nursing)
RESEARCH GRANT	This research party support by the Thai Nursing Council and Faculty of Medicine, Ramathibodi Hospital.
POSITION & OFFICE	1992 – Present, Chaophrayayommaraj Hospital Suphanburi. Position: Registered Nurse 6 Tel. 035-524088-9

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