

**NURSING PRACTICE TO PROTECT RIGHTS OF SEXUALLY
ABUSED CHILDREN AND WOMEN IN BANGKOK
METROPOLITAN ADMINISTRATION HOSPITALS**



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for the degree of Master of Science (Public Health)
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NURSING PRACTICE TO PROTECT RIGHTS OF SEXUALLY ABUSED CHILDREN AND WOMEN IN BANGKOK METROPOLITAN ADMINISTRATION HOSPITALS**KANTANA TANGMANUSTRONG 4536041 PPH/M****M.Sc. (PUBLIC HEALTH) MAJOR IN MEDICAL AND PUBLIC HEALTH LAW ADMINISTRATION****THESIS ADVISORS: CHARDSUMON PRUTIPINYO, Ph.D. (Demography), SURACHART NA NONGKHAI, Psy.D. (Management), PEERA KRUGKRUNJIT, M.Sc. (Bios.), SUPARP THAITHAE, M.N.S.****ABSTRACT**

Sexual abuse problems in Thai society tend to increase continuously. Nursing practice is a specific form to protect sexually abused children and women's rights and holistically service the clients. This study was a survey research and its objective was to analyze relationships demographic characteristics, internal and external factors related to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals. The samples were nurses who worked in the Emergency Unit of 8 BMA. Hospitals. The research instrument was a questionnaire. The data were analyzed using percentage, mean, standard deviation, chi-square test, Pearson's Product Moment Correlation Coefficient and Stepwise Multiple Regression Analysis.

Results showed that almost half of them (42.1%) had an age ranged between 25-29 years. (Mean=29.94). Most of them (71.6%) were single and (77.9%) did not receive training on children and women rights/ patient rights. The relationship showed external factors such as technology and violence of sexually abused children and women had a correlation with nursing practice to protect rights of sexually abused children and women. However, manpower management had no correlation with nursing practice to protect rights of sexually abused children and women. The overall nursing practice (81.1%) was at a good level. When considering each aspect, dignity of nursing practice (90.5%) had a good level but continual nursing service (3.2%) had a poor level. The Multiple Regression Analysis found that technology, violence of sexually abused children and women and task environment could explain approximately 25.6 percent of nursing practice to protect rights of sexually abused children and women. ($R^2=0.256$)

Based on the results of this research, it was recommended that technology consisting of information technology, data record, on line referral system, nursing practice procedure and medical equipment for caring clients, both quality and quantity for all nurses, should be developed and improved.

**KEYWORDS: NURSING PRACTICE / CHILDREN AND WOMEN'S RIGHTS/
SEXUAL ABUSE****101 p. ISBN 974-04-5342-2**

การปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศในโรงพยาบาลสังกัด กรุงเทพมหานคร (NURSING PRACTICE TO PROTECT RIGHTS OF SEXUALLY ABUSED CHILDREN AND WOMEN IN BANGKOK METROPOLITAN ADMINISTRATION HOSPITALS)

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บทคัดย่อ

ปัญหาของสังคมไทยเกี่ยวกับการล่วงละเมิดทางเพศของเด็กและสตรีมีแนวโน้มที่สูงขึ้น การปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศนั้นจะต้องมีลักษณะเฉพาะและให้การดูแลช่วยเหลือผู้รับบริการได้ครอบคลุมทุกมิติ การศึกษาครั้งนี้เป็นการวิจัยเชิงสำรวจ มีวัตถุประสงค์เพื่อวิเคราะห์ความสัมพันธ์ระหว่างคุณลักษณะส่วนบุคคล, ปัจจัยภายในวิชาชีพและปัจจัยภายนอกวิชาชีพกับการปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศกลุ่มตัวอย่างคือ พยาบาลวิชาชีพแผนกอุบัติเหตุและฉุกเฉินในโรงพยาบาลสังกัดกรุงเทพมหานครทั้ง 8 แห่ง โดยใช้แบบสอบถามเป็นเครื่องมือในการวิจัย วิเคราะห์ข้อมูลโดยใช้ค่าร้อยละ, ค่าเฉลี่ย, ส่วนเบี่ยงเบนมาตรฐาน, การทดสอบไคสแควร์, ค่าสัมประสิทธิ์สหสัมพันธ์ของเพียร์สันและการวิเคราะห์ถดถอยพหุแบบขั้นตอน

ผลการวิจัยพบว่า พยาบาลวิชาชีพเกือบครึ่งหนึ่งร้อยละ 42.1 มีอายุระหว่าง 25-29 ปี อายุเฉลี่ย 29 ปี ส่วนใหญ่ร้อยละ 71.6 มีสถานภาพสมรสโสด และส่วนใหญ่ร้อยละ 77.9 ไม่เคยฝึกอบรมเกี่ยวกับสิทธิเด็กและสตรี/สิทธิผู้ป่วย จากการวิเคราะห์ความสัมพันธ์พบว่า ปัจจัยภายนอกวิชาชีพได้แก่ เทคโนโลยีและความรุนแรงของเด็กและสตรีที่ถูกล่วงละเมิดทางเพศมีความสัมพันธ์กับการปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศ ส่วนการกระจายกำลังคนไม่มีความสัมพันธ์กับการปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศ และการปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศโดยภาพรวมส่วนใหญ่ร้อยละ 81.1 อยู่ในระดับดี เมื่อพิจารณาตามรายด้านพบว่า การปฏิบัติที่ให้ความเคารพความเป็นบุคคลเกือบทั้งหมดร้อยละ 90.5 อยู่ในระดับดี, การติดต่อสื่อสารและสร้างสัมพันธ์ภาพร้อยละ 73.7 อยู่ในระดับดี, การใช้กระบวนการพยาบาลร้อยละ 72.6 อยู่ในระดับดี แต่พบว่า การให้บริการพยาบาลอย่างต่อเนื่องร้อยละ 3.2 อยู่ในระดับควรปรับปรุง ส่วนการวิเคราะห์ถดถอยพหุแบบขั้นตอนพบว่า เทคโนโลยี, ความรุนแรงของเด็กและสตรีที่ถูกล่วงละเมิดทางเพศ และสภาพการทำงานและสิ่งแวดล้อมสามารถร่วมกันทำนายการผันแปรของการปฏิบัติการพยาบาลเพื่อการคุ้มครองสิทธิเด็กและสตรีที่ถูกล่วงละเมิดทางเพศได้ร้อยละ 25.6 ($R^2 = 0.256$)

ดังนั้นจากผลการวิจัยจึงควรมีการพัฒนาและปรับปรุงด้านเทคโนโลยีในเรื่องการจัดระบบข้อมูลสารสนเทศ, การจัดทำแบบบันทึกข้อมูล, ระบบการส่งต่อทางเครือข่าย, สื่ออุปกรณ์, คู่มือการปฏิบัติการพยาบาลและเครื่องมือต่างๆให้ทันสมัย เพื่อสามารถให้บริการกับผู้รับบริการทั้งในเชิงปริมาณและคุณภาพ อีกทั้งควรมีการจัดการฝึกอบรมเพิ่มเติมเกี่ยวกับความรู้ด้านกฎหมายวิชาชีพ, สิทธิเด็กและสตรี/สิทธิผู้ป่วย/สิทธิมนุษยชนให้กับบุคลากรในวิชาชีพอย่างทั่วถึงทุกระดับ

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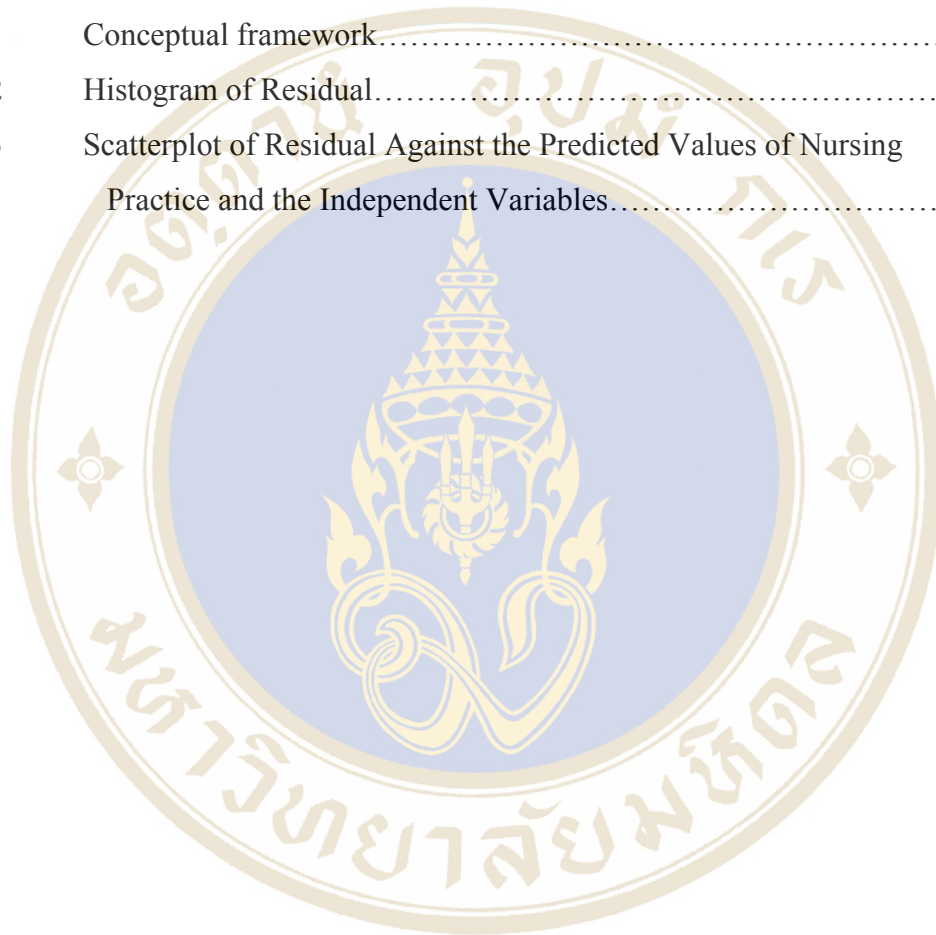
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CHAPTER 1

INTRODUCTION

Background and significance of problem

Sexual abuse problems in Thai society tend to increase continuously. According to Thai people sex value and behavior is changing, but the law enforcement remains stable. It causes inconveniences in comprehension and practice. For example, the change of sexual brutality in the past to human rights respects. The media also plays an important role in sexual exposure; meanwhile the criminal law has limitation which can not go along with the current society environment. As the report 2002 of 8 Centers of Children and Women's Rights Protection of Bangkok Metropolitan Administration Hospitals showed that 470 cases are from sexual abuse alone, 337 of them were physical assaulted by their family member and close contact person, 58.8% was solely from husbands, 106 cases were raped by total strangers, 9 cases by law enforcement officers themselves, 16 cases were molested, 8 cases neglected, 1 case was threatened. (The protection center for children and woman's right, Department of Medical Service, BMA, 2002)

From data The Royal Thai Police Office was found that rape 3,847 cases in 2001 and 4,042 cases in 2002. The total amount of victims may be more than the report has been shown here because there are also those who are too scared to ask for help from hospitals and police. They may be refrained of their family problems, embarrassment. It involves many people in a lot of professional fields such like physicians, nurses, policemen, public prosecutors, court, social workers and psychiatrists to participate in such a complicated case like this.

Hospital is the organization that provides public health care and service. A nurse is the important person who is responsible for look after the clients all the time and has the important role in giving four dimensional health care services which are health promotion, disease prevention, nursing care and rehabilitation. (Rassmepong, S., 1994: 51) It has become fully professional and high innovative in its system which gives them to get back to their normal life again. (Sirilai, S., 1996: 2)

Professional nurse is service that offers social in many directions as in keeping a good public health, so it requires expertise medical sciences responsibility, consideration and working process mastering. Nursing is a directly treatment, contact between a nurse and a client. She has to have self-understanding and recognizing before moving toward the clients. (Sirilai, S., 1996: 195-197) Accordingly, it's a subject about human, aiming to the success of nursing practice. The nurse should be able to use it in directing and focusing on her work and art in nursing process to satisfy the client's need. (Ibrahim, F., 1992: 83)

As in nursing practice, the nurse must be responsible for the physical assessment, nursing care plan, implementation and nursing evaluation of the clients and maintain a good public health. The standard of nursing is also encouraging a nurse to put out the better health care service quality for society. It's covered by nursing and maternity care law and code of ethics. The professional mission is client's right protection, social development and encouraging the dignity of being a nurse. (Ibrahim, F., 1992: 170-171)

From the aforementioned role of a nurse who reserves the rights to protect the clients, especially in a sexually abused, a nurse has to assess in the guideline to help solved any problems. Even though, it's a clear implementation of the policy in the code of conduction or everybody has signed an agreement on nursing principles, she's still lack of self-confidence in the role of real practice. Therefore, it's necessary for training and monitoring because the nurse training that efficiently integrated the knowledge and capability of adapting. (Suwannachart, P., 1995: 51)

Utilization of nursing process in a professional nurse can be different in each of individuals, including the working experiences and training. Experience means earning more and more working skills for a person and it's certainly a basic of the ability in working competency. (Muangman, T. & Suwan, S., 1996: 96) A nurse is also a factor in a health unit that closely works together, dedicate almost of her time with respect in other human's rights by the given rules and regulation of the ethics. (Petrillo and Sanger, 1980: 3-5) Communication is also a tool that leads a nursing process to satisfy and helps working with a team to reduce the amount of repeated scrutiny and violence, which another story comparing to nursing practice of sexually abused children and woman in the past. As the matter of fact, there is a nursing practice that treats this kind of victims like a general client. That's why the researcher was interested in the internal and external factors between the relationship of a nursing practice to protect rights of sexually abused children and woman. This study should be used to guidance for developing, improving and setting up the nursing services.

Bangkok Metropolitan Administration Hospitals understand the priority and necessity to help sexually abused children and woman, so it sets up the Emergency Unit called a One Stop Crisis Center which keeps the victims mental state from being questioning from time to time in many government offices, reduces the violence, prevents them from respected abuse and get them back to life again. So, it's coordination with many people from different fields of profession such as social workers, psychiatrists and policemen providing a better service, quality and standard. The nurse has to participate in solving problem as a team and be able to give a nursing service, holistically for everyone. Although, the process of some nurses may be different from the other members. It depends on their level of knowledge and ability to work. However, the point is to make sure that they can work together and with high responsibility, holding on the ethics and nursing standard.

Research questions

1. What is the nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals?

2. What are demographic characteristics, internal and external factors for nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals?

3. Are the demographic characteristics, internal and external factors related for nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals?

4. What are factors should be predicted for nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals?

Research objectives

1. To explain demographic characteristics, internal and external factors for register nurses in Bangkok Metropolitan Administration Hospitals.

2. To measure the level of nursing practices to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

3. To analyze relationship demographic characteristics, internal and external factors among the nursing practices to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

4. To predict the nursing practices to protect rights of sexually abused children and women with demographic characteristics, internal and external factors.

Research hypothesis

1. Demographic characteristics: age, marital status, education level and working experiences were related to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

2. Internal factors: training and research, administrative system, task environment and ethical and legal control were related to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

3. External factors: technology, manpower management and violence of sexually abused children and women were related to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

4. Demographic characteristics, internal and external factors could be predicted to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals.

Scope of the study

The population of this study is nurses who work in Emergency Unit in Bangkok Metropolitan Administration Hospitals. This excludes the nurses who are on pregnancy leave and taking leave to further their education.

Definition of terms

- Registered nurses refers to nurses who graduated with a certificate of advanced nursing and midwifery or bachelor degree in nursing and are registered as who worked in Emergency Unit at Bangkok Metropolitan Administration Hospitals.

- Bangkok Metropolitan Administration Hospitals refers to Bangkok Metropolitan Administration General hospital, Wachira hospital and Medical Science College, Taksin hospital, Charoenkrung Pracharak hospital, Latkrabang hospital, Nongchok hospital, Luang Pho Thawisak hospital and Rat Phipat hospital.

- Children and women rights refers to legal rights, natural rights and moral rights, that all of the inhabitants of the earth.

- Sexual abuse refers to behaviors which use power to force, deceive with children and women including physical, psychological, social harm and rape.

- Internal factors means supportive nursing practice to protect rights of sexually abused children and women consist of training and research, administrative system, task environment and ethical and legal control.

- Training and research refers to receiving promotion, studying at the village and research include presenting results of research, managing about nursing

practice procedures and developing of nursing practice to protect rights of sexually abused children and women.

- Administrative system means participated planning to sets up policy, divide work and goals, delegated, recorded the reports, methods of jobs planning and evaluated about nursing practice to protect rights of sexually abused children and women.

- Task environment means work places and specific places for children and women, adequate equipments, clean, tidy, enough light, comfortable, fire and accident prevention and manage and separate rubbish.

- Ethical and legal control means knowledge and perceptions about legal and rights of sexually abused children and women and quality of control under nursing and midwifery Act B.E. 2528 in second (B.E. 2540) including profession ethical code to promote value and profession benefit and principle of life safety.

- External factors means factors affected nursing practice to protect rights of sexually abused children and women that consist of technology, manpower management and violence of sexually abused children and women.

- Technology means setting of information technology systems that consist of data recording, database, referral system, media accessories and medical equipments and nursing practice to protect rights of sexually abused children and women procedures.

- Manpower management means job descriptive, delegation, follow up and evaluation involve human resource and work in nursing practice to protect rights of sexually abused children and women.

- Violence of sexually abused children and women means any act of persons with the other and cause injury both physical, psychological and sex aspects.

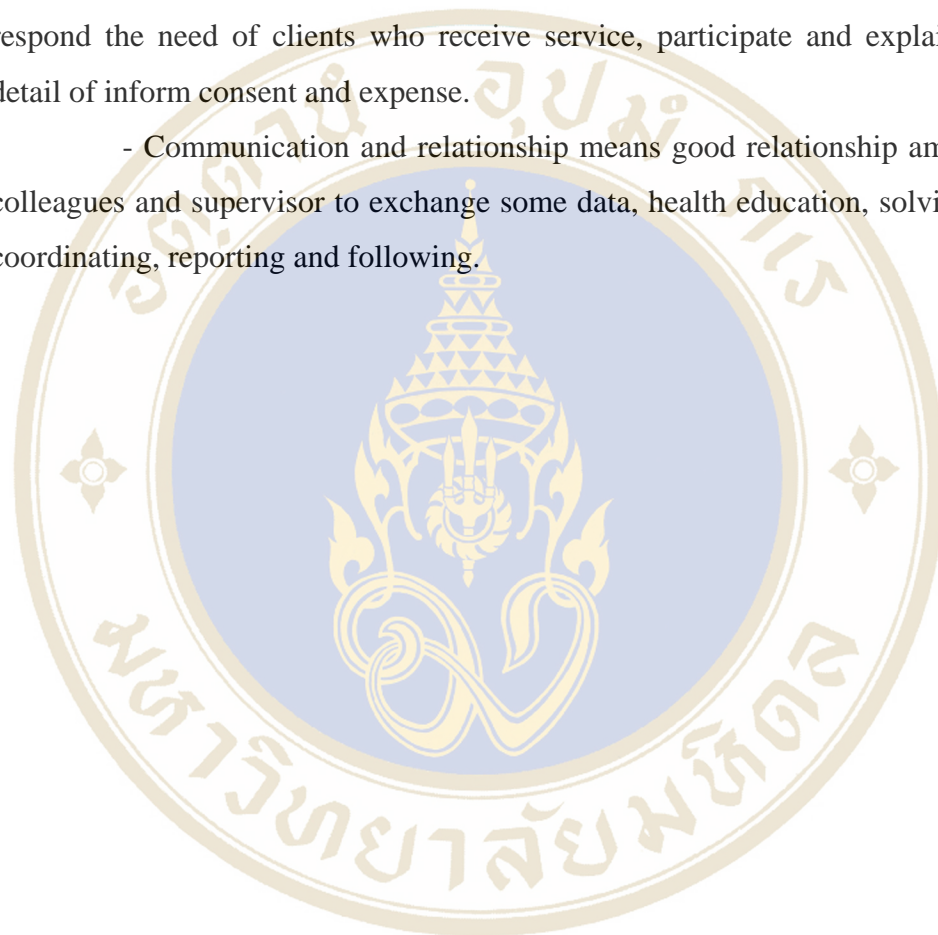
- Nursing practice to protect rights of sexually abused children and women means nursing process to survey health status of sexually abused children and women, continual nursing service, dignity of nursing practice and communication and relationship based on responsible to moral rights and professional standard.

- Utilization of nursing process means problem assessment by collected data, data analysis, diagnosis nursing record, sets up nursing activities, nursing care plan, participated solving problem, follow up and evaluation.

- Continual nursing service means caring and helping children and women under nursing standard both physical, psychological, emotional and social aspects including to giving time for them, reporting, recording, teaching, explaining, revising some data, following up and evaluating.

- Dignity of nursing practice means nursing activities to respect and respond the need of clients who receive service, participate and explain about the detail of inform consent and expense.

- Communication and relationship means good relationship among clients, colleagues and supervisor to exchange some data, health education, solving problem, coordinating, reporting and following.



CHAPTER 2

LITERATURE REVIEW

This is a study of internal and external factors relating to nursing practice to protect rights of sexually abused children and women in Bangkok Metropolitan Administration Hospitals. The literature review is provided on the following 5 topics:

2.1 Concepts of protection rights of sexually abused children and women and relevant laws.

2.2 Theories and concepts: Nursing practice to protect rights of sexually abused children and women.

2.3 Theories and concepts: Internal factors of nursing practice to protect rights of sexually abused children and women.

2.4 Theories and concepts: External factors of nursing practice to protect rights of sexually abused children and women.

2.5 Related literature reviews.

2.1 Concepts of protection rights of sexually abused children and women and relevant laws

Council of Europe (1986: 155) defines sexual abuse as men's behavior by acting to physical and sex mortify included directly or indirectly, using deceitful, force or ever method with group of woman, who makes them embarrassment, lost honor and physical and psychological abilities were decreased.

United Nations (1989: 196) sexual abuse refers to an act by a male is sexual intercourse by use of force, without consent or with consent induced by terror or by mistake in the identity of the male or the nature of the act. These males react

emotionally and physically as female victims suffering impotence, loss of self-esteem and confidence and rejecting intimacy.

Conclusion, sexual abuse refers to behaviors, which use power to force, deceive with children and women including physical, psychological, social harm and rape.

Sexual abuse is a violence of sex and it has happened in society for a long time same every country, both developed and developing country and trend to increase violence. (Table 1)

Table 1 Statistic of sexual offense between 1998 – 2002

Year	Category of case			
	Rape		Felony rape	
	No.	Catch (cases)	No.	Catch (cases)
1998	3,516	2,377	24	14
1999	3,913	2,525	5	4
2000	4,020	2,615	16	15
2001	3,847	2,513	13	10
2002	4,042	2,409	10	8

Source: Information Technology Centre, The Royal Thai Police office

2.1.1 Causation of sexual abuse

Come from Limpisawat, R., and et.al. (1994: 1)

1. The men and women were not equal. In general society believe that the men is leader and women is follower, he can more power and using that power act the violence to women.

2. Many media that stimulate sex increase such as obscene cartoon, pornography, video and service place.

3. Belief of rape problem is a natural because men want to release in sex motion.

2.1.2 Effect and reaction of sexual abuse

During critical situation after immediate phase, disorganization after from happening that situation from 2 - 3 days to 2 - 3 weeks. The sexual abuse women use of the defense mechanism of denial and confuse. In this period the women will be somatic and emotional reaction as followed: (Spencer, 1993: 567-585)

Somatic reaction

It found a result from sexual abuse in 2 to 3 weeks after situation as followed:

- Physical injury from force and harmful had abrasion, contusions by hit, struck, kick and twist or scratch may occur to other parts of the body such as neck, abdomen, chest, legs, back and arms.
- Muscle strength, the patients had fatigue, headache and insomnia or scary during sleeping and then could not sleep anymore in that day, bad tempered.
- Gastrointestinal tract reaction anxiety, fear, excites, nausea and abdominal pain.
- Urinary and genital tract reaction, the patients had abdominal pain, dysuria, leucopenia, vaginal bleeding, venereal disease, chronic vaginal infection and bleed per rectum.

Emotional reaction

The patients fear and terror because they got sexual violence and painful, furthermore they were shamed, anxiety, unable to talk at all, rejected the real and scared to become pregnant.

The long-term process: Reorganization

Beginning recovery, they could handle with great care and tenderness by them for maintains life in the future. These sick will have bad dream, be afraid and

suspicious that don't know in causes. It is reacting to show that traumatophobia, fear to situation of reaction and impressed in the bad past.

The rights of children and women are very important. Nurse should realize in the rights of children and women. And they most know the rights of themselves including to develop some rights with the progress of medical and medical technology. (Bandman, 1990: 21) The duty of nurses must concern client rights, that providing protect in order to safety from breaking of rights.

2.1.3 Relevant laws

The section 4 of the Constitution of the Kingdom of Thailand B.E. 2540 mention to human dignity, right and liberty of the people shall be protected. In the section 5 the Thai people, irrespective of their origins, sexes or religions, shall receive equal protection under this Constitution. In addition, Chapter 3: Rights and Liberties of the Thai people mention in section 30. All people are equal before the law and shall enjoy equal protection under the law. Men and women shall enjoy equal rights.

Furthermore, section 31 is mentioned that “A person shall enjoy the rights and liberty in his or her life and person. A torture, brutal act, or punishment by a cruel or inhumane means shall not be permitted: provided, however, that punishment”; likeness, section 53 “Children, youth and family members shall have the right to be protected by the state against violence and unfair treatment. Children and youth with no guardian shall have the right to receive care and education from the state, as provide by law.” likeness, section 80 “The state shall protect and develop children and the youth, promote the equality between women and men, and ”

Similarly, Convention on the Rights of the Child in Article 3 emphasis “2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians or other individuals legally responsible for him or her, and to this end, shall take all appropriate legislative and administrative measures.” And “3. States Parties shall ensure that the institutions, services and facilities responsible for

the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health in the number and suitability of their staff, as well as competent supervision.”

In addition, States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse in section 34. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials. (Office of welfare promotion protection and empowerment of vulnerable groups, 1997: 3-18)

Therefore, caring and helping sexual abuse children and women could slowly and fast act, depend on to concern the problem of health team because the forth with solving could amend to patients and family. Moreover, it is important that acting and nursing practice have dedicated and careful, teamwork until discharge because caring and helping patients to covered and decrease patient acuity.

2.2 Theories and concepts: Nursing practice to protect rights of sexually abused children and women.

2.2.1 Utilization of nursing process

There are many aspects of nursing practice. Schemerhorn (1978: 347) explained the nursing practice is activities help the client knowledge, skill, experience and nurse's reasonability. As Poungrut Boonyanurak (1992: 78) said that the nursing practice is caring for individual, group and community who have a good health and illness in own happiness environment. Including to observation, caring, counseling, prevention disease, teaching and health education, intervention and monitoring to colleague that should perform according boundary correctly.

The Nursing Council of policy (1986: 7) said that the nursing has not separate from the other professional but it will be flexible to health need, that changes social, economical and the advance of knowledge include the development of technology especially medical technology. So the nursing scopes have a holistic care for individual, family and community. WHO is forming nursing practice as followed:

1. To manage with health status and illness of clients.
2. To care and follow up quality control of service.
3. To manage system for health service.
4. To care and help for clients.
5. To teach about health.
6. To manage with changing in situation and safety.

The nursing practice concepts must be gathered as followed: (Ibrahim, F., 1992: 58)

1. To respect the patient with humanity.
2. To help the whole person.
3. To accept the patient behavior.
4. To use process of solves some problems.
5. To respect in the rights of patient.
6. To stress the present.
7. To respect of self nurse.
8. To remedy and cure with the good relationship between nurses and

patients.

The standard of nursing practice (Thailand Nursing Council, 1998: 53-54) refers to the code of ethic include moral, protect associated with cure and health. Development quality of nursing practice based on nursing science, client's center. There are evaluated and brought knowledge from the research to apply in practice for continuous quality improvement.

So, it concludes that nursing practice is 4 applicable knowledge dimensions, which consist of health promotion, disease prevention, curing and rehabilitation of clients.

The nursing process is the method by which this framework is applied to the practice of nursing. It is a deliberative problem-solving approach that requires cognitive, technical and interpersonal skills and is directed to meeting the needs of the client/family system. (Ward, 1992: 155) The nursing process consists of five sequential and interrelated phases. These phases integrate the intellectual functions of problem-solving in an effort to define nursing action. (Schwecke, 1999: 247)

Farida Ibrahim (1998: 3) said that nursing process is to survey about health for clients who get the service to show that the basis of the clients care on the method to solve the problem and respond the need of the clients after evaluation already. It provides a framework for implementing and evaluating nursing care that focuses on achieving desired outcomes.

Somjit Hanucahreonkua (2001: 173) studied to nursing process is a problem solving within the context of nursing practice. It is cognitive process and a systematic method of giving humanistic care.

Finally, the nursing process is the instrument for useful in nursing practice, that to meet the needs of the patients. The nursing process is a combination among the traditional, model and flexible practice. (Nursing Division, Ministry of Public Health, 1986: 233)

The importance of nursing process

The nursing process is the method that to be really get outcome goals. Because of helping patients to solve problem as the summary that: (Ibrahim, F., 1998: 5-8)

1. Solving the problem widely of both the clients and nurses for suitable the situation and environment.
2. Using the process to solve the problem in many methods to be success in aim for professional who has to evaluate all sections of the nursing process and feed back. These are collecting the data, planning, implementation, evaluation and nursing practice development.

3. Giving for chance of competency and educational development.
4. Understanding the clear knowledge and experience for nursing practice as a holistic care.
5. Getting sympathy for performing the nursing process to the important and convenience with planning for development.
6. Understanding the role of themselves and others was clearly and correctly.
7. Changing the healthy behaviors by communication clearly in nursing team and health team. The nurses have to perform independent and dependent on caring to respond the need of the other and coordinate to get the correct cure.
8. Approving by the clients who understand, satisfy, impress, good sincere is a good relationship between nurse and clients.

Nursing Process

1. Assessment is the first phase of the nursing process. Its activities are focused on gathering information regarding the client, the clients/ family system, or the community for the purpose of identifying the client's needs, problems, concerns, or human responses. (Hanucahreonkua, S., 2001: 172-178)

Type of subjective data might be described as the individual's view of a situation or series of events. Subjective data are frequently obtained during the nursing history, the client's perceptions, feelings and ideas about self and personal health status. In contrast, objective data are both observable and measurable. However, this obtained information are evaluated through the senses-sight, smell, hearing and touch-during the physical examination of the client.

2. After data are collected during the assessment phase. A nursing diagnosis is a clinical judgment, critical thinking and cues clustering about individual, family or community response to actual or potential health problems or life process. The intervention for each type of nursing diagnosis-actual, potential and possible nursing diagnosis has a different focus. (Oermann, 1997: 72)

3. In the planning phase, strategies are developed to prevent, minimize, or correct the problems identified in the nursing diagnosis. Thus, outcome criteria or client goals are the maintenance of change to a favorable status of the client after nursing care. Outcome criteria or client goals can represent resolution of a problem or evidence of progress toward resolution of a problem. Client goals can be long-term or short-term goals. Care plans are necessary to provide a framework for the delivery of care and to ensure continuity.

4. The implementation component of the nursing process involves applying the skills needed to implement the nursing order. These factors include continuous assessment, planning, teaching, counseling, reporting and recording. (Norwood, 1997: 191) The interventions can be carried out by members of the health team, the clients or the client's family. The plan of care is used as a guide. The continuous nursing collected data regarding the client's condition and interaction with the environment.

5. Evaluation is a going process used to judge each component of the nursing process. The term is used most commonly to describe decisions made about the effectiveness of nursing interventions. There are three different types of systematic evaluations. This type of evaluation focuses on the structure of care. It includes examinations of the physical facilities, equipment, administration, policies, procedures, staffing and qualifications of personnel. All of these factors influence the environment in which care is given. This form of evaluation encompasses the nurse activities by the nursing process. During the assessment phase, the nurse evaluates the data for completeness, accuracy and compares them with previous observations about the client. Together the nurse and client validate the nursing diagnosis.

The nursing process is the method by which the theoretical frameworks of nursing are applied to actual practice. It can be organized into five phases; assessment, diagnosis, planning, implementation and evaluation. The use of the nursing process has implications for the profession of nursing, the client and the individual nurse. Professionally the nursing process defines the scope of nursing

practice and identifies standards of nursing care. The client benefits by the utilization of the nursing process, since ensures quality care while encouraging the client to participate in care. Finally, the benefits for the individual nurse are increased job satisfaction and enhancement of professional growth.

For the standard of practice, utilization of nursing process covered holistic composes individual, group, family and community consist of health promotion, disease prevention, cure and rehabilitation. It's coordinate with the other professional team. (Thailand Nursing Council, 1998: 55)

Conclusion, utilization of nursing process means problem assessment by collected data, data analysis, diagnosis nursing record, set up nursing activities, nursing care plan, participated solving problem, follow up and evaluation.

Management of the Protection Center for Children and Women's Rights in BMA concerns activities as following:

1. The activities for prevention

1.1 Giving the knowledge for family planning to build the love and good relation. Consist of health education, counseling and solving the problem for children and women or the guardian, it has supportive to readiness for nursing practice for children and women.

1.2 Giving the knowledge and data to the medical team, that support and concern the rights for children and women.

2. The activities for treatment.

2.1 To set up service system, the urgent patients can get the service at emergency ward in 24 hours.

2.2 To manage general patients in OPD.

2.3 To consult the specific physicians.

2.4 To holistic nursing care.

2.5 To coordinate between multidisciplinary teams to especially and efficient care.

2.6 To coordinate both the government and privacy organizations to refer.

3. The activities for physical and psychological rehabilitation.

3.1 To rehabilitate physical in case of the patient is disabling.

3.2 To rehabilitate psychological by counseling both individual and families.

4. The activities for follow up.

4.1 To coordinate with the outside hospital example the district office, the health office, the policemen and the others.

4.2 To follow up and evaluate the result for progressive for helping children and women that get violate.

4.3 To report, summarize and collect the data to be categories for the useful in planning and solve the problem that will be happen.

4.4 To present the report and public relation the Directing Center where aid for Children, Women, Elderly and Disadvantaged BMA.

2.2.2 Continual nursing service

From the human rights section 25, that every human being has the rights to life, the safety of his person and health protection. Nobody may be the object of arbitrary interference in their private lives, their family or their home. Mother and kids need to get help especially help care. Every kid must have to take care from the social by equally. The health care right is the legal rights. The constitution of the Kingdom of Thailand mention, the rights for everybody has the rights to support the health service by government. The public health standard for everybody is frees the cost including prevention and destruction the harmful communicate of disease.

The patient has the rights expect nurse who care them with good knowledge and capacity. The patient will be saving from the health teams because the graduate nurses pass the comprehensive before care them. The nurse does not violate ethical code and law. To reject helping the patient until can make dangerously is mistaken as the criminal law. (Grady, 1989: 526-530)

The right to cure decision the health is the legal rights. The physicians and nurses, missions are explained to understand of nursing suggestion and treatment. (Labonate, cite in Siriporn Tantipoolvinat, 1993: 38) The standard of nursing practice had to continuously manage to health care by having plan with health team, clients and another in order to develop the potential of clients who receive some service. (Thailand Nursing Council, 1998: 51)

In the record and report of nursing are important. They show outcome and the quality nursing instrument as following: (Nursing Division, 1996: 188)

1. Record symptoms change or problem or need helps for urgent.
2. Nurse or cure response to need of patients.
3. Results of nursing were evaluating of action with patients.

Conclusion, the continual nursing service means caring and helping children and women under nursing standard both physical, psychological, emotional and social aspects including to giving time for them, reporting, recording, teaching, explaining, revising some data, following up and evaluating.

Working process's guidance of the Protection Center for Children and Women's Rights in BMA as the followings:

Working hours

1. The patient examine physical and met the hard attack getting, they had to send the social officer.
2. The nurse will record the data and the patient's histories by confidentially.
3. In case of the patient, health team has to report the policeman. The social officer will coordinate with the policeman or investigate officer.
4. In case of the rape, they have to keep specimen as followings; HIV, VDRL, Gram's stain, Sperm, and Acid Phosphates.
5. In case of the patient get the hard attack is the high-risk group that will get the repeat hard attack and admit them.

Other hours

1. Nurse and physician in Emergency Unit have screen patient who found that hard attack getting have sent to treat and consult the social officer in office hours later.

2. Nurse has to record the data and history of the patient by confidentially.

3. Nurse is a counselor who suggests and coordinates with the social officer in working hours for following the patient later, when the patient discharge.

Following up

1. The patient who come other hours, the social officer will visit them at home in the next day.

2. Home visiting to search information, these are planed and coordinated with the own area by officers of the public health center, department of the district, others governors offices, private organization and policemen.

3. The last stage, health teams have evaluated the results of patient's helping.

2.2.3 Dignity of nursing practice

Dignity of nursing practice means nurse's activities to response the physical, psychological, emotional and social needs of patient. It is not concern to rights have got moral and legal problem and dignity. (Ellis and Nowlis, 1992: 6) The role of nurses is protect the rights of patients include providing in rights information and alternatives. There are objectives: (Annas, 1992: 261)

1. To protect the patients from the danger while receive some cure and treatment.

2. To support treatment by patient's participation.

3. To contribute treatment in suitable as standard.

Nurse characteristics may be general nurse profession begin study individualism with the advance of high technological by emphasis to purpose and how

to practise with person, to care and accept for people that need for them more than to be sick. The independent and rights are especially for everybody although the difference in religion, language or socio-economic status. Giving service by nurse is on the basis of cognitive, reason and orderly. This is the best doing for helping and caring of the nurses. For high quality nurse in the society, nurse has to study and learn with herself to develop the moral and ethical, so she can decide her mind for suitable situation, creativity values and responsibility, conscience, respect to holistic. To give the respect with organization human being dignity, the different individual respect and charity the receiver, all of these are art and high moral. But they will depend on studying and learning the experience.

Thailand Nurses Association Congress prescribe the rights that will get the respect personal individual both legal and moral rights from the professional nursing conduct. The nurse has to practise and support doing to protect rights of the patient as followed:

1. Professional working concerns about value and dignity by all the human beings.
2. Nurses are obliged to treat everyone with the same respect, regardless of race, nationality, religion and individual status.
3. Nurses shall keep the entire patient's information confidentially except consenting by the patients or law.
4. Nurses shall guarantee and apply the correct appropriate treatment for those personal, family and community.
5. Nurses shall protect the dangerous. That will give the result for population's health.

The International Nurse of Council declared that the nurses shall give the cure by respectfully and human rights, obliged to treat for everyone with the same respect, regardless of race, nationality, religion, age, sex and social status. The clients who receive some service have some rights to keep confident their data according to the rights of laws and moral. Nurses should not realize disclose the secret in order to protect the rights of patients. Everybody has the rights to receive the standard of

earning enough money to maintain their health and the well-being of themselves and families.

International Nursing Council: The principles of this right are accepted and practised world-widely. The clients have the rights to receive a safety from the health professionals. The practices are not allowed medical students, or nurse students practicing their treatment on the patient's bodies, even though they are under the control of the medical and or nursing teachers. The duty of nurses must keep the secret according to nurse ethical code beginning The Florence Nightingale Pledge including the nurse ethical code of Thailand Nursing Association.

The right on individual connected with doing the human research is the personal's right. (Annas, 1992: 176) It is the universal standard; Nuremberg Code that ethical criteria and the principle of legal about the human research. There is 10 items, for examples, the patients allow by willingly, can stop to cooperate with the people who report the research would not given the dangerous to anyone or deficient by body and mind. In the same way, Thailand has the rights protection in human research as the order of the Nation Research Congress, the researcher request informed consent.

Conclusion, dignity of nursing practice means nursing activities to respect and respond the need of clients who receive service, participate and explain about the detail of inform consent and expense.

2.2.4 Communication and relationship

Webster (1966: 296) defines communication as process of transfer and exchange of information by showing in form of behavior and physical and psychological reaction. The thought of sender is interpreted into information and sent via information channel to information recipients to the same understanding. As Tongchai Santiwong (1990: 118) explains that to communication meaning mass media or human instrument which human beings use it. In general, communication means the process of transfer of information and an understanding from an individual

to another. As Fagen (1996: 13) defines communication as the process of sending information and though from an individual to another.

Relationship means an individual or group makes know and contact each other. In one period or one month or one year or for all life, relationship has three forms as following:

1. Social relation
2. Working relation
3. Helping relation

The communication means good behavior and implies to trust and accept for each other by speaking, listening and show some manner including suitable personality. (Saenadisaei, S., 1996: 35-38) Behaviors which showing communication and good relationship compose with using speech in contact, acceptations and patients need, promotion and supportive good relationship and sets up self need about treatment, response psychological need including good relationship with the other professional health team. (Schwirian, 1978: 347-351)

Human communication has several identifiable properties. (Northouse, 1992: 4-6) In models and theories of human communication, these properties represent the fundamental assumptions or axioms upon which subsequent theories are built.

1. Human communication is a process

This image of one person sending a message along a channel to another person is based on a linear approach to communicate. In this approach, person A instills his or her message into person B. Communication occurs in one direction, with one person directly influencing a second person through the utilization of specific messages. However, the linear approach has been criticized for being too restrictive. Human communication is more than a one-way event.

In health care, the assumption that communication is a process directs our attention to professional-professional and professional-client communication as ongoing dynamic processes rather than one-way, fixed sequences of events. The process assumption directs us not only to look at factors that affect the client but also to analyze factors that affect the nurse, social worker, or physical therapist, and to examine how the ongoing interchange between all of these people will vary depending on the nature of the situation.

2. Human communication is transactional

Human communication is transactional. By we mean that both individuals in an interaction affect and are affected by each other. (Wilmot, 1979: 12-15) Transactional communication involves reciprocal influence. Each individual is both a source and a receiver at the same time. If we accept a transactional perspective, we shift our focus away from an analysis of the ways in which one person affects another; instead we focus on the relationships between individuals that are developed and maintained through their mutual influence on one another. To study communication as a transactional process involves emphasizing the communication behavior of individuals in relationships. The transactional view point focuses on the combined properties of the participants in an interaction, not on their individual characteristics. When describing human communication from a transactional perspective, it is important that we think of individuals together in a relationship rather than separately.

In relationship and communication, outcomes are mutually determined. Human communication in relationship is a two-person process. Health professionals do not make clients submissive and they do not make themselves dominant. Clients and health professionals engage in human interaction and by doing so they establish how they are related and how they want to communicate.

3. Human communication is multidimensional

When human communication takes place, it occurs on two levels. One level can be characterized as the content dimension and the other as the

relationship dimension. In human communication, these are two dimensions inextricably bound together. The content dimension of communication refers to the words, language and information in a message that defines how participants in an interaction are connected in each other. (Northouse, 1997: 163)

It is important that health professionals recognize that the relationships they develop with clients and with other health professionals significantly influence the effectiveness of their interpersonal communication. Given the multidimensional assumption of human communication, effective communication is more likely to be achieved when health professionals are equally attentive to both the content and the relationship dimensions of messages. (Pincus, 1986: 138)

The efficiency communication and relationship among health team, nurses and clients are very important who have got some nursing practice. (Pincus, 1986: 138) The important keys of relationship between nurses and clients who have receive service in order to fulfill some goal as followings: (Isenberg, 1997: 157)

1. To perceive between nurses and clients who have received service in the same ways.
2. To have some effective communication.
3. To set up the goals between nurses and clients.

Professional nurse has communicated with the other health team and delegation sending and receiving skill is essential for nurse. The professional nurse tends to be the counselor and monitor for suitable nursing practice. (Farkas - Cameron, 1992: 166) Superior, collaborators and subordinators have exchange, understand and participate for solving problem.

The concept of Schwirian said that good relationship behaviors are the speech to accept, patient's need, support, participate and explain to methods of nursing practice, it is the feedback for psychological. The communication and relationship are very important for nursing practice. (Vasin-amorn, S., 1996: 34)

Therapeutic communication between nurses and clients are the process for help them. It's understood and helps persons who receive service the solving problem.

Conclusion, the communication and relationship means good relationship among clients, colleagues and supervisor to exchange some data, health education, solving problem, coordinating, reporting and following.

2.3 Theories and concepts: Internal factors of nursing practice to protect rights of sexually abused children and women

2.3.1 Training and Research

Public Health to Human Resource Development of Institute, Ministry of Public Health (1996: 3-20) sets up the job descriptive as following:

For the education

1. To support and produce the officers, the quota scholarship student planning, select for scholarship student, compensate the fund when wrong promise, orientate when graduated and job management about sending officers to work as the committee command.
2. To maintain the continuous education management by orderly.

The nurse's education including basic and formal education are the formal and informal education at the institute for example self education, seminar, train by quality study is training for the graduated nurse who think, search the data, solve the problem and learn to nursing practice. Working experiences will be helpful to promote the quality nursing practice.

For Training

1. Orientating, it is developing officers for new vocation and changes the new workplace to a good understanding and job knowledge.
2. On the job training, it is developing knowledge to officers by meeting, training and conference.

3. The short course training is developing the administrative, service and subject officers.

Tanner and Lindeman (1989: 126) give the opinion is the nursing knowledge combine the basis for the nursing practice, the results of research, theories and experience nursing. All of the knowledge are viewed as theories and experience nursing because they set up the guideline to solve and analyze the problem. Beside these are supports and develop the results of research and nursing theories for the clearly nursing practice. (Tongsawut, R., 1994: 87)

Rosswurm (1992: 457) said that the factors are support to the nurse has learned and participate for nursing research project. The nursing administrator is allocated the fund, supported, coordinated, developed and presented the results of research, it is the important to get the nursing research project to be stay forever. (Kachoyeanos, 1991: 188) There are very important because the practice get the knowledge from the past research. (Hanucaroenkul, S., 2000: 48) Nowadays in the hospitals concern the nursing research are learning, participating and presenting the results of research for give the service and decrease the complication the clients.

Conclusion, training and research refers to receiving promotion, studying at the village and research include presenting results of research, managing about nursing practice procedures and developing of nursing practice to protect rights of sexually abused children and women.

2.3.2 Administrative system

Schwartz (1980: 5) defines the administration is the process to achieve objective of organization consist of 5 topics were planning, organizing, staffing, directing and controlling. As Somyos Naveekarn (1995: 18) said that the administration is the process of planning, organizing, directing, controlling and using the other resources of the members in the organization as the goals.

Kreltner (cite in Varaporn Pleeplakorn, 1996: 20) said that the administration is the work process to coordinate with others. According to help the organization is to achieve the objective under the environment changing and the resources limitation.

Surachart Na Nongkhai (1997: 2-5) said that the administration is useful with the art and science to select the administrative resources to be successful by efficiency goals. This means that focus on the method. “The administration is manage to be efficiency” that focus on the goals when combine two meanings add together they mean that “The administration is the science and art of goal achievement to efficient management.”

The Administrative Process (Kasemsin, S., 1983: 10)

1. Planning associates with forecasting, setting the objectives, developing in the method planning and improving the policy.
2. Organizing associates with managing organization structure, scoping and job related and job descriptive.
3. Staffing associates with some selecting, training and personal developing.
4. Directing associates with making decision, coordinating and participating.
5. Controlling associates with setting work system, developing and practice standard, evaluating and solving problem.

The professional administration is the body of the administrative knowledge to use the skill and the technique to practice. They have the code to controller and gone to goals on the basis of professional. Then, the nursing theories are the conduct of administrative and service together. (Ibrahim, F., 1994: 2)

The administrative competency will be criteria as the following:
(Nursing Division, Ministry of Public Health, 1996: 27)

1. To competent for team work and system caring.
2. To be the leader to changing for development the nursing quality.

3. To delegate for the nurse has not license as suitable the knowledge and skill for the client's need.
4. To participate the nursing practice planning as the responsibility.

The nursing administrative is the management of nursing practice as the objectives or the client's problems including physical and psychological, focus on health promotion, disease prevention, curing and rehabilitation. (Thailand Nursing Council, 1998: 45) The activities of administrative nursing set up nursing team, the record and report nursing.

Conclusion, administrative system means participated planning to sets up policy, divide work and goals, delegated, recorded the reports, methods of job planning and evaluated about nursing practice to protect rights of sexually abused children and women.

2.3.3 Task Environment

Promotion and Environment Act B.E. 2535 defines environment is feature of physical and biological surrounding human beings. As Nat Tanvirorn and Poosub Samutsakorn (2000: 71) defines environment is everything surrounding include living thing and non-living thing. As WHO (1981: 213) defines environment is everything surround human beings including living thing and non-living thing which are concrete and abstract. As Pichit Sakulpharm (1988: 54) defines environment is everything surround human beings while we are working.

Workplace or service place should be considering as follow:

(Sukhothai Thammathiraj University, 2000: 564-565)

1. Site and Location, due to it is service place and comfortable for the clients. The selection place is necessary for the first before to build but try to improve and decorate.
2. Building, it is design for construction, where consider the useful, strength, safety, comfortable, adequate area, ladders and fire exit when it might have emergency event.

3. Lighting, it is enough for working.
4. Ventilation, it is ventilating enough the air and decrease smell.
5. Waste management, it is getting riddance and separate every day.
6. Accident prevention, it is the accidental prevention measure including improve and solve building, these are ladders, light, fire exit and fire extinguisher.
7. Cleanliness and maintenance, it is clean and maintenance for equipment must be in good condition.

The work place, the equipment, the dwelling and the outcome are important to help the efficiency nursing practice. (Hnucaroenkul, S., 2000: 48) The management of the workplace and environment will be specific, clean, comfortable and safety. So, it will be dangerous prevention system i.e. the fire equipment, liquid, the fire exit and always to check them. (Sutadsanajinda, S., 1992: 51) The management of equipments in the nursing process including nursing process procedure, the advance news, forms and conference room will be completely and enough to work for development hospitals have the standard level. (Tunmookayakool, A. and Siritrungsri, B., 1994: 77)

Conclusion, task environment means workplaces and specific place for children and women, adequate equipments, clean, tidy, enough light, comfortable, fire and accident prevention and manage and separate rubbish.

2.3.4 Ethical and legal control

The quality of nursing service is the important and necessity to the controlling system by the professional organization under The Professional Nursing and Midwifery Act B.E. 2528 and the second (B.E. 2540) as followed: (Boonyanurak, P., 1995: 28 – 32)

1. The measurement to assurance the risk for people, the nurse has not responsibility and humanity, who will be give damage both life and fame, so it is necessary the law to associate and control her as followed:

1.1 The legal controlling measurement for example; it is prohibit for any person who is not a registered practitioner of the nursing profession to perform professional activities or to do anything that misleads other people that she has a right to conduct the action without registration or obtaining a license for such purpose.

1.2 The moral controlling measurement, any person conducting the nursing and midwifery profession shall observe the ethics of the profession as stipulated in the Nursing Council Regulations in section 32 and section 33.

Regulation of The Nursing Council Concerning the Registration and Issuance of a License to be a Practioner of The Profession Nursing, Midwifery or Nursing and Midwifery Act B.E. 2530 as followed:

Chapter 1: General principle

Article 1: A practitioner of the nursing and/or midwifery profession shall be a decent member of society and shall abide by the laws of the country.

Article 2: A practitioner of the nursing and/or midwifery profession shall conduct themselves professionally with dedication and without discrimination of economic status, race, nationality, religion, social and political ideology.

Article 3: A practitioner of the nursing and/or midwifery profession shall not behave in any way or commit any act, which is prejudicial to the integrity of his/her profession.

Chapter 2: Professional Practice of Nursing and Midwifery

Part1: Codes of Practice to Patients or Clients, Article 4: A practitioner of the nursing and/or midwifery profession shall maintain his/her professional standards of practice to the best of his/her ability by promoting health, disease prevention and control, treatment and rehabilitation of patients or clients without monetary reward except for the normal service fee.

Article 5: A practitioner of the nursing and/or midwifery profession shall not persuade or induce a client to receive treatment in order to gain personal benefits.

Article 6: A practitioner of the nursing and/or midwifery profession shall neither give nor receive benefits from the process of admitting or referring the patient or client for treatment.

Article 7: A practitioner of the nursing and/or midwifery profession shall treat patients or clients with courtesy without posing any kind of threat to them.

Article 8: A practitioner of the nursing and/or midwifery profession shall not in any way deceive patients or clients for the purpose of personal gain.

Article 9: A practitioner of the nursing and/or midwifery profession shall always observe and implement safety precautions while carrying out his/her professional practice. He/she must also avoid unnecessary expenses for the patients or clients.

Article 10: A practitioner of the nursing and/or midwifery profession shall not prescribe or encourage the use of any unrecognized secret medical formula or unidentified medical equipment.

Article 11: A practitioner of the nursing and/or midwifery profession shall not intentionally issue a false certificate or a dishonest opinion in any matter, concerning his/her profession.

Article 12: A practitioner of the nursing and/or midwifery profession shall not reveal any details concerning his/her patient or client, except when consent is given by the patient/client concerned or when law requires such information.

Article 13: A practitioner of the nursing and/or midwifery profession shall not refuse to assist a critically ill person when he/she is requested and is in a position to do so.

Article 14: A practitioner of the nursing and/or midwifery profession shall decline to perform his/her professional practice in a public place unless it is an emergency or an act conducted in the performance of duty under the following; a ministry, bureau, department, Bangkok Metropolitan, Pattaya City, provincial administrative office municipality, sanitary district, or any local administrative organization notified by the Minister in the Royal Government Gazette or Thai Red Cross Council.

Article 15: A practitioner of the nursing and/or midwifery profession shall not initiate or encourage illegal practice of his/her profession, that of a medical practitioner or a certified physician.

2. The nursing quality controlling measurement as The Professional Nursing and Midwifery Act B.E. 2528, the Thailand Nursing Council shall have the powers and responsibilities as following:

2.1 To endorse accreditation of the academic institution that offers the teaching and training programs related to nursing or midwifery section 7 and section 22 (3) (J) criteria for approving an institute offering courses in nursing and midwifery.

2.2 To monitor the conduct of those who are practitioners of nursing and midwifery to ensure that it is in accordance with the ethics of this particular profession as section 17 and section 22 (3) (E) criteria for registration, issuing of a license, forms and types of license.

Conclusion, ethical and legal control means knowledge and perceptions about legal and rights of sexually abused children and women and quality of control under nursing and midwifery Act B.E. 2528 in second (B.E. 2540) including profession ethical code to promotion value and profession benefit and principle of life safety.

2.4 Theories and concepts: External factors of nursing practice to protect rights of sexually abused children and women

2.4.1 Technology

Kirtsri Sumranvejaporn (1997: 22) defines technology is subject associate with art and applies science to benefit in practice. As Krissade Krustong (1997: 35) defines as technology is the process or management in the others. As Koener, et.al. (1991: 15-17) defines technology is the knowledge or subject in changing raw material in different method, standard, data system, using resource and solve to organization and social problems.

Krissada Krustong (1997: 35) defines information technology is taking information, searching, collecting, managing, analyzing and spreading in order to increase efficiency and rapidly as aims.

The completely information technology about knowledge and the other technique has affective to changing the hospital policy and the nurse will be decide the effectiveness nursing practice. The nursing information system has related to the other system of sub-information in the hospital. (Nursing Division, 1997: 86) So, the nurses will be develop to information system to benefit for health teams including designing system, taking system to work, changing the new method, using the computer and having information skills. (Sumranrejjaporn, K., 1997: 27)

The public health service system in the present found that associate with computer such as central database to medical record, medicine data system, unit costs, infusion pump, automatic BP monitor, EKG monitor, net work exchange information and online referral system.

The important technology changing has both positive and negative impacts for people and society. In positive technology, it will be useful the computer to comfortable, fast and modern. In negative technology, it will be impacted the unit costs, ethical and value and decrease relationship. Thus, the changing technology has to impact for them, (Younipan, J., 1999: 24) it has been developed the nursing practice and protected the clients. (Gibson, 1993: 203)

Conclusion, technology means setting of information technology systems that consist of data recording, database, referral system, media accessories and medical equipments and nursing practice to protect rights of sexually abused children and women procedures.

2.4.2 Manpower management

Ausanee Tapwarrachai (1991: 135-136) said that the amount of officer or manpower management means the process of system performing both quantity and

quality by correctly. It is setting up of manpower, calculating, recruiting, selecting and delegating for the clients. The suitability of work quantity is a factor to work satisfaction. The important factor effect to the unit's efficiency is amount of officer because the officer's deficiency will be decreased the unit's efficiency. (Sungraksa, N., 1991: 33)

The manpower management is appropriate with working. It is relevant 3 things as follow: (Wongsarasri, P., 1992: 159)

1. Recruitment is a process of searching and influencing of applicant who has ability working in the organization.
2. Selection is a process the organization to use many instruments for determinant of many applicants to demand of organization, so the selection will be necessary the suitable criteria.
3. Entry is a performing in practice.

The importance to manpower management is an appropriate to practice as follow: (Ibrahim, F., 1994: 11-12)

1. The manpower requirements planning as follow:
 - 1.1 To plan the determinant of demand in each year, by a survey and consider to the nurse's demand.
 - 1.2 To plan the manpower for the unit, it sets up the method of allocating officers to many wards.
2. The recruitment to the officers has knowledge and ability properly.
3. Entry and assign to relate with ability of each person.
4. The management officer's record is the characteristic data and follows up both short-term and long -term performance.
5. The job descriptive is a written form and schedule to job performance.
6. The discipline is the policy agreement to use within organization.
7. The new officers have to been oriented and trained.
8. The officers are continuously developed.

9. The evaluation of job performance is the guidance in passing and considering to the position.

The nursing administrator should be has the human resources planning especially the nurses should be have adequate quantity to health service for people. (Khamlikit, S., 1989: 66) But the economical and political impacts to health system have the decrease manpower measurement, including government have seriously policy in reforming government system and early retire. So the government can not receive the new graduate to entering work, who is temporary officers. Further more, private also doesn't want because it is necessary to decrease the service according to economic condition. (Younipan, J., 1999: 81)

The administrative nursing is the health service goals, which has the planning policy, manpower, the nursing service system planning, human resource and the quality administrative. Generally the organization administrative will be successful as aim that depends on the practitioner enough and the quantity. The nursing administrator will be predicting the suitable manpower both the quality and quantity. (Tunmookayakool, A. and Siritrungsri, B., 1994: 48)

Conclusion, manpower management means job descriptive, delegation, follow up and evaluation involve human resource for nursing practice to protect rights of sexually abused children and women.

2.4.3 Violence of sexually abused children and women

Webster (1994: 312) defines violence of sexual abuse is the intention to use body or power with the other, groups or communities including injury, loss and death. As Elliot (1997: 263) defines violence of sexual abuse is any act or behaviors which are dangerous with power including threats, coercion or arbitrary deprivations of liberty, physical harm and murder. As Pensri Pichaisanith (1997: 7) defines violence of sexual abuse is the action which intention in physical, psychological and sexual injury. As Carroll & Morln, 1998; Brookland (1999: 166) defines violence of sexual abuse is any act of gender-based violence or causes harm through verbal,

physical and sex threaten. As Jacob (2000: 349) defines violence of sexual abuse is any abnormal act and behavior that results in physical, sexual or psychological harm, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

Effect of violence

From the research of World Health Organization about violence of women was divided as follow:

- Life violence such as suicide, murder, abortion or criminal abortion and died from AIDS.

- Violence but not lost the life.

- 1) Physical aspect such as infected venereal disease, HIV, reproduction infectious, wound undesirable pregnancy, abortion and bleeding and drug addict including alcoholic etc.

- 2) Psychological aspect such as depression, fearful, stress and anxiety, abnormal eating abnormal personality, compulsive impulsive including lack of self-confidence and the suffering to use drug.

Conclusion, violence of sexually abused children and women means any act of persons with the other and cause injury both physical, psychological and sex aspects.

2.5 Related literature reviews

Sriwan Meeboon (1996) studied to the nurses' awareness to patient's rights. Nursing activities which showing respect to patient's rights and patients' perception to nursing activities found that the nurses' awareness to patient's rights was in a high level. When considering each aspect giving on data in higher, awareness to equality nursing, respect to patient' rights respectively. The nurses who had the graduate and higher had higher awareness to patient' rights the nurses who had undergraduate at the level of 0.01. The difference times of duty made significantly difference of the nurses' awareness to patient' rights at the level of 0.05.

Somluk Suwanmalee (1996) who found that advance nursing training was a positive correlation to job competency.

Daungta Wattanasen (1998) was to study the utilization of nursing process in Male Surgery ward 2 at Lumpang Regional hospital, it was found that data collecting, nursing diagnosis, planning, implementation and evaluation were partially utilized and not covered psychological, social and economy.

Sanam Binchai (1998) study to readiness' nursing practice in Nakhon Sawan Psychiatric Hospital, it was found that readiness' nursing practice consist of general nursing, psychiatric nursing and utilization of nursing process was a moderate level.

Kulwadee Mutumol (1999) study to work empowerment and competency in nursing practice at Maharaj Nakorn Chiangmai Hospital, it was found that staff nurses had competency of nursing practice in nursing process was a high level. Because most of working experience was high and received to training, meeting and seminar to nursing practice.

Sudarat Pieamsin (2000) found that it was a good level in nursing practice of professional nurses to protect patients' rights in Siriraj hospital. To respect to human and to give information were a good level but to give chance decide medical method was a fair level.

Beside the results of research such as age, marriage status, education level and working experience was studied by Nopparat Araypattanakul (199: 104), it found that the older have got many experience in long work but depend on working experience and job descriptive. Salinla Singhpan (1999: 79) found that marital status was not related to practice of physicians in protection rights against child abuse. Sangjun Chigarat (1999: 40) found that professional nurses with different educational level had a different nursing practice related to patients' rights. Eidsiri Ruangpakdee (2000: 89) found that period of working was not related to job satisfaction of professional nurses.

CHAPTER 3

MATERIALS AND METHODS

Research design

This research is a survey research. Study to nursing practice to protect rights of sexually abused children and women. Data were collected and brought to analyze by questionnaire.

Population

The population of this study was registered nurses who work in Emergency Unit in Bangkok Metropolitan Administration hospitals, for total 8 hospitals and 150 persons.

The sample size in this study was estimated from this formula

$$n = \frac{N}{1 + Ne^2}$$

Yamane, 1970: 580-581 (cited in Kunnasoot, P., 1995: 175)

That sample estimate when to know population

n = Sample size

N = Population (Total 150 registered nurses in 8 of BMA hospitals)

e = Error of sample group that to be able accept (not more than 5 percent = 0.05)

The formula:

$$n = \frac{150}{1+150(0.05)^2} = 109$$

From calculation, the data of this research was collected from 109 persons.

The sample size of each hospital was calculated as sampling group in each hospital from this formula: (Silpasuwan, P., et.al., 1995: 191)

$$n_h = \frac{n \times N_h}{N}$$

n = Sample size

N = Population

N_h = Population of each hospital

n_h = Sample size of each hospital

Table 2 The population and sample size of each hospital in BMA hospitals

Hospital	Population	Sample size
- Bangkok Metropolitan Administration General	18	13
- Wachira and Medical Science College	42	31
- Taksin	23	17
- Charoenkrung Pracharak	17	12
- Latkrabang	14	10
- Nongchok	16	12
- Luang Pho Thawisak	9	6
- Rat Phipat	11	8
Total	150	109

Research Instrument

Research Instrument was self-administered questionnaires which developed from conceptualization, theories, results of related research and advisors and nursing professors consulting. The questionnaires consisted of 5 parts as followed:

Part 1: It consisted of questions about demographic characteristics including age, marital status, and education level, working experiences, violence of sexually abused children and women and training about patient, children, women and human's rights. There were the opened ended total 6 items.

Part 2: Questions about nurses' perception of internal factors to protect rights of sexually abused children and women have 4 parts as followed:

Training and research

1. Your unit send the nurses to studied at the village both government and privacy.
2. Your unit had supported and promoted for research.
3. Your unit had promoted more education.
4. Your unit had supported and updated text book and modern medical journals.
5. Your unit had spreaded out and presented for results of research.
6. Your unit had taken the results of research to improved and developed for nursing activities.
7. Your unit had managed about nursing practice procedure.
8. Your unit had delegated to the committee of knowledge.

Administrative system

1. Your unit has meeting and conference about policy, goals and job planning to be known.
2. Your unit had recorded the reports included nursing care plan for the administrator to assessment the advance of the nurses.
3. Your unit had set scope or duty by the written documents.

4. When you had any problem about nursing practice, you received help and/or advised by your superior.

5. Your unit had the methods of job planning and followed up for evaluation.

6. Your unit had shared and delegated to the duty and responsibility by clearly.

7. Your unit had opened chance to participant planning for setting scope and module of nursing practice.

Task environment

1. Your unit had conference room to convenient useful.
2. Your unit had prepared the specific place for curing sexually abused children and women.

3. Your unit had adequate medical equipments.
4. Your unit is clean and tidy for nursing practice.
5. Your unit is enough light for nursing practice.
6. Your unit had correctly managed and separated rubbish especially; it was infectious rubbish.

7. Your unit had the fire protection and destructive danger plan.
8. Your unit had solved the method to when the nurses get the accident from sharp metal or touched with blood/discharge of patients while they were working.

Ethical and legal control

1. Thailand had not law for protection rights of children and women.
2. Law of protection rights of children and women is not good for command and efficiency.

3. The government sector or the social organization cannot help children' sexual abused from family member.

4. Everybody had the rights of received cure when she/ he sick as the public health standard.

5. The parents had the power to govern children must look after and not hinder them for development of children.

6. The parents or guardians that made violated sexual with their kids and might take off the power to govern their kids.

7. Kids could not prosecute the parents with criminal law anyway.

8. Children and women could prosecuted you in case of getting the danger from cure or human rights were ignored.

9. Issue law to command everyone that concern with children and women such as policeman, doctor, nurse, teacher so that report to the associated organization, when saw the cases of sexually abused children and women.

10. You always give nursing practice to sexually abused children and women under the professional law.

The questionnaires were brought nurses' attitude test. The criteria of the 5 scales rating for answers in each items as followed:

Choice	score of positive question	score of negative question
The highest	5	1
High	4	2
Moderate	3	3
Low	2	4
The least	1	5

Results of internal factors groups

Results of internal factors groups were classified by 3 levels as followed:
The highest scores minus the least scores and divide by classes.

2.1 The calculated score of training and research was $40-8/3 = 10.6$

High level range was 29.4-40.0

Moderate level range was 18.7-29.3

Low level range was 8.0-18.6

2.2 The calculated score of administrative system was $35-7/3 = 9.3$

High level range was 25.8-35.0

Moderate level range was 16.4-25.7

Low level range was 7.0-16.3

2.3 The calculated score of task environment was $40-8/3 = 10.6$

High level range was 29.4-40.0

Moderate level range was 18.7-29.3

Low level range was 8.0-18.6

2.4 The calculated score of ethical and legal control was $50-10/3 = 13.3$

High level range was 36.7-50.0

Moderate level range was 23.4-36.6

Low level range was 10.0-23.3

Part 3: Questions about nurses' perception of external factors to protect rights of sexually abused children and women have 2 parts as followed:

Technology

1. Your unit had the form of data recording on nursing practice to protect rights of children and women in the same direction.
2. The patterns of referral system both in-out office hours in your unit are the same practise.
3. Your unit could be made media accessories or the knowledgeable documents for health and forensic to educate children and women.
4. Your unit had the computer and database system to record patients.
5. Every time your unit has the notice and medical information to know.
6. Your unit had clearly the using of equipments procedure that you are able to use them correctly.
7. Your unit had promptly readiness to use medical technology.

Manpower management

1. Your unit had set up scope of the nurse responsibility by written documents.
2. Your unit had delegated jobs as scope of the nurse responsibility.

3. Your unit had managed adequate manpower for patients in any periods.
4. Your unit had let in the other job that beyond the scope of duty of the nurse responsibility.
5. Your unit had followed up and evaluated adequately among staffs and the quality job.

The questionnaires were brought nurse's attitude measurement. The criteria of the 5 scales rating for answers in each items as followed:

Choice	score of positive question	score of negative question
The highest	5	1
High	4	2
Moderate	3	3
Low	2	4
The least	1	5

Results of external factors groups

Results of external factors groups were classified by 3 levels as followed: The highest scores minus the least scores and divide by classes.

3.1 The calculated score of technology was $35-7/3 = 9.3$

High level range was 25.8-35.0

Moderate level range was 16.4-25.7

Low level range was 7.0-16.3

3.2 The calculated score of manpower management was $25-5/3 = 6.6$

High level range was 18.4-25.0

Moderate level range was 11.7-18.3

Low level range was 5.0-11.6

Part 4: Questions about nurses' perception of nursing practice to protect rights of sexually abused children and women have 37 questions.

Utilization of nursing process

1. In early time, you gathered the following data.

- History of illness from patient and patient's relatives.
- Assessment from physical, psychological, emotional and social conditions.

2. You collected data as followed:

- Demographic characteristics; age, occupation, address, socio-economic data, life style and family history

- Chief complaint

- Time and date of sexually abused

3. You brought patient data to analyze as followed:

- Problem on the physical aspect.

- Problem on the psychological and emotional aspects.

- Family status and socio-economic status.

4. You record nursing diagnosis; health problems and patient's behaviors.

5. You brought the physical, psychological, emotional and social data to set up nursing activities.

6. You let children and women into participate and perceive the nursing care plan.

7. You provided nursing for children and women to solved holistic problem and responded.

8. Every time you explain children and women about treatment and/ or specific treatment.

9. You brought the evaluated information and different analysis of changing behaviors to compare for achievement in nursing goals.

10. After provide nursing care, you followed up and evaluated to refer patients with associated unit.

Continual nursing service

1. You give time and chance for sexually abused children and women to talk about own feeling.

2. You provide nursing care for sexually abused children and women like the general patients.

3. You teach and explain children and women health education for suitable level.
4. You revise the patient data.
5. You take care for sexually abused children and women with the other health care professional team.
6. You provide nursing care for sexually abused children and women as the nursing standard that set up by the unit.
7. You provide nursing care for sexually abused children and women covering physical, psychological, emotional and social dimensions.
8. Every time you report and record correctly include evaluating data with health team.
9. You followed up and helped children and women until to make sure that they live in the safety place.

Dignity of nursing practice

1. You explain patient to understand about the detail of inform consent.
2. You give the chance to purpose the opinion and participate to decide about treatment.
3. Every time you describe the information before cure patients.
4. Every time you stay with patient, while the doctor examine physical and cure.
5. You prepare the patient while she check per vagina in the closet room or close the curt and cover cloth over her body.
6. Every time you explain the aims, steps and the details about specific treatment before checking.
7. For the case of children, you give the chance to the guardian decide their mind for the patient to choose the curative methods under the reasonable boundary.
8. You always explain the cost as the step to check for diagnosis and treatment.
9. You keep up all data for the patient in the privacy confidentially.

10. You keep up patient's medical record in the place that nobody can see it.

Communication and relationship

1. You give the good response with patient.
2. You and your colleague have good relationship together.
3. You and your superior are good relationship.
4. You and your colleague will give the opinion and problem solving when occur conflict.
5. You had coordinated and associated with the other team to help for sexually abused children and women.
6. You had educated children and women in content of venereal diseases, AIDS, the pregnancy prevention and psychological problem.
7. You exchange the data between you and clients
8. You had reported and followed up the patient as the helping step of sexually abused children and women.

The questionnaires were brought nurses' attitude measurement. The criteria of the 5 scales rating for answers in each items as followed:

Choice	score of positive question	score of negative question
Always	5	1
Usually	4	2
Often	3	3
Sometimes	2	4
Never	1	5

Results of dependent variable groups

Results of dependent variables groups were classified by 3 levels as followed: The highest scores minus the least scores and divide by classes.

- The calculated score of overall nursing practice was $176-0/3 = 58.6$

Good levelrange was 117.4-176.0

Fair level range was 58.7-117.3

Poor level range was 0-58.6

4.1 The calculated score of utilization of nursing process was $68-0/3 = 22.6$

Good level range was 45.4-68.0

Fair level range was 22.7-45.3

Poor level range was 0-22.6

4.2 The calculated score of continual nursing service was $36-0/3 = 12$

Good level range was 26.0-36.0

Fair level range was 13.0-25.0

Poor level range was 0-12.0

4.3 The calculated score of dignity of nursing practice was $40-0/3 = 13.3$

Good level range was 26.8-40.0

Fair level range was 13.4-26.7

Poor level range was 0-13.3

10.6 4.4 The calculated score of communication and relationship was $32-0/3 =$

Good level range was 21.4-32.0

Fair level range was 10.7-21.3

Poor level range was 0-10.6

Part 5: Problem and recommendation of nursing practice to protect rights of sexually abused children and women.

Instrument construction

1. The content validity was agreed upon by conceptualization, theories, results of related literature researches and advisor and nursing professors' consultant.

2. The reliability of the instrument was tried out with 30 register nurses in Rajavithi hospital similar the sampling group. Analyzed the reliability of the questionnaires by using Cronbach's Alpha coefficient, that value on internal factors consisting of training and research, administrative system, task environment and ethical and legal control were 0.82, 0.81, 0.81 and 0.82 respectively. External factors consist of technology and manpower management were 0.77 and 0.68 respectively.

Procedures and data collection

1. The researcher requested the letter of recommendation from Faculty of Graduate Studies, Mahidol University and presented to the director Department of Medical services Bangkok Metropolitan Administration.

2. The researcher met the chief nurse in each hospital to inform the research objectives and collecting data. Then, questionnaires were distributed 8 of BMA's nurses. Later, the questionnaires were not received, the researcher would encouraged by telephone.

3. The questionnaires were collected data from 8 of BMA Hospitals for 1 month. It had been proceed since on 1 march 2004 to 31 march 2004.

Statistics for data analysis

1. Descriptive statistics was used for explaining demographic characteristics, internal and external factors and nursing practice to protect rights of sexually abused children and women which consist of percentage, mean, and standard deviation.

2. Inferential statistics

2.1 Chi-square test and Pearson's Product Moment Correlation Coefficient were analyze the relationship among demographic characteristics, internal and external factors and nursing practice to protect rights of sexually abused children and women.

2.2 Multiple Regression Analysis was predicted nursing practice to protect rights of sexually abused children and women with demographic characteristics, internal and external factors.

3. The statistical significant level determines at 0.05

CHAPTER 4

RESULTS

In this study was analyzing relationship of demographic characteristics, internal and external factors among 95 nurses who practise to protect rights of sexually abused children and women of BMA hospitals. Each part is presented as follows:

Part 1 Data on demographic characteristics.

Part 2 Data on the internal and external factors and nursing practice to protect rights of sexually abused children and women.

Part 3 Results of the analysis of the relationship of demographic characteristics, internal and external factors among nurses who practise to protect rights of sexually abused children and women.

Part 4 Results of the stepwise multiple regression analysis, the predicted factors that effecting to nursing practice to protect rights of sexually abused children and women.

Part 1 Data on demographic characteristics.

The results found that age 42.1 percent of nurses in BMA hospitals were between 25-29 years old. For marital status, most of them 71.6 percent were single. For education level, most of them 83.2 percent were bachelor degree. It was found that 46.3 percent of them had a working experience range 1-5 years. (Minimum 1 year, Maximum 28 years) And 65.3 percent of nurses who practise sexually abused children and women found that moderate level of violence and 77.9 percent of nurses were not trained and meeting in children, women and human's rights. (Table 3)

Table 3 Number and percentage of nurses by demographic characteristics

Demographic characteristics	Nurses	
	Number	Percent
Total	95	100.0
Age (years)		
≤ 24	17	17.9
25-29	40	42.1
30-34	15	15.8
35-39	16	16.8
≥ 40	7	7.4
(Mean = 29.94, S.D = 5.93, Min = 22, Max = 52)		
Marital status		
Single	68	71.6
Double	26	27.3
Windowed/Divorced/Separated	1	1.1
Education level		
Diploma	12	12.6
Bachelor degree	79	83.2
Master degree	4	4.2
Working experiences (years)		
1-5	44	46.3
6-10	27	28.4
11-15	12	12.6
16-20	10	10.5
> 20	2	2.2
(Mean = 7.52, S.D = 5.84, Min = 1, Max = 28)		

Table 3 Number and percentage of nurses by demographic characteristics (cont.)

Demographic characteristics	Nurses	
	Number	Percent
Experience in practice		
Violence of sexual abuse		
Low level (1-3)	19	20.0
Moderate level (4-7)	62	65.3
High level (8-10)	14	14.7
Training		
Yes	21	22.1
No	74	77.9

Part 2 Data on the internal and external factors and nursing practice to protect rights of sexually abused children and women.

2.1 Data on the internal factors

Aspect of internal factors can be seen that 71.6 percent of nurses were moderately trained and research and 17.9 percent of them were at lowly. (Mean = 23.72, S.D = 4.75) 61.1 percent of them were highly conducted in administrative system. (Mean = 25.51, S.D = 3.94) 60 percent of them were moderately perceived task environment. (Mean = 28.57, S.D = 3.89) Half of them were highly perceived ethical and legal control. (Mean = 36.61, S.D = 3.23) (Table 4)

Table 4 Mean, standard deviation and percentage of internal factors

Internal factors	Mean	S.D	Interval of internal factors					
			Low		Moderate		High	
			No.	%	No.	%	No.	%
- Training and research	23.72	4.75	17	17.9	68	71.6	10	10.5
- Administrative system	25.51	3.94	3	3.2	34	35.7	58	61.1
- Task environment	28.57	3.89	1	1.1	57	60.0	37	38.9
- Ethical and legal control	36.61	3.23	0	0.0	47	49.5	48	50.5

2.2 Data on the external factors

Aspect of external factors can be seen that 64.2 percent of nurses were moderately managed manpower. (Mean = 17.12, S.D = 2.27) Half of them were moderately provided technique. (Mean = 25.05, S.D = 3.45) (Table 5)

Table 5 Mean, standard deviation and percentage of external factors

External factors	Mean	S.D	Interval of external factors					
			Low		Moderate		High	
			No.	%	No.	%	No.	%
- Manpower management	17.12	2.27	1	1.1	61	64.2	33	34.7
-Technology	25.05	3.45	1	1.1	48	50.5	46	48.4

2.3 Data on the nursing practice to protect rights of sexually abused children and women.

This study showed that 81.1 percent of nurses were goodly provided overall nursing practice to protect rights of sexually abused children and women. (Mean = 134.53, S.D = 19.29) Aspect of nursing practice to protect rights of sexually

abused children and women can be seen that 90.5 percent of nurses were goodly dignified and nursing practiced. (Mean = 33.39, S.D = 5.37) 73.7 percent of them were goodly communicated and related. (Mean = 24.20, S.D = 3.78) 72.6 percent of them were goodly utilized of nursing process. (Mean = 51.83, S.D = 9.30) And 3.2 percent of them were poorly continued nursing service. (Mean = 25.11, S.D = 5.52) (Table 6)

Table 6 Mean, standard deviation and percentage of nursing practice to protect rights of sexually abused children and women.

Nursing practice	Mean	S.D	Interval of nursing practice					
			Improve		Fair		Good	
			No.	%	No.	%	No.	%
Overall nursing practice	134.53	19.29	0	0.0	18	18.9	77	81.1
- Utilization of nursing process	51.83	9.30	0	0.0	26	27.4	69	72.6
- Continual nursing service	25.11	5.52	3	3.2	46	48.4	46	48.4
- Dignity of nursing practice	33.39	5.37	0	0.0	9	9.5	86	90.5
- Communication and relationship	24.20	3.78	0	0.0	25	26.3	70	73.7

Part 3 Results of the analysis of the relationship of demographic characteristics, internal and external factors among nurses who practise to protect rights of sexually abused children and women.

Pearson's Product Moment Correlation Coefficient and Chi-square test were used for relationship findings. (Table 7 and Table 8)

The demographic characteristics were found that age, marital status, education level and working experiences were not correlated with nursing practice to protect rights of sexually abused children and women. This did not follow the first hypothesis. It means demographic characteristics are not effectively to nursing practice to protect rights of sexually abused children and women.

Internal factors, they were revealed that training and research, administrative system, task environment and ethical and legal control were not correlated with nursing practice to protect rights of sexually abused children and women. These did not follow the secondary hypothesis.

When consider each aspect of external factors, it was revealed that technology had positive correlation with nursing practice to protect rights of sexually abused children and women at the 0.001 significant levels. (p-value = 0.001) It means technology in nursing practice which consists of information technology, database, on line referral system and medical technique and equipments have readiness and adequate, nurses could provide the best nursing practice to protect rights of sexually abused children and women. Violence of sexually abused children and women had positive correlation with nursing practice to protect rights of sexually abused children and women at the 0.005 significant levels. (p-value = 0.005) It means that the more violence of sexually abused possibly, the more providing to intensive nursing practice to protect rights of sexually abused children and women. On the contrast, manpower management had not correlated with nursing practice to protect rights of sexually abused children and women. These did not follow the third hypothesis. It identifies that has similarly provide nursing practice to protect rights of sexually abused children and women in BMA hospitals.

Table 7 Crosstabulation among demographic characteristics and nursing practice to protect rights of sexually abused children and women.

Demographic characteristics	Nursing practice to protect rights			
	Fair		Good	
	No.	%	No.	%
Marital status				
Single	14	14.7	54	56.8
Windowed/Divorced/Separated	4	4.2	23	24.3
$\chi^2 = 0.419$ $df = 1$ $p - \text{value} = 0.517$				
Education level				
Diploma/ Bachelor degree	2	2.1	10	10.5
Master degree	16	16.9	67	70.5
$\chi^2 = 0.222$ $df = 1$ $p - \text{value} = 0.829$				

Table 8 Pearson's product moment correlation coefficient among demographic characteristics, internal and external factors and nursing practice to protect rights of sexually abused children and women.

Variables	Nursing practice to protect rights	
	r	p - value
Demographic characteristics		
- Age	-0.066	0.523
- Working experiences	-0.097	0.349
Internal factors		
- Training and research	0.188	0.068
- Administrative system	0.105	0.313
- Task environment	0.044	0.670
- Ethical and legal control	0.182	0.077
External factors		
- Manpower management	0.086	0.408
- Technology	0.407**	<0.001
- Violence of sexual abuse	0.264**	0.010

** Statistically significant at 0.01 level

* Statistically significant at 0.05 level

Part 4 Results of the stepwise multiple regression analysis, the predicted factors that effecting to nursing practice to protect rights of sexually abused children and women

The assumption of testing before this analysis of Multiple Regression Analysis was met to perform the analysis as shown in Appendix. The multiple regression analysis indicated that ten independent variables had correlated with dependent variable more than 0.80. ($r > 0.80$). (Table 9) The Stepwise Multiple

Regression was tested the relationship of independent variables and dependent variable as followed:

Independent variables

Demographic characteristics consist of age, marital status, education level and working experience.

Internal factors consist of training and research, administrative system, task environment and ethical and legal control.

External factors consist of technology, manpower management and violence of sexually abused children and women.

Dependent variable is nursing practice to protect rights of sexually abused children and women.

This research was be used to criteria of Elifson Correlation Coefficient (cited in Sudarat Pieamsin, 2000: 61)

$r =$	$\pm 0.01 - \pm 0.30$	$=$	Low Correlation
$r =$	$\pm 0.31 - \pm 0.70$	$=$	Moderate Correlation
$r =$	$\pm 0.71 - \pm 0.99$	$=$	High Correlation
$r =$	± 1.00	$=$	Complete Correlation
$r =$	0	$=$	Non Correlation

The results found that 3 variables can be approximately explained 25.6 percent of nursing practice to protect rights of sexually abused children and women. ($R^2 = 0.256$)

Table 9 Correlation Matrix among demographic characteristics, internal and external factors and nursing practice to protect rights of children and women

Variables	1	2	3	4	5	6	7	8	9	10	11
1 Nursing practice	1										
2 Marital status	0.028	1									
3 Education level	-0.013	0.252*	1								
4 Working experience	-0.097	0.370*	-0.446*	1							
5 Training and research	0.188	-0.086	0.212*	-0.251*	1						
6 Administrative system	0.105	-0.057	0.187	-0.196	0.474**	1					
7 Task environment	0.044	-0.044	-0.010	-0.152	0.254*	0.412**	1				
8 Ethical and legal control	0.182	-0.236*	0.102	-0.236*	0.126	0.011	0.183	1			
9 Technology	0.407**	0.018	0.209*	-0.383*	0.295**	0.398**	0.551**	0.163	1		
10 Manpower management	0.086	-0.022	0.005	0.018	0.205*	0.319**	0.437**	0.050	0.440**	1	
11 Violence of sexual abuse	0.264**	-0.003	0.032	-0.032	0.154	0.160	0.043	0.109	0.121	0.170	1

** Statistically significant at 0.01 level

* Statistically significant at 0.05 level

When consider correlation weight of nursing practice to protect rights of sexually abused children and women each variables, it found that technology had the highest positive correlation weight of nursing practice to protect rights of sexually abused children and women. (Beta = 0.519) Task environment had negative correlation weight of nursing practice to protect rights of sexually abused children and women. (Beta = -0.251) Violence of sexually abused children and women had positive correlation weight of nursing practice to protect rights of sexually abused children and women. (Beta = 0.212)

This predicting equation of nursing practice to protect rights of sexually abused children and women is:

$$= 87.513 + 2.906 (\text{Technology}) + 1.929 (\text{Violence of sexual abuse}) - 1.241 (\text{Task environment})$$

Table 10 Stepwise Multiple Regression Analysis among predicted to action factors and nursing practice to protect rights of sexually abused children and women.

Variables	B	Seb	Beta	t	p-value
Technology	2.906	0.611	0.519	4.759	< 0.001
Violence of sexual abuse	1.929	0.829	0.212	2.327	0.022
Task environment	-1.241	0.536	-0.251	-2.314	0.023
Constant	87.513	14.829		5.902	< 0.001
F = 10.434		df = 3,94	p-value < 0.05		
R = 0.506		R ² = 0.256	R ² _a = 0.231		

The results of opened-end questionnaires found that problems and obstacles in nursing practice to protect rights of sexually abused children and women as followed:

- Nursing practice procedure was not clearly.
- Lack of professional team such as psychiatrists, forensic physicians, social workers, counselors and advisor.
- Fear and shame of the clients and guardians.

CHAPTER 5

DISCUSSION

The results of data analysis will be discussed on hypothesis as followed:

Hypothesis 1: Demographic characteristics: age, marital status, education level and working experiences were related to nursing practice to protect rights of sexually abused children and women. This research's results were discussed that:

1. Age was not correlation with nursing practice to protect rights of sexually abused children and women. This did not follow the first hypothesis. Age was one of status component and physical readiness. But, a study by Ngimhaung, S. (1999: 76) who found that age was not related to effectiveness of health service in health centers in Suphanburi province. Similar to a study by Singhapan, S. (1999: 72) who found that age was not related to practice of physicians in protection rights of against child abuse. However this study found that age was not related to nursing practice to protect rights of sexually abused children and women possibly data distribution on demographic characteristics, 42.1 percent of the nurses had an age range between 25 to 29 years were not scores variance.

2. Marital status was not related with statistically significant to nursing practice to protect rights of sexually abused children and women. This did not follow the first hypothesis. Because data distributions were homogenous, 3/4 of nurses were single. This study was in agreement with a study by Singhapan, S. (1999: 79) who reported that marital status was not related to practice of physicians in protection rights of against child abuse. Similar to a study by Boonsaleepitak, U. (1999: 79) who found that marital status was not related to role performance of village health volunteers. Thus marital status was not effective to nursing practice to protect rights of sexually abused children and women.

3. Education level was not related with statistically significant to nursing practice to protect rights of sexually abused children and women. This did not follow the first hypothesis. Because the most of nurses were graduated in bachelor degree; but, the past nurses were graduated in diploma degree and extensively studied to graduate in bachelor as the policy of the Ministry of Public Health. According to a study by Boonsaleepitak, U. (1999: 79) who found that education level was not related to role performance of village health volunteers. Likewise, Ruangpakdee, E. (2000: 89) who found that education level was not related to job satisfaction of professional nurses in Charoenkrung Pracharak hospital. On the other hand, Meeboon, S. (1996: 71) who found that the graduate nurses' awareness to patient rights was higher than the undergraduate nurses. Likewise, Chigarat, S. (1999: 40) who found those professional nurses with educational levels had different mean scores of nursing practices related to patient rights.

4. Working experiences was not related with statistically significant to nursing practice to protect rights of sexually abused children and women. This did not follow the first hypothesis. Although the one has experience to a good work, times period of work have not guaranteed the qualification. (Visalaporn, S., 1988: 225) However, most of nurses used to practise activities that stressed to routine job and medical equipments more than speaking to the clients. Especially, senior nurses who had experience more than 21 years were the nursing administrator. This reason made them to indirectly nursing practise and facilitate to the patients. (Meeboon, S., 1996: 71) It was in agreement with Boonsaleepitak, U. (1999: 79) who found working duration of village health volunteers were not related to role performance of village health volunteers. Likewise, Ruangpakdee, E. (2000: 89) who found that working experience was not related to job satisfaction of professional nurses. On the other hand, Meeboon, S. (1996: 71) who found that the nurses who had experience 16 – 20 years had higher respect to patient rights than the nurses who had experience 11-15 years, 6-10 years and less than 5 years. Likewise, Singhapan, S. (1999: 79) who reported that experience for treatment to child abuse was related to practice of physicians in protection of rights against child abuse.

Hypothesis 2: Internal factors: training and research, administrative system, task environment and ethical and legal control were related to nursing practice to protect rights of sexually abused children and women. This research's results were found that:

1. Training and research was not related to nursing practice to protect rights of sexually abused children and women. This did not follow the second hypothesis. According to the task environment, technique and tools have been changed, the practitioner who had a long times of experiences had to trained. But this study found that 77.89 percent of nusres had not received training. This sample size 46.3 percent of them who had experience less than 5 years who hardly received training. Training and research is set for administrators or senior nurses. This was in agreement with a study by Inyunya, P. (1999: 108) who found that the training was not related to officer's knowledge about authority and role of sub-district administration organization, similar to a study by Ngimhaung, S. (1999: 76) who reported that training was not related to effectiveness of health service in health centers in Suphanburi Province. But this study had contradictory results to study by Manpayak, W. (1998: 102) who found that training studied at the village of AIDS related to readiness of village health volunteers in recommendation on AIDS. Likewise, Chumvoratayee, C. (1999: 60) who found that study the workplace and academic training in the meantime of the district health technical officer were significant related to job performance.

2. Administrative system was not related to nursing practice to protect rights of sexually abused children and women. This did not follow the second hypothesis. According to implicit policies, insufficient information and inefficient announcement, nurses were not delegated practice. This was in agreement with a study by Ngimhaung, S. (1999: 76) who reported that administrative process was not related to effectiveness of health service in health centers in Suphanburi Province. On the other hand, Binsirawanich, W. (1999: 80) who found that policy and administration had significant correlation with counseling operation on AIDS.

3. Task environment was not related to nursing practice to protect rights of sexually abused children and women. This did not follow the second hypothesis. Because the designed and built workplace and environment were not changed, it's a limitation for staffs who service the clients. According to a study by Thongton, M. (1999: 99) who found that organizational climate were not related to the competency on job performance assessment of sub-district health personnel in Saraburi Province. On the other hand, Binsirawanich, W. (1999: 80) who found that task environment had significant correlation with counseling operation on AIDS.

4. Ethical and legal control was not related to nursing practice to protect rights of sexually abused children and women. This did not follow the second hypothesis. Nowadays, the development of information technology, distributions of the basic rights, knowledge and the people movement of health, these impact to all especially nurse who provided directly service. So, nurse must developed herself and brought to practice as the standard of nursing and midwifery. (Thailand Nursing Council, 1998: 9) In Thai culture the clients probably respected to health team officers, therefore a few cases sued health team officers. Furthermore, the problem to sue and inform against loss of expense and time including the court process had difficulty. According to a study by Singhapan, S. (1999: 82) who reported that attitude of the legal measurement was not related to practice of physicians in protection rights against child abuse. On the other hand, Chaiyasak, V. (1996: 67) who found that the opinion of the legal measurement for treatment of the public health graduate students and Thai Barrister students were related to the opinion of the legal measurement for preventing and controlling AIDS epidemic in Thailand.

Hypothesis 3: External factors: technology, manpower management and violence of sexually abused children and women were related to nursing practice to protect rights of sexually abused children and women. This research's results were found that:

1. Technology was related to nursing practice to protect rights of sexually abused children and women. This did follow the third hypothesis. Nowadays, the reason why the nurses have to learn technology and information technology is public

health service's competition. Nurses could be managed International Classification for Nursing Practice and stimulated and promoted to technology for nursing practice. Manpower department had to provided specialists who advise information technology using. According to a study by Thongton, M. (1999: 99) who found that technology was related to the competency on job performance assessment of sub-district health personnel in Saraburi Province. Likewise, Piemsin, S. (2000: 126) who found that information technology was related to nursing practice to protect patients' rights.

2. Manpower management was not related to nursing practice to protect rights of sexually abused children and women. This did not follow the third hypothesis. Due to manpower allocation depend on the Ministry of Public Health sets up, because of lack of medical personnel. So that nursing practice must to act regardless the number of practitioner per clients. On the other hand, Watanasen, D. (1998: Abstract) who found that work overload and there also barriers to partially utilized of nursing process.

3. Violence of sexually abused children and women was related to nursing practice to protect rights of sexually abused children and women. This did follow the third hypothesis. That was occurred continuously, victims of violence in family was women and children who keep problem secret and obstacle that pressed society concern to status of violence in family. It was based on solving problem, preventing and helping for children and women in the further. According to a study by Petchsuksiri, P. (1990: 54) who found that violence in family 34.7 percent of minor injury, 4.8 percent of major injury, 18.5 percent of unconscious, 2 percent of death and 16.9 percent of mental disorder. Likewise, Chigarat, S. (1999: 53) who found that the different characteristics of patients had a different mean scores of nursing practice were related to patient rights in hospital of the foundation of the church of Christ in Thailand.

4. Nursing practice to protect rights of sexually abused children and women.

This study found that 81.1 percent of nurses had the overall nursing practice to protect rights of sexually abused children and women at a good level. This was in

agreement with Piemsin, S. (2000: 123) who found that nursing practice of professional nurses to protect patients' rights in Siriraj hospital were 82.1 percent at a good level. Because they received well-training about nursing practice. Likewise, Chainoy, D. (2001: 37) who found that nursing process utilization in nursing practice was at the high level. When considering each aspect, the majority of nurses had dignity of nursing practice at goodly, 73.7 percent of them had good communication and relationship, 72.6 percent of them had good utilization of nursing process. And 3.2 percent of them had poorly continual nursing service.

Dignity of nursing practice, because of the professional nurses given important with showing respect to human beings, it was code of ethic, training about nursing practice as nursing education's foundation. They were regarded to respect and protect to patient's rights. According to a study by Prasomsuk, C. (1997: 168) who found that the nursing practice of professional nurses to respect patient's rights were 83 percent of nurses at a high level. Likewise, Suwanno, V. (2002: 168) who found that individual treatments with respect for the patients' rights correlation to patients' satisfaction.

When considering the phases of nursing process, nurses used to nursing process consist of 5 phases were good level and the utilization of nursing process was the part of health service to effect to hospital accreditation as the standard of nursing and midwifery. (Thailand Nursing Council, 1999: 8) The utilization of nursing process to nursing and midwifery practice, nursing process was a holistic in individual, family and community as art and science both in health promotion, disease prevention, cure and rehabilitation. The clients were participated and coordinated in nursing team and multidisciplinary team. According to a study by Mutumol, K. (1999: 68) who found that staff nurses in Maharaj Nakorn Chiangmai hospital had competency in nursing process were a high level.

Communication and relationship, the guidance of nursing practice to work quality is the same perception of sender and receiver. The effective communication is a result of nursing practice successful. (Nursing Division, 1996: 60) Thus, nurses had

developed to communication skills. According to a study by Hirunrut, A. (1999: 58) who found that perceived communication of staff nurses to administrative process of chief was a high level.

Continual nursing service is the standard of nursing and midwifery. (Thailand Nursing Council, 1999: 8) That is management and continuously caring for clients, it was planned with health team for development in self care and used to self care suitable resource. According to a study by Busapawatana, P. (1998: 145) who found that nursing practice standards both pre and post experiment are not different. Likewise, Piemsin, S. (2000: 143) who found that equality of nursing practice professional standard was 89.7 percent of nurses at a good level.

Hypothesis 4: Demographic characteristics, internal and external factors could be predicted to nursing practice to protect rights of sexually abused children and women.

The stepwise multiple regression used to examined. The results found that technology, violence of sexually abused children and women and task environment were important variables to be explained approximately 25.6 percent of nursing practice to protect rights of sexually abused children and women. ($R^2 = 0.256$) When technology in nursing practice including information technology, database, on line referral system and medical equipments had increased, nurses provided the nursing practice to protect rights of sexually abused children and women had relatively increased. In technological development had made nurses to develop some knowledge in nursing care and increased the confidence to control and manage the other problems. (Gibson, 1993: 203)

If the most violent getting of sexual abuse children and women, the most intensive nursing practice to protect rights of sexually abused children and women. According to a study by Patchep, K. (1999: 26-28) violence were found in forms of physical impact from abrasion, contusion, lacerated wound, organ injury, fracture rib and bone and dislocate, tear muscle. For psychological impact were depression, anxiety, aggressive, society isolation, and suicide attempt. In children's behavior was

turn to lay, thief, to run away school. Consequently, antisocial behavior occurred that they were not obeying nursing and medical suggestion. (Kanjanakul, C., 1999: 565) Furthermore, there are impacts to physical, psychological and social health and broken family. Results of addicted drug use and criminal problem, it occurred from violence to enlarge from individual to budget and a country security. So, the practice was helped to them in 4 dimensions were physical, psychological, social and spiritual. Nurses were concerned belief of clients, given time to participate in selection and demand with helping and good acceptations.

Task environment i.e. work place, medical equipments and a risk prevention system is significantly. The good system and environment is the better practice for nurses to protect rights of sexually abused children and women. However, the socio-economic changing has influent to hospitals which had to adapted position and direction. Inevitably, the hospitals emphasis on low unit cost but high efficient curing. Nursing and health teams must concern service quality and focus on client's satisfaction approach.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

This study is a survey research and its objective is analyze relationship demographic characteristics, internal and external factors among the nursing practice to protect rights of sexually abused children and women. The sample size was 95 nurses who work in Bangkok Metropolitan Administration Hospitals. The instrument construction was questionnaires which test the content validity by experts and reliability by using Cronbach's Alpha Coefficient were 0.79

This study was conducted on 1 March 2004 - 31 March 2004. The data were analyzed by frequency, percentage, mean, standard deviation, Pearson's Product Moment Correlation Coefficient, Chi-square test and Stepwise Multiple Regression Analysis.

Conclusion

This study showed that 42.1 percent of nurses in BMA hospitals had an age between 25-29 years. (Mean = 29.94, S.D = 5.93) For marital status, 71.6 percent were single. For education level, 83.2 percent of them were bachelor degree and working experiences, it was found that 46.3 percent of them had working experiences range 1-5 years. (Minimum 1 year, Maximum 28 years) And 77.9 percent of them had not received training in topic of patient, children, women and human's rights.

Internal factors of nursing practice, they found that 71.6 percent of nurses were moderately trained and research. 61.1 percent of them were highly conducted in administrative system. 60 percent of them were moderately perceived task environment. Half of them were highly perceived ethical and legal control.

External factors of nursing practice, they found that 64.2 percent of nurses were moderately manpower management. Half of them were moderately conducted in technology. And 65.3 percent of them who moderately practise the violence of sexually abused children and women.

The results of relationship among demographic characteristics, internal and external factors and nurses who practise to protect rights of sexually abused children and women. Demographic characteristics were found that age, marital status, education level and working experiences had not correlation with nursing practice to protect rights of sexually abused children and women. Internal factors, they were revealed that training and research, administrative system, task environment and ethical and legal control had not correlation with nursing practice to protect rights of sexually abused children and women. External factors when giving consideration to each aspect, it was revealed that technology had significantly positive correlation with nursing practice to protect rights of sexually abused children and women. Violence of sexually abused children and women had significantly positive correlation with nursing practice to protect rights of sexually abused children and women. Manpower management had not correlation with nursing practice to protect rights of sexually abused children and women.

The Stepwise multiple regression analysis found that technology, violence of sexually abused children and women and task environment could be approximately explained 25.6 percent of nursing practice to protect rights of sexually abused children and women. ($R^2 = 0.256$)

Recommendations from research results

1. Establishing data system and computer networks are necessary for health service.
2. Nursing administrator should be trained in topic of patient, children and women and human rights because it found that the most of them (71.6 %) were not trained.

3. Training about ethical and legal issues and conferences together, because this studied found that score of ethical and legal control was a low level.

4. Setting up the policy and guidance of nursing practice to closure caring in high violence of sexual abuse. Because the results of this research, it found that the different violence of sexually abused children and women.

5. Emphasizing on nursing role to promote and protect children and women's rights, it shall be manage safety and specific place, human resource, adequate medical equipments and measurement to prevent of risk with other danger.

6. Forming of nursing service in concrete and holistic care. Because the results of research found that 3.2 percent of nurses were poorly continual nursing service's scores.

Recommendations for further results

1. Managing information technology in BMA hospitals to guide planning and searching efficiency; manpower, social security, etc.

2. Increasing research methodology; observation and interviewing of nursing practice, in order to improve the results of research.

3. Increasing the study by qualitative method on dimension of sexually abused children and women.

4. Searching pattern of nursing practice for the most benefit of clients who receives service.

5. Studying on determinants of malfeasance, relationship between offenders and victims with the result of nursing practice.

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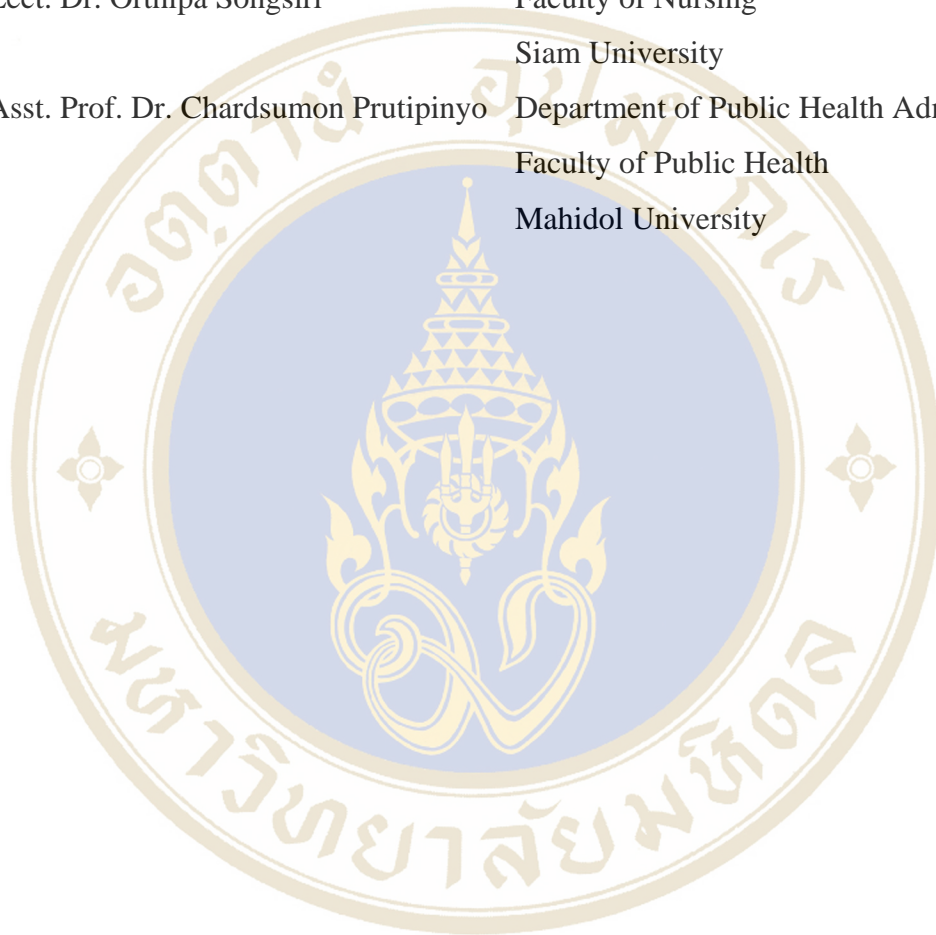


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List of the expert approbation of the research instruments

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Assumption

The assumptions were tested before using Multiple Regression Analysis included linearity, normality, homoscedasticity and multicollinearity. The results for each assumption were presented as follows:

1. For all of variables had statistically significance with bivariate analysis were included into Multiple Regression Analysis. The analysis of factors as related to the nursing practice is as follows:

The dummy variables for quantitative variables

The dummy marital status variable is as follows:

Single	= 1
Married	= 0
Windowed/divorced/separated	= 0

The dummy education level variable is as follows:

Diploma or equivalent	= 1
Bachelor degree	= 1
Master degree	= 0

2. Linearity and normality

If the relationships are linear and the dependent variable is normality distributed for each value of the independent variable, then the distribution of the residuals should be approximately normal. (Norusis, 1996 cited by Munro, 1997: 270) This can be assessed by using a histogram of the standardized residuals. It has been shown that a histogram of the standardized residuals was approximately normal. (Figure 2)

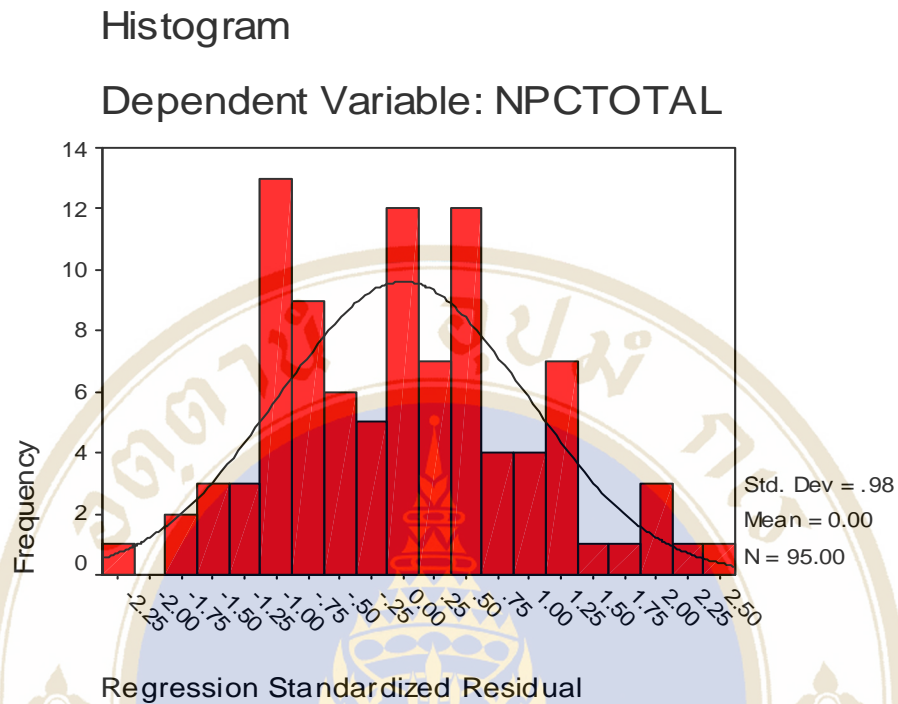


Figure 2 Histogram of Residual

3. Homoscedasticity

To check this assumption, the residual was plotted against the predicted values and against the independent variable. When standardized predicted values were plotted against observed values, the data would form a straight line from lower left corner to upper right corner was approximately straight. (Figure 3)

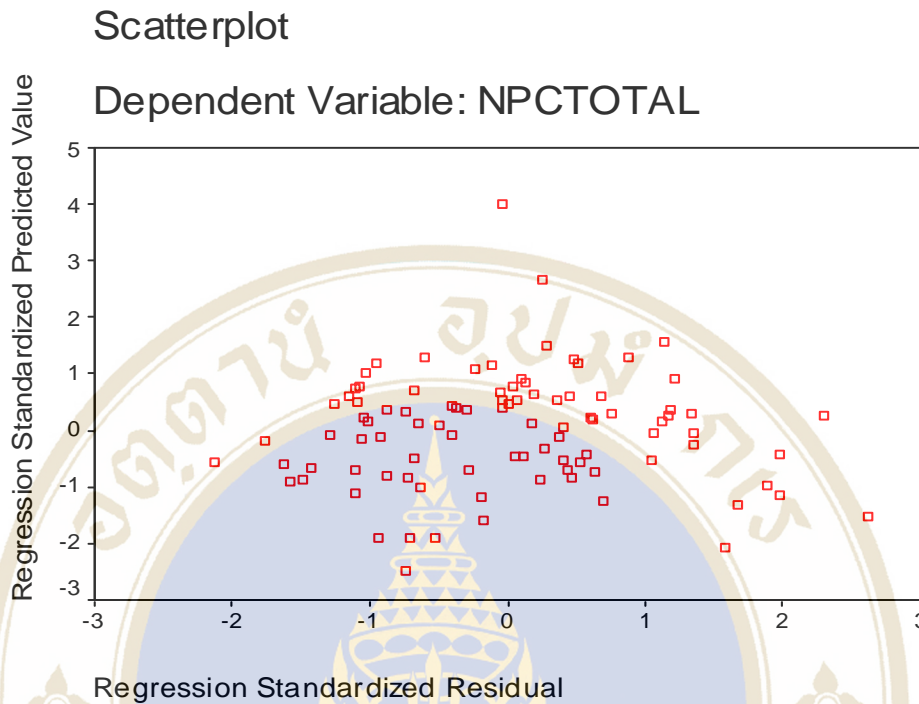


Figure 3 Scatterplot of Residual against the Predicted Values of Nursing Practice and the Independent Variables

4. Multicollinearity

The tolerance of a variable is used as a measure of collinearity. It is the proportion of the variance in a variable that is not accounted for by the other independent variable. (Norusis, 1996 cited by Munro, 1997: 268) The tolerance is simply $1-R^2$; therefore, a tolerance of 0 indicates perfect collinearity. In this analysis, it was found that the independent variables were low ($r = 0.01-0.30$) to moderate ($r = 0.31-0.70$) except age and working experiences, it found that these correlations were high. ($r = 0.983$) So, working experiences was only selected, because working experience was related to the nursing practice ($r = -0.099$, $p\text{-value} = 0.303$) but age was not entered to the nursing practice equation. ($r = -0.062$, $p\text{-value} = 0.521$) In summary, the assumption of multicollinearity for Multiple Regression Analysis has been met with the requirement.

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QUESTIONNAIRE

NURSING PRACTICE TO PROTECT RIGHTS OF SEXUALLY ABUSED CHILDREN AND WOMEN IN BANGKOK METROPOLITAN ADMINISTRATION HOSPITALS

1. This questionnaire is composed of five sections as the following:

Part 1 Demographic characteristics	6	items
Part 2 Internal factors		
- Training and research	8	items
- Administrative system	8	items
- Task environment	8	items
- Ethical and Legal control	10	items
Part 3 External factors		
- Technology	7	items
- Manpower management	5	items
Part 4 Nursing practice to protect rights of sexually abused children and women		
- Utilization of nursing process	10	items
- Continual nursing service	9	items
- Dignity of nursing practice	10	items
- Communication and relationship	8	items

Part 5 Problem and recommendation to nursing practice to protect rights of sexually abused children and women.

2. Please read and understand suggestion to each question before answer.

3. Please answer all of the questionnaires by the truth.

All of your opinion is valuable and I would like to express my deeply thanks to all respondents on this occasion.

Kantana Tangmanustrong

Part 2 Internal factors of nursing practice

Please mark (✓) in the blank

The highest means statement that the highest corresponding.

High means statement that high corresponding.

Moderate means statement that moderate corresponding.

Low means statement that low corresponding.

The least means statement that the least corresponding.

Training and research

Statement	The highest	High	Moderate	Low	The Least
1. Your unit send the nurses to studied at the village both government and privacy.					
2. Your unit had supported and promoted for research.					
3. Your unit had promoted more education.					
4. Your unit had supported and updated text book and modern medical journals.					
5. Your unit had spreaded out and presented for results of research.					
6. Your unit had taken the results of research to improved and developed for nursing activities.					
7. Your unit had managed about nursing practice procedure.					
8. Your unit had delegated to the committee of knowledge.					

Administrative system

Statement	The highest	High	Moderate	Low	The least
1. Your unit has meeting and conference about policy, goals and job planning to be known.					
2. Your unit had recorded the reports included nursing care plan for the administrator to assessment the advance of the nurses.					
3. Your unit had set scope or duty by the written documents.					
4. When you had any problem about nursing practice, you received help and/or advised by your superior.					
5. Your unit had the methods of job planning and followed up for evaluation.					
6. Your unit had shared and delegated to the duty and responsibility by clearly.					
7. Your unit had opened chance to participant planning for setting scope and module of nursing practice.					

Task environment

Statement	The highest	High	Moderate	Low	The Least
1. Your unit had conference room to convenient useful.					
2. Your unit had prepared the specific place for curing children and women' sexual abused.					
3. Your unit had adequate medical equipments.					
4. Your unit is clean and tidy for nursing practice.					
5. Your unit is enough light for nursing practice.					
6. Your unit had correctly managed and separated rubbish especially; it was infectious rubbish.					
7. Your unit had the fire protection and destructive danger plan.					
8. Your unit had solved the method to when the nurses get the accident from sharp metal or touched with blood/discharge of patients while they were working.					

Ethical and legal control

Statement	The highest	High	Moderate	Low	The least
1. Thailand had not law for protection rights of children and women.					
2. Law of protection rights of children and women is not good for command and efficiency.					
3. The government sector or the social organization cannot help children' sexual abused from family member.					
4. Everybody had the rights of received cure when she/ he sick as the public health standard.					
5. The parents had the power to govern children must look after and not hinder them for development of children.					
6 The parents or guardians that made violated sexual with their kids and might take off the power to govern their kids.					
7. Kids could not prosecuted the parents with criminal law anyway.					
8. Children and women could prosecuted you in case of getting the danger from cure or human rights were ignored.					

Ethical and legal control (cont.)

Statement	The highest	High	Moderate	Low	The least
9. Issue law to command everyone that concern with children and women such as policeman, doctor, nurse, teacher so that report to the associated organization, when saw the case of children and women' sexual abuse.					
10. You always give nursing practice to sexual abuse children and women under the professional law.					

Part 3 External factors of nursing practice

Technology

Statement	The highest	High	Moderate	Low	The least
1. Your unit had the form of data recording on nursing practice to protect rights of children and women in the same direction.					
2. The patterns of referral system both in-out office hours in your unit are the same practise.					
3. Your unit could be made media accessories or the knowledgeable documents for health and forensic to educate children and women.					
4. Your unit had the computer and database system to record patients.					
5. Every time your unit has the notice and medical information to know.					
6. Your unit had clearly the using of equipments procedure that you are able to used them correctly.					
7. Your unit had promptly readiness to use medical technology.					

Manpower management

Statement	The highest	High	Moderate	Low	The least
1. Your unit had set up scope of the nurse responsibility by written documents.					
2. Your unit had delegated jobs as scope of the nurse responsibility.					
3. Your unit had managed adequate manpower for patients in any periods.					
4. Your unit had let in the other job that beyond the scope of duty of the nurse responsibility.					
5. Your unit had followed up and evaluated adequately among staffs and the quality job.					

Part 4 Nursing practice to protect rights of sexually abused children and women

Please mark (√) in the blank

- Always means activity practice is always
- Usually means activity practice is usually
- Often means activity practice is often
- Sometimes means activity practice is sometimes
- Never means activity practice is never

Utilization of nursing process

Statement	Always	Usually	Often	Sometimes	Never
1. In early time, you gathered the following data. - History of illness from patient and patient’s relatives. - Assessment from physical, psychological, emotional and social conditions.					
2. You collected data as followed: - Demographic characteristics; age, occupation, address, socio-economic data, life style and family history - Chief complaint - Time and date of sexually abused					

Utilization of nursing process (cont.)

Statement	Always	Usually	Often	Sometimes	Never
3. You brought patient data to analyze as followed: - Problem on the physical aspect. - Problem on the psychological and emotional aspects. - Family status and socio-economic status.					
4. You record nursing diagnosis; health problems and patient's behaviors.					
5. You brought the physical, psychological, emotional and social data to set up nursing activities.					
6. You let children and women into participate and perceive the nursing care plan.					
7. You provide nursing for children and women to solved holistic problem and responded.					

Utilization of nursing process (cont.)

Statement	Always	Usually	Often	Sometimes	Never
8. Every time you explain children and women about treatment and/ or specific treatment.					
9. You brought the evaluated information and different analysis of changing behaviors to compare for achievement in nursing goals.					
10. After provide nursing care, you followed up and evaluated to refer patients with associated unit.					

Continual nursing service

Statement	Always	Usually	Often	Sometimes	Never
1. You give time and chance for sexual abuse children and women to talk about own feeling.					
2. You provide nursing care for sexual abuse children and women like the general patients.					
3. You teach and explain children and women health education for suitable level.					
4. You revise the patient data.					
5. You take care for sexual abuse children and women with the other health care professional team.					
6. You provide nursing care for sexual abuse children and women as the nursing standard that set up by the unit.					
7. You provide nursing care for sexual abuse children and women covering physical, psychological, emotional and social dimensions.					

Continual nursing service (cont.)

Statement	Always	Usually	Often	Sometimes	Never
8. Every time you report and record correctly include to evaluate data with health team.					
9. You follow up and help children and women until to make sure that they live in the safety place.					

Dignity of nursing practice

Statement	Always	Usually	Often	Sometimes	Never
1. You explain patient to understand about the detail of inform consent.					
2. You give the chance to patient purpose the opinion and participate to deciding about treatment.					
3 Every time you describe the information before cure patients.					
4. Every time you stay with patient, while the doctor examine physical and cure.					

Dignity of nursing practice (cont.)

Statement	Always	Usually	Often	Sometimes	Never
5. You prepare the patient while she check per vagina in the closet room or close the curt and cover cloth over her body.					
6. Every time you explain the aims, steps and the details about specific treatment before checking.					
7. For the case of children, you give the chance to the guardian decide their mind for the patient to choose the curative methods under the reasonable boundary.					
8. You always explain the cost as the step to check for diagnosis and treatment.					
9. You keep up all data for the patient in the privacy confidentially.					
10. You keep up patient's medical record in the place that nobody can see it.					

Communication and relationship

Statement	Always	Usually	Often	Sometimes	Never
1. You give the good response with patient.					
2. You and your colleague have good relationship together.					
3. You and your superior are good relationship.					
4. You and your colleague will give the opinion and problem solving when occur conflict.					
5. You had coordinated and associated with the other team to help for sexual abuse children and women.					
6. You had educated children and women in content of venereal diseases, AIDS, the pregnancy prevention and psychological problem.					
7. You exchange the data between you and clients.					
8. You had reported and followed up the patient as the helping step of sexual abuse children and women.					

Part 5 Problem and recommendation about nursing practice to protect rights of sexually abused children and women.

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The image shows a large, semi-transparent watermark of the Mahidol University logo. The logo is circular with a gold border. Inside the border, the Thai text "มหาวิทยาลัยมหิดล" (Mahidol University) is written in a circular path. The center of the logo features a golden emblem with a crown-like top, a central figure, and ornate flourishes. The background of the logo is a light blue color.

BIOGRAPHY



NAME	Miss Kantana Tangmanustrong
DATE OF BIRTH	28 November 1971
PLACE OF BIRTH	Bangkok, Thailand
INSTITUTION ATTENDED	Kuakarun College of Nursing, 1990-1994 Bachelor of Nursing Science Mahidol University, 2002-2004 Master of Science (Public Health)
POSITION & OFFICE	Bangkok Metropolitan Administration General Hospital Position: Register Nurse