

**THE DISTRIBUTION OF NURSES WITH A MASTER'S DEGREE
IN NURSING PRACTICING IN THE UNIVERSITY HOSPITALS
AND THE HOSPITALS UNDER THE JURISDICTION OF
THE MINISTRY OF PUBLIC HEALTH**

The background features a large, faint watermark of the Mahidol University logo. It is a circular emblem with a gold border. Inside the border, there is a central golden figure, likely a Thai deity or symbol, set against a light blue background. The Thai text 'มหาวิทยาลัยมหิดล' (Mahidol University) is written in a circular path around the central figure.

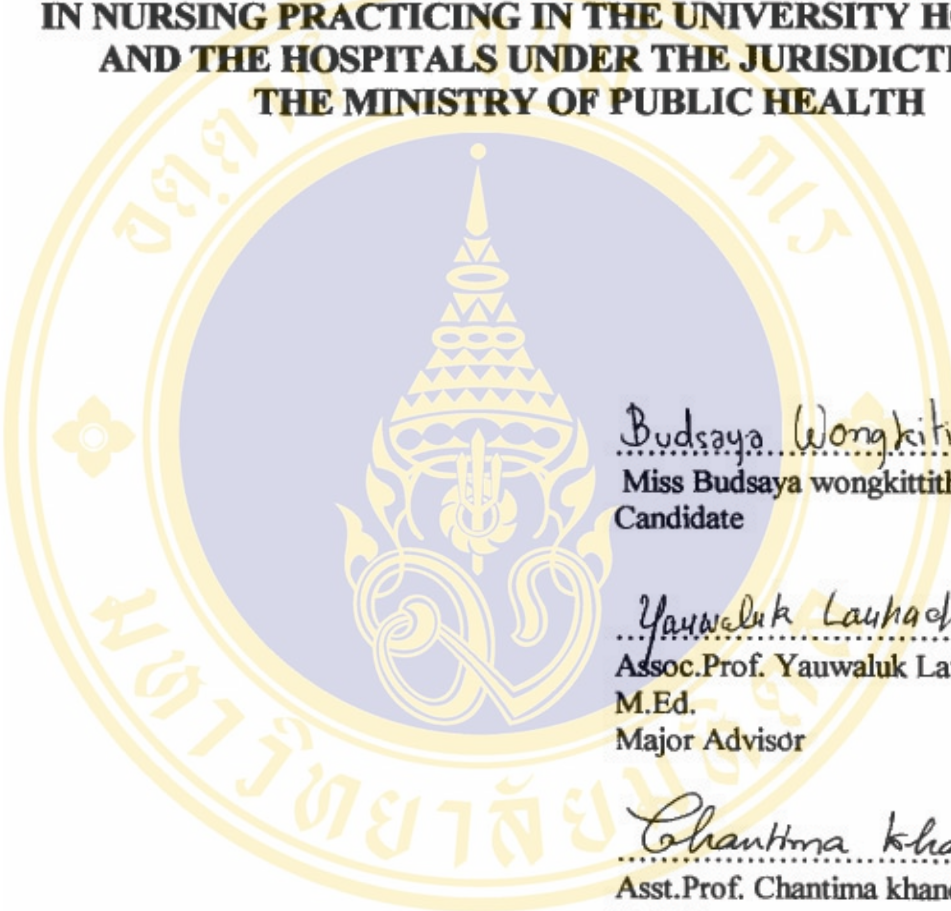
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THE DISTRIBUTION OF NURSES WITH A MASTER'S DEGREE IN NURSING PRACTICING IN THE UNIVERSITY HOSPITALS AND THE HOSPITALS UNDER THE JURISDICTION OF THE MINISTRY OF PUBLIC HEALTH (MOPH)

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ABSTRACT

The purpose of this research was to determine the distribution of nurses with a master's degree in nursing who were practicing in 7 university hospitals and 229 hospitals under the jurisdiction of Ministry of Public Health (MOPH). The accessible population was 683 nurses who had earned a master's degree in nursing. Data were collected during September 2000 to April 2001, using questionnaires developed by the researcher and checked for content validity by a panel of three experts. The data were analyzed by descriptive statistics.

Results of the study indicated that most of the nurses with a master's degree in nursing (30.3%) were in the Central region. Most (69%) worked in the hospitals under the jurisdiction of Ministry of Public Health (MOPH), whereas 31% worked in university hospitals.

Most of the master-prepared nurses in university hospitals (49.5%) had graduated in the specialty areas of Adult Health Nursing, whereas most of the nurses in the hospitals under the jurisdiction of the MOPH (34.3%) had graduated in nursing administration. Nearly all of the nurses claimed that the motivation to study in the master level was to enhance their self-development. Ninety percent of them had studied full-time and received government support. Most of the nurses spent 2-3 years in graduate study.

Before enrolling in master's programs, most of the master's prepared nurses had worked primarily in giving direct patient care (87.5%), follow by unit administration (59.7%). After graduating, the majority of them worked in giving direct patient care (81.4%) less than before. But they worked in other functions; such as unit administration, education, research and quality improvement more than before gaining their degree. In addition, the majority of them spent their time in direct patient care with an average of 59.9% and unit administration (21.7%) before enrolling in master's programs. After graduation, they spent their time in direct patient and unit administration (35.1% and 19.5% respectively) less than before learning.

The result of the study can be used as baseline information to develop the role and appropriate job description for nurses with a master's degree in nursing.

KEY WORDS: DISTRIBUTION OF NURSES / CAREER DEVELOPMENT / FUNCTIONAL AREAS OF WORK AND AMOUNT OF TIME

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การกระจายของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลที่ปฏิบัติงานพยาบาล
ในโรงพยาบาลมหาวิทยาลัยและโรงพยาบาลสังกัดกระทรวงสาธารณสุข (THE DISTRIBUTION
OF NURSES WITH A MASTER'S DEGREE IN NURSING PRACTICING IN THE
UNIVERSITY HOSPITALS AND THE HOSPITALS UNDER THE JURISDICTION OF THE
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บทคัดย่อ

การวิจัยเชิงบรรยายครั้งนี้มีวัตถุประสงค์ เพื่อศึกษาการกระจายของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลที่ปฏิบัติงานพยาบาลในโรงพยาบาลมหาวิทยาลัย และโรงพยาบาลสังกัดกระทรวงสาธารณสุข ประชากรกลุ่มศึกษาเป็นพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ที่ปฏิบัติงานพยาบาลในโรงพยาบาลมหาวิทยาลัย 7 แห่ง และโรงพยาบาลสังกัดกระทรวงสาธารณสุข 229 แห่ง จำนวน 683 คน เก็บรวบรวมข้อมูลระหว่างเดือนกันยายน 2543 ถึงเดือนเมษายน 2544 โดยใช้แบบสอบถามที่ผู้วิจัยสร้างขึ้น วิเคราะห์ข้อมูลโดยใช้สถิติบรรยาย

ผลการวิจัยพบว่า พยาบาลผู้สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลส่วนใหญ่กระจายอยู่ภาคกลาง (30.3%) ปฏิบัติงานในโรงพยาบาลสังกัดกระทรวงสาธารณสุข (69%) และปฏิบัติงานในโรงพยาบาลมหาวิทยาลัย (31%) ส่วนใหญ่ของพยาบาลผู้สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลในโรงพยาบาลมหาวิทยาลัยจบการศึกษาสาขาการพยาบาลผู้ใหญ่ (49.5%) แต่ในโรงพยาบาลสังกัดกระทรวงสาธารณสุขพยาบาลที่จบปริญญาโททางการพยาบาลส่วนใหญ่จบการศึกษาสาขาการบริหารการพยาบาล (34.3%) พยาบาลผู้สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลเกือบทั้งหมด มีแรงจูงใจในการศึกษาต่อคือ ความต้องการพัฒนาตนเองร้อยละ 90 ของพยาบาลผู้สำเร็จการศึกษาระดับปริญญาโททางการพยาบาลเลือกโปรแกรมการศึกษาแบบเต็มเวลา และได้รับการสนับสนุนการศึกษาจากหน่วยงานต้นสังกัดพยาบาล ส่วนใหญ่ใช้เวลาในการศึกษาระดับปริญญาโททางการพยาบาล 2-3 ปี ก่อนการศึกษาพยาบาลส่วนใหญ่ทำงานด้านการให้การพยาบาลกับผู้ป่วยโดยตรง (87.5%) และบริหารงานในหน่วยงาน (59.7%) ภายหลังสำเร็จการศึกษาทำงานด้านการให้การพยาบาลกับผู้ป่วยโดยตรง (81.4%) ลดลงจากเดิมเล็กน้อย แต่ทำงานในด้านการบริหาร การศึกษา วิจัย และงานพัฒนาคุณภาพเพิ่มขึ้น นอกจากนี้ยังพบว่าก่อนการศึกษาพยาบาลใช้เวลาให้การพยาบาลผู้ป่วยโดยตรง โดยเฉลี่ยร้อยละ 59.9 และใช้เวลาบริหารหน่วยงานโดยเฉลี่ยร้อยละ 21.7 ภายหลังสำเร็จการศึกษาพยาบาลใช้เวลาให้การพยาบาลผู้ป่วยโดยตรงและบริหารหน่วยงานลดลงเป็นร้อยละ 35.1 และ 19.5 ตามลำดับ

ผลการวิจัยครั้งนี้สามารถใช้เป็นข้อมูลพื้นฐานในการพัฒนาบทบาท และลักษณะงานที่เหมาะสมสำหรับพยาบาลผู้สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล

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CHAPTER I

INTRODUCTION

Background and significance of the study.

Advanced science and technology change the structure of the population, society, economics, policy and environment. Impacting these, people have new values and change their life-styles. Some people have risky behaviors, such as over eating, less exercise, and cigarette smoking. A statistical report in 1998 showed that the top ten causes of death among Thai population included AIDS, car accident, carcinoma of liver, cerebrovascular disease, murder, suicide, chronic obstructive pulmonary disease, ischemic heart disease, drowning, and diabetes mellitus (Chanpen Chuprapawan, 2000:18). The data indicated that health problems were more complicated than before and most of the problems were preventable.

In 1997, there was an economic crisis in Thailand. The national income has decreased and the federal budgets for health care was also limited. Many people were not able to access health care system; they will seek help only when they become seriously ill. This makes the health problems complicated and need well-trained health care providers and advanced technologies to solve the complex problems.

Nurses are the majority manpower in the health care delivery system. Their responsibilities are broad and profound (Tassana Boonthong, 1999:51). In order to meet the health care demands, nurses need to enhance their competencies and integrate their experiences with the education that they had been prepared (Rabiab cited in Sararach, 1998:1). Although nurses who graduated from the bachelor's degree can provide an excellent basis for solving frequently found health problems and responding to basic health problems. And in 1991, it was found that the nurse: population ratio in Thailand was 1:1,393. So, The Ministry of University Affairs was required to increase production professional nurse by the nurse: population ratio was 1:950 (Wichit Srisupan, et al, B.E. 2540). However they could not provide needed

solutions to complicated health problems (Somchit Hancharurnkul, B.E. 2532:10-16). Therefore, the master-prepared nurse is required. Nurses who graduated from the master's degree are prepared to be knowledgeable, have skill performance, critical thinking, and clinical judgment skills in responding to the complex health problems.

The master-prepared nurses were first prepared in 1973 at the Division of Nursing Education, Faculty of Education, Chulalongkorn University. The aim of the program was to prepare nurse educator and nurse administrators (Kunlaya Tuntiparachewa, B.E. 2531:7-9). Thereafter, in 1977 a master's program was developed at the Faculty of Nursing Mahidol University. The aim of the program was to enable the nurses to become profoundly knowledgeable in the particular area. And in the same year, the master's program at Ramathibodi School of Nursing was inaugurated. The program focused on advanced nursing practice in acute care and ambulatory care.

Nowadays, the universities offered many master programs in nursing education with the objective to prepared advanced practice nurses in clinical specialty areas under the supervision of the Ministry of the University Affairs and the Thai Nursing Council (Anders. R.L & Kunaviktikul, W., 1999:235-239). So, the master's programs prepared advanced practices nurses (Finke,L, 2003). Moreover, they are accessible, cost effective, and capable of addressing health problems in satisfying and qualified ways (Gilliss, 2000:35). Up to present, there are sixteen specialty areas offered in the master's degree nursing programs (Tassana Boonthong, et al, B.E. 2544:5-7).

The study of Nartaka Na Bangchang (B.E. 2542) studied in 41 staff nurses who worked in the Bangkok Metropolis Administration and found that after completing the master's degree, the nurses gained more capacity, vision, responsibility and self-confidence. So the adequate number of nurses with a master's degree in nursing is a way to help the nation solve complex health problems. The study of Wilai Leesuwana (B.E. 2519) in the distribution of degree nurses in Thailand found that there were only one hundred and five master-prepared nurses. Four nurses had been practicing in the area of nursing service. Thereafter, there is no study report about the number and distribution of master-prepared nurses. And no record about the master-prepared nurse or advanced practice nurse: population ratio in Thailand.

Moreover, The Thai Nursing Council provided an exam for certification of advanced nursing practices in specialty area. The purpose of this certification is to assure high quality of nurse to practice in nursing specialty area. In addition, Thai Nursing Council is also granted credit to short course training. The master-prepared nurses, who obtained certification of advanced nursing practices in specialty areas, were power resource to use for preceptors in the short course training.

However, the master's degree nurses has been prepared since in 1973; it is found that no study has been done on the distribution of nurses with a master's degree who worked in nursing service in university hospitals and hospitals under the jurisdiction of the Ministry of Public Health.

Research Questions

1. What is the distribution of nurses with a master's degree in nursing in university hospitals and hospitals under the jurisdiction of Ministry of Public Health?
2. What are the personal characteristics of nurses with a master's degree in nursing including: gender, age, marital status, work experience as a registered nurse before entering a master program, work experience as a registered nurse after completing a master program, time spent in master education, motivation to study and support during study in the master program?
3. What is career development of nurses with a master's degree in nursing?
4. What are the functional areas of work and the amount of time that the master-prepared nurses spent in each functional area?

Purposes of the study

1. To explore the distribution of nurses with a master's degree in nursing who worked in university hospitals and hospitals under the jurisdiction of Ministry of Public Health.
2. To determine personal characteristics: gender, age, marital status, work experience as a registered nurse before entering a master program, work experience as a registered nurse after completing a master program, time spent in master education, motivation to study and support during study in the master program.

3. To determine career development of nurses with a master's degree in nursing: position before and after graduation with a master's degree in nursing, and a desire to change position.

4. To determine the functional areas of work and the amount of time that the master-prepared nurses spent in each functional area.

Scope of the study.

This research was conducted in the nurses who completed a master's degree in nursing both in Thailand and abroad and worked in university hospitals and hospitals under the jurisdiction of the MOPH. These nurses are practicing in nursing services and holding a position as a staff-nurse and /or a nurse administrator.

Benefits of this research

This research will be beneficial for nursing education, nursing administration and nursing practice, and nursing researches.

1. For nursing education: nurse educator can use the outcome of this study as a data-base for consideration in the planning of master's degree program in specialized fields.

2. For nursing administration: administrator can use the results of the study for personnel management based on efficiency, quality and specialty in each setting. Besides, they can set up position and function suitable for nurses with a master's degree in nursing to develop advanced nursing practice in their organization. In addition, administrator can provide master-prepared nurses fit in each organization

3. For nursing practice: the result would create a clear understanding of the master-prepared nurses in profitable for other nurses as preceptors and for clients who had complex health problems

4. For nursing research: the results of this research will be beneficial for further research to study the obstacles in utilization nurses with a master's degree in each settings.

5. For nurse policy the result of this research will be using as a data-base for the Nursing Council to develop a planning in Human power resources about master-prepared nurses and advanced practice nurses.

Definition of terms

Nurse with a master's degree in nursing refers to the nurse who completed a master's degree in nursing and graduated from nursing education institutions in Thailand and foreign countries in the field of nursing science, nursing education, nursing management, and public health nursing. And he/she is practicing in nursing service and holding a staff nurse position or an administrative position.

University hospitals refer to hospitals under the administration of the Ministry of University Affairs or equivalence which have main functions in teaching, research and service. There are 8 university hospitals including: King Chulalongkorn Memorial Hospital, Ramathibodi Hospital, Siriraj Hospital, Songklanakharin Hospital, Maharaj Nakon Chiang Mai Hospital, Srinakharind - Hospital, Thammasat Chalermprakiat Hospital and Tropical Medicine Hospital.

Hospitals under the jurisdiction of the Ministry of Public Health refers to hospitals under the administration of the Ministry of Public Health which have a mission of providing quality health services for all people in Thailand. In this research, the researcher selected these hospitals under the criteria that the hospitals/ the health centers / the institutions have their capacities bed of ≥ 30 beds. In the survey, there had 229 hospitals that had nurses with a master's degree in nursing; 7 hospitals under the Department of Mental Health, 5 hospitals under the Department of Health, 13 hospitals under the Department of Medical Service, 3 hospitals under the Department of Communicable Disease Control and 201 hospitals under the office of Permanent Secretary of Public Health (25 Regional hospital and Medical Center, 48 general hospitals and 128 Community hospitals).

CHAPTER II

LITERATURE REVIEW

Literatures related to the study were reviewed. And, the relevant information is grouped in the following 3 topics:

1. The development of a master's program in nursing in Thailand.
2. The organizations and functions of university hospitals and hospitals under the jurisdiction of the MOPH.
3. Nurse functions in the healthcare systems.

The development of master's programs in nursing in Thailand.

The nursing profession has been developed continuously to meet the health care demands of society. Today there are many changes in society, economy, policy, technology and environment. Thus, health problems of clients become more complex than ever before. Consequently, health care delivery systems need to reform for provide basic health care coverage for everyone can equality and accessible into health service. Health professionals must deliver care in a cost-effective manner. The nursing is a health professional, too.

The basic nursing education or a bachelor's degree provides a basic for core skills and process of management and decision-making. However, it fails to provide experience to enable such process to be applied with complex patient health problems (Somchit Hancharurnkul, B.E. 2532:10-16). So, the advanced nursing was demand. The advanced practiced nurses were prepared through graduate level for expert in nursing practice. The graduate students should have at least 500 hours in direct care during the course of preparation in the major advanced nursing practice role (Tanner, T.A. 1997:52). This is an important recommendation of the master's preparation for advanced nursing practice (Norbeck, B.E. 2540:21).

In 1973, the first master's program in nursing administration was developed at Department of Nursing, Faculty of Education, Chulalongkorn University. The purpose

of the program was to prepare leaders of nursing education and nursing administration. Following, in 1977, a master's program in nursing was opened at the Faculty of Nursing and the division of nursing of Ramathibodi Hospital, Mahidol University. The objectives of the program were to offer expert in clinical nurse in specialty areas. The program focused on advanced nursing practice in acute care and ambulatory care under the supervision of the Ministry of the University Affairs (Chanloha, P. 2002:17).

The master's program in nursing has been developed to include advanced nursing practice, health policy, ethics, diversity, finance, organization role development, and leadership (Srimoragot, P., 1995:13-21 cited in Chanloha, P. 2002:17). There are two programs in the master's degree in nursing program: program A and program B.

The program A emphasizes research. Graduates from this program must conduct research to fulfill the requirement for the degree of master of nursing science (Tassana Boonthong, et al, B.E. 2544:22).

The program B is a non-thesis program. The graduates in this program are prepared to utilize of research in nursing practice (Tassana Boonthong, et al., B.E. 2544:22).

Moreover, there are two types of the programs; full-time and part-time program. Most of the master's programs in nursing are full-time type. All these programs, in the past; the graduates must complete 39-42 credits. But in the present, they must complete 42 credits for the degree of master of nursing science (The Thai Nursing council B.E. 2545a). And all universities require 2-5 years in education.

Today, there are 7 universities under the Ministry of University Affairs and one private university offer opportunity for nurses to pursue master's degree in nursing. Up to the present, there have been 16 specialty areas are offered: ambulatory care nursing, acute care nursing, adult nursing, medical-surgical nursing, gerontological nursing, infectious control nursing, nursing administration, pediatric nursing, maternity-newborn nursing, parent-child nursing, family health nursing, psychiatric-mental health nursing, community health nursing, nursing education, public health nursing and women health nursing including the courses with the same content but with different names (Graduate Study Chiang Mai University, 2001;

Graduate Study Khon Khan University, 2001; Graduate Study Mahidol University, 2001; Graduate Study Chulalongkorn University, 2001; Graduate Study Prince of Songkhla University, 2001; Graduate Study Burapha University, 2000; Graduate Study Naresuan University, 1999, Tassana Boonthong, et al., B.E.2544:5-7; Christian University, 2002).

In addition, graduated student can choose role in functional area as advanced nursing, nursing education, or nursing administration (Chanpen Kareevej B.E. 2541:125).

In the past, not all graduate programs in nursing in Thailand are prepared to be advanced practice nursing (Tassana Boonthong. et al., B.E. 2544:3-15). But, currently for advanced nursing practice, The Thai Nurse Council has the components of the curriculum are follows: (1) core graduate curriculum, (2) advanced nursing practice core, and (3) specialty area (The Thai Council, B.E. 2545).

In summary, the master's program in nursing was developed to prepare the graduates with knowledge and competence in advanced nursing practice. Thus, adequate nurses with a master's degree in nursing in each organization were benefit for clients who have complex health problems. Therefore, the researcher has reviewed the organizations and structural administrations of university hospitals and hospitals under the jurisdiction of the MOPH.

The organization and functions of university hospitals and hospitals under the jurisdiction of the MOPH.

Thailand has 60 million population, 70% of them reside in the rural area (Wibulpolprasert, S. 1999:3). Most people use health public service. This Nationwide health care service was a main responsibility of two important government agencies which supervising hospitals in Thailand. They were the Ministry of University Affairs and the Ministry of Public Health.

University hospitals are under the administration of Ministry of University Affairs. They are large hospitals that function as consultants in specialty areas and advanced medical science technology for treatment and rehabilitation. In addition, university hospitals have been consigning to collaboration the health service system by production and professional health personals such as physician, nurse. So, they

have three missions of research, education, and service (Chutima Lerdkaweporn, B.E. 2543:61-65, 67).

In Thailand, there are eight university hospitals. Seven university hospitals are administered under the Faculty of Medicine including Maharaj Nakorn Chiang Mai Hospital, Siriraj Hospital, Ramathibodi Hospital, Srinagarind Hospital, Thammasat Chalermprakiat Hospital, Songklanagarind Hospital, and Hospital For Tropical Diseases. The other is administered under the Thai Red Cross Society, King Chulalongkorn Memorial Hospital (Jeranukul, A. 2002:55).

Within the MOPH, their hospitals have the same commitment to promote quality of care efficiency and equality of availability to population. They divided Thailand into 6 regions, or 12 zones (Alpha Research Ltd., B.E. 2543:369). (See Appendix D).

1. The Central Region (zone 1-2) encompass 22 provinces
2. The Eastern Region (zone 3) encompass 7 provinces
3. The Western Region (zone 4) encompass 5 provinces
4. The Northeastern Region (zone 5-7) encompass 19 provinces
5. The Northern Region (zone 8-10) encompass 9 provinces
6. The Southern Region (zone 11-12) encompass 14 provinces

Furthermore, the MOPH divided their hospitals according to the act of the Reformation of the Division of the Ministry of Public Health as following:

Community hospitals are small size hospitals with between 10-150 beds under the Rural Health Division, the Office of the Permanent Secretary for Public Health. Their responsibility is primary and secondary health care services for district health service system and for disease prevention and health promotion, including mobile health care service in distant villages. There are 712 community hospitals in Thailand (The Department of Public Health cited in Aumphon Jindawatthana, et al., B.E. 2543:56-60).

General hospitals are provincial hospitals with between 151-499 beds under the Provincial Hospital Division, the Office of the Permanent Secretary for Public Health. In 2000, there are 67 hospitals mostly located in the center of town or large business districts. Their responsibility is to provide service in primary, secondary, and tertiary care including health promotion, prevention, curative therapies and

rehabilitation. They provide rehabilitation care in recovering cases received from regional hospitals and receive referral of complicated diseases from community hospitals and health care centers. In addition, they provide general and specialty care depending on their capabilities and offer practice settings for health care professional students (Provincial Hospital Division, 1998, cited in Chanloha, P., 2002:56).

Regional hospitals are the largest hospitals in each region under the Provincial Hospital Division, the Office of the Permanent Secretary for Public Health. There are 25 hospitals in 12 zones. 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. In addition, they promote and support conduct of clinical research and health research. After, all the hospitals become training centers for health professional students with pre- and post-bachelor's degree programs (Alpha Research Ltd., B.E. 2543:369).

Specialized hospitals are the hospitals/institutes that are centers the tertiary care in their specialized fields. They consist of hospitals under the Department of Medical Service, the Department of Health, the Department of Mental Health, and the Department of Communicable Disease Control. There are 40 special hospitals. These hospitals are responsible for tertiary care that is diagnostic investigation, curative therapies, and rehabilitation; in addition, there have conduct medical research.

In conclusion all hospitals have a major role in providing health service in broad area and depth specific health care problems. So they need effective manpower who have depth and general of knowledge, specialization and suitable for this role. So, they divided nursing function according to the health care system.

Nurse functions in the health care systems.

The developing professional committees of the Thai nursing council established functions of nurses in the health care systems (B.E. 2535:1-9) as following:

1. Nursing function in the tertiary care level: such as regional hospital and medical centers, general hospitals, and special hospitals, emphasizes on solving complex health problems. So, nurses in these hospitals need special skills to use advanced technology for advance nursing practice.

2. Nursing function in the secondary care level; such as community hospitals and the center health, emphasizes management complex health problems. Thus, nurse must have skills and knowledge for basic and advanced nursing practice.

3. Nursing function in primary care level; such as a rural health care center, covers broad nursing practice in the function; health promotion, prevention of disease and injury, treat minor illness, rehabilitation and well are management of chronic illness. Nurses working at this level must depend on their well adjustment. However, the study by Sumreung Yaengkathok, (B.E. 2540:49-52) found that there are approximately 1000 activities to do in the rural health care center. So, this level also need advance nursing practice; the nurse practitioner, too.

Consequently, every care levels of health care system need advanced practice nursing because they can improve quality of care. In 1996, The Thai Nursing Council has impetus in advanced nursing practice by enacting six necessary major competencies in advanced nursing practice role. These competencies include the following:

1. Expert practice: advanced practice nurses must be able to use depth and breadth of knowledge to provide direct care or nursing service that suites for individuals, families, groups and communities.

2. Administration: advanced practice nurses function as administrators who use communication skill and resources effectively. In addition, they act as a change agent and can analyze effective cost containment in nursing.

3. Education: advanced practice nurses can plan and implement education for nursing personnel to increase knowledge and effective nursing. Moreover, they can teach and guide clients and families with the problematic state.

4. Consultation: advanced practice nurses function as consultant for nursing personnel and other health professionals to advance knowledge and develop nursing science.

5. Research: advanced practice nurse should be able to conduct research and apply research results to nursing practice. Moreover, the advanced practice nurse should participate in multidisciplinary teams in conducting research.

6. Ethics and Law: advanced practice nurses must protect the right of client, family, and community in accord with professional ethics (Thai Nursing Council,

B.E. 2539, Somchit Hanucharurnkul, B.E. 2539, Somchit Hanucharurnkul, & Tassana Boonthong, B.E. 2542).

Now, the Thai Nursing Council has accredited a certification for the advanced practice nurse in five specialty areas; maternal and child nursing and midwifery, pediatric nursing, medical-surgical nursing, mental and psychiatric nursing, and community health nursing. A nurse who is eligible to take an examination for certification should hold a master's degree in nursing and have at least three years in work experience in this specialty area (The Thai Nursing Council, B.E. 2545). After the examination for certification in 2003, there are 49 advanced practice nurses in Thailand (The Thai Nursing Council 2003).

However, there are only some advanced practice nurse positions in the line organization in the university hospitals (Jeranukul, A. 2002: 93) and there is no advanced practice nurses position in the line hospitals under the jurisdiction of the MOPH. (Chammo, C. 2001:31). There is only an expert position. A nurse who was this received position by providing academic works (The Honored Committee of Nursing, the office of the civil Service Commission, 1999: 1-17 cited by Chammo, C. 2001: 31).

However, after the study completing the master's program, it found that the graduate has increased competencies in academic writing, leadership. The study of the experience of nurses in academic writing in 1993, it found that the majority of nurses (61%) who wrote academic paper writing were the master-prepared nurses (Udomrat Sangunsiritham, B.E. 2536:306 cited by Thamaviraj, p.1998:200) So, the master-prepared nurses are easy to creating an achievement and academic work for progress step up level 6 to 7 (Termsirikulchai, R. 2001:78)

In Thailand, there are a few reports that indicated the distribution of a master's degree prepared nurses and the needs of them; there reports include.

Wilai Leesuan (B.E. 2519) studied the distribution of degree nurses in Thailand. The population was Baccalaureate and Master's degree nurses who have been working in the areas of nursing service and nursing education in the various parts of Thailand. The data were collected by questionnaire. It was found that total population was 869 persons. The respond rate was 57.4 percent (499 persons); total number of Baccalaureate nurses in Thailand was 764 persons. The majority of

distribution was in Bangkok (63.1%) and total number of Master degree nurses were 105 persons. Most of them were distributed in Bangkok (74.3%). Furthermore, it was found that there were only four master-prepared nurses who have been practicing in nursing service.

Laaoo Tuntisirind, et. al. (B.E. 2536) studied to examine and identify nursing personnel needs at every level in public and private health organization in the 7th National Economic and Social Development plan (1992-1993). At the same time, it sought to identify that administrator's expectation as to the roles and functions of their nursing personnel. Data collected by mail; the target group was administrators of 749 health offices and 571 were returned (or 76.23%) with 557 from government and 14 from private organization. According to the 7th National Development Plan, both public and private health organizations needed 2,131 master's degree-level the most needed were those in the area of medical and surgical nursing, 457 in number. This was followed by 355 in nursing administration, 297 in maternal and child nursing, 269 in acute care nursing, 216 in public health nursing, 202 on psychiatric nursing and 172 in infection control nursing. The least needed were those in ambulatory care, totaling 163 in number. As regards the administrators' expectations of role and functions of those nursing personnel it was discovered that they want 246 personnel, the highest expectation, to work as specialists while 211 were expected to work as head nurses.

Ampa Sararach (B.E. 2541) studied the opinion of hospital's personnel about clinical nurse experts' competencies and the number of clinical nurse expert needed in regional and special hospitals. The clinical nurse experts are nurses with a master's degree in nursing. The samples were hospital-administrations, nursing administrators, doctors who have more than five years expert certification, and master's prepared nurse from 20 regional hospitals and 6 special hospitals. Interviewing or mailing of questionnaires collected the data. The results indicated that the respondents accept all clinical nurse experts, who were master prepared nurses, in their competencies at a high level. About fifty percent of the respondents did not answer the item concerning the number of clinical nurse expert need for their hospitals, but most of the answers indicated that about 1-5 clinical nurse experts were needed in each main specialty areas.

Nartaka Na Bangchang (B.E. 2544:32-4) studied the competence of nurses with master's degree working in the Bureau of Health Bangkok. The samples were 41 nurses with a master's degree obtained during 1977-1999. Data were collected by questionnaires. The result indicated that the level of competence of nurses perceived by themselves and administrators and their colleagues about knowledge practicing skill, vision, responsibility and self-confidence were at high level.

Parichart Rankakulnuwat, et al., (B.E. 2545) studied the need of nurses to study in master of nursing science program education and research in Nursing Faculty of Nursing Chiang Mai University. The samples were 867 persons, 718 professional nurses and 149 nurses administrator that were selected from the Ministry of University Affairs hospital and the Ministry of public Health hospital by multistage sampling. The two questionnaires are used for collecting data, one for professional nurses and the other for administrators. The result indicated that 40.8 percent of nurses needed to study in Education and Research in Nursing, Master of Nursing Science program 62.4 percent of nurses believed the nurse researchers should be graduated from master degree level. In the perspective of administrators, 33.6 percent of them want to study in this program and 66.2 percent were ready to allow subordinated-nurses to learn, In addition, 66.2 percent of administrators believed that each institution should have 1-3 experienced nurse researches.

In Summary, Thailand was faced with many changes in society, economy policy technology and environment problem. Moreover, there are more aged and chronically illness, fiscal constraints, the knowledge explosion. The healthcare must reform to serve high quality and effective.

Nurses are health care provider also face these changes too. They must play a vital role in reestablishing the patient as the center of the health care system. Now, the advance practice nurses are accessible, cost effective and capable of addressing health problem in satisfying and qualified way; and the master-prepared nurses who are the first persons to develop to advanced practice nurses. Because the level of competence of master-prepared nurses were high in knowledge practicing, skill, vision, responsibility, self-confidence and conduction research (Ampha Sararach, B.E. 2541, Nartaka Na Bangchang, B.E. 2544, Parichart Rakakulnuwat, el al., B.E.2545).

Moreover, according to the 7th National Development Plan, public and private health organizations needed 2,131 master-prepared nurses (Laoo Tuntisirind, et al., B.E. 2536). However, there were four master-prepared nurse in nursing practice (Wilai Leesuwana, B.E. 2519) and present no study about numbers of nurses with master's degree in nursing in practicing.

Thus, adequate nurses with a master degree in nursing in each organization were benefit for clients who have complex health problems. However, there is only some advanced practice nurse position in clinical ladder within the nursing organization. So, nurses with a master's degree may feel ambiguity about their role and put minimum effort to their jobs.

Although, the master's program has been established for thirty years, there is no study about numbers of nurse with master's degree in nursing in university hospitals and the hospitals under the jurisdiction of Ministry of Public health. So, this study focused on the distribution of nurse with master's degree in nursing in university hospitals and hospitals under the jurisdiction of Ministry of Public Health, the characteristics of them, the career development of them and the functional areas of work which they spent time in each functional area.

CHAPTER III

MATERIALS & METHODS

A descriptive survey design was used for this study. The purpose of the study was to explore the distribution of nurses with a master's degree in nursing, personal characteristics, career development, the functional areas of work and the amount of time that the master-prepared nurses spent in each functional area after completing a master's program.

Characteristics of population

Population in the study consisted of 794 nurses with a master's degree in nursing from Thai or foreign educational nursing institutions and practiced in nursing services as a staff nurse or an administrator. There were 226 nurses worked in 7 university hospitals including: Chulalongkorn Memorial Hospital, Ramathibodi Hospital, Siriraj Hospital, Songklanakharind Hospital, Maharaj Nakon Chiang Mai Hospital, Srinakharind Hospital and Thammasat Chalermprakiat Hospital and 568 nurses worked in 229 the hospital under the jurisdiction of the MOPH; 7 hospitals under the Department of Mental Health, 5 hospitals under the Department of Health, 13 hospitals under the Department of Medical Service, 3 hospitals under the Department of Communicable Disease Control, 201 hospitals under the office of the Permanent Secretary of Public Health (25 Regional hospitals and Medical Center, 48 General hospitals, and 128 Community hospitals).

Instrumentation

There were two questionnaires using in the study:

1. The first questionnaire was the list of nurses with a master's degree in nursing developed by the researcher to survey the number of nurses with a master's degree in nursing. The items put in the questionnaire included name and surname,

specialty area of study in the master program, academic year of program completion, current work position, current working unit (See Appendix A).

2. The second questionnaire was developed by the researcher regarding nurses characteristics, career development, the functional areas of work and the amount of time that the master-prepared nurses spent in each functional area. A package of questionnaire consisted of a letter of introduction and an invitation to participate in this study.

2.1 Personal characteristics including: age, gender, marital status, work experience as a registered nurse before entering a master program, work experience as a registered nurse after completing a master program, and financial support during studying in the master program, and time spent in master education.

2.2 Career development of nurses with a master's degree in nursing: position before and after graduation with a master's degree in nursing, a desire to change position.

2.3 The functional areas of work and the amount of time that master-prepared nurses spent in each functional area.

Content validity

Content validity of the questionnaires was established by a panel of three experts: a nurse educator, an administrator and a master-prepared nurse. The questionnaires were revised according to the experts' suggestions.

The questionnaires were tried-out with fifteen nurses holding a master's degree in other fields but had the same characteristics and worked in the same setting as the target population. The try-out settings were at Ramathibodi Hospital and hospitals under the jurisdiction of the Ministry of Public Health. Some items put in the questionnaire were modified for better understanding and appropriate used in the data collection process.

Procedure for data collection

The process of data collection in this study was divided into two stage: the first stage was survey the number of nurses with a master's degree in nursing and the second stage was collecting data.

1. The first stage: survey the number of the population.

1.1 The researcher submitted document from the Thai Nursing Council, for collaboration and permission in surveying the number, name and surname of nurses with a master's degree in nursing, to Deans and the Director of eight university hospitals and director of 758 hospitals under the jurisdiction of the Ministry of Public Health. In this stage, there were 766 hospitals where had nurses with a master's degree in nursing. The survey package consisted of a document from the Thai Nursing Council, explaining the purpose of the study, the expected research outcome and asking for cooperation. Specifically, package of the hospital under the Office of the Permanent Secretary which were added a document from the Nursing Division asking for participation in this study.

1.2 The researcher brought the packages in person to ten hospitals that are located in Bangkok. The others are located in the rural area: the researches sent a packages and a stamped envelope by mail. The administrators were asked to complete the form and return it within four weeks. In cases in which no response was received two weeks after the deadline, follow-up letters were sent.

1.3 The list of number, name and surname of nurses with a master's degree in nursing who worked in university hospitals and hospitals under the jurisdiction of the MOPH was made after questionnaires were returned.

The name list of the population was obtained over a 3-month period (September to December 2000).

2. The Second stage: data collection took place from February to April 2001 to gather information regarding the personal characteristics, career development, the functional areas of work, the amount of time which nurses with a master's degree spent in each functional area after completing the master's degree program. The steps in data collection were as follow:

2.1 Asking for permission to collect data by submitting the document from the Faculty of Graduate Studies, Mahidol university, to the Dean of 7 university

hospitals (Ramathibodi hospital, Siriraj hospital, Chulalongkorn Memorial hospital, Songklanakharind hospital, Maharaj Nakorn Chiang Mai hospital, Srinakharind hospital, Thammasat Chalermprakiat hospital). The Tropical Medicine Hospital was omitted because there was no nurses with a master's degree in nursing, and Directors of 229 hospitals under the jurisdiction of the Ministry of Public Health (the total hospitals in this survey were 236 and total nurses were 794).

2.2 Submit the research proposal to the Protection of Human Rights in Research Review Boards of the 7 university hospitals and 229 hospitals under the jurisdiction of the Ministry of Public Health for approval of conducting a research in nurses with a master's degree in nursing.

2.3 After obtaining permission, from the Deans of seven university hospitals and the Directors of hospitals under the jurisdiction of the Ministry of Public Health. The researcher sent questionnaires to nurses with a master's degree in nursing on the list, following these processes:

2.3.1 The researcher sent questionnaires to the nursing service department of King Chulalongkorn Memorial Hospital, Maharaj Nakorn Chiang Mai Hospital, Sonklanakarind Hospital, Siriraj Hospital, Srinakarind Hospital, Thammasat Chalernprakiat Hospital and sent a letter describing the objective and expected research outcome and questionnaires to Directors of nursing of hospitals under the jurisdiction of the Ministry of Public Health, and asked for their cooperation in sending the questionnaires to the subjects on the list. In Ramathibodi Hospital, the researcher sent the questionnaires to the subjects in person. In university hospitals, each package included the questionnaires and a covered letter for explaining the expected outcome of this research and invited them to participate. Self-administered questionnaires were sent by mail to the study subjects after the permission was approved. Stamped envelopes were sent along with the questionnaires to allow the respondents to put their responses and return them to the researcher within 4 weeks and a follow-up letters were sent to the subjects who did not return the questionnaires 2 weeks after the deadline. In hospitals under the jurisdiction of the Ministry of Public Health, each package consisted of the protection of subjects' right form the questionnaires, and a stamped envelope. The subjects were asked for completed the questionnaires and returned it by mail to the researcher within four weeks. After two

weeks a follow-up letter, questionnaires and self-addressed stamp envelope were mailed to the subjects who had not yet responded. If the questionnaires were incomplete, the researcher would send the same questions attaching a letter explaining, that the data were incomplete and giving information for completing the questions. They were asked for returning the completed questionnaires within two weeks. In addition, in this study, participation was voluntary and participants would remain anonymous of responses and the response's hospitals were protected by omitting names on questionnaires and through confidential management of the data.

2.4 The researcher reviewed all the data for completeness and accuracy again. Then, the data were prepared for analysis (total returned questionnaires were 683 or response rate of 86%).

Data analysis

A computer program was used for data analysis. A descriptive statistics was used in the follows:

1. The distribution of the nurses with a master's degree in nursing in university hospitals and hospitals under the jurisdiction of the Ministry of Public Health was analyzed by number and percentage (Table 1-4).

2. Personal characteristics regarding gender, age, marital status, work experience before entering a master's program, work experience after completing a master's degree program, time spent in master's education, motivation to study, and support during study were analyzed by number, percentage, min-max, mean, and standard deviation (Table 5-7).

3. Career development of nurses with a master's degree in nursing regarding position before and after graduation with a master's degree in nursing, a desire to change position were analyzed by number, percentage (Table 8-9).

4. The functional areas of work and the amount of time that the master-prepared nurses spent in each functional area were analyzed by number, percentage, mean and standard deviation (Table 10-11).

CHAPTER IV

RESULTS

The questionnaires were distributed to all of the 794 nurses with a master's degree in nursing, 226 nurses worked in university hospitals and 568 nurses worked in hospitals under the jurisdiction of the Ministry of Public Health. Six hundred and eighty-three questionnaires were returned or response rate of 86%. They consisted of 212 questionnaires in university hospitals (31%) and 471 questionnaires of the hospitals under the jurisdiction of the Ministry of Public Health (69 %). The findings were presented under the following topics:

1. The distribution of the nurses with a master's degree in nursing.
2. Personal characteristics of nurses with a master's degree in nursing including: gender, age, marital status, work experience as a registered nurse before entering a master's program, work experience as a registered nurse after completing a master's program, time spent in master education, and support during studying in the master's program.
3. Career development of nurses with a master's degree in nursing: position before and after graduation with a master's degree in nursing, a desire to change position.
4. The functional areas of work and the amount of time spent in each functional area.

1. The distribution of nurses with a master's degree in nursing.

Results of the study showed most of the subjects distributed in the Central region (30.3%), followed by the Northern region (25.2%) and the Northeastern region (20.8%), respectively.

The distribution of nurses with a master's degree in nursing working in university hospitals and hospitals under the jurisdiction of the MOPH was shown in Table 1.

Table 1 Number and percentage of subjects according to regions.

Regions	Hospitals		Total (N=683) N (%)
	University (N=212)	MOPH (N=471)	
	N (%)	N (%)	
Central	114 (53.8)	93 (19.8)	207 (30.3)
Northern	59 (27.8)	113 (24)	172 (25.2)
Northeastern	28 (13.2)	114 (24.2)	142 (20.8)
Southern	11 (5.2)	60 (12.7)	71 (10.4)
Eastern		56 (11.9)	65 (8.2)
Western		35 (7.4)	35 (5.1)

It was found that most of the subjects (31%) worked in university hospitals followed by, the Regional Hospitals and Medical Center (22.7%), respectively. The details were shown in Table2.

Table 2 Number and percentage of subjects according to types of hospital (N=683).

Types of hospitals	N (%)
The university hospital	212 (31)
The hospital under the jurisdiction of the MOPH	471 (69)
The office of the Permanent Secretary of Public health	414 (60.6)
- Regional hospital and Medical Center	155 (22.7)
- General hospital	129 (18.9)
- Community hospital	130 (19.1)
Department of Medical Service	28 (4.1)
Department of Mental Health	17 (2.5)
Department of Communicable Disease Control	6 (.9)
Department of Health	6 (.9)

Results of study indicated that most of the subjects graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing (35.9%) followed by nursing administration (31.4%).

Also, most of the subjects in university hospitals graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing (49.5%) followed by nursing administration (25%). In Contrast, in hospitals under the jurisdiction of the MOPH, the results found that most of the subjects graduated in nursing administration (34.3%) followed by adult nursing (29.5%) The details were shown in Table 3.

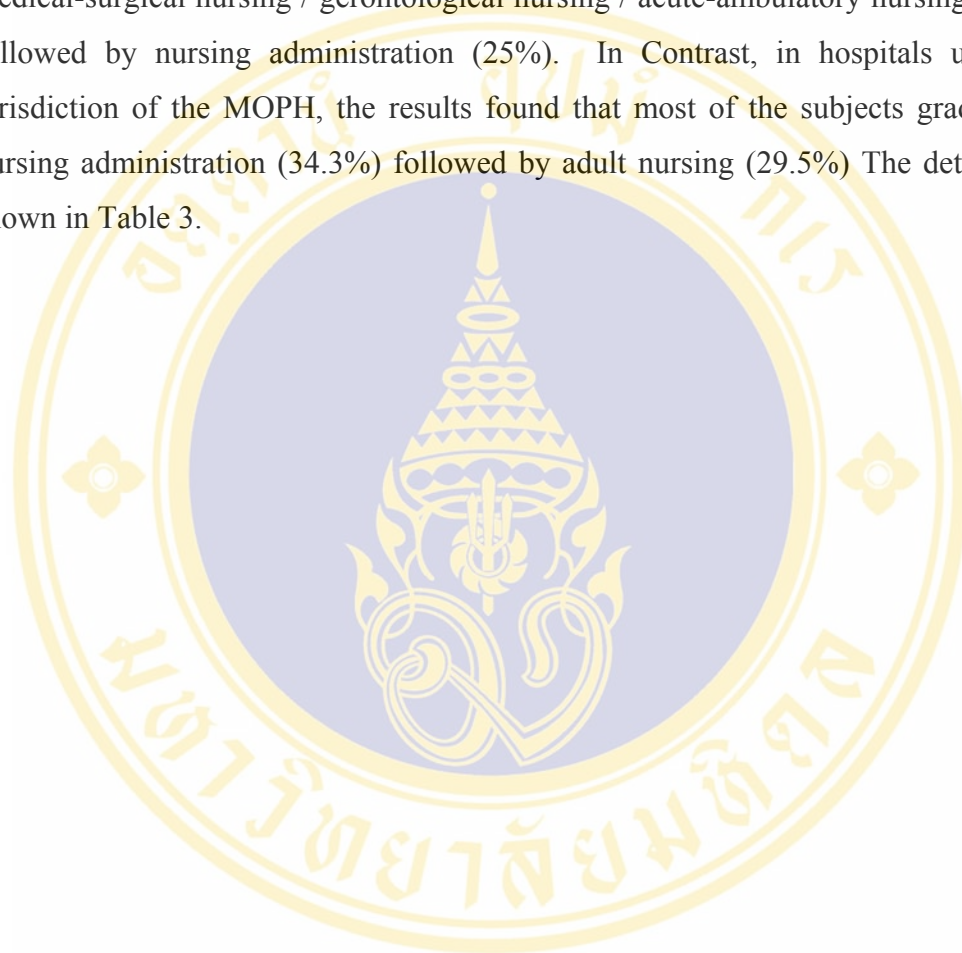


Table 3 Number and percentage of subjects according to specialty areas of study in the master's degree.

Specialty areas of study in the master's degree	Hospitals		
	University (N=212)	MOPH (N=460)	Total (N=672) ^a
	N (%)	N (%)	N (%)
Clinical nursing			
Adult Nursing ¹	105 (49.5)	136 (29.5)	241 (35.9)
Maternity and newborn Nursing ²	32 (15.2)	42 (9.2)	74 (11)
Pediatric Nursing	2 (.9)	5 (1.1)	7 (1)
Psychiatric and Mental Health Nursing	4 (1.9)	16 (3.5)	20 (3)
Community Health Nursing ³	5 (2.4)	71 (15.4)	76 (11.3)
Nursing Administration	53 (25)	158 (34.3)	211 (31.4)
Nursing Education		9 (2)	9 (1.3)
Others			
Infectious Control Nursing	11 (5.2)	23 (5)	34 (5.1)

a = have missing value

1 = included Medical-Surgical Nursing, Gerontological nursing, Acute-Ambulatory Nursing

2 = included Parent and Child Nursing, Family Nursing

3 = included Public Health Nursing

It was found that the majority of subjects worked in the same specialty areas of work as their specialty areas studies in the master's program. And 66.4% of subjects who graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing worked in medical-surgical area, followed by the subjects who graduated in maternity and newborn nursing worked in obstetric / gynaecologic area (30.1%) and pediatric area (28.8%). Moreover, the subjects who graduated in pediatric nursing worked in pediatric area (57.1%). Observably, most of the subjects who graduated in nursing administration worked in medical-surgical area (52.4%). And 42.9% of subjects who graduated in pediatric nursing worked in medical-surgical area. Moreover, 19.7% of subjects who graduated in community health nursing worked in public health area. The details was shown in Table 4.

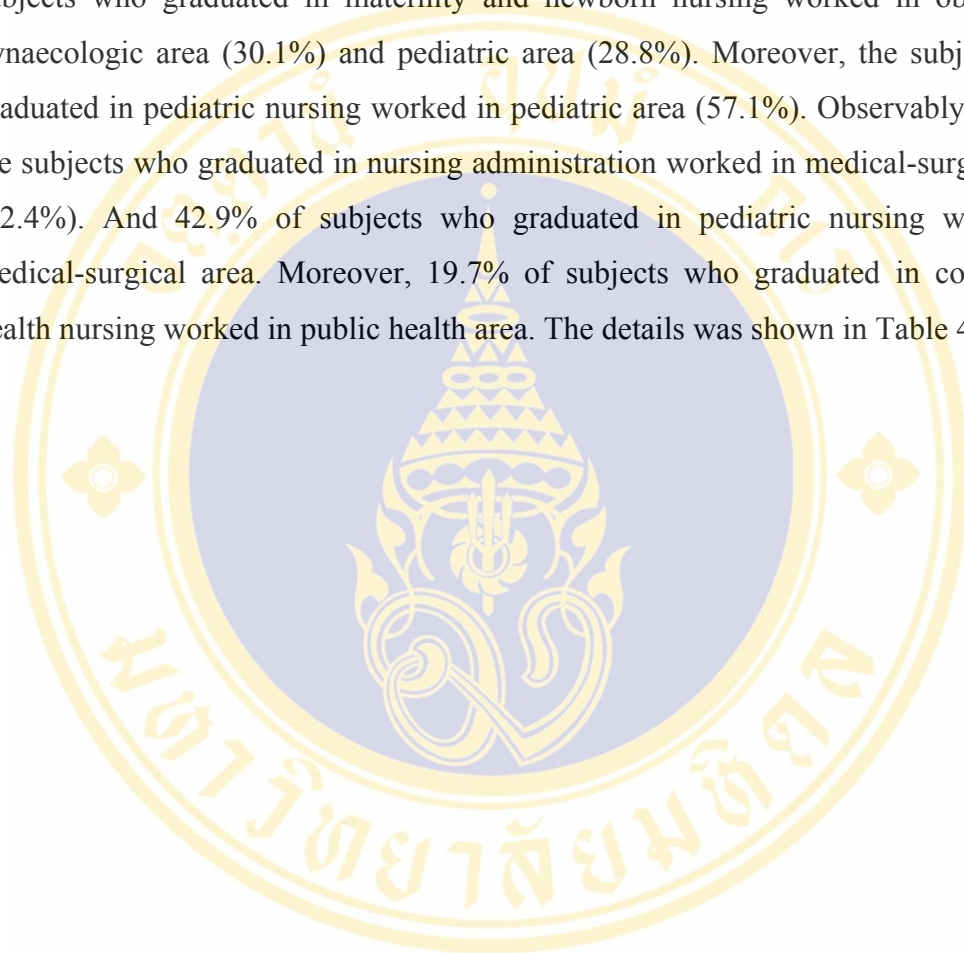


Table 4 Number and percentage of subject classified by specialty area of study in the master's degree and specialty areas of work.

specialty area of study in the master's degree	specialty area of work										Total (n=669) ^a
	Nursing Division	OPD/ER	Med-Surg ⁴	Obstetric/Gynae	Pediatric	Psychiatric	Public Health	Other ⁵	N (%)	N (%)	
Adult Nursing ¹	26 (10.8)	37 (15.4)	160 (66.4)	5 (2.1)	2 (.8)	1 (.4)	2 (.8)	8 (3.3)	241		
Maternity and newborn Nursing ²	7 (9.6)	8 (11)	12 (16.4)	22 (30.1)	21 (28.8)	0	0	3 (4.1)	73		
Pediatric Nursing	0	0	3 (42.9)	0	4 (57.1)	0	0	0	7		
Psychiatric and Mental Health Nursing	5 (25)	3 (15)	8 (40)	0	0	4 (20)	0	0	20		
Community Health Nursing ³	20 (26.3)	13 (17.1)	20 (26.3)	8 (10.5)	0	0	15 (19.7)	0	76		
Nursing Administration	41 (19.5)	24 (11.4)	110 (52.4)	14 (7.6)	6 (2.9)	2 (.9)	6 (2.9)	7 (3.3)	210		
Nursing Education	1 (11)	2 (22.2)	1 (11.1)	4 (44.4)	1 (11.1)	0	0	0	9		
Infectious Control Nursing	6 (18.2)	3 (9)	12 (36.4)	2 (6.1)	2 (6.1)	1 (3)	2 (6.1)	5 (15.1)	33		

a = have missing value

1 = included Medical-Surgical Nursing, Gerontological nursing, Acute-Ambulatory Nursing

2 = included Parent and Child Nursing, Family Nursing

3 = included Public Health Nursing

4 = included Orthopedic, EENT, OR, ICU and IPD

5 = included Radiation and Hemodialysis unit

2. The personal characteristics.

The majority of subjects were female (99.1%) with ages ranged from 25 to 60 years (mean = 39.4, SD = 5.7). The majority of the subjects (56.4%) were in the period of young adulthood (≤ 40 years). Most of them were single (58.7%). In addition, their work experience as a registered nurse before enrolling in a master's degree program ranged from 1 to 34 years, with an average was 10 years (SD = 5.2) and their work experience as a registered nurse after completing a master's program ranged from 1 to 35 years, with an average was 4.9 years (SD = 4.5).

In addition, the majority of subjects chose to study in full time program (91.6%) and more than one half of them (52.1%) spent time in master education approximate 3 years. Only 34.7% of them that completed master's degree program in two years (See table 5).

Table 5 Demographic characteristics of subjects (N = 683).

Characteristics	N (%)	Min-Max (year)	Mean (year)	SD (year)
Gender^a				
Female	676 (99.1)			
Male	6 (.9)			
Age^a				
		25-60	39.4	5.7
≤ 30	30 (4.4)			
31-40	385 (56.4)			
41-50	238 (34.9)			
51-60	28 (4.1)			
Marital status^a				
Single	400 (58.7)			
Married	264 (38.7)			
Divorced	12 (1.8)			
Widowed	6 (.9)			
Work experience^a				
Before entering a master's program		1-34	10	5.2
After completing a master's program		1-35	4.9	4.5
Time spent in learning				
Full time	621 (91.6)			
Part time	57 (8.4)			
Time spent in master education (year)				
≤ 2	235 (34.7)			
3	353 (52.1)			
4	52 (7.7)			
≥ 5	37 (5.5)			

^a = have missing value

Results of the study were showed that subjects have a motivation to learn by self-development (99.7%) followed by professional development (77.3%), career ladder (68.6%). And more than fifty percentages of them received benefit from organization and pride of self and family (61.2% and 54.7% respectively) (see Table 6).

Table 6 Number and percentage of subjects classified by their motivation to study (N=678)^a.

Motivation to study ^b	N (%)
For Professional nursing	
Professional development	524 (77.3)
Professional network	199 (29.4)
Benefit for organization	415 (61.2)
For Subjects selves	
Self-development	676 (99.7)
Career ladder	465 (68.6)
Pride of self and Family	371 (54.7)
Continuing study	163 (24)
Changing role / function / position	56 (8.3)

a = have missing value

b = have been chosen more the one answer

It was found that majority of subjects had government support in their master study (96.2%) and received organization permission to back to school with fully salary support (90%). The details were shown in Table 7.

Table 7 Number and percentage of subjects classified by their support (N=678)^a.

Support ^b	N (%)
Own support	26 (3.8)
Government support	652 (96.2)
Organization permission	587 (90)
Change shift	32 (4.9)
Payment Affair	
Credit	29 (4.5)
Housing	8 (1.2)
Food	1 (.2)
Research fund	8 (1.2)
Encourage support	17 (2.6)

a = have missing value

b = have been chosen more the one answer

3. Career development.

The majority of subjects before entering a master's degree were staff nurses (70.6%), 19.3% of them were head nurse. After they graduated in a master's degree program, most of them have changed positions into administrative positions. It was found that only 54.6% of them were staff nurses. Career development of nurses with a master's degree in nursing was shown in table 8.

Table 8 Career development of nurses with a master's degree in nursing (N=683).

Position ^b	Before		After	
	N	(%)	N	(%)
Nurse administrator				
Director of Nursing	15	(2.2)	37	(5.4)
Assistant Director	47	(6.9)	85	(12.4)
Supervisor	48	(7)	97	(14.9)
Head nurse	132	(19.3)	191	(28)
Staff nurse	482	(70.6)	373	(54.6)
Clinical nurse expert ^c	35	(5.1)	116	(17)
Others (Educator, Health promoter)	9	(1.3)	2	(.3)

b = have been chosen more than one answer

c = This position was granted by Civil Service Commission and University.

Nearly half of the master-prepared nurses both in university hospitals and hospitals under the jurisdiction of the MOPH desired to change positions (49.9%).

The master-prepared nurses in university hospitals desired to change their positions into advanced practice nurses (41.1%). But, in hospitals under jurisdiction of the MOPH, the subjects desired to change their positions into nurse administrators (41.1%). The details were shown in Table 9.

Table 9 Number and percentage of subjects according to their desired to change positions.

Career development	Hospitals		Total (N=678) ^a
	University (N=212)	MOPH (N=466)	
	N (%)	N (%)	
Desire to change position			
No	105 (49.5)	235 (50.4)	340 (50.1)
Yes	107 (50.5)	231 (49.6)	338 (49.9)
Nurse administrator	29 (27.1)	95 (41.1)	124 (18.3)
Nurse educator	34 (31.7)	79 (34.1)	113 (16.7)
Clinical nurse specialist	44 (41.1)	57 (24.7)	101 (14.9)

a = have missing value

4. The functional area of work and the amount of time that the master-prepared nurses spent in each functional area.

Results of the study indicated that most of the subjects worked primarily in giving direct patient care (87.5%) before entering the master's program followed by unit administration (59.7%). Only 13% of them worked for research. After completing master's degree program, the majority of the nurses still worked primarily in giving direct patient care (81.4%), followed by quality improvement (72.1%), and formulating nursing standard (52.7%). Moreover, the results revealed that they worked in functional area of research more than before entering the master's program (57.2%). Remarkably, from administration, research, education and quality improvement areas, the result indicated that the master-prepared nurses worked in these functions more than before. Data regarding the functional areas of work of the nurses with a master's degree were shown in Table 10.

Table 10 The functional areas of work of the nurses with a master's degree in nursing.

Function areas of work ^b	Before	After
	N (%)	N (%)
Direct patient care	594 (87.5)	552 (81.4)
Administration		
Unit	405 (59.7)	429 (63.3)
Division	141 (20.8)	222 (32.7)
Department	71 (10.5)	153 (22.6)
Education		
In-service education / Seminar	235 (34.7)	456 (63.7)
Teaching	60 (8.8)	153 (22.6)
Research	88 (13)	388 (57.2)
Quality Improvement		
Improve and control Nursing Quality	189 (27.9)	489 (72.1)
Formulate Nursing Standard	150 (22.1)	357 (52.7)

b = have been chosen more than one answer

It was found that the majority of subjects worked in direct patient care, with an average of 59.9% (SD = 35.5), followed by unit administration (mean = 21.7%, SD = 28.4). After completing the master's program, the amount of time that the master-prepared nurses spent in each functions have been changed. The amount of direct patient care was decreased, with an average of 35.1% (SD = 29.5), followed by unit administration (mean = 19.5%, SD = 22.7). But, other function areas in which the subjects worked were higher than before entering the master's program such as improve and control nursing quality (mean = 10.6%, SD = 11.9), followed by in-service education/seminar (mean = 9.7%, SD = 13). The details were showed in Table 11.

Table 11 The amount of time spent in each functional area of work.

Functional areas of work ^b	Before		After	
	Mean	SD	Mean	SD
	(%)		(%)	
Direct patient care	59.9	35.5	35.1	29.5
Administration				
Unit	21.7	28.4	19.5	22.7
Division	4.9	14.2	5.9	13.3
Department	2.1	10.3	4.2	12.7
Education				
In-service education / seminar	4.1	9.1	9.7	13
Teaching	2.2	11.2	4.9	13.7
Research	1.2	6	6.1	9.7
Quality Improvement				
Improve and control Nursing Quality	3.5	8.5	10.6	11.9
Creative Nursing Standard	2.2	7.1	5.8	8.8

b = have been chosen more than one answer

CHAPTER V

DISCUSSION

In this chapter, the finding about the distribution of the nurses with a master's degree in nursing will initially be discussed, followed by presentation and explanation of personal characteristics of nurses with a master's degree in nursing, then career development of nurses with a master's degree in nursing will be discussed, finally the functional areas of work and the amount of time spent in each functional area will be delineated.

1. The distribution of nurses with a master's degree in nursing.

The results of the distribution of subjects according to regions were revealed that most of subjects were in the Central region (30.3%). One possible explanation is that there are many hospitals in the Central region more than other regions. And, many nursing education institutions are also located in the Central region more than other regions, too. So, nurses in these hospitals have a chance to continuously study in the master's program in nursing more than others. Furthermore, the first master's program in nursing was developed in the Central region. And the second region that the nurses were distributed was the Northern region (25.2%). It indicated that the reasons for distribution were similar to the Central region. And the third region was the Northeastern region (20.8%), respectively.

And, the results of the study were found that most of subjects (69%) worked in the hospitals under the MOPH. There were many hospitals in the MOPH more than university hospitals. But, in the hospitals that function to provide service in the tertiary health care, the result was found that most of the subjects (31%) worked in the university hospitals. Because the responsibility of university hospitals are tertiary care with many departments offering specialized care and there are also an affiliated with school of nursing. So, nurses who need to continuously education. They have more access to enter in the master's degree program, too. The second was Regional hospitals and Medical Center (22.7%). Because Regional hospitals and Medical

Center are the largest hospital and they are responsible for tertiary health care, receive referral; serve as consultants for other hospitals. So, they need specialty care and high technology, thus they need nurses who have breadth and depth of knowledge to manage complex patient health problem properly and efficiently. There are 25 Regional hospitals and Medical Center. These reflect to emphasize on curative than protective function of the health care system.

In addition, the results of the study were found that most of them graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing (35.9%). The nurses with a master's degree in the university chose to study in these specialty areas for utilizing nursing knowledge to nearly cover cycle of human life. Their specialty areas covered three stages of life: young adult, middle adult, and old age adult. So, their clients were a large group that there were many diseases such as AIDS, car accident, cerebro vascular disease, diabetes mellitus. Thus, the society highly needed adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing more than other specialty areas. However, the second specialty area of study, which they graduated, was nursing administration (34.3%). It may be, nursing administration was the first specialty area that has opened since in 1973. And in the past, there were a few specialty areas. Moreover, this field broad opened for nurses in varied areas to enroll in study. Furthermore, the results showed that 42.9% of master- prepared nurses who graduated in pediatric nursing worked in medical-surgical area. It may be, in the past there was a limited number persons enroll in each field. So, there were inadequate for nurses' demand. But in the present, there are many specialty areas for study. However, there still have inadequate for nurses' demand. In addition, in the community hospitals/small hospitals, they had not pediatric unit. They had only medical-surgical unit. Thus, nurses with a master's degree in pediatric nursing needed to work in medical-surgical unit. And, the reason for the nurses with a master's degree in nursing administration worked in medical-Surgical unit was the same. Furthermore, only 19.7% of nurses with a master's degree in community health nursing worked public health area. It indicated that there were in adequate for nurses with a master's degree in community health nursing. So, the nurse administrator need to distributed the master-prepared nurse to work suitable for their specialty area of study. Nevertheless, the majority of nurses with a master's degree in

nursing worked in the same specialty areas were similar to their studies in specialty areas in the master's program. Specially, the majority of the nurses with a master's degree in adult nursing highly worked in medical-surgical divisions (66.4%). They needed to use their knowledge to increase their capacity for helping their clients. In addition, their organizations needed to consider their specialty areas of study for permission them to study. Thus, the same specialty areas as their studies in the master's degree are most benefit for their unit work.

2. Demographic characteristics of the nurses with a master's degree in nursing.

The results of this study showed that the majority of nurse with a master's degree in nursing were female (99.1%). Because society reassesses its attitude toward labeling jobs as women work for along time. So, most of females chose to study in nursing (Ellis, J.R.& Hartley, C.L., 2001:444). The majority of their ages (56.4%) were ranged from 31 years to 40 years, with an average age of 39.4 years. They were in early adulthood (≤ 40 years). Mutuality and dedication to goal are the characteristics of this age period (Sheely, 1974 cited in Franks and Olson, 1989:127-129). Young adult hood is a period when individuals start their career and they are full of confidence in their own capability. Some young adults have an idealism to improve society in which they live (Pramote Sukanit, B.E. 2539:15). Furthermore, they would perceive new things faster and had more liberal ideas (Kullaya Narkpret, 1999 cited in Kuawiriyapan, S. 2002:7; Super & Hall, 1994 cited in Nuttapan Kemkajonnun, B.E. 2541:169-171). In other words, nurses with a master's degree in nursing have worked suits their idealism as their career goal, their organization and client could reap the highest benefits.

The work experience as a registered nurse before entering a master's program in nursing was ranged from 1-34 years, with an average 10 years. It indicated that most of nurses who worked in the jurisdiction of the MOPH are granted with scholarships from the ministry with commitment that they need to work for compensation in their hospitals for at least 4 years (Chamo, C. 2001:88-89) and the nurses who worked in university hospitals need to have clinical experience at least 2 years according to the regulation of university hospital (Kuawiriyapan, S. 2002:80). In addition, their organization permitted the senior nurse to go back to school before junior nurse. The

nurses who have years of work experience can perceive situation and express appropriate performances and have intuitive ideas to solve the problems (Benner 1984 cited in Kuawiriyapan, S. 2002:80). If the nurses have not permitted for going back to school; they may choose to study in other field not in nursing. For solving this problem, it needs to promote a master program in part-time or weekend type. Because the nurses who studying in the part-time program did not organization permission. The work experiences as a registered nurse after completing a master's degree program in nursing ranged from 1-35 years, with an average 4.9 years. This period of years were used in the integration phase of development of advanced practice. They had self-confidence and were assured in the role at the advanced level of practice and continuously felt challenged; took on new projects, expanded practice (Kuawiriyapan, S. 2002:80). If nurses with a master's degree in nursing satisfied with their position; they would continue role and skill development to create innovation. But if they do not satisfy with their position; they may leaving the nursing service (Srisuphan, W. et al., 1998:1) or they changed into potential position such as educator.

The majority of nurses with a master's degree in nursing were government officers, for special privilege in continuous education in master's degree, they needed to choose full-time program. And they needed to choose specialty area study of the master's degree the same as the areas of work. Thus, the results of the study showed 91.6% of the nurse with a master's degree in nursing chose full-time program. Beside, most of them spent time in master education more than two years. Most of them (52.1%) completed a master's degree in nursing in three years. only 34.7% of them completed a master's degree in nursing in two years. The course work usually required one year and a half and the rest is conducting thesis (Tassana, Boonthong, et. al., B.E. 2544:27-29). These programs seem to emphasize research more than advanced nursing practice. Thus, they needed to use a long time in thesis formulation. So, master's degree prepared nurses were not enough for social demand. For solving this problem, the education institutions needed to promote the program B that is a non-thesis program.

The results of the motivation to study of the nurse with a master's degree in nursing was showed that they have a motivation to learn by progression of self-development highest (99.7%). It indicated that they inspired to response to their

esteem needs. Maslow explained esteem needs were a need to achieve and competent and gain approval and recognition. It was psychological needs of development of human life cycle (Sulang Kongtrakul, B.E., 2545:158-162). The nurses with master's degree feel that they wished to be valuable persons and to be respect and recognition of their abilities by other. It increased self-importance and self-confidence. In addition, if staff nurses tried to find higher positions by increasing their knowledge. They attempted to exhibit their skill and capabilities to head nurse with hope of being promoted. Beside, staff nurses need to be promoted from level 3 to 5 according to quota of each unit and progress step up 6 to 7 by presenting their work; academic writing including research (Termsirikulchai, R. 2001:78). However, nurse with a bachelor's degree had and experience and a competency in conduct a research less than the nurses with a master's degree in nursing (Somchit Hanucharunkul, B.E 2538:22-28). Besides this, now the Thai Nursing Council is promoting staff nurse to go on into advanced practiced nurse by studying in master's degree in nursing for maintain nurse in health care system. The advanced nursing practice is useful for healthcare system. However, financial support to study in master's degree program of the nurses with a master's degree in nursing which the majority of subjects had government support (96.2%) by receiving organization permission to back to school (90%). It indicated that their administrators were understanding the important of staff development and the continuously education in the master's degree in nursing increased effectiveness of staff nurse and to have nurses with a master's degree was a benefit for organization and professional development.

3. Career development

The majority of nurse with a master's degree in nursing (70.6%) were staff nurses before entering a master's degree. And, after completing a master's degree program, 54.6% of them were staff nurses; most of them had changed positions into administrative positions. It indicated that they progressed in their career. However, there were a limit of administrative positions and only some advanced practice nurse positions in line organization. So, a few of them could be promoted to administrative positions and advanced practice nurse positions.

However, a desire to change position, the results found that the desire of the master-prepared nurses both in university hospitals and hospitals under the jurisdiction the MOPH needed to change positions and the desire of the master-prepared nurses both in university hospitals and hospitals under the jurisdiction the MOPH did not need to change positions are nearly the same (49.9% and 50.1%, respectively). It indicated the staff nurses needed to study in the master's program in nursing for increase self-importance and self-confidence and benefit for organization and professional development. And they knew that it was difficult to change position because of limited administrative positions and only some advanced practiced nurse positions in their organizations.

However, the master-prepared nurse in university hospitals need to change positions into advanced practiced nurse position (41.1%). Because the university hospitals have many departments offering specialized care. There are also an affiliated with school of nursing. This kind of setting might support them in developing advanced practiced and go on into advanced practiced nurses positions in the future. And the master-prepared nurse in hospital under the jurisdiction of the MOPH needed to change position into administrative position. Because there are many administrative positions more than the university hospitals.

4. The functional area of work and the amount of time that the master-prepared nurses spent in each functional area

The results indicated that most of the subjects worked primarily in giving direct patient care (87.5%) follow by unit administration (57.9%) before entering the master's program. After completing the master-program, the majority of them still worked primarily in giving direct patient care (81.4%) followed by quality improvement (72.1%) and formulating nursing standard area (52.7%). It may be most of them still were staff nurses. But the functional areas of work which they worked increase more than before. It indicated they had the high level of competence more than before. Most of them felt work overload (Chammo, C. 2001:97, Kuawirivapen, S. 2000:87); besides, the nurses with a master's degree in nursing needed to participate in quality improvement programs. Currently, hospital accreditation had influenced the quality system of the university hospitals and the hospitals under the

jurisdiction the MOPH, therefore, these nurses needed to participate and spent most of time in the quality improvement programs.

Remarkable, before entering the master's degree program, only 13% of them worked for research but after completing master's degree program, they (57.2%) worked in functional area of research more than before. It is so good for professional nursing development. However, they felt a limit time and funding to conduct research (Chammo, C. 2001:96-100, Kuawiriyapan, S. 2002:89-93).

The results of the study were revealed that the majority of subject same worked in direct patient care, with an average of 59.9% (SD = 35.5), follow by unit administration (mean = 21.7%, SD = 28.4%). But the amount of time that they spent in each function has been decreased after completing the master program. The amount of time spent for direct patient care decreased, with an average of 35.15%(SD= 29.5) followed by unit administration (mean = 19.5%. SD = 22.7). And, there was an economic crisis in Thailand; so, there had a limit of the federal budgets, and human resource was also limited, too. Consequently, there were inappropriate personnel allocations. The nurses with a master's degree in nursing needed to work in many functional areas of work. So, they had a limit time to direct patient care and they had high level of experience in nursing practice. So, nurse administrator had confidence in assign them to have responsibility for administrative function and improve and control quality of nursing care (mean = 10.6%, SD = 11.9) and in-service education / seminar (mean = 9.7%, SD = 13).

In summary the nurse with a mater's degree in nursing are expected to work as an expert practitioner. It would be highly valued for their specialized expertise in these hospitals and nursing students and their colleagues would use them as a resource person for consultation of their nursing problems, in addition, they also are valuable persons for clients who have complex health problem. However, in the case of the role of advanced nursing practice in Thailand, this issue still in the process of development due to lack of clarity in their roles (Chanloha, P. 2002:87) and only some advanced practice nurse position in line organization. For solving this problem, it need to have advanced practice nurse position, their job description and standard job evaluation in their jobs in some organizations which have not advanced practice nurse position in line organization. Because the opportunity of being promoted to higher

position was a factor creating job satisfaction (Wolf and Orem, 1994:511-512 cited in Termsirikulohai, R. 2001:78) and was a motivator factor for retained nurses with a master's degree in nursing in health care system. And this is also one way to develop nursing professional.



CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the conclusion of the study will be presented first, followed by limitation of this study, the section will then be closed with the recommendations for nursing education, nursing administration, nursing practice, nursing research, and nursing policy.

Conclusion of the study

This study is a descriptive research aimed to explore the distribution of nurses with a master's degree in nursing who worked in nursing service in university hospitals and hospitals under the jurisdiction of the Ministry of Public Health, to describe personal characteristics, to determine career development, and a desire to change position, to ascertain the functional areas of work and the amount of time that the master-prepared nurses spent in each functional area after completing a master's program. The target population were 794 nurses with a master's degree in nursing. Two hundreds and twenty-six nurses worked in seven university hospitals including: Chulalongkorn Memorial Hospital, Ramathibodi Hospital, Siriraj Hospital, Songklanakharind Hospital, Maharaj Nakon Chiang Mai Hospital, Srinakharind Hospital, and Tahmmasat Chalermprakiat Hospital and 568 nurses with a master's degree in nursing were practicing in 229 hospitals under the jurisdiction of the Ministry of Public Health including: 7 hospitals under the Department of Mental Health, 5 hospitals under the Department of Health, 13 hospitals under the Department of Medical Service, 3 hospitals under the Department of Communicable Disease Control, 201 hospitals under the office of Permanent Secretary of Public Health (25 Regional hospitals and Medical Center, 48 General hospitals and 128 Community hospitals). There were 683 nurses with a master's degree in nursing participate in this research (response rate of 86%). There were 212 persons in

university hospitals (31%) and 471 persons in hospitals under the jurisdiction of the MOPH (69%).

Data were collected by mail during September 2000 to April 2001. The instruments used in the study were two questionnaires which were developed by the researcher. The first questionnaire was the list of nurses with a master's degree in nursing and the second questionnaire was the items gathered the personal characteristics, career development, the functional areas of work, amount of time that they spent in each functional area after completing the master degree program

Content validity of the questionnaires was established by a panel of three experts.

Data were analyzed by computer program and using descriptive statistics. The research conclusions were summarized as follow:

1. The majority of nurses with a master's degree in nursing who worked in seven university hospitals and in 229 hospitals under the MOPH distributed in the Central region (30.3%) followed by the Northern region (25.2%) and the Northeastern region (20.8%) and most of them (31%) distributed in university hospitals followed by the Regional Hospitals and Medical Center (22.7%).

2. The majority of nurses with a master's degree in nursing graduated in Clinical nursing area. Thirty-six percent of them graduated in adult nursing (medical-surgical nursing / gerontological nursing / acute-ambulatory nursing) followed by nursing administration (31.4%). In university hospitals, most of them graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing (49.5%). But, in hospitals under the jurisdiction of the MOPH, most of them graduated in nursing administration (34.3%) and the majority of nurses with a master's degree in nursing worked in the same specialty areas as their specialty areas of study in the master's program. Sixty-six percent of them who graduated in adult nursing / medical-surgical nursing / gerontological nursing / acute-ambulatory nursing worked in medical-surgical area. And most of the subjects, who graduated in nursing administration, worked in medical-surgical area (52.4%).

3. The majority of nurses with a master's degree in nursing were female (99.1%). Their age ranged from 31 to 40 years (mean = 39.4, SD = 5.7) and most of them were single (58.7%). The average years of work experience as a registered nurse

before enrolling in a master's degree program was 10 years (SD = 5.2) and after completing a master's program was 4.9 years (SD = 4.5) and the majority of them chose to study in full-time program (91.6%) and nurses with a master's degree in nursing (34.7%) spent two years for completing master's degree program and most of them (52.1%) spent approximate three years for completing master's degree program.

4. Nurses with a master's degree in nursing have a motivation to study for development their self-development (99.7%) follow by professional development (77.3%) and career ladder (68.6%). And the support to study in master's degree program was government support (96.2%) by receiving organization permission to go back to school with fully salary support (90%),

5. The majority of nurses with a master's degree in nursing before entering a master's degree were staff nurses (70.6%). After they graduated in master's degree program; only 54.6% of them were staff nurses, most of them have changed position into administrative positions. Besides, 49.9% of total nurses with a master's degree in nursing desired to change position. About 50.5% of the master-prepared nurses in university hospitals and 49.9% of nurses in hospital under the jurisdiction of the MOPH desired to change position. Moreover, 41.1% of the master-prepared nurses in the university hospital desired to change their positions into advanced practice nurse positions. In contrast, in hospitals under jurisdiction of the MOPH, 41.1% of the master-prepared nurses desired to change positions into nurse administrative positions.

6. Most of the nurses with a master's degree in nursing worked primarily in giving direct patient care (87.5%) followed by unit administration (59.7%) before entering the master's program. After completing master's degree program, the majority of them still worked in providing direct patient care (81.4%). Moreover, they worked in quality improvement (72.1%), and conduct research (57.2%) and formulate nursing standard (52.7%) more than before. The majority of them spent amount of time in direct patient care, with an average of 59.9% (SD = 35.5), followed by unit administration (mean = 21.7%, SD = 28.5) before entering the master's program. After completing the master's program, they spent 35.1% of their time in direct patient care (SD = 29.5), follow by unit administration(mean = 19.5%, SD = 27.7). However, they worked in other functions higher than before entering the master's

program such as improve and control nursing quality (mean = 10.6%, SD = 11.9), followed by in-service education /seminar (mean = 9.7%, SD = 13).

Limitation of the study

1. The settings in this study were university hospitals and hospitals under the jurisdiction of the Ministry of Public hospitals, therefore, the results of the study could not be truly generalized to all nurses with a master's degree in nursing in other setting such as master's prepared nurses in the Ministry of Defence, Police General hospital, Bangkok Metropolis Administration and private hospitals.

Recommendations

The findings of this study have important issues for nursing education, nursing administration, nursing practice, nursing research and nursing policy.

For nursing education

The result of the research indicated that only 34.7% of the master-prepared nurses spent time two years for completing master's degree program and 52.1% of the master-prepared nurses spent time approximate three years. The course work usually required one year and a half and the rest is conduction thesis (Tassana Boonthong, et al., B.E. 2544:27-29). So, they spent more time for completing research. Thus the program seems to emphasize research more than advanced nursing practice. But the advanced practice nurses should have at least 500 hours in direct care during the course of preparation in the major advanced nursing role (Tanner, T.A. 1997:52). And, in 2003, The Thai Nursing Council recommends nurses with the master's degree in nursing who need to take an examination for certificated in specialty areas have at least three years in work experience in specialty area. Thus, nurse educators recruit nurses who want to enroll in the master's program need to have work experience as the same specialty area of study in the master's degree program. Moreover, it is necessary to promote the various programs such as program B is non-thesis program and Part-time program. And it needs to promote distant learning program by using new technology such as E-learning. In addition, it needs to collaborate with nursing college in some province for using as a center of distant education learning. Consequently, it needs to increase numbers and specialty fields

more than before too. This is a way for solving the inadequate nurses with a master's degree in nursing. Furthermore, the nursing education institutions should increase research funds for the master-prepared nurses to utilize research to improve Clinical Practice Guideline.

For nursing administration

The findings from the study can provide an initial step for nurse administrator to delineate job description for the master-prepared nurse and to set up advanced practice nurse position in line organization for promote the master-prepared nurses to develop themselves into advanced practice nurses. Besides, it is necessary for advanced practice nurses to have a level of competency that is different from basic practice nurse and should make the public know about competency of the APN.

Moreover, it was found that 42.9% of the master's degree in Pediatric nursing worked in Medical- Surgical area. So, the nurse administrator need to distributed the master-prepared nurse to work suitable for their specialty area of study

For nursing practice

The results indicated that the master-prepared nurses are highly valued for their specialized expertise in the hospitals, nursing student and their colleagues as resource persons for consultation of their nursing problems. In addition, they also are valuable persons for clients who have complex health problems. So, this is one way to develop nursing practice and nursing professional.

For nursing research

Recommendations for further research area.

1. There should be the studies on job satisfaction among the nurses with a master's degree in nursing.
2. There should be the study about the need and the number of advanced practice nurses in each special field in each hospital across the country.

For nursing policy

The results of the research can use as database for consideration in human resources planning such as an increase the number of nurses with a master's degree in community health nursing to prepare nurse practitioners. Because, in present policy of Thailand needs to have nurse practitioners highly. It was found that total nurses with a master's degree in community health nursing were 76 persons

(Table 4). Moreover, the results of the research found that more than 50% of nurse with a master's degree in community health nursing did not work in community (Table 4). So, the policy maker needs to provide master-prepared nurses to work suitable for their specialty area of study. In addition, The Thai Nursing Council need to develop potential for certification examination of advanced nursing practice in specialty area. They need to recruit master's degree prepared nurses who work in the field areas as same as specialty areas in the examination.



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APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH STUDY

หลักสูตรปริญญาโท ภาควิชาพยาบาลศาสตร์
คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี
มหาวิทยาลัยมหิดล

28 กุมภาพันธ์ พ.ศ. 2544

เรื่อง ขอความร่วมมือในการตอบแบบสอบถาม
เรียน

ด้วยดิฉัน นางสาว นุชยา วงศ์กิตติธรรม นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาการพยาบาลผู้ใหญ่ ภาควิชาพยาบาลศาสตร์ คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล อยู่ในระหว่างการทำวิทยานิพนธ์ เรื่อง “การกระจายของพยาบาลที่สำเร็จการศึกษาระดับปริญญาโททางการพยาบาล ในการปฏิบัติงานการพยาบาลในโรงพยาบาล มหาวิทยาลัย และโรงพยาบาลสังกัดกระทรวงสาธารณสุข” ผลการศึกษาวิจัยสภาวะการพยาบาลจะนำไปใช้ประกอบการพิจารณาสอบ วุฒิบัตรแสดงความรู้ ความชำนาญเฉพาะทาง และการกำหนดสถานที่บุคลากรช่วยสอนในด้านการปฏิบัติหลักสูตรวุฒิบัตรของสภา การพยาบาล เพื่อพัฒนาวิชาชีพพยาบาลตลอดจนสถาบันทางการศึกษาสามารถ นำข้อมูลมาประกอบการพิจารณาวางแผนการผลิต พยาบาลในระดับปริญญาโท นอกจากนี้ผู้บริหารของหน่วยงานสามารถนำข้อมูลประกอบการพิจารณาในการบริหารบุคคลได้อย่าง มีประสิทธิภาพสูงสุด

ท่านเป็นประชากรที่มีคุณค่า และสำคัญยิ่งในการให้ข้อมูลที่ทำให้การศึกษาวิจัยครั้งนี้ มีความสมบูรณ์และถูกต้องนำไป ใช้ประโยชน์ได้อย่างแท้จริง ดังนั้นผู้วิจัยใคร่ขอทราบข้อมูลและความคิดเห็นทั่วไปของท่าน ข้อมูลที่ได้จากการตอบแบบสอบถาม ถือว่าเป็นความลับไม่มีการเปิดเผยชื่อของท่าน การนำเสนอผลการวิจัยเป็นในลักษณะภาพรวมจึงไม่ส่งผลกระทบต่อหน้าที่การงาน และหน่วยงานของท่านแต่อย่างใด

ผู้วิจัยจึงเรียนมา เพื่อขอความกรุณาจากท่านในการตอบแบบสอบถาม โปรดตอบแบบสอบถามที่ตรงต่อความเป็นจริง และกรุณาตอบให้ครบถ้วน ผู้วิจัยหวังเป็นอย่างยิ่งว่าจะได้รับความกรุณาจากท่านและขอขอบคุณที่ท่านกรุณาสละเวลาอันมีค่ายิ่งใน การตอบแบบสอบถามครั้งนี้ อย่างไรก็ตามในการศึกษาวิจัย ท่านมีสิทธิที่จะตอบรับหรือปฏิเสธการเข้าร่วมเป็นผู้ให้ข้อมูลได้ พร้อม กันนี้ท่านจะยินดีเข้าร่วมการศึกษาวิจัยในครั้งนี้หรือไม่ก็ตาม ขอความกรุณาจากท่านในการส่งแบบสอบถามกลับคืน ภายในวันที่ 30 มีนาคม พ.ศ. 2544 จักเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

.....
นางสาวนุชยา วงศ์กิตติธรรม
ผู้วิจัย



APPENDIX C

List of experts for questionnaire validity

The content validity of the questionnaires were determined by three experts included :

1. Professor Dr. Somchit Hanucharurnkul
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
2. Associate Professor Quanta Kirdchuchuen
Department of Nursing, Faculty of Medicine,
Ramathibodi Hospital, Mahidol University.
3. Miss Ampa Sararach
The Nursing Division under the Office of the Permanent Secretary,
the Ministry of Public Health.



APPENDIX D

REGIONS OF THAILAND

The Ministry of Public Health divided Thailand into 6 regions, or 12 zones according to geography following:

1) The Central Region (zone 1-2) encompass 22 provinces concluding:

SUKHOTHAI, PHITSANULOK, KAMPHAENGPHEI, PHETCHABUN, PHICHIT, NAKHONSAWAN, UTHAITHANI, CHINAT, LOPBURI, SINGBURI, SUPHANBURI, ANGTONG, SARABURI, PHRANAKOHSIAYUTTHAYA, NAKHONNAYOK, PATHUMTHANI, NAKHONPATHOM, BANGKOK METROPOLIS, SAMUTSAKHON, SAMUTPRAKAN, SAMUTSUNGKHRAM, NONTHABURI.

2) The Eastern Region (zone 3) encompass 7 provinces concluding:

PRACHINBURI, SAKAEO, CHACHOENGSARO, CHONBURI, CHANTHABURI, RAYONG, RTAT.

3) The Western Region (zone 4) encompass 5 provinces concluding:

RATCHABURI, PRACHUAPKHIRIKHAN, KANCHANABURI, PHETCHABURI, TAK.

4) The Northeastern Region (zone 5-7) encompass 19 provinces concluding:

LOEI, NONGBUALANPHU, UDONTHANI, NONGKHAI, SAKKONNAKHON, NAKHONPHANOM, KHONKAEN, KALASIN, MUKDAHAN, CHAIYAPHUM, MAHASARAKHAM, ROIET, SURIN, YASOTHON, AMNATCHAROEN, UBONRATCHATHANI, NAKHONRATCHASIMA, BURIRAM, SISAKET.

5) The Northern Region (zone 8-10) encompass 9 provinces concluding:
PHRAE, MAEHONGSON, CHIANGMAI, LAMPHUN, LUMPANG, PHAYAO,
NAN, CHIANGRAI, UTTARADIT.

6) The Southern Region (zone 11-12) encompass 14 provinces concluding:
CHUMPHON, YALA, NAKHONSITHAMMARAT, RANONG, PHANGNGA,
SURATTHANI, TRANG, PHATTHAULUNG, SATUN, SONGKHLA, KRABI,
PATTANI, NARATHIWAT, PHUKET.



BIOGRAPHY

NAME	Miss Budsaya Wongkittitham
DATE OF BIRTH	23 April 1962
PLACE OF BIRTH	Bangkok Thailand
INSTITUTIONS ATTENDED	Mahidol University, 1981-1984 Bachelor of Nursing Science, (Nursing and Midwifery)
	Mahidol University, 2004 Master of Nursing Science, (Adult Nursing)
POSITION & OFFICE	Ramathibodi Hospital, Faculty of Medicine, Mahidol University Position : Nurse 6