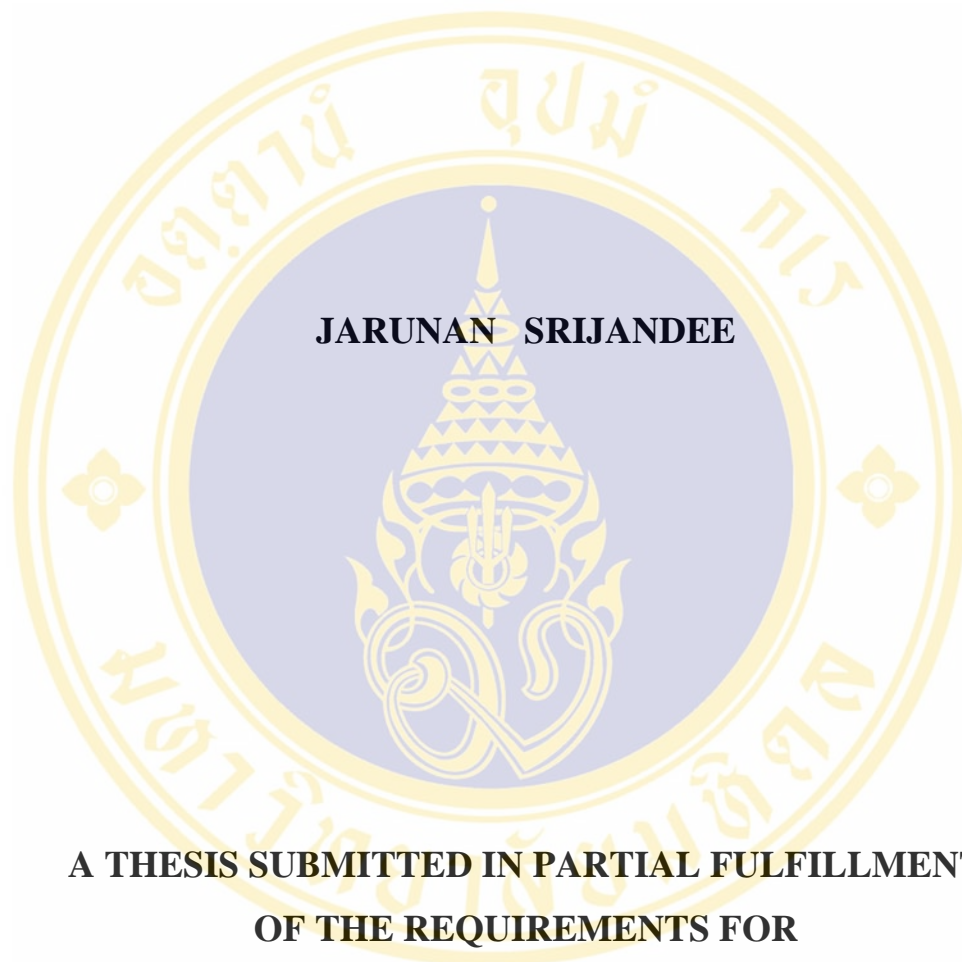


**HEALTH TEACHING COMPETENCY BASES FOR NURSES**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF EDUCATION  
(ADULT AND CONTINUING EDUCATION)  
FACULTY OF GRADUATE STUDIES  
MAHIDOL UNIVERSITY**

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Entitled

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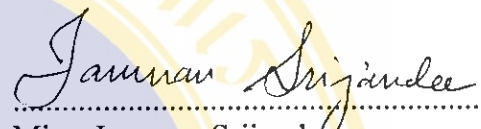
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the Degree of Master of Education (Adult and Continuing Education)

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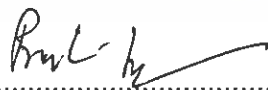
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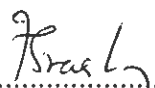
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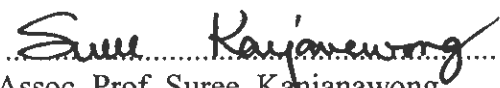
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I would like to give all success of this research to my parents who always give me encouragement and assistance and wait for my success.

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**Jarunan Srijandee**

**HEALTH TEACHING COMPETENCY BASES FOR NURSES**

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**ABSTRACT**

The objective of this research was to determine health teaching competency bases for nurses. The research was done by using Delphi technique on 3 occasions. The sample group consisted of 18 experts in various fields such as nursing (health promotion), public health (health education), medical science, sociology & humanity, and science. These experts have knowledge, expertise, and experience in health teaching and work in educational institutes and agencies in Bangkok Metropolitan and nearby provinces. After the three data collections had been done, final conclusions were drawn in.

**The research results were as follows:**

Experts thought that 3 competencies of 108 basic competencies were necessary. Their opinion was considerably consistent. The conclusions were :

1. Knowledge. Nurses should have knowledge of 8 disciplines : health education, behaviorism, nursing, education , sociology and humanities, management, information technology, and research.
2. Skills. Nurses should have 6 skills : communication skill, counseling skill, teaching skill, teamwork skill, management skill, and information management skill.
3. Personal characteristics. Nurses should have 3 main characteristics: motivation : achievement motivation, and a set of traits consisting of the : responsibility, order and discipline, aspiring after knowledge and always learning, self-confidence, kindness, creativity, strong health, mind and spirit, reliable personality, good human relationship, approaching others easily, being affable and friendly, service mind, systematic thinking, being good listener, being flexible, understanding everything easily, being patient, being perceptive, teacher-being and self – concept : Nurses have positive attitudes and positive thinking toward health teaching.

**Recommendations**

The research results can be used in determining functional competency for use in efficiently developing nursing personnel who perform the health teaching duty. Nurses' basic competency must be evaluated according to guidelines found in this research. Nurses should receive more training if they do not have any specific competency.

This research is only on competency models which have been not tried out yet. Therefore, any agencies should study such competency models before using them.

**KEY WORDS : COMPETENCY / HEALTH TEACHING/ NURSES/ HUMAN  
RESOURCES DEVELOPMENT**

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ความสามารถพื้นฐานในด้านการให้ความรู้ทางสุขภาพสำหรับพยาบาล(HEALTH TEACHING COMPETENCY BASED FOR NURSES)

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ศษ.ม.(การศึกษาผู้ใหญ่และการศึกษาต่อเนื่อง)

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### บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อกำหนดความสามารถพื้นฐานในด้านการให้ความรู้ทางสุขภาพสำหรับพยาบาล ใช้วิธีการวิจัยแบบเดลฟาย จำนวน 3 รอบ โดยผู้เชี่ยวชาญ 18 ท่าน ที่มีความรู้ ความเชี่ยวชาญและมีประสบการณ์ในด้านการให้ความรู้ทางสุขภาพในสาขาต่างๆ ได้แก่ ด้านการพยาบาลส่งเสริมสุขภาพ ด้านสาธารณสุขศาสตร์(สุขศึกษา) และด้านอื่นๆที่เกี่ยวข้อง ได้แก่ แพทยศาสตร์ สังคมศาสตร์ วิทยาศาสตร์ จากสถาบันการศึกษาและหน่วยงานในเขตกรุงเทพ และปริมณฑล ซึ่งได้คำตอบสุดท้ายในรอบที่ 3 ของการเก็บรวบรวมข้อมูลเป็นข้อสรุปของความสามารถพื้นฐานในด้านการให้ความรู้ทางสุขภาพสำหรับพยาบาล

#### ผลการวิจัยพบว่า

ความสามารถทั้งหมด 3 ด้าน จำนวน 108 ความสามารถพื้นฐาน ผู้เชี่ยวชาญมีความเห็นว่าจำเป็นและสอดคล้องกันสูงทุกข้อ สรุปผลการวิจัยได้ดังนี้

1. ด้านความรู้ ควรประกอบไปด้วย ความรู้จำนวน 8 ศาสตร์ ได้แก่ สุขศึกษา, พฤติกรรมศาสตร์, พยาบาลศาสตร์, ศึกษาศาสตร์, สังคมศาสตร์และมนุษยศาสตร์, การบริหารงาน, ความรู้ทางเทคโนโลยีสารสนเทศ และความรู้ทางการวิจัย
2. ด้านทักษะ ประกอบด้วย ทักษะจำนวน 6 ทักษะ ได้แก่ ทักษะการสื่อสาร, ทักษะการให้คำปรึกษา, ทักษะการสอน, ทักษะการทำงานเป็นทีม, ทักษะการบริหารจัดการ และทักษะการจัดการข้อมูล
3. ด้านคุณลักษณะของบุคคล ประกอบด้วย 3 คุณลักษณะ ได้แก่ แรงจูงใจสู่ความสำเร็จ, ลักษณะเฉพาะตัว และความคิดส่วนบุคคล

จากผลการวิจัยสามารถกำหนดความสามารถพื้นฐานเพื่อใช้ในการพัฒนาบุคลากรทางการพยาบาลในการดำเนินงานด้านการให้ความรู้ทางสุขภาพได้อย่างมีประสิทธิภาพ โดยพยาบาลต้องได้รับการประเมินความสามารถพื้นฐานตามแนวทางที่พบทางการศึกษานี้และควรได้รับการฝึกอบรมเพิ่มเติมในกรณีที่ขาดความสามารถพื้นฐานด้านใดด้านหนึ่ง

เนื่องจากการวิจัยนี้ยังไม่ได้ถูกนำไปทดลองและสอบถามจากผู้ปฏิบัติงานจริงเป็นเพียงรูปแบบความสามารถที่ถูกพัฒนาขึ้น ดังนั้นเมื่อต้องการใช้กับหน่วยงานใดควรนำไปศึกษาให้เหมาะสมกับหน่วยงานก่อน

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## CHAPTER I

### INTRODUCTION

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

During the past 10 - 15 years, public health system in Thailand has considerably adjusted. There has been hospital quality certification and development for over 5 years in order to be quality hospital (Hospital Quality Certification and Development Institute, 2002). At present, all hospitals must promote health by emphasizing patients' safety. All personnel must develop to create working standard and work together as a team (Chanuanthong Thanasukarn, 2003 : 75). As medical personnel have an important duty to create quality hospital, they have to adjust to create new culture which is the culture of quality organization.

Quality hospital stimulates new working model based on learning which is a heart of quality hospital (Chanuanthong Thanasukarn, 2002 : Integration 1). Phasu Decharin (2003) said that learning of the organization depends on personnel. Therefore, at present, there is development of officials in order to increase working efficiency of the organization.

Thiphawadee Meksawan (2002 : 3) said that this era is infotech - nanotech era for creating progress of biotech- meditech. Workers must be knowledge workers and wisdom workers who can apply and compile knowledge and experiences to create wisdom in order to solve working problems and initiate new things. Workers must continuously learn and develop themselves. Therefore, future job characteristics of state organizations must be based on people's learning, development, and potential.

As the organizations want to have wisdom workers, development of medical personnel is a main factor of creating quality hospital.

As there is the largest number of nurses in the medical service system (Human Resources' Health Development Journal, 2000 : Editorial Article), nurses are very important in hospital. Nurses have to work with all personnel and most involve patients. Therefore, all personnel in hospital must develop themselves.

According to 1997 Midwifery and Nursing Profession Act. No. 2, Section 4 (Health Teaching Project Committee, Nursing Division, Siriraj Hospital, 2003 : 1), nurses have to perform nursing duties to people, family, and community under scientific principles and nursing art as follows:

1. Teach, advise, counsel, and solve health problems.
2. Take care of patients, arrange environments to solve illness problem, relieve disease symptom, and rehabilitate.
3. Follow treatment methods.
4. Help doctors cure patients.

Phuangrat Bunyanurak (2001 : 129) mentioned the meaning and criteria of profession according to the concept of Flexner (1915) as follows:

1. Group's activities indicate use of intelligence.
2. Activities stem from learning.
3. Profession's activities must be really done.
4. State of being profession requires teaching.
5. Members of the professional organization must be harmonious.
6. Members want to give the best thing to the society and have driving force to work.

Therefore, development of nursing personnel must be based on health teaching which is a heart of public health and medical jobs (Vithoon Saengsingkaew, 1996). At present, Ministry of Public Health emphasizes health promotion by self care and disease prevention of people, family, and community (Somboon Khorsakul, 2003). Nurses are the most suitable people to promote health (Human Resources' Health Development Journal, 2000 : Editorial Article) because they must teach health to patients. Health teaching in hospital is not easy because patients having physical illness and mental anxiety do not have motivation to learn (Chanuanthong Thanasukarn, 1996 : 9).

In 2020, nurses will have more roles in health development (Thassana Bunthong, 1999 : 94 - 103). Nurses' main job characteristics will be health promotion, illness prevention, maintenance, and health problem-solving. Nurses are the most suitable people to do such jobs (Thassana Bunthong, 1999 : 94 - 103). If

nurses can successfully teach health in school, community, and hospital, people will be healthy.

Nursing jobs in Thailand focus on bed side specialists rather than health promoters (Human Resources' Health Development Journal, 2000 : Editorial Article). As nurses mainly help doctors cure patients, they are not sufficiently interested to teach health. They have insufficient knowledge to arrange the learning process for patients. Chanuanthong Thanasukarn (1996) said that health teaching in hospital in the past did not achieve the goals due to the following reasons:

1. Nurses thought that patients were empty glasses so they tried to give the best thing to patients without studying that whether such thing was required by patients.
2. Nurses thought that efficient health teaching should consist of many technical contents.
3. Nurses quickly taught health, patients could not understand.
4. Nurses used technical terms, patients could not understand.
5. Nurses thought that patients were students, they mainly gave contents.
6. Nurses believed that health teaching by emphasizing knowledge made patients correctly follow advice.

Moreover, Aphiwan Kaewwannarat (2002 : 4) said that health teaching cannot achieve the goals due to the problem of personnel. Personnel do not plan about teaching, do not study teaching techniques, and do not prepare teaching media. Moreover, nurses do not have motivation to develop teaching skills due to a lot of other duties. Therefore, they teach health without arranging the learning process for patients. Supreeya Tansakul (2001 : 44) said that people who teach health must have theoretical knowledge and understanding and technical process for efficient practice.

In conclusion, nurses' health teaching does not achieve the goals. Nurses do not have motivation to teach health and do not develop health teaching system.

So, problem-solving for development of nurses' health teaching roles is to develop professional role, promote state of being quality hospital, and promote health teaching in hospital to have efficiency. Therefore, the researcher was interested to study development of nursing personnel by determining health teaching competency bases for nurses according to the concept of Spencer & Spencer (1993). The

researcher determined functional competency consisting of knowledge, skills, and personal characteristics. Nursing personnel can use the competency determination concept to develop health teaching in hospital.

### **Research question**

What knowledge, skills, and personal characteristics should nurses have for the most efficiency of health teaching?

### **Research objective**

To determine health teaching competency bases for nurses.

### **Research scope**

This research was done to determine health teaching competency bases for nurses by determining functional competency which is competency determination model according to the concept of Spencer & Spencer (1993), which has 3 components as follows:

1. Knowledge
2. Skills
3. Personal characteristics

Determination of competency used Delphi research technique which is the process involving experts. As for this research, the researcher selected 18 experts by purposive sampling. 18 experts were divided into 3 expert groups as follows: Group 1 consisted of nurses/ nursing teachers. Group 2 consisted of experts on education/health education. Group 3 consisted of experts in related field. Every expert must have experiences in health education job and work in Bangkok Metropolitan and the nearby provinces.

Implementation steps according to Delphi technique were collection of data from experts who gave advice about health teaching experiences. The researcher collected data for 3 times by interviewing in the first round and using the questionnaires in the second and the third round.

## Research conceptual framework

According to this research, determination of health teaching competency bases for nurses was determination of functional competency by using Delphi technique which is a method of competency determination (Parry, 1996 : 48 -56). As for health teaching duty, nurses must give medical knowledge to patients by using learning process. It is found that this is a problem of nursing personnel who do not have the learning process arrangement methods which are suitable for the situation which patients are learners. So, determination of basic competency for this research selected experts from several related fields to give concepts and tell experiences so that the obtained basic competency is information which covers every issue. Then, determination of health teaching competency bases for nurses is the most perfect and can be used for solving problems.

Moreover, basic competency was determined to have the guidelines which were consistent with the concept of Spencer & Spencer (1993 : 9 - 10). Competency models are divided into 2 groups as follows: Visible competency consists of knowledge and skills which are easy to develop. Hidden competency consists of motivation and habit characteristics which deeply exist and affect people's personality. This competency is difficult to develop. The above conceptual framework was shown in the chart 1.

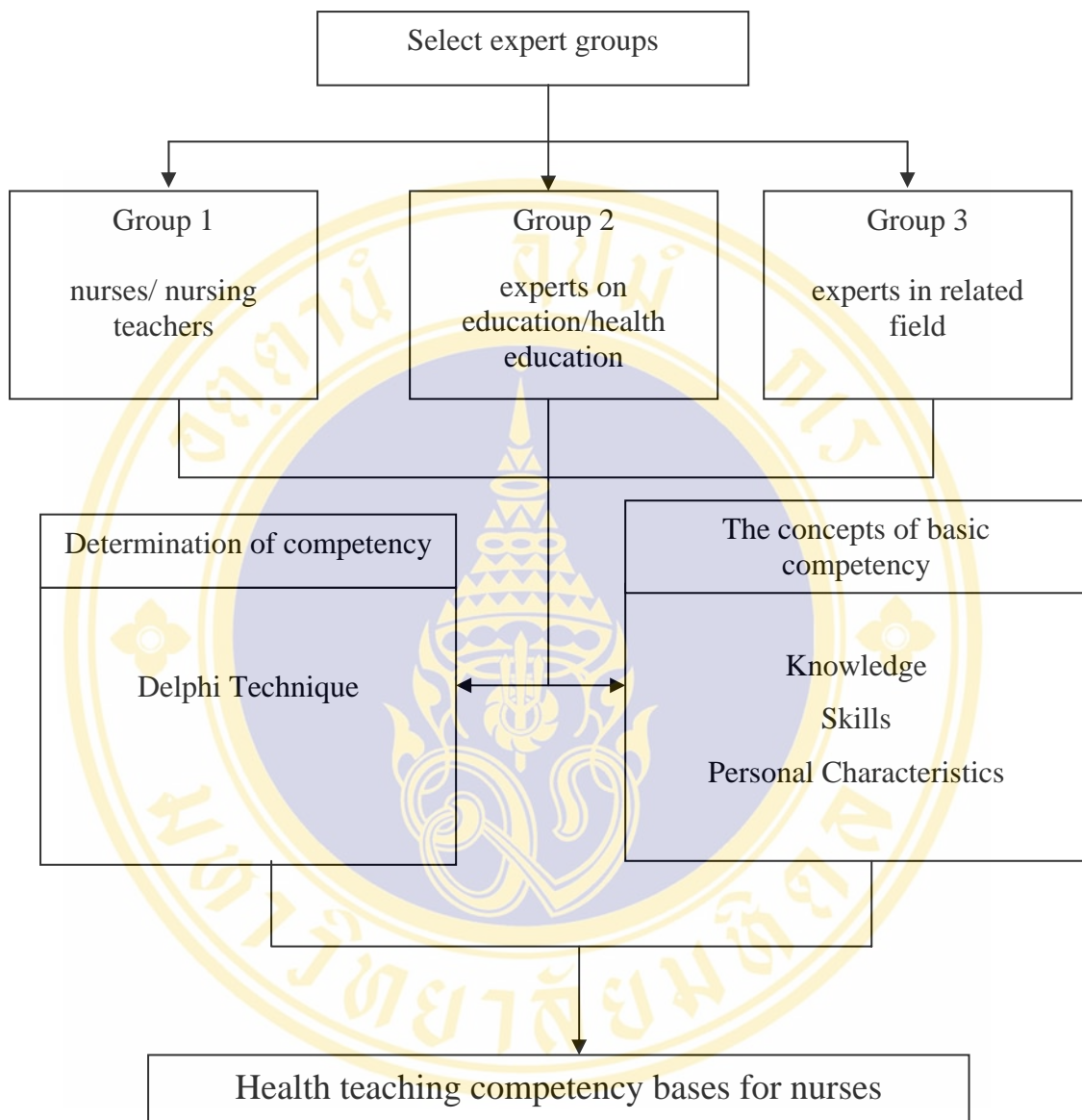


Chart 1 showed research conceptual framework

## Research definitions

**Basic competency** referred to specific characteristics consisting of knowledge, skills, and personal characteristics of people to most effectively perform duties.

**Health teaching competency** referred to specific characteristics consisting of knowledge, skills, and personal characteristics of people to efficiently teach health.

**Knowledge** referred to technical contents which people who perform the health teaching duty must have. Such technical contents are derived from education, continuous education, training or technical meeting/seminar.

**Skills** referred to ability to do something well, which people who perform the health teaching duty must have. Such ability is derived from knowledge base and experiences.

**Personal characteristics** referred to people's behavior, specific characteristics, and thought which are very necessary for creation of health teaching success.

**Nurses** referred to registered nurses (RN) in hospital.

### **Benefits**

The results of this study could be used to determine functional competency in nursing human resource development job such as the training curriculum on evaluation of nursing personnel's potential on the health education job and self-development plans for nurses.

The results of this study could be guidelines of human resource management such as recruitment of nursing personnel for the position which requires expertise in health teaching, promotion, evaluation of performance for consideration of salary increase.

## CHAPTER II

### LITERATURE REVIEW

The objective of the research on Health Teaching Competency Bases for Nurses was to determine health teaching competency bases for nurses. The related studies and researches would be presented as follows:

1. The concepts of basic competency and determination of competency
2. The concepts of health teaching
3. The concepts and theories of adult learning
4. Roles and qualifications of adult instructors/health instructors
5. Delphi research technique
6. Related researches

#### **1. The concepts of basic competency and determination of competency**

At present, human resource management by using the competency determination concept receives more interest. So, a lot of people study competency. People who studied competency are as follows:

Kathleen (1990) said that competency means capacity or working of people to do specific duties.

Praharad and Gary (1990 : 79 - 91) defined that competency is joint learning of the organization about methods of combining different production skills and related technologies in order to help its business unit be able to adapt to changes.

Schermerhorn and others (1991 : 109 -112) said that competency is an issue which is the centre of correlation between people's working attitudes and ability. Attitudes indicate competency in learning something. Working ability reflects competency in performing various duties. In fact, attitudes are ability which has potential. Ability is skill which is competency existing in that person. Competency is important for consideration when executives want to employ or recruit people to work. When people having attitudes and ability are selected to work,

teaching, continuous education or training can be used to develop or increase skills which are necessary for working. These things are important investment in human resources of the organization or agency because people's competency is motivation which can stimulate working attempt, impact on motivation, and affect people's feeling rather than environments. Therefore, people feel that their working competency makes them be expected that they are able to be responsible for more jobs. This feeling can become internal driving force which stimulates and supports people to work hard. Mental and physical competency involves working.

Spencer & Spencer (1993 : 9 - 10) defined that competency is an underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job or situation.

Underlying characteristic means the competency is a fairly deep and enduring part of a person's personality and can predict behavior in a wide variety of situations and job tasks.

Causally related means that a competency causes or predicts behavior and performance.

Criterion-referenced means that the competency actually predicts who does something well or poorly, as measured on a specific criterion or standard . Five types of competency characteristics as follows:

1. Motives. The things a person consistently thinks about or wants that cause action. Motives "drive, direct, and select" behavior toward certain actions or goals and away from others.
2. Traits. Physical characteristics and consistent responses to situations or information
3. Self-concept. A person's attitudes, values, and self-image.
4. Knowledge. Information a person has in specific content areas.
5. Skill. The ability to perform a certain physical or mental task.

The type or level of a competency has practical implications for human resource planning. Knowledge and skill competencies tend to be visible, and relatively surface, characteristics of people.

Self-concept, trait, and motive competencies are more hidden, "deeper," and central to personality.

Moreover, Spencer & Spencer presented the concept of competency which can be explained into 2 models as follows:

1. The iceberg model indicates visible characteristics and invisible characteristics.
2. Cross model indicates surface characteristic and core personality.

2 models of Spencer & Spencer (1993 : 11) can be shown as follows:

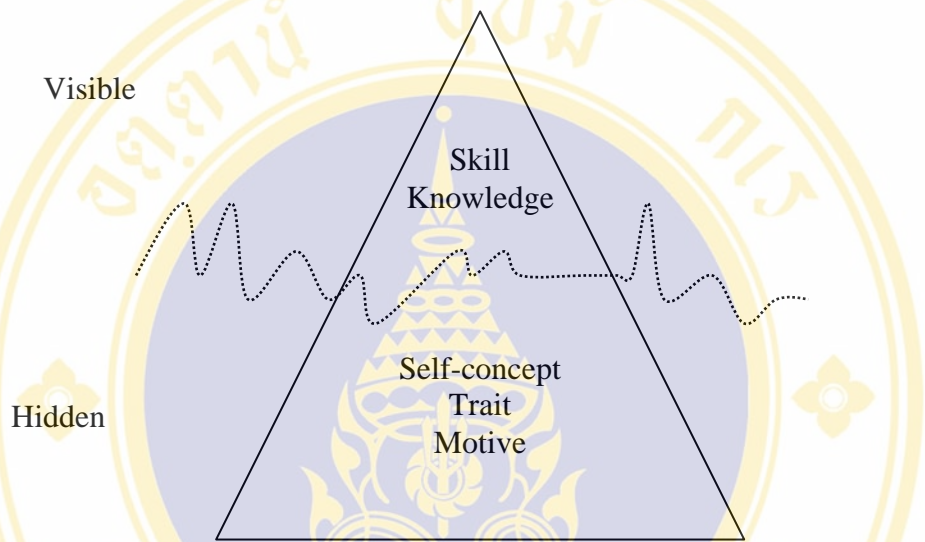


Chart 2 The Iceberg Model

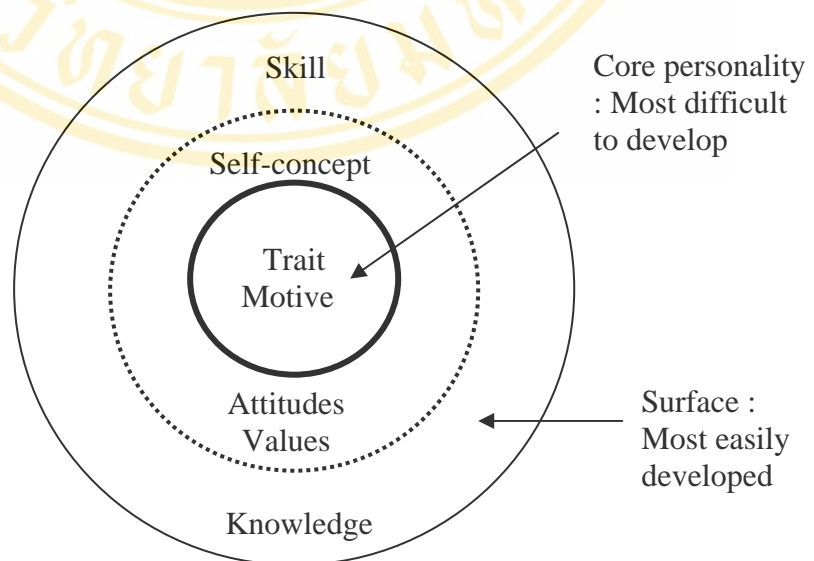


Chart 3 The Cross Model

Spencer & Spencer (1993 : 12 -13) also mentioned determination of competency which brings about work success as follows:

Determination of competency in motives, traits, and self-concept brings about working behavior, creates skill, and brings about working success. So, such competency can be created as competency which forecasts performance as follows:

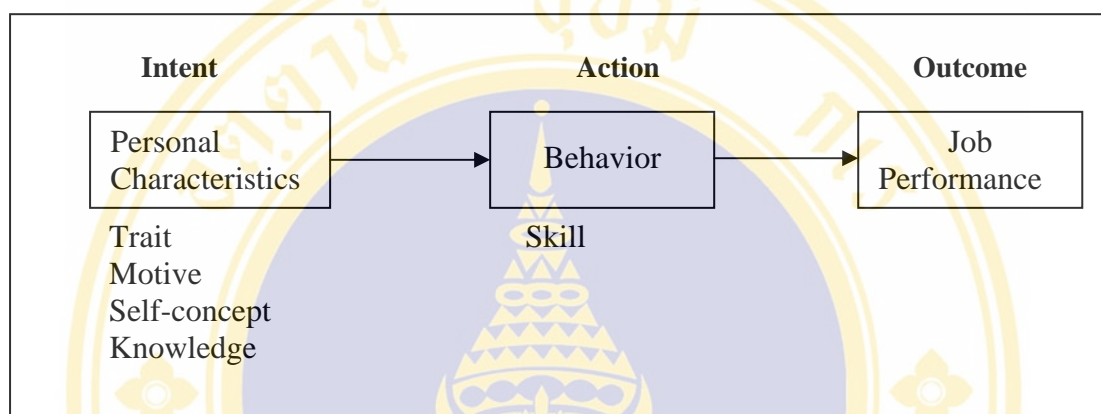


Chart 4 Competency causal flow model

Alan and others (1996 : 158) said that competency is people's specific traits to permanently work with efficiency.

In Thailand, people who studied about competency were as follows:

Narongwit Saenthong (2004 : 9) compiled the meaning of competency and divided the meaning into 2 groups as follows:

As for Group 1, competency means people's personality which reflects knowledge, skills, attitudes, belief, and trait.

As for Group 2, competency means group of knowledge, skills, and attributes of people (KSAs) which reflect people's working behavior which can be measured and seen.

Dechophon Kamolchatkul (2004 : 17) said that competency means analysis for determining that what knowledge, skills, competency, and behavior all staff must have for use in creating working success in the organization, and considering future development opportunity. Dechophon also mentioned 3 components of competency as follows:

1. Knowledge can be studied from theory, concept, principle, performance, researches. It is necessary to know that what knowledge that position level must have.

2. Skill and ability must be able to be done. Personnel must have knowledge in that issue as the base. If they frequently do such thing, they have expertise.

3. Behavior. It is necessary to know that what behaviors that position and that level must have because such behaviors are very necessary for creating working success in that level and that position.

In conclusion, competency means groups of knowledge, skills, and personal characteristics which bring about highest efficient working. Competency can be divided into 2 groups as follows: Visible competency consists of knowledge and skills which are easy to create. Invisible competency consists of personal characteristics which are difficult to create and develop. Each person's invisible competency is different. Invisible competency can be determined as standard criteria for use as the tool of efficiently developing personnel. Moreover, this competency can be used to evaluate problems of that person in order to encourage that person to create more potential. This competency can be created for people who do not have this competency yet. Knowledge and skills are important parts. Although it is easy to create knowledge and skills, knowledge and skills are very necessary because they bring about more perfection and efficiency. Therefore, the concept of Spencer & Spencer (1993) is the concept which most perfectly creates competency models. As for this research, the researcher used the competency determination concept of Spencer & Spencer (1993) as follows:

1. Knowledge
  2. Skills
  3. Personal characteristics which consist of motive, traits, and self-concept
- Competency category and characteristics were studied by the following

people:

Boyatzis R.E. (1982 : 23) divided competency into 2 categories such as threshold competency and actual managerial competency.

Threshold competency consists of things which are indirectly important to better working, or things which exist behind successful working such as general knowledge, motive, personal characteristics, self-confidence, roles in the society, or various skills which are necessary for working.

Actual managerial competency consists of various practice methods which help enable people to more efficiently perform the responsible duty or have quality working behavior patterns. Behavioral patterns arise from combination of use of knowledge, skills, attitudes, understanding and compilation of people's experiences again.

Narongwit Saenthong (2004 : 10 - 11) divided competency into 3 categories as follows: core competency, functional/job competency, and personal competency.

Core competency means people's personality which reflects knowledge, skills, attitudes, belief, and trait of people in the organization in general, which help the organization achieve the goals.

Functional/job competency means people's personality which reflects knowledge, skills, attitudes, belief, and trait which help encourage that person to create performance over standard.

Personal competency means people's personality which reflects knowledge, skills, attitudes, belief, and trait which make that person have competency in doing anything more outstandingly than general people.

In conclusion, competency category of each work must consist of direct competency and indirect competency. Competency category must be clearly determined in order to indicate direct competency and indirect competency. As for this research, the researcher studied health teaching competency bases for nurses which is functional competency.

## **Determination of competency**

Determination of competency according to the concept of Spencer & Spencer (1993 : 93 - 113) consists of 3 methods as follows:

1. The classic study design using criterion samples
2. A short study design using expert panels

3. Studies of single incumbent and future jobs where there are not enough job holders to offer samples of superior and average performance

1. The classic study design using criterion samples consists of determination steps as follows:

1.1 Clearly determine working success scope.

1.2 Specify job success indicating criteria.

1.3 Collect data.

1.4 Analyze data and develop competency models of that job.

1.5 Try out competency models.

1.7 Apply competency models determined in the organization job.

2. A short study design using expert panels consists of determination steps as follows:

2.1 Arrange expert meeting.

2.2 Use interview technique.

2.3 Analyze data and develop competency models

2.4 Try out competency models.

3. Studies of single incumbent and future jobs where there are not enough job holders to offer samples of superior and average performance consists of determination steps as follows:

3.1 Study future job by using the following methods:

3.1.1 Data from experts

3.1.2 Data from the collected documents and researches

3.1.3 Analysis of present job

2. Study duties in that position

Determination of competency according to the concept of Alan and others (1996 : 159) consists of 5 determination steps as follows:

1. Clearly determine working success scope.

2. Analyze and find indicators of strong points and weak points of that job.

3. Repetitively examine for clearness by using the following questions:

3.1 Does everybody correctly understand the term “competency”?

3.2 Is competency important and necessary for successful working?

3.3 How is competency measured? Is it possible to correctly measure competency?

3.4 Is competency important to future job?

4. Review examination process again in order to see that whether results are required by the organization by interviewing expert groups or team in order to accept data as joint commitment.

5. Clearly create details of the accepted competency.

Moreover, competency determination methods according to the concept of Parry (1996 : 48 -56) are as follows:

1. Widely determine competency with scale in order to be accepted from several parts.

2. Avoid specific specification in some competency such as educational level. Sometimes, some job does not require educational level. For example, educational level is consistent with the job but competency level is not consistent with the job.

3. Specify competency which can be measured and seen.

4. The specified competency should be consistent with real needs.

Examples should be given to clearly explain behavior.

5. Use simple words to specify competency.

6. Concisely write competency.

7. Specify similar competency which can be clearly separated.

8. Emphasize future needs for development in the future.

9. Specify competency which reflects working behavior.

10. Clearly specify the best behavior level and give examples.

11. For training, competency in habit characteristics should not be specified because the training cannot be implemented.

12. Arrange similar competency to be in the same group.

There are several methods of competency determination as follows:

1. Use DACUM technique (Develop a Curriculum) as curriculum development techniques. Expert groups must jointly review professional scope, determine competency details, specify as skills, knowledge, competency, and determine hypothesis.

2. Use Delphi technique which is the process which involves experts who give advice about working experiences in that position because they have expertise. Experts express opinion several times until they have conclusion.

3. Use functional analysis technique. This is the group process which uses experts and group facilitators. Group facilitators lead the group to analyze and find conclusion about that job.

4. Use critical incident technique which uses workers to specify working problems by comparing success and mistakes.

In conclusion, there are several methods of competency determination. However, the researcher used Delphi technique which is the competency determination method according to the concept of Parry (1996 : 48 - 56). The researcher used expert groups in related field to jointly express opinion and conclude details of health teaching competency in order to determine as health teaching competency bases for nurses. So, informants should be expert groups involving the health teaching duty such as nurses/nursing teachers/experts on education/ health education in order to get complete views because experts can see possibility trend, future changes, and complexity of problems and solution of the health teaching duty better than nurses who ordinarily work.

## **2. The concepts of health teaching**

As for the concepts of health teaching for nurses, Marlyn D. and others (1998 : 3 - 19) mentioned a professional model to guide health teaching in nursing practice in 4 parts as follows:

1. Social service ideal

2. Nature of the client state
3. Nursing practice environment
4. Nursing practice strategies

The University of Virginia School of Nursing applied the above model to create nursing roles for use in teaching health (Marlyn D. and others, 1998 : 11).

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**Concepts of the Professional Model Incorporated into the Teaching Role**

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| Social Service<br>Ideal     | Client State   | Practice<br>Environment                        | Nursing Practice<br>Strategies                           |
|-----------------------------|--|--|--|
| 1. Nature of the profession | 1. Developmental characteristics :<br>-Cognitive<br>-Psychomotor | 1. Facilities<br>2. Physical aspects           | 1. Health maintenance strategies                         |
| 2. Codes of Ethic           | -Tasks   | 3. Organization of services                    | 2. Administration, management, and leadership strategies |
| 3. Nursing roles            | 2. Support systems   | 4. Philosophy, policies, procedures of setting | 3. Teaching skills                                       |
| 4. Standards of Practice    | 3. Health status   | 5. Health delivery system                      | 4. Communication   |
| 5. Advocacy                 | 4. Health maintenance practices/needs                            | 6. Community orientation and values            | 5. Assessment skills and use of tools                    |
| 6. Accountability           | 5. Risk Factors  | 7. Roles of other health-care providers        | 6. Evaluative skills                                     |
| 7. Nursing process          | 6. Access to care  | 8. Government intervention in health care      | 7. Group process skills                                  |
|                             | 7. Psychological status  | 9. Geographic location of practice site        | 8. Methods of documentation                              |
|                             | 8. Culture   |  |  |
|                             | 9. Belief and value system                                       |  |  |

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As for the concept of teaching health to people, World Health Organization said that the centre of health teaching is people and action by having general objectives as follows: Efficient health teaching must make people accept practice, have healthily living models, use discretion and knowledge to select use of health services which are useful for themselves, decide by themselves and jointly decide in order to improve their health status and environments (Aphiwan Kaewwannarat, 2002 : 2).

Aphiwan Kaewwannarat (2002 : 2) also mentioned the objectives of health teaching as follows:

1. People are responsible for their health and the community.
2. People have creative participation in the community's living and have the goals of developing health.
3. People have confidence in development and self-reliance.
4. People receive information on health knowledge at all times.
5. People receive knowledge which is consistent with problems, economy, culture, and needs of people and community.
6. People have health knowledge and can encourage, prevent, promote health, and take care of their health, family, and the community.

For people's behavioral changes, nurses have 3 goals of health teaching as follows:

1. Health knowledge means teaching, advising correct knowledge and understanding of health to people so that people can use the obtained knowledge to take care of their health and the community.
2. Health attitudes means teaching, explaining, giving reasons and recommendations to people so that people can have better attitudes and feeling about health.
3. Health practice means presentation of guidelines, methods, and action in order to make people more suitably change health practice.

Supreeya Tansakul (2001 : 43) mentioned learning process and health behavior changes and adaptation by explaining that learning is changes of behavior or practice resulting from experiences and practice according to learning theories of Thorndike or Skinner. Therefore, health teaching must mainly think of learning

process because the learning process brings about changes of internal and external behaviors which can be shown as follows:

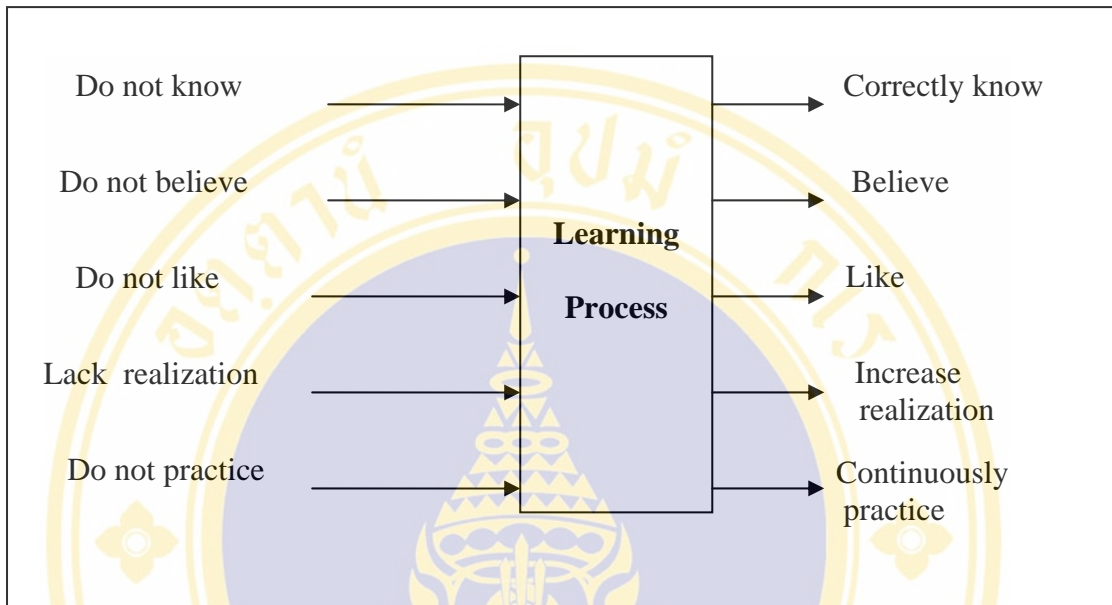


Chart 5 showed correlation between learning and behavior

Arrangement of the learning process for changes of health behavior consists of 4 factors as follows:

1. Health knowledge givers
2. Target group
3. Health teaching methods
4. Learning atmosphere

These 4 factors correlate. Health knowledge givers have important roles because they are the beginning point of arrangement of the learning process as follows: (Supreeya Tansakul (2001 : 49)

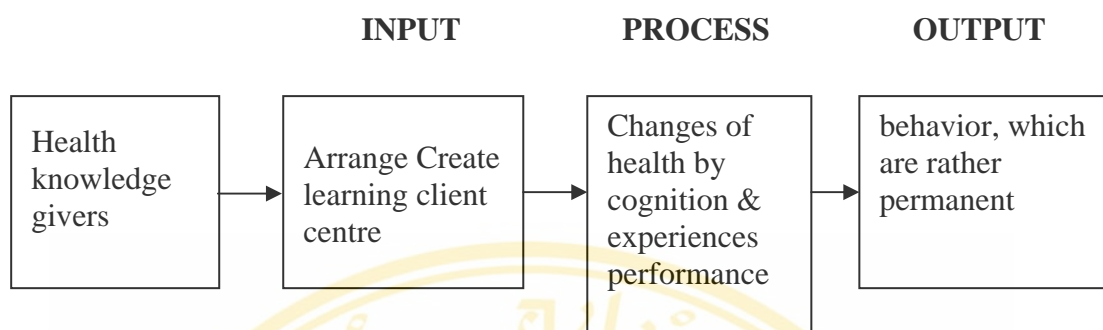


Chart 6 showed arrangement of learning for adaptation and changes of behavior

Supreeya Tansakul (2001 : 46) explained that arrangement of education is to emphasize the target group as the centre. This means that learners must create and find knowledge by themselves for leading to action in environments by themselves. Arrangement of the learning process for adaptation and changes of health behavior must give importance to action in order to lead to changes of cognition, feeling, belief, and health practice. Behaviors are divided into 2 main groups as follows: behavior which is skills/practice and behavior which is internal behavior. As for behavior which is skills/practice, the theory of Thorndike explained 3 rules that learning which can change behavior must depend on the following reasons:

1. Patients repetitively practice by themselves. If nurses want patients to exercise, they must allow patients to exercise.
2. Patients are satisfied after doing.
3. Patients do or do not do by depending on mental, emotional , physical preparedness.

After patients exercise, they should receive feedback which is objects as reward. As for social aspect, patient may make their commitment or make commitment with the group.

The learning process for adaptation and changes of health behavior should be continuously and systematically arranged by opening the opportunity for the target group to apply the obtained knowledge in daily life. If patients can do or cannot do or have problems and obstacles, health knowledge givers will solve such problems for the target group. Moreover, health knowledge givers must cooperate with various

professions. Executives must understand, give importance, and support health education work by research and development.

Chanuanthong Thanasukarn (1996 : 1 - 8) mentioned the concept of health education that health education is a process of arranging activities in order to bring about learning which leads to behavioral changes of people such as students, community leaders, pregnant women so that these people can take care of themselves, prevent illness from mental and physical diseases, adapt themselves to accept illness and treatment, and rehabilitate condition after illness.

Formerly, health education depended on principles of arranging education in school system. Later, there was more application of adult education, communication principles, principles of humanities and social sciences, and psychology. Finally, it was called principles and concepts of behavior science.

At present, none of health education methods is the best or the most suitable. However, health education experts gave the concept that the best health education method should be developed from the following important principles:

1. Health knowledge givers understand health knowledge receivers' feeling, emotion, thought, understanding, and environments. Health knowledge givers and receivers jointly participate in planning, evaluating, and selecting methods and activities.

2. Health knowledge givers understand advantage and disadvantage of health education methods in order to use the health education methods which are suitable for receivers. Health knowledge givers should not stigmatize receivers if receivers have problems of receiving health knowledge. Health knowledge givers must not determine health education methods according to their needs before meeting health knowledge receivers. They must determine health education methods after participation in planning and selecting methods and activities.

Arrangement of health education must have clear principles and use receivers as the centre of teaching health every time by having implementation guidelines as follows:

1. Promote behavioral changes according to the principles as follows:

- 1.1 Make health knowledge receivers know, accept, realize that they have problems.

- 1.2 Study the target group's thought about solution to that problem.
- 1.3 Help the target group survey their thought about solution to the problem so that receivers can see problems and methods which are useful and most possible.
- 1.4 Make health knowledge receivers have motivation that they should change behavior.
- 1.5 Make health knowledge receivers have feeling/confidence that they can change behavior.
2. Use easy principles of behavioral changes, which are "reduction in pressure or resistance" for behavioral changes, which can always be applied by health knowledge receivers.
3. Use efficient techniques of behavioral changes as follows:
  - 3.1 Talk with the target group by listening to their problems.
  - 3.2 Analyze behavior which is a cause and behavior which helps solve problems.
  - 3.3 Explain the target group's behavior expressing reasons.
  - 3.4 Try to help the target group see reasons to express that behavior.
  - 3.5 Support the target group to select thought which is the best and suitable for the situation.

Therefore, the concept of health teaching is to use the process of education and behavior science to create the process of changing and adapting health behavior of people in order to teach health to people so that people can accept practice, have healthily living models, use discretion and knowledge to select use of various health services which are useful to themselves, and decide by themselves and jointly decide in order to improve their health status and environments. Important factors of efficient implementation are health knowledge givers, target group, health teaching methods, and learning atmosphere. The most important factor is health knowledge givers because these people determine the learning process which is suitable for each patient.

In conclusion, health teaching is a process of arranging activities and strategies in order to bring about learning, contents, skills, and environments which lead to correct practice according to the goals. Health education in school must be

arrangement of activities which creates influence on people's behavior in health promotion or disease prevention so that people have self-confidence, reduce anxiety, have good understanding of illness condition and treatment, understand and perceive medicine use, take care of themselves, and can accept the condition which may occur after illness.

### **3. Concepts and theories of adult learning**

Knowles (1990 : 60) said that adult learning depends on experiences of each adult. As for creation of the learning process for adult, there are adult education principles and creation of adult learning theories as follows:

1. Adult want to learn when that thing is necessary experience. And they are satisfied with that thing.
2. Adult adapt to environments by mainly thinking of themselves without relying on other people.
3. As experiences are the most valuable thing for adult, adult education principles are to analyze those experiences.
4. Adult want to direct themselves so roles of adult instructors must arrange the process in order to make adult learn.
5. Each adult is different so adult educators must suitably think of such difference such as values, tact, and place.

Paulo Freire's adult teaching concept (cited in Srinivasan, 1977 : 5) is a concept which resists the bank system education having original belief that characteristic of adult learning is accumulation of knowledge. This means that teachers deposit subjects in learners' brain while learners are the bank which waits for deposit of information from teachers only. This instruction is not suitable for learners. So, this learning should be improved as the teaching system which is to analyze and solve problems in the thinking process by having the following principles (Suwat Watthanawong, 1995 : 128).

1. Nobody can teach anybody.
2. Nobody can learn alone.
3. People jointly learn by interaction with their world.

This concept is called “Instillation of Conscience”. Presentation of problems and real life conditions to make learners realize real condition of the problems is to stimulate and bring about learning.

Carl R. Rogers (cited in Suwat Watthanawong,1995 : 129 - 131) thought that goals of education should be facilitation for learning. Teachers’ role is facilitator having attitudes toward learners as follows:

1. Rely on and accept learners.
2. Be sincere to learners.
3. Understand, sympathize, attentively listen to learners’ speaking.

So, learning must be learners’ internal process, which is controlled by learners only. However, learners may interact with the outside environments and society where they are members. Moreover, learning must be naturally done and be a long process as breathing.

Suwat Watthanawong (1995 : 134 - 136) compared learning conditions and adult teaching principles as follows:

| Learning Conditions                       | Teaching Principles   |
|---|---|
| 1. Learners feel that they need to learn. | 1. Teachers help learners have opportunities to fully develop themselves.<br>2. Teachers help learners clearly see their goals for development of learning.<br>3. Teachers help learners find a gap between expectation and competency level.<br>4. Teachers help learners specify life problems. This leads to solution to problems. |

| <b>Learning Conditions</b>  | <b>Teaching Principles</b>  |
|---|---|
| <p>2. Learning environment can be considered from physical be considered from physical happiness, trust, giving honor, freedom, and acceptance of difference.</p> | <ol style="list-style-type: none"> <li>1. Instructors suitably arrange teaching environments for learners to have convenience such as seats, temperature in the room, light, and decoration of the place.</li> <li>2. Instructors must accept each learners' value, dignity opinion, and feeling.</li> <li>3. Instructors try to create joint relationship and trust in order to bring about cooperation in activities and try to lessen competition.</li> <li>4. Instructors disclose their feeling and help support as knowledge source.</li> </ol> |
| <p>3. Learners are considered as the goal of learning experiences which are learners' objectives.</p>   | <ol style="list-style-type: none"> <li>1. Instructors and learners must jointly determine learning process according to learners' needs.</li> </ol>   |
| <p>4. Learners should participate in planning and determining the learning experiences</p>  | <ol style="list-style-type: none"> <li>1. Instructors help give opinion on determination of learning activities, use of materials, and various teaching methods</li> </ol>  |
| <p>5. Learners should lively participate in the learning process.</p>   | <ol style="list-style-type: none"> <li>1. Instructors help learners be able to divide groups in order to jointly do several activities.</li> </ol>  |
| <p>6. The learning process correlates with learners' experience use.</p>  | <ol style="list-style-type: none"> <li>1. Instructors should encourage learners to use their experiences as knowledge source by using several techniques such</li> </ol>  |

| Learning Conditions   | Teaching Principles   |
|---|---|
|   | <p>as group discussion, role play case study.</p> <p>2. Instructors present lessons and knowledge which are consistent with original experiences of each learner.</p> <p>3. Instructors help learners apply new knowledge to be consistent with original experiences, which will bring about more efficient learning.</p> |
| <p>7. Learners know about their progress when compared of goal determination.</p> | <p>1. Instructors must help learners develop criteria and methods with the specified goals.</p> <p>2. Instructors help learners develop the process for self- evaluation according to the specified criteria.</p>   |

As for adult teaching methods, there are several models of teaching methods studied and presented by several people. As the researcher thought that such models are new concepts, the researcher would like to present such models as follows:

1. Self-directed approach is learning by self-direction which means that learners have the learning goals derived from their needs, have their working guidelines and working responsibility, practice according to plans, and evaluate learning by themselves.

As for self-directed approach, if instructors want to bring about efficient learning, they should have roles in counseling, helping, facilitating, giving knowledge which is not only subjects but also skills and strategies. Self-directed approach makes learners responsible for their learning activities (Sineenart Duangphian, 2003 : Internet).

2. Problem-bases approach. Problem-based learning is the study which requires learners to study and make understanding of contents on problems and solution to problems.

Instructors must make learners see necessity to make the society creative by using democratic process. Apart from giving advice, instructors must stimulate learners to participate in thinking and analyzing in order to improve various defects of the society. This is consistent with Roger's theory on awareness and interest. Instructors must open opportunities for students to express opinion in solving problems. Instructors may allow learners to determine problems or jointly determine with instructors. After that, learners must seek solution by case study. Instructors must believe and rely on learner to solve various problems. Instructors must make learners see importance of themselves and the society. Moreover, learners must have self-confidence and realize their value that they can successfully solve those problems. Instructors must think of individual difference because potential of each person is not equal. Therefore, learning should be done by brainstorming by using democratic principles (Jirawan Watthanawanichkanon, 2003 : Internet).

3. Research-based approach is the study which uses scientific methods. Contents use the base of research process used in seeking knowledge.

Teaching method is a process of really creating knowledge by learners.

Process

Teaching models can be divided into 4 characteristics as follows:

3.1 Teaching by researching.

3.2 Teaching by allowing learners to jointly make research projects or be research assistants for teachers' research projects.

3.3 Teaching by allowing learners to study researches of teachers and leading researchers in the studied science.

3.4 Teaching by using research results.

Study level of learners who involve teaching which emphasizes researching.

Level 1. Learners study by themselves, think, analyze like technical experts.

Level 2. Learners study knowledge from other people's research results.

Level 3. Learners directly study researches.

Level 4. Learners make the research report.

Level 5. Learners do the baby research.

Level 6. Learners do a research under supervision or are research assistants for teachers' research projects.

Level 7. Learners make a thesis or do a research by themselves.

#### Instructors' roles

1. Learning which emphasizes research is a heart for graduate study level.
2. Instructors should prepare and plan to be consistent with the subjects.
3. Instructors should do a research by themselves.
4. Instructors should listen to learners' opinion and comment.
5. Learners must know to set doubts about environments and social problems.
6. Learners must thoroughly analyze the studied data.

According to David McClelland's knowledge seeking theory, knowledge seeking brings about new experiences (Laksana Phenjanthra, 2003 : Internet).

4. Critical thinking-based approach means critical thinking which is intelligent process for reasonably thinking, considering, and pondering situations or information until learners can find conclusion or solve problems. Therefore, critical thinking-based approach enables learners to reasonably and correctly create knowledge, have critical thinking, and consider knowledge and events.

As for instructors' roles, instructors may determine 3 guidelines as follows:

1. Teaching for thinking is to teach technical contents by complementing or adapting in order to increase learners' thinking competency.
2. Teaching of thinking is to teach by emphasizing the intelligent process which is specifically used in thinking.
3. Teaching about thinking is to teach by emphasizing use of thinking skills as the teaching contents by helping learners know and understand their thinking process. Instructors must clearly determine goals and develop methods according to the goals. While learners always realize thinking value and practice thinking (Phassakorn Ruangwanich, 2003 : Internet).

5. Crystal-based approach is an important model which is likely to be suitable for learners in the graduate study level because learners are adult and have experiences about the studied science. It is the teaching model which really emphasizes learners as the centre. The best crystal-based approach is writing because writing is a tool of well expressing learners' thought, experiences, and emotion. Instructors should teach about thinking, values, and moral in order to evaluate that whether the thinking expressing process written by learners is consistent. As for this teaching model, instructors should initially make learners understand the objectives of this teaching model. After that, instructors make understanding of main issues and contents and assign learners to widely study and analyze documents and concepts according to various issues. After that, learners must develop concepts in various issues, divide issues, and write those issues as performance according to their concept, which is examined and analyzed by their crystalization. After writing, each learner presents the concept in his group so that classmates can help analyze and comment again. After finishing each issue, instructors should clearly give recommendation about contents and writing process of each learner so that each learner can see his weak points and strong points for learning and improvement in the next time.

As for this teaching model, instructors must clearly determine goals and make understanding with learners about objectives and goals. After that, instructors give recommendations about creation of writing performance in various models. Learners must seek, think, and develop their thought. After that, learners clearly express that thought and are ready to accept other people's opinion in order to improve their thought (Jutharat Theerathorn, 2003 : Internet).

In conclusion, adult learning is arrangement of learning process which depends on each person's experiences and is the process which arises from learners and is called self-learning by practice to behavioral changes for permanent recovery from illness.

#### **4.Roles and qualifications of adult instructors/ health knowledge givers**

Unta Noppakhun (1984 : 187 - 203) mentioned 3 characteristics of adult instructors as follows:

1. Instructors' imagination and self-value realization are characteristics which are the most important and necessary for adult instructors. If instructors have positive imagination and realize self-value, they will have self-confidence that they can always control any situations whether it is failure and uncertainty. They can control situations without excessive anxiety or defending themselves from mistakes or obstacles.

2. Human relation for teaching. Good relation among people lessens obstacles. So, adult instructors or lecturers must learn human relation curriculum.

Unta Noppakhun also said that creation of good relation with learners is better than being good people. If instructors gently teach learners without strict discipline and like to tell funny stories in the classroom, learners will think that instructors are weak. Then, learners are not interested in what instructors teach. This is learners' learning obstacles. However, instructors should not threaten learners. In conclusion, art of being good instructors is that instructors must not make learners fear but they must make learners considerate and interested in teaching. According to Brundage's concept, instructors can create human relation with learners as follows:

1. Instructors must perceive that how they interact with other people and how those things affect learners?

2. Instructors have to realize their value as they are learning source resources and have valuable things to give to learners.

3. Instructors have to have attitudes that learners are important to their learning.

4. Instructors should be worried about learners.

5. Instructors must have ideal about learning by allowing each learner to try to seek and test to find the meaning from various things according to learners' values, skills, and methods.

6. Instructors must be brave to be responsible for roles and duties as instructors and people.

7. Instructors must perceive and respond to each learner's specific characteristics such as needs, feeling, and learning model.

8. Instructors must be able to give feedback and confront learners about undesirable behavior if necessary.

9. Instructors should realize value and listen to feedback from learners about their behavior.

3. Balance between subject contents and teaching duties. Instructors should have balance of knowledge, values, skills, and strategies about subject contents and their duties as people who help adult learn. Instructors should be able to use direction, facilitation, collaboration. They should have knowledge and understanding of adult learners' characteristics and learning characteristics in order to respond to specific characteristics of people group. Moreover, instructors should be able to persuade learners to know several characteristics of teaching activities.

Somkid Isarawatana (2000 : 235 - 237) said that there are 4 strategies of being good instructors as follows:

1. Instructors must teach learners by making learners achieve 3 targets as follows: Learners must have knowledge. Learners must have good attitudes toward the obtained knowledge and instructors. Learners must have skills and expertise in the obtained knowledge.

2. Instructors must understand learners. They must understand that each learner's physical characteristics, sex, education, experiences, domicile, and upbringing are different. So, they help each learner by using different strategies in order to give the best thing to learners. After instructors understand learners, they can correctly plan about teaching, arrange the atmosphere which encourages learning, and help learners.

3. Instructors must have personality of being good instructors or personality of being instructors required by learners. This will make learners brave to ask for consultation and advice. Then, learners have encouragement to deal with learning problems. Such personality of instructors is as follows: Instructors must be

kind, forgive, give opportunities, have even temperament, are reasonable, sacrifice, are patient, are sincere, have love and good wish.

4. Instructors must adapt working strategies in order to make learners well learn as follows: Instructors must plan about teaching. They must continuously and well prepare teaching. They must accept evaluation results and improve teaching at all times. They must always seek more knowledge. They must accept new technologies and apply new knowledge to improve teaching. They must have intention to give the best things to learners. They must answer learners' questions. They must pay attention to learners. They must devote themselves to working. They must try out new teaching methods and select possible methods. They must study that why the teaching methods are possible or impossible. They must practice the teaching methods until they are familiar with those methods. For results of the first try-out, instructors may face failure. For the better things, instructors must accept failure and learn from the things which occur.

Supreeya Tansakul (2001 : 44) said that health knowledge givers are important factors for arrangement of the learning process due to the following reasons:

1. Health knowledge givers have technical knowledge and understanding of health promotion.

2. Health knowledge givers have knowledge and understanding of behavior adapting techniques and theories.

3. Health knowledge givers have skills of making health promotion project which emphasizes health development as follows:

- 3.1 Analyze factors which affect behavior and find causes which bring about behavior by considering people's internal factors and external factors.

- 3.2 Plan the project.

- 3.2.1 Determine target behaviors.

- 3.2.2 Evaluate behavioral changes together with evaluation model/methods.

- 3.2.3 Develop and determine strategies and activities which bring about desirable behavior changes.

### 3.3 Evaluate project achievement on results and process.

4. Health knowledge givers have narrating skills of being good lecturers such as speaking, using words, tone, gesture.

5. Health knowledge givers have good personality. For example, they must have physical beauty such as dressing, cleanliness. They must have mental beauty such as politely speaking, having hospitality, being friendly.

6. Health knowledge givers are good models on health.

Aphiwan Kaewwannarat (2002 : 17) said that health knowledge givers must have good knowledge, attitudes, and practice on health. Health knowledge givers must analyze personal qualifications and teaching qualification in order to suitably teach health as follows: (Aphiwan Kaewwannarat, 2002 : 9 - 10)

1. Instructors should have personal qualifications as follows:

1.1 Instructors should have technical knowledge of health, have experiences of such knowledge, well use reasons to give explanation while they are teaching.

1.2 Instructors should have suitable health behavior, are good models for practice, and are good health leaders such as having clean nails, neatly dressing, having suitable shape, continuously exercising.

1.3 Instructors should have good human relation with other people such as being cheerful, well controlling emotion, being equally interested in people, thinking of other people's mind, giving encouragement, admiring people.

1.4 Instructors should have good personality. They have confidence. They are not serious. They are polite. They clearly speak.

1.5 Instructors should initiate to create good teaching atmosphere, trust, friendliness. They should have techniques to stimulate listeners. They should create motivation for listeners to follow advice.

1.6 Instructors should use listeners' needs to select issues to give knowledge and arrange suitable activities for learners.

1.7 Instructors should have creative idea and know to adapt local resources in order to suitably give knowledge.

1.8 Instructors should be interested to follow modern health information and technical progress at all times.

1.9 Instructors should listen to learners' opinion, expression, attitudes, and action.

1.10 Instructors should understand nature, behavior, and needs of people in each age.

1.11 Instructors should allow listeners to ask. And instructors answer listeners' questions with easy explanation.

1.12 Instructors should act as facilitators by allowing listeners to express opinion and select the issues which they want to listen. Instructors should not teach according to their needs. They should teach according to listeners' needs.

## 2. Teaching qualifications

2.1 Instructors should have knowledge of the process of writing the health teaching plans.

2.2 Instructors should have competency in writing the health teaching plans.

2.3 Instructors should know to select teaching methods and suitably use teaching media.

2.4 Instructors should know the teaching principles and teaching technology.

2.5 Instructors have good knowledge of teaching evaluation.

Health Education Division (2005 : 21) determines qualifications of personnel who are responsible for implementation of health education job and development of health behavior in public health service centre that personnel must graduate with the bachelor degree in health education and behavior science (health). If such personnel cannot be found, there will be consideration of people who graduate with the bachelor degree in professional nurses and have the following characteristics:

1. Those personnel love to implement health education job and development of health behavior. They want to do the job which they like. They expect to efficiently and successfully work according to the organization objectives.

2. Those personnel are enthusiastic to do the assigned job or do the job according to the specified plans. They must continuously seek knowledge in order to develop job quality.

3. Those personnel continuously develop knowledge and competency in health education and development of health behavior. And they create sufficient experiences for quality implementation such as self-development on technical knowledge and management. The agency send personnel to receive the training, attend the meeting and seminar on health education and development of health behavior.

According to health teaching competency bases for nurses in the Resource Book (1998 : Internet), nurses have 3 competency derived from determination of teaching skills competency for individuals and family only as follows:

1. Nurses have competency in knowledge which is health information.
2. Nurses have competency in being a part of the target group's learning process.
3. Nurses have competency in efficiently using communication skills for efficient health teaching.

Thus efficient health knowledge givers should have competency in knowledge, personality, teaching skills, being the models, personal competency such as creative idea and human relation.

## **5. Delphi research technique**

Delphi technique is widely used and mentioned by several people as follows:

Rasp (1974 : 42) said that this technique makes people receive information which brings about development in order to make the specified goals successful. This is because the obtained information indicates that answers of that group support or oppose agreement and indicates sequence of opinion which is consistent and inconsistent.

Delphi technique is a technique of collecting opinion of expert groups for decision without depending on opinion of an expert or a group of experts (Rasp, 1973 : 29). Therefore, Delphi technique is a tool used in solving problems and deciding in various situations. Delphi technique can improve experts' opinion to be consistent without confrontation. This enables experts to most accurately express opinion.

Uthumphorn Jamornmarn (1994 : 131 - 132) said that Delphi technique is a technique which selects experts' opinion in order to receive unanimous answers for decision. Delphi technique helps answerers review their answers and correct their answers after receiving feedback.

Junphon Phoonphattharacheewin (1997 : 261 – 263) said that Delphi technique is a popular forecast technique because it is research technique which can bring about communication among expert groups without direct confrontation like brainstorming or other group meeting. Delphi technique consists of the following steps:

1. Determine expert groups. Researchers must find methods and select expert groups having knowledge, competency, and expertise in the studied issue. Generally, there are more than 10 experts by depending on research goals, complexity of the studied issue, time, and budget.
2. Determine trend issues and design research tools which are questionnaire or structural interview.
3. Do a research by using Delphi technique for the first time by sending questionnaires to experts or interviewing.
4. Collect and analyze data obtained in the first time.
5. Do a research by using Delphi technique for the second time. Each expert receives the group's statistical feedback such as percentage, median, and interquartile range together with expert's original answers. Each expert is requested to consider answers again.
6. Do a research by using Delphi technique for several times until answers are obtained.
7. Conclude and discuss results by presenting unanimous trend according the specified criteria, discussing, and giving recommendations of research results.

There fore, Delphi technique is suitable for asking for opinion from experts who can independently express opinion. This technique makes people most considerably receive facts. This technique reduces disagreement which may occur during the meeting where there is direct confrontation of experts. Determination of basic competency for personnel development requires consistent conclusion in order to create as health teaching competency bases for nurses.

## 6. Related researches

Researches on health teaching competency bases for nurses used to be studied by the following people:

Bartee T.R., Winnail D.S., Olsen E.S., Diaz C. and Blevens A.J., (2003 : 459 - 469) did researches on *The Most Suitable Competency Level Determined As Competency For Public Health Personnel To Efficiently Perform Duties*. The sample group was personnel who performed public health duties in 4 aspects such as public health nursing, environments, psychology, and public health administration (696 people). The research tool was a questionnaire developed from core competency of public health officers of Council on Linkage Between Academia and Public Health Practice. After determination of nurses' teaching competency, there was core competency such as communication skills, demonstration skills.

Dury C. (2003 : Online) did a research on *A Competency-Based Approach For Nursing Care Instruction, Analysis Of Teaching Practice*. It was qualitative research by non-direct interview. The sample group was 8 nurses in France. The researcher interviewed about nurses' teaching process structure that whether nurses teach health to patients as if patients were students. Research results found that basic models of health teaching create impression and specifically approach patients by 2-way interaction. According to analysis, nurses' role is educators who have not enough competency in teaching targets and alternative of state of being teachers. This meant that nurses do not understand teaching roles which lead to creation of quality teaching strategies which consist of roles of narrating, practicing, and evaluating by efficiently combining theories and clinical practice. Health teaching must consist of specific techniques and various situations and environments. This brings about successful teaching.

Garde S., Harrison D., and Hovenga E., (2005 : 899 - 907) did a research on *Necessary Skills for Nurses' Roles in Professional Management of Health Information*. Such research was survey research. The researchers studied the sample group who was 82 nurses in Australia. The research tool was a questionnaire developed from the Institute of International Medical Informatics Association, which determined knowledge and skills of experts on health information giving in 5 topics 69 knowledge and skills. The objective of the research was to study efficiency of the

determined and developed tool. The researchers analyzed research results for presentation and comment on the health information system in the present world. Research results found that the sample group was women by 80%. 45% of the sample group were 40 - 49 years old. The survey results found that 71% of nurses used information technology for health care. 19% of nurses increased knowledge by information technology for health care. 10% of nurses used information technology to do a research and develop health care. According to the survey of opinion on competency in giving health information, 11% of nurses answered that their competency was in the beginning level. 17% of nurses answered that they had expertise in the beginning level. 35% of nurses answered that they had enough competency. 33% of nurses answered that they had expertise. 4% of nurses answered that they had considerable expertise. As for the survey of needs for using information technology for health care, 47% of nurses wanted to efficiently use information technology. 38% of nurses wanted to efficiently manage the information technology using project.

According to the research results, there was perception of necessary skills for the role of giving health information in 5 topics 69 knowledge and skills as follows:

1. Knowledge and skills on health information management
2. Knowledge and skills on information technology
3. Knowledge and skills on people and organizing
4. Knowledge and skills on medical aspect and correlation
5. Other knowledge and skills such as business administration, economy, law, social science, moral, medical physics, mathematics, statistics, cryptology/cryptography. Mean scores were 3.64 - 3.29, which meant "suitable competency".

## **CHAPTER III**

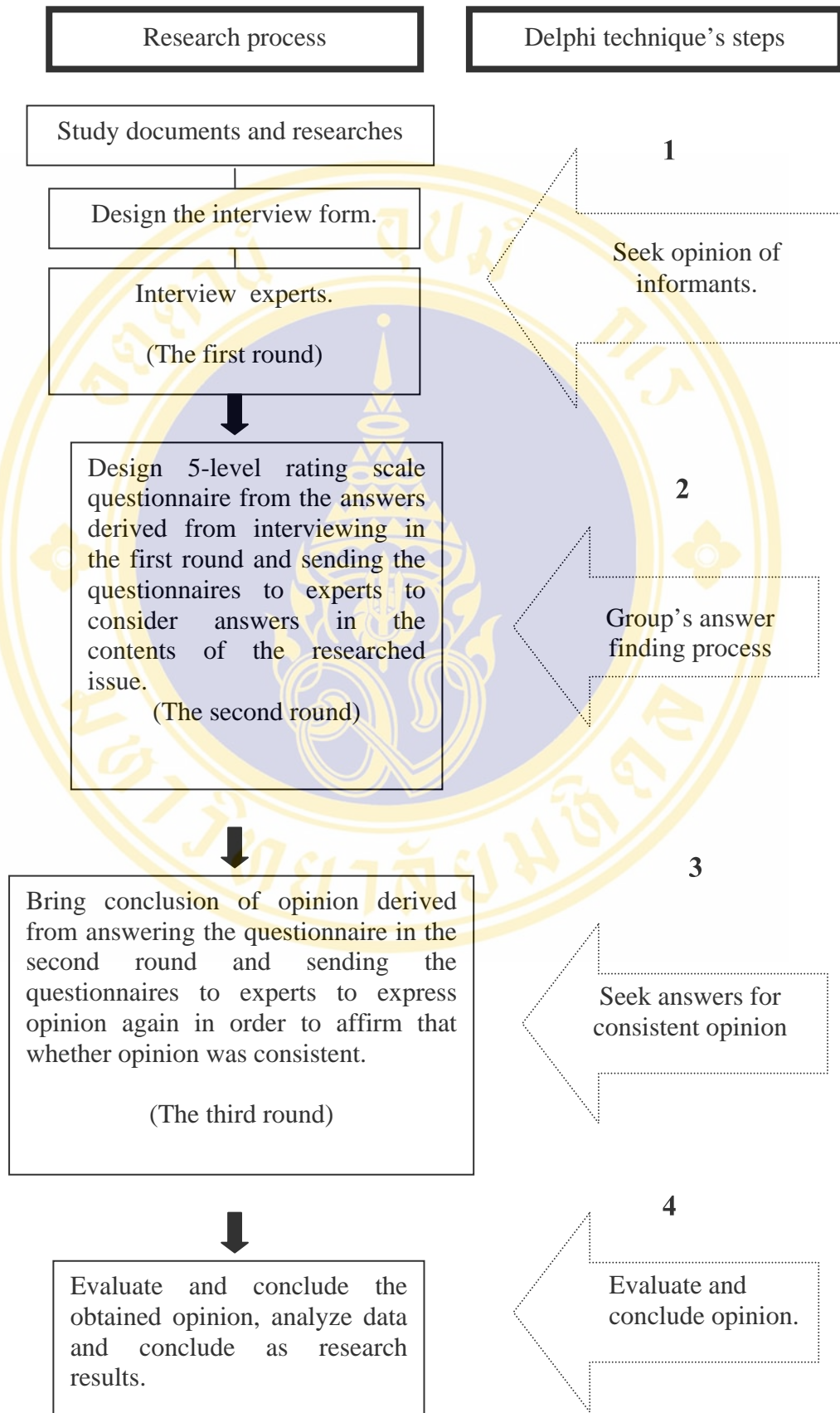
### **RESEARCH METHODOLOGY**

The objective of this research was to determine health teaching competency bases for nurses by using Delphi Research which can select experts' opinion in order to receive conclusion for decision. Delphi technique uses experts to express opinion several rounds by giving feedback after considering answers. The research methodology would be presented as follows:

1. Study documents, textbook and related researches.
2. Expert selection.
3. Instructional construction and validity of instruction
4. Data collection.
5. Data analysis.
6. Statistical analysis

The research process was implemented by 4 steps of Delphi technique as shown in the chart 7 (Uthumphorn Jamornmarn, 1994 : 132).

Chart 7 The research process



## 1. Study documents, textbook and related researches

The researcher studied related researches and documents in order to find scope of research contents on competency determination concept and health teaching concept for use in determining the conceptual framework on health teaching competency bases for nurses. The researcher used Delphi technique to determine competency.

## 2. Expert selection

Expert selection used purposive sampling (Manee Chaitheeranuwatsiri, 1996 : 19). and selected 3 groups of expert as follows: Group 1 consisted of nurses/ nursing teachers. Group 2 consisted of experts on education/health education. Group 3 consisted of experts in related field. Every expert must have experiences in health education job and work in Bangkok Metropolitan and the nearby provinces. As a few people answered questions for Delphi technique, experts were derived from selection not random sampling (Uthumphorn Jamornmarn, 1994 : 135). Determination of number of the sample group over 17 people made measurement of this technique have least error which was 0.02 (Macmillan T., 1971, cited in Phatthra Kaewjongprasert, 2002 : 81). Therefore, this study determined the sample group consisting of 18 people for the least error which was 0.02 as shown in Table 1.

Table 1 showed reduction in error of the research by Delphi technique according to the increasing number of experts (Macmillan T., 1971 cited in Phatthra Kaewjongprasert)

| Number of experts | Interval of error | A decreasing rate of error |
|-------------------|-------------------|----------------------------|
| 1-5               | 1.02-0.07         | 0.50                       |
| 5-9               | 0.07-0.58         | 0.12                       |
| 9-13              | 0.58-0.54         | 0.04                       |
| 13-17             | 0.54-0.50         | 0.04                       |
| 17-21*            | 0.50-0.48         | 0.02*                      |
| 21-25             | 0.48-0.46         | 0.02                       |
| 25-29             | 0.46-0.44         | 0.02                       |

There were 18 experts but 17 experts gave feedback until the researcher received the conclusion as shown in Table 2.

Table 2 showed number of experts who gave information and data collection tools in the first, the second, and the third round.

| Delphi Data           | Number of experts | Tools         |
|-----------------------|-------------------|---------------|
| 1 <sup>st</sup> Round | 18                | Interview     |
| 2 <sup>nd</sup> Round | 17                | Questionnaire |
| 3 <sup>th</sup> Round | 17                | Questionnaire |

There were 3 expert groups as follows:

Group 1.

1. 2 experts from Nursing Department, Siriraj Hospital
2. 2 experts from Faculty of Nursing, Mahidol University
3. 1 expert from Faculty of Nursing, Thammasart University
4. 1 expert from Faculty of Nursing, Siam University

Group 2.

1. 1 educator from Faculty of Education, Silpakorn University
2. 1 educator from Faculty of Education, Kasetsart University
3. 1 educator from Faculty of Physical Education (Health Education Department), Srinakharinharawiroj University
4. 1 educator from Sport Science Office (Faculty of Teaching Science), Chulalongkorn University
5. 1 educator from Faculty of Education, Ramkhamhaeng University
6. 1 educator from Mettapracharuk Hospital

Group 3.

1. 1 expert from Faculty of Public Health, Mahidol University
2. 1 expert from Baan Phaew Hospital (Public Organization)
3. 1 expert from Siriraj Medical Faculty, Mahidol University
4. 1 expert from Air Force Medical Department
5. 1 expert from Air Force Nursing College
6. 1 expert from Faculty of Social Sciences and Humanities

Table 2 showed characteristics of experts.

| Expert characteristics                     | 1 <sup>st</sup> Round | 2 <sup>nd</sup> Round | 3 <sup>th</sup> Round |
|--|-----------------------|-----------------------|-----------------------|
|  | Number/(%)<br>N=18    | Number/(%)<br>N=17    | Number/(%)<br>N=17    |
| <b>Sex</b>                                 |                       |                       |                       |
| Male                                       | 3/(16.7)              | 3/(17.6)              | 3/(17.6)              |
| Female                                     | 15/(83.3)             | 14/(82.4)             | 14/(82.4)             |
| <b>Education</b>                           |                       |                       |                       |
| Doctor's Degree                            | 11/(61.1)             | 10/(58.8)             | 10/(58.8)             |
| Master's Degree                            | 6/(33.3)              | 6/(35.5)              | 6/(35.5)              |
| Bachelor's Degree                          | 1/(5.6)               | 1/(5.9)               | 1/(5.9)               |
| <b>Position</b>                            |                       |                       |                       |
| Teacher / Asst. Professor / Vice Professor | 12/(66.6)             | 11/(64.7)             | 11/(64.7)             |
| A Head of the health division              | 3/(16.6)              | 3/(17.6)              | 3/(17.6)              |
| An academic of public health               | 1/(5.6)               | 1/(5.9)               | 1/(5.9)               |
| An expert of public health                 | 1/(5.6)               | 1/(5.9)               | 1/(5.9)               |
| Health Educator                            | 1/(5.6)               | 1/(5.9)               | 1/(5.9)               |
| <b>Experience</b>                          |                       |                       |                       |
| < 10 Years                                 | 4/(22.2)              | 4/(23.5)              | 4/(23.5)              |
| 10 – 20 Years                              | 4/(22.2)              | 3/(17.7)              | 3/(17.7)              |
| 21 - 30 Years                              | 6/(33.4)              | 6/(35.3)              | 6/(35.3)              |
| > 30 Years                                 | 4/(22.2)              | 4/(23.5)              | 4/(23.5)              |
| <b>Total</b>                               | 18/(100)              | 17/(100)              | 17/(100)              |

### 3. Instructional construction and validity of instruction

Research tools consisted of structural interview and 5-level rating scale questionnaire which had details as follows:

#### 3.1 The interview guidelines as follows:

3.1.1 How should the main responsibility roles of health knowledge givers in the present time and in the future be?

3.1.2 What knowledge and professional standard should the successful health knowledge givers have?

3.1.3 What skills and competency should successful health knowledge givers have?

3.1.4 What personality, habit characteristics should successful health knowledge givers have such as interest, attitudes, behavior or motivation? Is it necessary for successful health knowledge givers to have experiences. What experiences should they have?

3.1.5 According to your experiences, what problems on health teaching duty do you frequently face?

3.1.6 What are your recommendations to solve such problems?

3.2 The questionnaire in the second round was 5-level rating scale questionnaire. The researcher used Likert's scale with 5-level answers which were most considerably necessary, considerably necessary, moderately necessary, slightly necessary, least necessary by having score giving criteria as follows: (Buntham Kijpreedaborisut, 1997 : 249)

|                             |          |
|-----------------------------|----------|
| Most considerably necessary | 5 scores |
| Considerably necessary      | 4 scores |
| Moderately necessary        | 3 scores |
| Slightly necessary          | 2 scores |
| Least necessary             | 1 score  |

3.3 The questionnaire in the third round was the 5-level rating scale questionnaire like the questionnaire in the second round. However, the researcher analyzed data in each item by using statistical value such as median and interquartile range and report to experts together with scale of old answers of each expert. After that, the researcher sent such answers to experts to consider their answers again and send the questionnaires to the researcher again.

Content validity of questionnaire for expert in Delphi research was checked by total 3 experts in which researcher had improved and edited according to the suggestion of advisor and experts. (Suwimon Tirakanan, 2000 ; 128).

Reliability of questionnaire. Questionnaire for Delphi were revised and confirmed by experts after each interviewing, therefore information would be highly credible which convinced the high reliability of questionnaire. (Jumphon Phoonphattharacheewin, 1997 : 264).

#### **4. Data collection**

5.1 This research, the researcher brought an official letter of the university to ask for cooperation from 18 experts to express opinion. The researcher interviewed experts by herself. It took 3 months for the researcher to collect data in the first round.

5.2 In the second round, the researcher sent the questionnaires and research details by herself or by mail to 18 experts to express opinion in the questionnaires again and return the questionnaires to the researcher within 2 weeks.

5.3 In the third round, the researcher examined that whether data were consistent and then sent 17 experts questionnaires by herself or by mail and return the questionnaires to the researcher within 2 weeks.

#### **5. Data analysis**

Median and calculating for interquartile range(Q3-Q1) were the statistic values applied by researcher. (Wanthanee Choosil, 1982 : 44). These were the statistics of central measurement which was analyzed as followed

6.1 The researcher analyzed data derived from interviewing 18 experts in the first round by referring basic data from the studied researches, textbook, the research report. Then, the researcher found the conclusion as the answers in the first round and designed the questionnaire in the second round.

6.2 In the second round, the researcher analyzed questionnaire data by using statistics such as median and interquartile range and designed as the questionnaire in the third round.

6.3 In the third round, the researcher analyzed questionnaire data by using statistics such as median and interquartile range and concluded as the research results.

Median mean middle information among all information. (when each information has been ranked)

Interquartile rang is to find out different value among quartile 3 and quartile 1 of each statement.

The researcher used calculation formula for each item as follows :

(Songsiri Taesombat and others, 1984: 31-35)

$$\text{I.R.} = Q_3 - Q_1$$

I.R. = Interquartile range

$Q_1$  = The first Interquartile range

$Q_3$  = The third Interquartile range

And

$$Q_1 = L + [(N/4) - fm] / f$$

$Q_1$  = The first interquartile range

L = Number of the first interquartile range

N = Total of data

fm = Accumulated frequency before interquartile rang

f = Frequency of interquartile rang

$$Q_3 = L + [(3N/4) - fm] / f$$

And

$Q_3$  = The third interquartile range

L = Number of the third interquartile range

N = Total of data

fm = Accumulated frequency before interquartile rang

f = Frequency of interquartile rang

## 6. Statistical analysis

7.1 Median and calculating for interquartile range(Q3-Q1) (Songsiri Taesombat and others, 1984 : 34) by SPSS for Windows Version 12.0.

Interpretation of median as follows:( Jumphon Phoonphat- tharacheewin, 2529 : 22)

|                    |       |                              |
|--------------------|-------|------------------------------|
| Median over 4.50   | means | most considerably necessary. |
| Median 3.50 - 4.49 | means | considerably necessary.      |
| Median 2.50 - 3.49 | means | moderately necessary.        |
| Median 1.50 - 2.49 | means | slightly necessary.          |
| Median below 1.50  | means | least necessary.             |

Criteria of considering consistency value of the answers by interquartile range were determined as follows:( Jumphon Phoonphattharacheewin cited in Somwuang Piriyanuwat and Dadui Teanput,2532)

|                                 |       |                               |
|---------------------------------|-------|-------------------------------|
| Interquartile range 0.00 - 0.99 | means | most considerable consistency |
| Interquartile range 1.00 - 1.99 | means | considerable consistency      |
| Interquartile range 2.00 - 2.99 | means | slight consistency            |
| Interquartile range over 3.00   | means | least consistency             |

Analyze information to consider expert consensus as follow :

The researcher brought the item with the median over 4 (the answer in that item is considerably necessary and most considerably necessary) and interquartile range below or equal to 1.00 (the opinion is considerably consistent and most considerably consistent) to determine health teaching competency bases for nurses on knowledge and skills. But personal characteristics, the researcher brought the item with median over 5 and interquartile range equal 0 to determine as basic competency.

## CHAPTER IV

### RESEARCH RESULT

For the study on “Health Teaching Competency Bases for Nurses”, the results of data analysis would be presented as follows:

1. Analysis on expert interviews
2. Determination of health teaching competency bases for nurses.
3. Problems and solutions for health-teaching competency bases for nurses.

#### **1. Analysis on Expert Interviews**

1.1 Key responsible roles of health-teaching personnel in the present and future – Experts had analytical viewpoints as described below:

Health-teaching personnel should not have teacher-student instructional form, but they should act as organizers of learning process to change the behavior for clients such as group-process organizer to facilitate learning among clients. Health-teaching personnel should also adjust their working roles as individual base to be team-working base: act as consultants to patients to make them decide about medical services: and encourage patients to acquire their self-care potential by way of power implementing so that health teaching was solutions consistent with ways of life, family, and society of clients. Nurses, therefore, have to be able to apply and integrate sciences associated with health teaching. In the future, nurses must be able to organize health teaching through modern technological systems such as Internet, and be expertise in taking care of specific patients because clinical experiences helped support nurses’ health-teaching roles by making them have confidence in providing the information, and search for new knowledge for rapid changing situations.

1.2 Knowledge necessary for health-teaching nurses – Experts had analytical viewpoints as described below:

Knowledge had to consist of standards of changing behavior that was consistent with principles of behaviorism, health theories and procedures, turning

process to be strategic knowledge, concepts on systematic management and administration, arrangements of learning process and techniques of learning process arrangements, knowledge transfer for medical knowledge, health psychology, perception, attitude, humanity, human-being such as belief, moral value, religion, woman-being, economics, worthiness, cost-effectiveness, demands, fiscal evaluation, sociology, structure, institute, regulations, income, classes, determining the behavior according to social changes, knowledge about production of instructional media, instructional planning, writing health-teaching plans, setting-up of objectives, evaluation criteria and evaluation, arrangement of surroundings, professional standard, holistic care, counseling, nursing process, technical contents, alternative medical treatment, patients' right, techniques of communicating emotions, communication techniques, publicity, speaking, excellent services, qualitative research, health research, integrated caring, family dynamic, integration of knowledge, and scientific knowledge.

1.3 Skills necessary of nurses providing health teaching – Experts had analytical viewpoints as described below:

Necessary skills consisted of communication skills, analysis of behavior and society, counseling, empowerment, appreciation inquiry, creation of involvement, building teamwork, health literacy, listening, selection of media, coordination, human relationship, self-learning, uses of Thai language, uses of computer, applying theories for health education, managing information, correction of prompt problems, setting-up of targeted groups, assessment of clients, observation, recording and writing, lecture, group process, EQ, preparation of health education, selection of health education methodology, project activity arrangements, planning, development of instructional media, doing by experience, decision-making, self-monitoring, social-family support, creation of motivation, evaluation of project activities, creation of relationship with the team and clients, health research, health education management, and supervision of health education.

1.4 Personal characteristics necessary for nurses providing health teaching – Experts had analytical viewpoints as described below:

Nurses should love in nursing career and health education work with goals and intention to persuade others to change their behavior appropriately: feel so good when giving health education, which were the basic competency in connection with motivation leading to nurses' success. In part of personal characteristics, nurses should have responsibility, order and discipline, aspiring after knowledge and always learning, fairness, self-confidence, cheerfulness, sacrifice, forgiving, kindness, creativity, strong health, mind and spirit, reliable personality, good human relationship, service mind, systematic thinking, happiness, charm, knowing how to be charming, be good listener, flexible, understand everything easily, interested in environment, know suitability, like to have speech in the public, be patient, have empowerment, aspiring after knowledge, concentration, proper wearing, be perceptive, gentle, love art work, friendliness, no-bias, open-mind, EQ, dare to think and do, teacher-being, unselfish, faithful, be natural, and control emotions well. Another part concerned thought: nurses should have positive thinking and attitude towards health teaching, were likely to work for success instead of remuneration/work for jobs, realize other persons' value and potential, dream to build up good health for all clients.

## **2. Determination of health teaching competency bases for nurses**

After responding the second-round questionnaire pursuant to Delphi's research techniques, it was found that nurses' basic competency on health teaching consisted of 3 aspects as listed below:

2.1 Knowledge in 8 disciplines : health education – 6 subjects, behaviorism – 3 subjects, education – 11 subjects, nursing – 7 subjects, sociology and humanity – 4 subjects, management – 3 subjects, IT – 1 subject, and research – 1 subject, or 36 subjects in total.

2.2 Skills – 39 of 40 subjects, the subject deleted out was English skill usage.

2.3 Personal characteristics – 3 subjects: motivation for 3 statements, personal features for 25 statements (17 behavior kinds from all 42 statements: 17 statements were deleted out) and personal thought for 5 statements.

For additional opinion gained from data collection were: loving to work for the work and being consultant.

## 2.1 Knowledge

It consisted of 8 following disciplines:

2.1.1 Health education in 6 subjects: health education process, health education operation standard, health education philosophy and theory, health teaching, health promotion, and biomarker.

2.1.2 Behaviorism in 3 subjects: health behavior, human potential promotion, and methods of changing behavior.

2.1.3 Education in 11 subjects: learning theories, strategic learning process, learning process techniques, Teaching process, group process, teaching psychology, adult learning, communication, instructional design, instructional media, and instructional plans.

2.1.4 Nursing in 7 subjects: professional standard, holistic care, counseling, nursing process, technical contents, alternative medical treatment, and patients' right.

2.1.5 Sociology and humanity in 4 subjects: changes of structure and classes, health psychology, human-being (studying on personal roles, belief, and moral value), and woman-being (roles, burden and duties in the society, and complicated family).

2.1.6 Management in 3 subjects: systematic management, solutions and decision-making process, and economics of cost-effectiveness and worthiness.

2.1.7 Information technology in 1 subject: basic uses of computer.

2.1.8 Research in 1 subject: health research.

The second-round statistic data analysis for basic competency in part of knowledge found out that, for most opinion calculated by median, every item was in Level 4 and 5 with most I.R. value less than or equal to 1 or the level of necessity was ranked in the high or highest level. The level of consistency was also high whereas there were only 2 statements with low consistency or I.R. > 1: philosophy and health education theory (Median = 4, I.R. = 1.5), and economics of cost-effectiveness and

worthiness (Median = 4, I.R. = 1.5). However, in the third-round data analysis, it was found out that every item was ranked in the high and highest level of necessity and consistency (Median = 4, 5, I.R. < .1) as details in Table 4-11.

Table 4 showed basic competency in the knowledge of health education.

| Item | Competency                                | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---|-------------------|------|-------------------|------|-----------------------|
|      |   | Median            | I.R. | Median            | I.R. |                       |
| 1    | Health education process                  | 5.00              | 1    | 5.00              | 0    | Highest               |
| 2    | Health education operation<br>standard    | 5.00              | 1    | 5.00              | 0    | Highest               |
| 3    | Health education theory and<br>philosophy | 4.00              | 1.5  | 4.00              | 0    | High                  |
| 4    | Health teaching                           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 5    | Health promotion                          | 5.00              | 1    | 5.00              | 0    | Highest               |
| 6    | Biomarker                                 | 4.00              | 1    | 4.00              | 0.5  | High                  |

Table 5 showed basic competency in the knowledge of behaviorism.

| Item | Competency                   | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|------------------------------|-------------------|------|-------------------|------|-----------------------|
|      |                              | Median            | I.R. | Median            | I.R. |                       |
| 1    | Health behavior              | 5.00              | 1    | 5.00              | 0    | Highest               |
| 2    | Human potential promotion    | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 3    | Methods of changing behavior | 5.00              | 1    | 5.00              | 0    | Highest               |

Table 6 showed basic competency in the knowledge of education.

| Item | Competency                  | Round 2<br>(N=17) |                   | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|-----------------------------|-------------------|-------------------|-------------------|------|-----------------------|
|      |                             | Median            | I.R.              | Median            | I.R. |                       |
|      |                             | 1                 | Learning theories | 4.00              | 1    |                       |
| 2    | Strategic learning process  | 4.00              | 1                 | 4.00              | 0    | High                  |
| 3    | Learning process techniques | 5.00              | 1                 | 5.00              | 0    | Highest               |
| 4    | Teaching process            | 5.00              | 1                 | 5.00              | 0    | Highest               |
| 5    | Group process               | 4.00              | 1                 | 4.00              | 0    | High                  |
| 6    | Teaching psychology         | 4.00              | 1                 | 4.00              | 0.5  | High                  |
| 7    | Adult learning              | 4.00              | 1                 | 4.00              | 0    | High                  |
| 8    | Communication               | 5.00              | 1                 | 5.00              | 0    | Highest               |
| 9    | Teaching design             | 4.00              | 1                 | 4.00              | 0.5  | High                  |
| 10   | Instructional media         | 4.00              | 1                 | 4.00              | 0    | High                  |
| 11   | Instructional plans.        | 5.00              | 1                 | 5.00              | 0.5  | Highest               |

Table 7 showed basic competency in the knowledge of nursing.

| Item | Competency                    | Round 2<br>(N=17) |                       | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|-------------------------------|-------------------|-----------------------|-------------------|------|-----------------------|
|      |                               | Median            | I.R.                  | Median            | I.R. |                       |
|      |                               | 1                 | Professional standard | 4.00              | 1    |                       |
| 2    | Holistic care                 | 4.00              | 1                     | 4.00              | 0    | High                  |
| 3    | Counseling                    | 5.00              | 1                     | 5.00              | 0.5  | Highest               |
| 4    | Nursing process               | 4.00              | 1                     | 4.00              | 0    | High                  |
| 5    | Technical contents            | 5.00              | 1                     | 5.00              | 0    | Highest               |
| 6    | Alternative medical treatment | 4.00              | 0                     | 4.00              | 0    | High                  |
| 7    | Patients' right.              | 4.00              | 1                     | 4.00              | 1    | High                  |

Table 8 showed basic competency in the knowledge of sociology and humanity.

| Item | Competency  | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---|-------------------|------|-------------------|------|-----------------------|
|      |   | Median            | I.R. | Median            | I.R. |                       |
| 1    | Changes of structure and classes  | 4.00              | 0    | 4.00              | 0    | High                  |
| 2    | Health psychology   | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 3    | Human-being (studying on personal roles, belief, and moral value)             | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 4    | Woman-being (roles, burden and duties in the society, and complicated family) | 4.00              | 0.5  | 4.00              | 0    | High                  |

Table 9 showed basic competency in the knowledge of management.

| Item | Competency                            | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---------------------------------------|-------------------|------|-------------------|------|-----------------------|
|      |                                       | Median            | I.R. | Median            | I.R. |                       |
| 1    | Systematic management                 | 4.00              | 1    | 4.00              | 0    | High                  |
| 2    | Solutions and decision-making process | 4.00              | 1    | 4.00              | 0    | High                  |
| 3    | Economy                               | 4.00              | 1.5  | 4.00              | 0    | High                  |

Table 10 showed basic competency in the knowledge of information technology.

| Item | Competency             | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|------------------------|-------------------|------|-------------------|------|-----------------------|
|      |                        | Median            | I.R. | Median            | I.R. |                       |
| 1    | Basic uses of computer | 4.00              | 1    | 4.00              | 0    | High                  |

Table 11 showed basic competency in the knowledge of research.

| Item | Competency      | Round 2 |      | Round 3 |      | Level of Necessity |
|------|-----------------|---------|------|---------|------|--------------------|
|      |                 | (N=17)  |      | (N=17)  |      |                    |
|      |                 | Median  | I.R. | Median  | I.R. |                    |
| 1    | Health research | 4.00    | 1    | 4.00    | 0    | High               |

## 2.2 Skills

They consisted of 40 subjects: communication skills, behavior and social analysis, counseling, empowerment, appreciation inquiry, building teamwork, health literacy, listening, selection of media, coordination, human relationship, self-learning, uses of Thai language, uses of English language, uses of computer, applying theories to health teaching, managing information, correction of prompt problems, setting-up of targeted groups, assessment of targeted groups, observation, recording and writing, lecture, group process, EQ, preparation of health education, selection of health education methodology, arranging activities and projects, projects planning, development of instructional media, doing by experience, decision-making, self-monitoring, social-family support, creation of motivation, evaluation of project activities, creation of relationship with the team and client, health research, health education management, and control and supervision of health education.

The second-round statistic data analysis for basic competency in part of skills found out that, for most opinion calculated by median, every item was in Level 4 and 5 with most I.R. value less than or equal to 1 or the level of necessity was ranked in the high or highest level and high consistency. However, there were only 2 statements with low consistency or I.R. > 1: skills of analyzing behavior and society (Median = 4, I.R. = 1.5), and the skill in English usages (Median = 3, I.R. = 1.5). However, in the third-round data analysis, it was found out that only skill in English usages had the level of necessity below the criteria as details in Table 12.

Table 12 showed basic competency in skill

| Item | Competency                              | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---|-------------------|------|-------------------|------|-----------------------|
|      |   | Median            | I.R. | Median            | I.R. |                       |
| 1    | Communication                           | 5.00              | 0    | 5.00              | 0    | Highest               |
| 2    | Behavior and social analysis            | 4.00              | 1.5  | 4.00              | 1    | High                  |
| 3    | Counseling                              | 5.00              | 1    | 5.00              | 0    | Highest               |
| 4    | Empowerment                             | 4.00              | 1    | 4.00              | 0    | High                  |
| 5    | Appreciation inquiry                    | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 6    | Team building                           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 7    | Health literacy                         | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 8    | Listening                               | 5.00              | 1    | 5.00              | 0    | Highest               |
| 9    | selection of media                      | 4.00              | 1    | 4.00              | 1    | High                  |
| 10   | Coordination                            | 5.00              | 1    | 5.00              | 0    | Highest               |
| 11   | Human relationship                      | 5.00              | 0    | 5.00              | 0    | Highest               |
| 12   | Self- learning                          | 5.00              | 1    | 5.00              | 0    | Highest               |
| 13   | Uses of Thai language                   | 4.00              | 1    | 4.00              | 0    | High                  |
| 14   | Uses of computer                        | 4.00              | 1    | 4.00              | 0    | High                  |
| 15   | Applying theories to health<br>teaching | 5.00              | 1    | 5.00              | 0.5  | Highest               |
| 16   | Managing information                    | 4.00              | 1    | 4.00              | 0    | High                  |
| 17   | correction of prompt problems           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 18   | Setting-up of targeted groups           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 19   | Assessment of targeted groups           | 5.00              | 0    | 5.00              | 0    | Highest               |
| 20   | Observing                               | 5.00              | 0    | 5.00              | 0    | Highest               |
| 21   | Recording and writing                   | 5.00              | 1    | 5.00              | 0.5  | Highest               |
| 22   | Lecture                                 | 4.00              | 1    | 4.00              | 0    | High                  |
| 23   | Group process                           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 24   | Expressing emotion (EQ)                 | 5.00              | 1    | 5.00              | 0    | Highest               |
| 25   | Preparation of health education         | 5.00              | 1    | 5.00              | 0    | Highest               |

Table 12 showed basic competency in skill (Continuous)

| Item | Competency                            | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---------------------------------------|-------------------|------|-------------------|------|-----------------------|
|      |                                       | Median            | I.R. | Median            | I.R. |                       |
| 26   | Selecting health education strategies | 5.00              | 1    | 5.00              | 0    | Highest               |
| 27   | Arranging activities and projects     | 5.00              | 1    | 5.00              | 0    | Highest               |
| 28   | Projects planning                     | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 29   | Development of instructional media    | 4.00              | 1    | 4.00              | 0    | High                  |
| 30   | Doing by experiences                  | 4.00              | 1    | 4.00              | 0    | High                  |
| 31   | Decision-making                       | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 32   | Self-monitoring                       | 4.00              | 1    | 4.00              | 0    | High                  |
| 33   | Social- family support                |                   |      |                   |      |                       |
| 34   | Creation of motivation                | 5.00              | 0    | 5.00              | 0    | Highest               |
| 35   | Evaluation of projects and activities | 4.00              | 1    | 4.00              | 0    | High                  |
| 36   | Relationship with the team and client | 5.00              | 0    | 5.00              | 0    | Highest               |
| 37   | Health research                       | 4.00              | 1    | 4.00              | 0    | High                  |
| 38   | Health education management           | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 39   | Supervision and control job           | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 40   | Uses of English language              | 3.00              | 1.5  | 3.00              | 1.5  | medium                |

### 2.3 Personal characteristics

It consisted of 3 subjects:

2.3.1 Motivation in 3 statements: loving for nurse career and health education, having goals and intention to persuade other people to properly change health behavior, and feeling happy when offering health education.

Table 13: Basic Competency in respect of personal characteristics (Motivation)

| Item | Basic Competency   | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|--|-------------------|------|-------------------|------|-----------------------|
|      |  | Median            | I.R. | Median            | I.R. |                       |
| 1    | Loving for nurse career and health education   | 5.00              | 1    | 5.00              | 0    | Highest               |
| 2    | Having goals and intention to persuade other people to properly change health behavior | 5.00              | 1    | 5.00              | 0    | Highest               |
| 3    | Feeling happy when offering health education   | 5.00              | 1    | 5.00              | 0    | Highest               |

2.3.2 Personal characteristics in 42 statements: responsibility, order and discipline, aspiring after knowledge and always learning, fairness, self-confidence, cheerfulness, sacrifice, forgiving, kindness, creativity, strong health, mind and spirit, reliable personality, good human relationship, getting along with other people easily, service, good thinking order, happiness, charm, knowing how to be charming, be good listener, flexible, understand everything easily, interested in environment, know suitability, like to have speech in the public, be patient, have empowerment, aspiring after knowledge, concentration, proper wearing, be perceptive, gentle, love art work, friendliness, no-bias, open-mind, EQ, dare to think and do, teacher-being, have unselfish, have honesty, be natural, and good emotional control as per details in Table 14.

Table 14: Basic Competency in respect of personal characteristics (Personal Features)

| Item | Basic Competency                          | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|---|-------------------|------|-------------------|------|-----------------------|
|      |   | Median            | I.R. | Median            | I.R. |                       |
| 1    | Responsibility                            | 5.00              | 1    | 5.00              | 0    | Highest               |
| 2    | Order and discipline                      | 5.00              | 1    | 5.00              | 0    | Highest               |
| 3    | Aspiring after knowledge<br>and learning  | 5.00              | 0    | 5.00              | 0    | Highest               |
| 4    | Fairness                                  | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 5    | Self-confidence                           | 5.00              | 1    | 5.00              | 0    | Highest               |
| 6    | Cheerfulness                              | 5.00              | 1    | 5.00              | 0.5  | Highest               |
| 7    | Sacrifice                                 | 4.00              | 1    | 4.00              | 0    | High                  |
| 8    | Forgiving                                 | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 9    | Kindness                                  | 5.00              | 1    | 5.00              | 0    | Highest               |
| 10   | Creativity                                | 5.00              | 1    | 5.00              | 0    | Highest               |
| 11   | Strong health, mind and<br>spirit         | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 12   | Reliable personality                      | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 13   | Good human relationship                   | 5.00              | 0    | 5.00              | 0    | Highest               |
| 14   | Getting along with other<br>people easily | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 15   | Affability                                | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 16   | Service mind                              | 5.00              | 1    | 5.00              | 0    | Highest               |
| 17   | Systematic thinking                       | 5.00              | 1    | 5.00              | 0    | Highest               |
| 18   | Being happy person                        | 4.00              | 1    | 4.00              | 0    | High                  |
| 19   | Charm, knowing how to be<br>charming      | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 20   | Being good listener                       | 5.00              | 1    | 5.00              | 0    | Highest               |
| 21   | Flexible, understand<br>everything easily | 5.00              | 0    | 5.00              | 0    | Highest               |

| Item | Basic Competency               | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|--------------------------------|-------------------|------|-------------------|------|-----------------------|
|      |                                | Median            | I.R. | Median            | I.R. |                       |
| 22   | Be interested in environment   | 5.00              | 1    | 5.00              | 0    | Highest               |
| 23   | Know suitability               | 5.00              | 1    | 5.00              | 0    | Highest               |
| 24   | Liking to have public speaking | 4.00              | 1    | 4.00              | 0    | High                  |
| 25   | Patience                       | 5.00              | 1    | 5.00              | 0    | Highest               |
| 26   | Empowerment                    | 4.00              | 1    | 4.00              | 0    | High                  |
| 27   | Aspiring after knowledge       | 5.00              | 0    | 5.00              | 0    | Highest               |
| 28   | Concentration                  | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 29   | Proper wearing                 | 5.00              | 1    | 5.00              | 0    | Highest               |
| 30   | Being perceptive               | 5.00              | 1    | 5.00              | 0    | Highest               |
| 31   | Being Gentle                   | 4.00              | 1    | 4.00              | 0    | High                  |
| 32   | Loving art work                | 4.00              | 1    | 4.00              | 0    | High                  |
| 33   | Friendliness                   | 5.00              | 1    | 5.00              | 0    | Highest               |
| 34   | No-bias                        | 4.00              | 1    | 4.00              | 0    | High                  |
| 35   | Open-mind                      | 4.00              | 1    | 4.00              | 0    | High                  |
| 36   | EQ                             | 4.00              | 0.5  | 4.00              | 0    | High                  |
| 37   | Dare to think and do           | 5.00              | 1    | 4.00              | 0    | High                  |
| 38   | Teacher-being                  | 4.00              | 1    | 5.00              | 1    | Highest               |
| 39   | Unselfish                      | 4.00              | 1    | 4.00              | 0    | High                  |
| 40   | Honesty                        | 4.00              | 1    | 4.00              | 1    | High                  |
| 41   | Being natural                  | 4.00              | 1    | 4.00              | 0.5  | High                  |
| 42   | Good emotional control         | 5.00              | 1    | 5.00              | 0    | Highest               |

2.3.3 Personal thought in 5 statements: having positive attitude towards health teaching, being likely to work for success instead of remuneration/work for jobs, dreaming to build up good health for all clients, realizing other persons' value and potential, and positive thinking.

Table 15: Basic Competency in respect of personal characteristics (Personal Views)

| Item | Basic Competency   | Round 2<br>(N=17) |      | Round 3<br>(N=17) |      | Level of<br>Necessity |
|------|--|-------------------|------|-------------------|------|-----------------------|
|      |  | Median            | I.R. | Median            | I.R. |                       |
| 1    | Having positive attitude towards health teaching                       | 5.00              | 0    | 5.00              | 0    | Highest               |
| 2    | Being likely to work for success instead of remuneration/work for jobs | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 3    | Dreaming to build up good health for all clients                       | 5.00              | 0.5  | 5.00              | 0    | Highest               |
| 4    | Recognition other persons' value and potential                         | 5.00              | 1    | 5.00              | 0    | Highest               |
| 5    | Positive thinking  | 5.00              | 1    | 5.00              | 0    | Highest               |

The second-round statistic data analysis for basic competency in part of personal characteristics found out that, for experts' most opinion calculated by median, every item was ranked in Level 4 and 5 with I.R. value less than or equal to 1 in every item.

According to 3 rounds of data analysis for the primary competency until experts' opinion was all consistent, it was found out that all competencies mentioned above were necessary for health teaching at Level 4 and 5, which meant that they were so necessary and most necessary, except skill of English usages that was ranked at the moderate level. However, regarding personal characteristics, experts opined that they were necessary but they were quite general and should not be specified as the specific competency. Thus, the author selected only competency ranked in Level 5 or most necessary and most consistent with I.R. = 0 (Median = 5, I.R. = 0), and grouping the same characteristics of behavior. Therefore, analysis results determined that nurses' competency base in health teaching had to comprise 8 sciences in 36 subjects and 6 skills or 39 matters in total (skill of English usage was deleted out) and 3 parts of personal characteristics: 3 kinds of behavior relating to achievement motivation, 17

kinds of behavior relating to personal characteristics (25 statements), and 5 kinds of behavior relating to persona thought or 108 competencies as described below:

### **Setting-up the competency base for health teaching**

#### **Knowledge**

1. Health education: nurses had to know and understand health education process, health education operation standard, health education philosophy and theory, health teaching, health education promotion, and biomarker.

2. Behaviorism: nurses had to know and understand health behavior, human potential promotion, and methods of changing behavior.

3. Education: nurses had to know and understand learning theories, strategic learning process, learning process techniques, teaching process, group process, teaching psychology, adult learning, communication, instructional design, instructional media, and instructional plans.

4. Sociology and humanity: nurses had to know and understand changes of structure and classes, health psychology, human-being (studying on personal roles, belief, and moral value), and woman-being (roles, burden and duties in the society, and complicated family).

5. Management: nurses had to be able to apply the knowledge about management to health teaching, and know and understand systematic management, solutions and decision-making process, and economics of cost-effectiveness and worthiness.

6. Information technology particularly basic uses of computer for health information management.

7. Research by having the knowledge about health research to develop health-teaching work.

8. Nursing: nurses had to know and understand career standard, holistic care, counseling, nursing process, technical contents, alternative medical treatment, medical new methods, and patients' right.

### **Skills**

1. Communication skills: health-teaching nurses should have competency in transferring knowledge and thought into the speaking language by using organization media systematically, understood easily, relevant to objectives. Nurses should also have competency in questioning and appreciation inquiry, health literacy, listening skills, uses of Thai language to connect the communication sent by the message senders (medical clients), and good human relationship.

2. Consulting skills: health-teaching nurses should have competency in listening to both physical and mental health problems, encouraging and motivating others to solve problems by themselves, having empowerment, encouraging clients for their self-monitoring and social-family support skills, as well as EQ and good observation.

3. Teaching skills: health-teaching nurses should have competency in producing health knowledge process. This meant that they should have skills in the assessment of behavior and society, setting up targeted groups, evaluation and assessment including demands of clients prior to health education, applying theories for health education, preparation of health education, planning, selection of health education methodology, project activity arrangements, selection of media and development of instructional media, lecture skills, group process arrangement, uses of experience, evaluation of project activities.

4. Team-working skills: health-teaching nurses should have competency in building up the involvement, team-working, and having good human relationship.

5. Management skills in health activities and projects: health-teaching nurses should have competency in decision-making, correction of prompt problems, control and supervision of health education.

6. Information management skills: health-teaching nurses should have competency in using the computer in gathering and analyzing health information, recording and writing, as well as conducting health research to develop health education.

### **Personal Characteristics**

1. Achievement motivation: health-teaching nurses should love for nurse career and health education, have goals and intention to persuade others to change their behavior appropriately: feel so good when giving health education.

2. Specific personal characteristics to take roles in health education:

- 2.1 Responsibility
- 2.2 Order and discipline
- 2.3 Aspiring after knowledge and always learning
- 2.4 Self-confidence
- 2.5 Kindness
- 2.6 Creativity
- 2.7 Strong health, mind and spirit
- 2.8 Reliable personality
- 2.9 Good human relationship
- 2.10 Approaching others easily, being affable and friendly
- 2.11 Service mind
- 2.12 Systematic thinking
- 2.13 Being good listener
- 2.14 Being flexible, understanding everything easily
- 2.15 Being patient
- 2.16 Being perceptive
- 2.17 Teacher-being

3. Self-concept: health-teaching nurses should have positive thinking and attitude towards health teaching, were likely to work for achievement instead of remuneration/work for jobs, recognize other persons' value and potential, dream to build up good health for all clients.

### **3. Problems and Solutions for Health-teaching Competency Base on Nurses**

#### **3.1 Problems of health teaching for nurses**

The results of first-round interviews and second/third-round questionnaires to experts found out their opinion about health-teaching problems. Each expert suggested solutions for further development criteria. The problems found in data collection could be separated into the following 3 aspects:

##### **3.1.1 Personnel**

1) Nurses lacked the evaluation and analysis of patients' behavior, the experience in evaluating patients to analyze their behavior prior to offering health education.

2) Nurses lacked the comprehension in treating patients under patient-centered base.

3) Nurses lacked the application of health education to the social structure.

4) Nurses lacked knowledge and experience in health teaching: thus, they were unable to make patients comprehend and follow them, to make patients have involvement in their self-caring, especially new graduated nurses who had not confidence in offering health education.

5) Nurses did not realize the significance of health teaching, and lacked good motivation and attitude.

6) Nurses lacked good communication skills: they preferred using medical language in giving health information.

7) Nurses lacked continuous research and education.

8) Nurses did not realize the importance of utilizing the biomarker.

##### **3.1.2 Working system/ policy/ organization/ supervisors**

1) Work has been developed with an emphasis on quantitative indicators rather than qualitative ones.

2) Work has not been based on multi-branch format, lacked the team working.

3) Nurses had to burden many tasks.

4) There have not yet been job positions for nurses with duty on arranging health-learning process.

5) Organization culture did not stimulate nurses to seek for more knowledge, which obstructed their work in providing health knowledge always requiring most recent knowledge.

### 3.1.3 Clients and family

1) Patients were not ready to accept the information: they greatly desired to rely on medical officers.

2) Clients were not interested in health education.

## 3.2 Solutions for health-teaching nurses

Solutions for health-teaching nurses in connection with working system problems were given by experts as described below:

### 3.2.1 Working system/ operation concept/ health education curriculum

Solution guidelines in connection with working system were as follows:

1) Nursing curriculum had to be revised with an emphasis on integrating the nursing science into other relevant sciences, particularly education science to enhance the all-life learning nature, seek for additional knowledge always, and be able to principally organize the caring procedures for patients better.

2) Knowledge about health promotion should be supported to make all nursing personnel realize that health teaching was one of their main tasks.

3) Health education work should be developed as the process rather than project or activity by persuading patients to have involvement and joint decision-making.

4) Ways of offering health knowledge should be changed to be client-centered base since patients were not students: they required information and confidence in accepting health information.

5) Team working should be clear. There should be the consulting team in relation to learning arrangement process to set plans for health teaching. The knowledge-offering system led by certain persons had to be built up clearly and strongly. Health knowledge offering had to be done as a team-working or multi-branch format by creating the organization or community network to provide health knowledge while the cooperation between medical personnel had to be built up as well.

6) There should be supporting plans regarding health teaching for the repeat of diseases such as creation of CNPG regarding diseases, or sickness conditions that could be cared by health knowledge offering.

7) Not only modern medical information was developed, local wisdom should also be developed and learnt.

8) All knowledge base, personnel, and policy should be developed simultaneously while effective service + teaching + research should be created all together.

9) Policies that motivated personnel to provide health knowledge should be set up. In addition, medical personnel should be developed to have performance potential until the knowledge base could be expanded, and social and community cultures were changed to enhance good health behavior as well as self-caring eventually.

### 3.2.2 Development of nursing personnel

The development guidelines of nursing personnel were as follows:

1) To change the health-teaching evaluation system set for nurses so that it becomes more efficient, and the evaluation information can be utilized to develop the personnel relevantly.

2) To focus on developing the personnel until they comprehend health teaching process as well as the service mind, and realize that health teaching is not only the work performed by duty.

3) To have the job orientation to enhance confidence and experience for health personnel, especially newly graduated nurses by emphasizing on clinical nursing operation prior to the assignment to health information offering.

4) Knowledge givers change their roles to be learning process organizers so that patients can gain learning under good management. In addition, roles of educators should be developed on nurses so that they are able to organize learning process efficiently and to evaluate learners. Nurses should have more concrete teaching roles as their pathway.

5) Communication skills are developed to be efficient and relevant to each patient.

6) Health-knowledge givers should be interested in searching for their performed work and other related sciences.

7) Knowledge offering methods should be active so that clients receive health knowledge and are able to take care of themselves with a focus on health promotion instead of remedy.

### 3.2.3 Learning arrangement process

Guidelines of revising the learning arrangement process were as follows:

1) To promote various health teaching designs so that each is suitable for clients such as health teaching for children, health teaching for adults, health teaching for women, and health teaching for men.

2) In case that the patients are not ready to perceive health information, such knowledge should be given to patients' family or close persons instead.

3) To select the self-caring methods relevant to ways of life of each patient.

4) Health teaching should be problem-based learning: teaching should start from problems that are solved by learning and integrated solutions, that is, covering the body, mind, society, and spirit that should be extended to the family and community.

5) Rights of patients should be understood correctly so that the development of service system is in the right way.

6) To create the questionnaire on readiness and demands of clients as the guidelines of offering health information.

7) To arrange locations of offering health knowledge properly so that clients feel confident that everything will be kept confidentially.

8) To utilize the biomarker for health teaching so that teaching becomes more concrete.



## CHAPTER V

### DISCUSSION

The objective of this study was to set up the health teaching competence base on nurses for the development of nursing personnel. The author separated the discussion of the study into 2 main parts: research methodology, and findings of the study as described below:

1. Research Methodology, which were discussed in 3 following issues:
  - 1.1 Research design
  - 1.2 Selection of experts
  - 1.3 Instruments and statistic data analysis
2. Findings of the study, which contained the following key discussion issue:
  - 2.1 Setting up basic health-teaching competency on nurses

#### **1. Research Methodology**

##### **1.1 Research design**

This research dealt with the study on health teaching competency base on nurses in order to determine the functional competency. Therefore, in this study, the author used the Delphi's technique to collect the information from the literature review and experts in relevant fields to analyze current and future duty tasks until the discovered competency base was agreed in the same way. This method helped trim off experts' opinion to be consistent without personal confronting (Rasp, 1973: 29). This technique also helped obstruct experts' opinion to gain the unanimous answers for decision-making. The Delphi's technique was to group actions by giving the backward information after considering answers of each statement. This technique helped the respondents review their answers and changed answers after looking through the backward information (Uthumporn Jamornmarn, 1994: 131-132), which made experts express their opinion rightly and most accurately. This research design was consistent with guidelines of setting up the competency pursuant to Spenser and Spenser's concept (Spenser and Spenser, 1993: 93-113), which could be done by 3 different

methods. The method consistent with this study was called a short study design using expert panels: meetings of expert group and interviews. Further, this research design was also consistent with Parry's concept (Parry, 1996: 48-56) mentioning about methods of setting up competencies, and the Delphi's technique was one of four methods under Parry's concept: DACUM (Develop a Curriculum), Delphi's technique, Functional Analysis, and Critical Incident.

### **1.2 Selection of experts**

The selection of experts was the main principle of this study since good and proper selection will result to correct, accurate, and acceptable results. Therefore, experts in this study should be nurses with some knowledge and experience relating to health teaching. However, at present, health teaching is one of inseparable nursing career. Although nurses have not been assigned specifically and officially, but, in principles, every nurse must be able to do it. Hence, the group of information providers should be the group of experts dealing with health teaching so that all related viewpoints are covered. The experts would be able to comprehend possibility, future changes, problem complication, and solutions of health-teaching work better than nurses in general working. The selection of experts for this study was done by the purposive sampling to select 3 groups of experts working in the Bangkok area and vicinity. Group 1 consisted of experts working in the nursing units dealing with health promotion/nurse teachers. Group 2 consisted of educators providing health knowledge/ health education/ physical education (health promotion). Group 3 consisted of academics dealing with the provision of health knowledge, behaviorism/ public health, medical science, and socio-medical science. Each group comprised 6 experts. It was found out from the study that the total experts giving the information were 18, 17, and 17 for the data collection in the first, second, and third rounds respectively. In addition, those experts contained the expertise as determined. The results of the study were in accordance with the Delphi's technique: determining a group of experts and selecting them who had knowledge, capability, and expertise in the studied issue. Normally, there may be over 10 experts up to 100 depending on objectives of particular research, the complexity of studied issues, time, and budget (Choompon Poonpatracheevin, 1997: 261-263). In this study, 18 experts were selected; thus, the

research based on the Delphi's technique became more reliable (Macmilan T., 1971, cited in Patra Khaewchongprasert, 2002: 81).

### **1.3 Instruments and statistic data analysis**

The author has collected the data based on the research methodology from 18 experts in 3 rounds. In the first round, the interview guideline was the research instrument for data collection. In the second round and third round, the instrument was the 5 rating-scale questionnaire. Nevertheless, the shortcoming of research conducted by the Delphi's technique was that the responses of questionnaire in each round might not be equivalent as per the set period since leaving the questionnaire to experts so long might cause them forget the information and lacked of the continuity (Jaithip Chueratpong, 2647: Internet). The span of data collection between the second round and the third round should not be so long to make the research reliable. The data collection by the first-round interview, the author took time from 1 October 2005 to 31 December 2005. The data collection in the second and third rounds took 1 month or January 2006 and took not more than 2 weeks for each round. However, in this study, only one set of questionnaire was not responded or at 5.6%. Moreover, the author had contacts with all experts by herself to revise the information gathered in each round and to explain the research details as well as the research objectives.

The Delphi's questionnaire was one of key research instruments constructed by the literature review and interviews of experts. The interviews were done by ways of tape recording and short noting by the author who questioned for additional information in cause of any doubt or ambiguous content, by which every issue was clearly explained by experts. However, interviews of 3 experts could not be done perfectly due to urgent working activities but they later answered all structured-interview questions. When the Delphi's questionnaire was constructed completely, it was submitted to some experts for their comments. In the second-round questionnaire, experts suggested the revision and additional of issues. After revision along with the data collection got from the second-round questionnaire, the revised questionnaire was submitted to experts for their re-examination prior to the third-round data collection. All experts had consistent opinion and agreed with 108 competencies in 3 aspects. As a result, the data collection as mentioned earlier has been examined by at least 17 experts for 3 rounds, which was believable that these research instruments were

reliable. This was relevant to the concept of Choompon Poonpatracheevin (1997: 264) that the questionnaire based on Delphi's technique contained reliability since it was revised and examined by a group of experts.

The statistic data analysis in this study comprised median or the average value of all answers in each item, and the inter-quartile range (I.R.) showing the distribution of answers. This was relevant to the statement of Wanthanee Choosilp (1982: 44) that, in the Delphi's technique, the researcher had to use the Median and the Inter-quartile Range to analyze the experts' opinion each time. Therefore, the competencies with the median value at Level 4 up would be selected; this meant that such statement was so necessary and most necessary with I.R.  $<$  or  $=$  1.00: the consistency was high or so high, which would be selected as a basic competency in health teaching for nurses. The determined competencies shall be further used in personnel development according to their specific duties or job positions. The moderate-level competencies (Median = 3) shall not be counted as the specific competencies. However, it was found out that every statement of competency constructed in the questionnaire was necessary for health teaching at Level 4 and 5 or from so necessary to most necessary with I.R. value  $<$  or  $=$  1.00; thus, all statements were selected. However, in part of personal characteristics, experts had some comments that they were quite general, unclear, and unspecific to be competencies for health teaching; thus, only competencies in Level 5 or most necessary were selected with the highest consistency or I.R. = 0 (Median = 5, and I.R. = 0). The same characteristics were grouped together. As a result, the data analysis found out that statements used to determine the basic competencies for health teaching consisted of 8 sciences with 36 subjects and 6 skills or 39 subjects in total and another 3 personal characteristics consisting of 3 kinds of behavior relating to achievement motivation, 17 kinds of behavior relating to personal characteristics, and another 5 kinds of behavior relating to persona thought.

## **2. Findings of the study and key discussion**

### **2.1 Setting up basic health-teaching competency on nurses**

**2.1.1 Knowledge** – The study found out that knowledge necessary for duties performed by health-teaching nurses had to comprise:

1) Health education – Nurses should have knowledge and comprehension in health education process, health education operation standard, health education philosophy and theory, health teaching, health education promotion, and biomarker. Such knowledge was the key basis and principles of health teaching as the knowledge base promoting the personnel's initial and consistent understanding for the same goal without any conflict since knowledge about health education principles had to be correct and consistent based on framework. In particular, knowledge about the biomarker could be used as work achievement criteria, which was in accordance with the concept of Chanuanthong Thanasukarn (1996: 1-8) mentioning about health education and health education in hospitals that both were the principle knowledge base and could be held as a basis of managing health knowledge. He said that the organization of health education needed clear health education principles. This was also consistent with the concept of Supreeya Tansakul (2001: 44) stating that health education providers should have academic knowledge and comprehension about health promotion. This was consistent with guidelines of health education operation by the Division of Health Education that set up the quality of personnel in charge of health education operation and the development of health behavior in public health service places that such personnel had to graduate in the field of health education and behaviorism (health). Without these qualified personnel, graduated nurses whose health education knowledge and capability as well as development of health behaviorism have been continuously developed should be considered. Those personnel should accumulate the experience sufficient for their quality performance; for example, self-improvement in respect of academics and management, participation in meetings and seminars on health education and development of health behavior (The Division of Health Education, The Department of Health Service Promotion to the Ministry of Public Health, 2005: 21).

2) Behaviorism - Nurses should have knowledge and comprehension in behavior, health, human potential promotion, and ways of behavior changes since most health problems were resulted by humans' improper or wrong behavior. Knowledge about health behavior has been used in the evaluation for health teaching and behavior solutions, which were parts of nursing. Regarding the human potential promotion and ways of behavior changes were behavior approaches for

health solutions; the health personnel had to search for knowledge suitable for each patient. This was consistent with the concept of Supreeya Tansakul (2001: 44) stating that health education providers should have knowledge and comprehension in theories and techniques of changing behavior that were the knowledge base of behaviorism (health education).

3) Education - Nurses should have knowledge and comprehension in learning theories, strategic learning process, learning process techniques, teaching process, instruction, group process, teaching psychology, adult learning, communication, instruction design, instructional media, and instruction plans. Results of the study supported issues in association with knowledge about education because nurse took independent roles in transferring medical and nursing knowledge that required the learning process to transfer such knowledge to the targeted groups efficiently. Transferring could not be done by only one method, but needed variable process arrangements to suit the different problems of each patient. This statement was consistent with the concept of Supreeya Tansakul (2001: 44) stating that health learning was the change of behavior or practice resulted by experience and practice under some beliefs in learning theories such as theories of Thorndike or Skinner, etc. This statement was also consistent with the research results conducted by Dury (Dury C., 2003: Online) regarding Competency Base for Health Teaching: Analysis of Teaching Operation, who found out that nurses took roles as educators who have not yet had adequate abilities in both teaching goals and choices of teacher-being. Therefore, health teaching had to mainly consider learning process because it could lead to changes for both intrinsic and extrinsic behavior. Learning process was one of main processes of education.

4) Sociology and humanity - Nurses should have knowledge and comprehension in social changes, structure and classes, health psychology, human-being (studying on personal roles, belief, and moral value only), and woman-being (studying on roles, burden and duties in the society, and complicated family only) since knowledge about sociology and humanity were necessary for patients' life; a patient has not lived lonely in the world, he/she was the social animal dealing with many social factors. Successful health knowledge providers had to consider patients, families, and communities prior to the provision of health information since although

health knowledge could be comprehensively transferred, if it was not relevant to patients' life and social conditions, patients would be unable to follow such suggestions or change their behavior. Some health solutions were unsuccessful because health knowledge offering aimed at 3 changes: knowledge, attitude, and practice (Apiwan Khaewwanrat, 2002: 2). Only the medial and nursing knowledge base was not sufficient for changing patients' behavior; so health knowledge offering had to be consistent with problems, economics, culture, and demands of patients. This was consistent with the opinion of Apiwan Khaewwanrat, 2002: 3) that health knowledge provision had to comply with problems, economics, culture, and public and community needs. Hence, nurses should have studies on social changes, structure and classes, health psychology, human-being (studying on personal roles, belief, and moral value), and woman-being (roles, burden and duties in the society, and complicated family). However, for knowledge about women-being, it could support nurses' operation because most nurses were female who might have specific problems in working. To acquire the quality work, if colleagues had inter-comprehension, conflicts would be decreasing and achievements would incur eventually.

5) Management - Nurses should have knowledge and comprehension in systematic management, solution and decision-making process, economics, and cost-effectiveness and worthiness to be applied to health knowledge provision. Although such knowledge was not directly applied to health knowledge provision, it helped nurses to carry on responsible tasks better. This was consistent with the concept of Boyatzis (Boyatzis R.E., 1982: 23) stating that there were two kinds of abilities: indirect ability and management ability. The direct management ability comprised practices that could help carry on responsible work better or help the working behavior pattern contain quality. Each behavior pattern was the combination of knowledge uses, skills, attitude, comprehension, and compilation of personal experience. Therefore, the quality performance had to consist of management knowledge to be mixed with direct knowledge about health.

6) Information technology, especially basic uses of computer for health information management since the knowledge about information technology took prominent roles in the present world, which was going to be the borderless world or globalization. Health information has been also developed rapidly and distributed

through modern IT such as the Internet. Thus, the provision of health knowledge required the IT knowledge in order to manage health information, search the information, and develop the work. This was consistent with the study conducted by Garde, Harrison and Hovenga (Garde S., Harrison D., and Hovenga E., 2005: 899-907). They surveyed roles of nurses in Australia in respect of their skills in managing health information professionally, and found out that nurses had roles in using IT for health care at 71.0%, 19.0% of them increased their knowledge by using the IT, and 10.0% of them used the IT in health research and health care development. Therefore, it could be concluded that this kind of knowledge was so essential in health teaching for nurses.

7) Research - Nurses should have knowledge and comprehension in health research to develop their work and enhance growth. This was consistent with the concept of setting up the quality of personnel who were in charge of carrying on health education and developing health behavior in public health centers (The Division of Health Education, 2005: 21). This concept determined that health personnel had to develop their knowledge and ability in health education continuously and reliably, which would give benefits for patients, family, and society, and lead to health personnel's job achievement. Therefore, it could be concluded that research knowledge was essential for nurses' health teaching when their self-development could lead to work development.

8) Nursing - Nurses should have knowledge and comprehension in health subjects as well as professional standards, holistic care, counseling, nursing process, technical contents, alternative medical treatment, medical new methods, and patients' rights. These competencies were consistent with the concept of Marlyn and et. (Marlyn D. and others, 1998: 3-19) that knowledge about nursing was the necessary professional capability. However, it should be continuously studied to timely follow changes in the present borderless world where medical growth grew up quickly; so health information providers had to acquire good and most recent health information.

All 8 sciences had to be applied skillfully based on nurse profession.

It could be concluded that many kinds of knowledge such as health education, behaviorism, education, sociology and humanity, management, IT, research, and nursing was so essential for working as health-teaching nurses. The results of this

study showed that working in this position needed the integration of all related sciences by which each science was combined skillfully in order to understand problems comprehensively and completely for evaluating and solving patients' multi-dimension problems, evaluating the process of knowledge offering systematically, as well as designing the health information programs rightly. As a result, work performance was not only good and efficient; nurses would be able to understand their roles of providing health information actually. The provision of health information not only dealt with teaching, organization of project or program construction only, it included solutions for patients' problems by understanding their human-being, transferring medical science including nursing experience into the learning process pursuant to actual situations in patients' life until those patients were capable of solving problems by themselves by following the advice strictly and/or agreeing to cooperate in remedies. Patients were also expected to extend such health information to their family members and fellows in the society, which shall be deemed the actual achievement of health teaching for nurses since, apart from remedying patients, disease prevention and health promotion existed permanently. Consequently, only nursing knowledge was not enough for health teaching. Thus, to gain the most efficient operation of health education in hospitals, nurses should have been developed to obtain the information about health education, behaviorism, education, sociology and humanity, management, IT, research, and nursing (particular subjects), which all were combined together. This was consistent with the study of Garde, Harrison, and Hovenga (Garde S., Harrison D., and Hovenga E., 2005: 899-907). The study surveyed skills necessary for the provision of health information in 5 subjects with 69 knowledge issues and skills. However, it did not mean that the provision of health information by nurses, at present, was not efficient. But, this research might help develop this work more concretely in order to develop the nursing personnel and to promote them if they required searching for additional knowledge for self-development. Nevertheless, each knowledge base could not be separated absolutely, but applied together to suit each patient, remedy plan, and real situations.

### 2.1.2 Skills

1) Communication skill – Health teaching nurses should have competencies in transferring knowledge and thought into the speaking language by using organization media systematically, understood easily, relevant to objectives. Nurses should also have competency in questioning and appreciation inquiry, health literacy, listening skills, uses of Thai language to connect the communication sent by the message senders (medical clients), and good human relationship. Experts considered the communication skill as the most important one, which was consistent with Bartee, Winnail, Alsen, Diaz, and Blevens (Bartee R.T., Winnail S.D., Olsen S.E., Diaz C., and Blevens A.J. 2003: 459-469) with a study on the key competencies of health personnel at the border of the United States. The study found out that the teaching competency had to be the key competency owned by nurses such as communication skill and demonstration skill. The results of the study was also consistent with competencies set up in Resource Book (1998) regarding health-teaching competencies on nurses.

Experts' concrete viewpoints could be summarized below:

“While giving health information, voice, face, gleam in nurses' eyes can make patients perceive nurses' frankness and willingness as well as intention and good wishes to patients. As a result, patients feel pleased to know their illness information and caring practice, that is, the expression of frankness in communication at least smoothens the communication.”

“Regarding the language used in the provision of health information, the medical language should be absolutely avoided since the gap between patients and nurses will occur immediately. That's o.k. if patients understand or question to nurses if they do not understand anything. But, if patients are too shy to question since they think that they may be looked down on by nurses or do not desire to interrupt nurses; consequently, the communication will not be efficient. Uses of language in explaining the information to patients have to be habitually practised.”

“Do not misunderstand that the communication deals with speaking; expression of face is also another kind of communication. Nurses should be trained for other communication channels such as actions in the explanation, chatting, drawing

added for the explanation so that speaking is not only the imagination impossibly reached by patients.”

“Speaking with wording stress and emphasis on key words and good space leaving can make the communication clearer.”

“Provision of health information should be in two-way communication: listening and corresponding. Listening to patients before explaining health information may help nurses be able to skip some details and the provision of health information will be efficient.”

“Be frank in speaking. Speak about facts and real experience. Say that you do not know if you do not know it actually. Do not tell a lie since your reliability will be down.”

“To transfer health information like the normal chatting so that patients feel affable and open to health learning more.”

The English skill was deleted out since it was necessary at the moderate level, but it was not consistently agreed by experts at 10:7 because, perhaps, some experts looked into the future when Thailand's health services would be upgraded into the international system. For example, the Faculty of Medicine, Siriraj, Mahidol University has been constructing the Asian medical excellence center to support changes into the international system and foreign health clients as well as to develop medical performance and research to fit the international ones. At present, there are more medical service centers in Thailand favored by foreigners due to the gentleness and intention including the reasonable prices of Thai nursing services if compared with foreign medical services. Therefore, experts considered that health personnel should be prepared in respect of English usages due to the tendency of more foreign patients in the future.

2) Counseling skill - Health-teaching nurses should have competency in listening to both physical and mental health problems, encouraging and motivating others to solve problems by themselves, having empowerment, encouraging clients for their self-monitoring and social-family support skills, as well as EQ and good observation. The counseling skill should be a competency of health teaching nurses since problems of each patient were different. This was consistent with the concept of Chanuanthong Thanasukarn (1996) stating that health information

recipients should be comprehended in part of feelings, emotions, thinking, understanding, and environment. In order to understand the patients, both providers and recipients should be involved in planning, evaluating, and selecting methods and activities. Hence, to help patients receive proper health information and right decision on health solutions, the counseling skill should be applied in providing health information by nurses, and, finally, the health teaching competency would be more efficient.

Experts' concrete viewpoints could be summarized below:

“Patients must be considered first. When they understand their own health conditions and are involved in caring, more cooperation and remedy benefits will occur. Thus, we have to give such chance to patients by giving the information not ordering since patients may follow due to consideration rather than willingness. In giving health information, advantages and disadvantages of caring must be clarified so that particular patients can have their best and most proper practices.”

“Successful provision of health information must start from patients and their family since problems we see may not be patients' problems while our health suggestions may cause new problems for them. For example, an old man comes to get the remedy of diabetes. Every time he sees the doctor, more drugs are given because the high blood pressure has not yet been in the normal level although nurses have provided him the information about how to control and select some food. When this old man was sent to see me, I questioned him why he could not control his blood pressure and his diabetes conditions did not satisfy the doctor. I let him explain his daily consumption behavior. Under the counseling techniques, he relied on me and talked to me that he has never liked the food advised by nurses; so he decided not to eat anything because his favorite food was banned. This is not the correct provision of health information. The best suggestion must start from approaching each patient and his/her family, and studying his/her food consumption before giving advice, which can be actually followed and particularly suitable for each patient. In this case, if we could approach him well, we would find out where the problem was; nurses could solve the problem by not prohibiting him to have some food but permitting him to have limited food. After giving the relevant suggestions, the patient would select by himself how to

behave. Such behavior will last forever since it comes from the patient's own decision."

"Nurses may ease suggestions and practice by asking each patient and his/her family whether they used to treat like this before. If never, how can we make them understand? For example, a nurse told the same old man that he could have this kind of food about 250 calories. The patient might not know how much a calorie has. We should not define the meaning of calorie, but asking about his daily life, how many meals he had such food per day, how many spoons or cups he had it per meal. After that, the nurse would advise him how much he should reduce such food to gain only 250 calories. This suggestion was offered based on academic principles and it was practical in real situations."

As mentioned above, if patients and family have involved in their self-caring, patients would learn their own problems and accepted them. Problems in nurses' viewpoints might not patients' ones but normal practice for them; thus patients would not agree with nurses' suggestions and follow them eventually. This opinion was consistent with the concept of Paulo Freire (Srinivasan, 1977:5) who believed that no one could teach anyone; no one could learn independently; persons learnt with each other through the inter-relationship in their world, which was called in this concept as "rooting the conscious mind". The presentation of problems and real conditions to make learners realize facts in confronting problems would stimulate learners learn many things. This was consistent with the concept of Jirawan Watanawanichkanon (2546: Internet) about teaching approaches based on problems and facts in the society (Problem-Based Approach and Problem-Based Learning).

3) Teaching skill - Nurses should have competency in producing health knowledge process. This meant that they should have skills in the analysis of behavior and society, setting up targeted groups, assessment including demands of clients prior to health education, applying theories for health education, preparation of health education, planning, selection of health education methodology, project activity arrangements, selection of media and development of instructional media, lecture skills, group process, doing by experience, evaluation of project activities. The teaching skill was another skill found in this study since health education work and health teaching could not separated clearly until there were some arguments about

their definitions and meanings. Teaching has been understood as the narrative teaching and learning or teacher-centered learning. But, this study could widen viewpoints about teaching because it was found that basic competencies as components of teaching skill included the ability of creating health learning process for each patient under the analysis of behavior and society, setting up the targeted group, evaluating and analyzing clients and their needs prior to giving health information, applying health theories to the health education, preparing for the health education work, planning, selecting health education approaches to fit each patient's health problem and difference, achieving skills of activity arrangements, selecting and developing teaching aids, having the narrative skill, arrangements of group process, uses of experience, skill of evaluating that project or activity. This was consistent with the concept of Supreeya Tansakul (2001: 44) and Apiwan Khaewwanrat (2002: 9-17).

Experts' concrete viewpoints could be summarized below:

“Teaching is not only the narration, especially the health teaching in which learners have the limitation of promptness such as illness, concerns, etc. The teaching process must be comprehensive consisting of the analysis of learners, teaching planning whether before or after confronting problems, selection of techniques to transfer the information to learners efficiently. The teaching process may be different even the same disease depending on individuals' teaching skill. After that the teaching will start and end with the evaluation of both short-term and long-term results for learners. In order to enhance this skill, health teaching nurses must have both knowledge about education and medicine.”

“Patients are not students. Thus, student-like teaching mode should not be employed in health teaching, but other techniques and approaches, teaching aids, and learning environment that are suitable for learners.”

“Packed teaching design such as health education programs or project is only one part of teaching process. Thus, learning problems must be considered for each patient.”

“Teaching must concern each patient's learning needs. If the patient desires to learn by himself/herself, his/her acceptance in health information will occur.”

“Teaching location must be arranged properly. The teaching environment must be familiar, safe, or confidential or not. These components are delicate for teaching.”

“Teaching cannot be evaluated by the number of clients, but the teaching quality whether it gives real benefits to patients or not. The evaluation of teaching must be right too since it is able to mirror and improve next teachings for real benefits.”

“Roles of health teachers should be changed to be counsels or facilitators for patients rather than instructors.”

In conclusion, the teaching skill was one to be deeply comprehended by nurses since it was a first instrument leading to medical information, right practices, and patients prior to entering into the process of changing behavior. Therefore, nurses should express their roles rightly so that health teaching played more roles than teaching, following, or narrating. This concept was consistent with the principles of Knowles (Knowles, 1990: 60) stating about learning principles of adults for which self-learning should be promoted and the arrangement of learning process had to be in familiar environment; it should be the creation of experience rather than instruction because experience was the most valuable for adults. Adults desired to instruct themselves; so nurses had to arrange the learning process as desired. However, adults desired to learn what was the essential and satisfactory practice. Adults would adjust to the environment based on them, not to rely on others. Thus, permanent changes of behavior had to come from patients' self-learning. Each adult also had difference, which would be increasing by age. Therefore, teaching to adults had to concern such difference such as moral value, situation, proper location, wording, voice, and speaking manner to support learning environment.

4) Team working skill - Health-teaching nurses should have competency in building up the involvement, team-working, and having good human relationship. Health teaching could not be done individually but it depended on related health personnel in charge of solving patients' problems, thus, the operation of health personnel shall be deemed complete and successful perfectly and permanently. The team working skill, so, was another skill found in this study that was consistent with

the concept of Apiwan Khaewwanrat (2002: 9-17) since the work achievement had to start from human resources.

Experts' concrete viewpoints could be summarized below:

“We always misunderstand that providing health information should be anyone's duty. For example, I used to be the health educator for a hospital. All nurses expected that I was capable of teaching everything and they called me for every health education issue. But, I disagree because health education is the duty of every health performer to solve patients' health problems so that the solutions are successful. For instance, when the nurse provided a health issue to a patient, if the doctor has never mentioned about it, the patient would understand that the doctor prohibited it; as result, the patient would not follow the nurse's advice. Or the health educators may have the theoretical advice only since they have never had real experiences; consequently, their advice did not profit the patients. Thus, both nurses and doctors as well as other health personnel should take part in caring and giving health information for the most perfect health teaching. This work must depend on team working.”

“Coordination between nurses is another supporting factor for health teaching. If each nurse has no clear work allocation, health education work will not be systematic or concrete, and cause problems such as increasing work burden, repeated work, much work but few benefits. There must be clear policy setting and operation plans for health education so that it covers, solve problems relevantly, and give actual benefits to patients. There should be meetings to inform all department personnel of the policies and plans for the same understanding without repeated working roles.”

“To provide health information, there must be the preparation of location, teaching aids, other documents under the cooperation with many officials. Smooth working requires good human relationship. For example, if you need the CAI teaching aids, you need some help from computer media officers, etc.”

Therefore, the operation of health teaching needed the team working while focus on every personnel and good cooperation so that the teaching is complete and not overlapped.

5) Management skill - Health-teaching nurses should have competency in decision-making, solutions for confronting problems, control and supervision of health education. This was consistent with the concept of Boyatzis

(Boyatzis R.E., 1982: 23) that health teaching competencies also required the management skill.

Experts' concrete viewpoints could be summarized below:

“Teaching to each patient at each time is different and various such as diabetes, high blood pressure. Each patient has the different ways of life, behavior, decision for selection, and answering to confronting questions. Giving the information to the patient for his/her decision must be made immediately. Thus, at least 6-month experience in caring patients can make the provision of health information suitable for various situations.”

“In each teaching, we should dot down any problem we find. If the same situation is repeated, we will be able to solve better.”

“Problems relating to work should be solved peacefully and gently under the possible assistance of psychology.”

It could be concluded that the management skill required the experience. Any management problem should be dot down as lessons for future solutions so that the provision of health information was improved gradually.

6) Information management skill - Health-teaching nurses should have competency in using the computer in gathering and analyzing health information, recording and writing, as well as conducting health research to develop health education. This was consistent with the study conducted by Garde, Harrison, and Hovenga (Garde S., Harrison D., and Hovenga E., 2005: 899-907).

Experts' concrete viewpoints could be summarized below:

“Systematic writing can facilitate information searching and recalling before giving any health information or analyzing patients before giving it.”

“The data on patients must be collected first before teaching and evaluation periodically done for further research and improvement.”

The management and information management skills were ones set up as the basis of successful work creation and growth. The work done under good organization and solutions could prevent the loss of time and resources, reduce costs spent to solutions but increase the fund for work development instead. Therefore, the management and information management skills were essential for health teaching nurses.

Competencies in 6 skills described above were essential for health teaching so that it was managed efficiently. The direct competencies towards the work and systematic competencies had to be combined appropriately.

### **2.1.3 Personal Characteristics**

1) Achievement motivation – Nurses should love in the nursing career and health education, have goals and intention to persuade others to change their behavior appropriately; and feel so good when giving health education. The achievement motivation was extremely essential. It was believed that one with the intention in work achievement would have better development than inactive one. In addition, love in career and job could alert one to be careful in working because he/she certainly required the best for his/her beloved job. If any organization contained employees who loved in their jobs more than inactive ones, it could be a partial indicator of work achievement because the intention was the internal stimulus more than or equivalent to the external environment. This was consistent with the concept of Schermerhorn et al (Schermerhorn and other, 1991: 109-112) under a research supporting this issue, that is, the successful health teacher performers should have love in the nursing career and health education, have goals and intention to persuade others to change their behavior appropriately; and feel so good when giving health education. Moreover, the results of the study regarding personal thinking were positive with health teaching work, particularly thinking and attitude for working for jobs and work achievement rather than remuneration. In addition, these persons had to appreciate others' value and potential, and find out the future of work for its development. This was consistent with the guidelines of health education operation done by the Division of Health Education determining the qualifications of professional nurses: loving to operate the health education and health behavior development, desiring to perform beloved jobs, having the expectation to effectively perform the assigned work until it met the organization's goals, feeling enthusiastic to develop the work quality continuously (The Division of Health Education, The Department of Health Service Promotion to the Ministry of Public Health, 2005: 21).

2) Personal specific competencies for health teaching – they had to comprise:

- 2.1 Responsibility
- 2.2 Order and discipline
- 2.3 Aspiring after knowledge and always learning
- 2.4 Self-confidence
- 2.5 Kindness
- 2.6 Creativity
- 2.7 Strong health, mind and spirit
- 2.8 Reliable personality
- 2.9 Good human relationship
- 2.10 Approaching others easily, being affable and friendly
- 2.11 Loving service work
- 2.12 systematic thinking
- 2.13 Being good listener
- 2.14 Being flexible, understanding everything easily
- 2.15 Being patient
- 2.16 Being perceptive
- 2.17 Teacher-being

Those qualifications were all personal competencies supporting the outcome of health teaching. Experts had some sample opinion about the basic competencies as follows:

“Health teaching requires the physical and mental sacrifice. Working to meet the success must be based on hard working, but not concerning about work achievement until patients and their needs are ignored. The irresponsible persons usually complete their work without thinking of others but their own work performance. Thus, the responsibility is the characteristics answering these questions so that the selection of health programs or health teaching planning consist of actual concerns about patients instead of work achievement only. Working in nursing career must mainly rely on morality and ethics. The responsibility of health teaching nurses will lead to the responsible evaluation and analysis of patients.”

“Nurses must have orders and disciplines since this career has been expected by the society. Looking at the good-ordered environment will make us feel

good and appreciate like producing faith and reliability. Thus, orders and disciplines will make our health teaching reliable.”

The characteristics gained by the study was consistent with the opinion of Supreeya Tansakul (2001: 44) and Apiwan Khaewwanrat (2002: 17) that health education or health teaching providers had to achieve good personalities such as physical attraction (not face beauty) such as clothes, cleanness, etc. including the mental beauty such as good speaking, good nature, kindness, etc. It could be concluded that health teaching nurses should be nice, act as good health examples, have creativity, pay attention in recent health information and academic progress, have confidence, feel relaxed, have polite manners, have clear speaking and good relationship with others such as smiling, controlling emotions well, paying attention in everyone fairly, concerning about others' mind, giving appraisal, etc. However, in this study, some new different findings were found out such as order and disciplines, and responsibility since they were not specific characteristics, but they should exist in any jobs. But, pursuant to experts' opinion, they were essential for health teaching nurses and had to be set up clearly; otherwise they might be ignored in personnel recruitment or performance evaluation.

Regarding the teacher-being, this competency was difficulty explained by the behavior mode because the teacher-being covered wide and deep meanings. Pursuant to experts' opinion, the teacher-being had the comprehensive meanings; it conveyed to love and kindness given to learners. By this said meaning, health-teaching providers had to have good and frank desire to provide health knowledge or have no selfishness. This characteristics was consistent with the concept of Somkid Issarawat (2000: 235-237) that achieving characteristics of good teachers or the characteristics of being instructors required by learners would encourage learners to ask for the consultation, advice, and willpower to fight against problems. Those characteristics included kindness, forgiveness, giving opportunities, cold-mind, reasonability, sacrifice, patience, frankness, love, and good wishes, which all were expected by patients on nurses.

3) Self-concept – Nurses should have positive thinking and attitude towards health teaching, work for achievement rather than remuneration,

realize others' value and potential, and have dreams to promote good health for all clients.

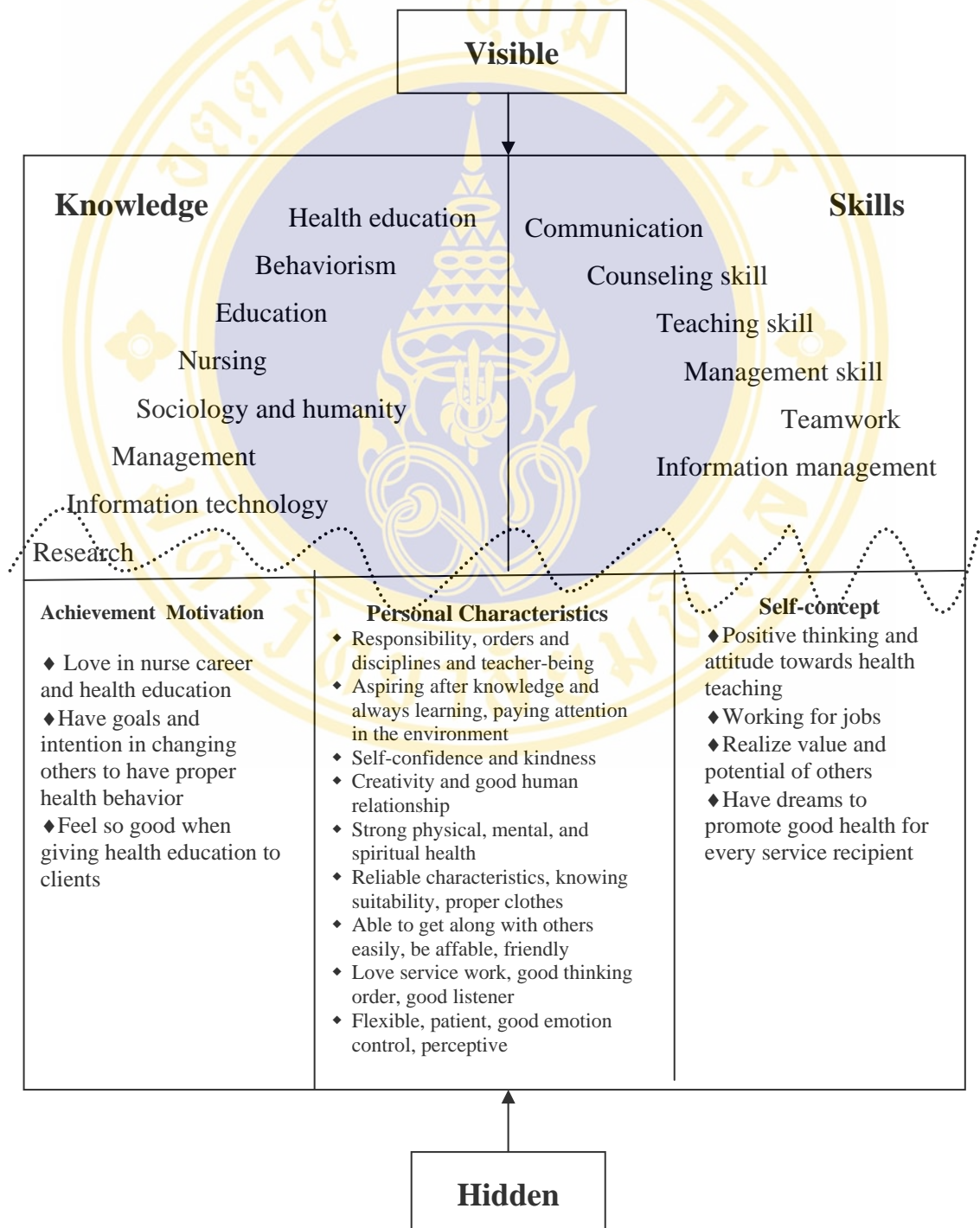
The basic competencies in connection with personal characteristics could not be seen by just looking, according to the concept of Spencer and Spencer (Spencer and Spencer, 1993: 9-10), and evaluated or decided difficultly.

Competencies for successful health-teaching personnel should be in compliance with the study results.

Results of analyzing problems and solutions of health teaching by nurses were analyzed for setting up the competency base as mentioned above.

In conclusion, the determined competency base was consistent with the study conducted by Marlyn et al. (Marlyn and other, 1998: 3-19) mentioning roles of health teaching (A Professional Model to Guide Health Teaching in Nursing Practice). But, studied roles were partially different. For example, regarding laws and rights of care, in foreign countries, health service system was the health guarantee system in which remedies and care had to be examined before payments while populations there had quite good knowledge about laws; thus health teaching nurses needed to know laws and rights of care since they might be sued or claimed for many damage costs if nursing service did not comply with patients' rights. This was different from Thailand where the public health service system and health guarantee system have been used recently. It was found out from this research that the competency base regarding patients' rights was at Level 4 (Median = 4) and the consistency equaled to 1. In respect with laws, they have not yet been set up as the necessary competency. However, this issue was an interesting one because, according to present news, there have been increasing claims between medical personnel and patients; it was likely to be changing from old situations when general people gave trust and faith to medical personnel like ones we had to feel gratitude. But, at present, medical personnel are seen like the medical business. In addition, due to higher technology, general people have more knowledge and they desire better quality of life until they have higher expectation for present and future medical system and public health. Thus, producing the quality for health teaching services was another duty helping the reduction of these problems so that patients received enough information prior to their right decision-making to have the least disadvantages for both patients and nursing personnel.

The results of the study were set up as the health teaching competency base on nurses in accordance with the concept of Spencer and Spencer (Spencer and Spencer, 1993: 9-10) about 2 groups of competencies: visible group such as knowledge and skills that would be developed easily, and hidden group such as motivation and in-dept habits that resulted to personal characteristics and were difficult to be reached and developed as illustrated in Chart 8.



Health teaching competency base on nurses was set up in 3 parts. For parts of knowledge and skills, they could be developed easily by ways of continual training or studying. In part of personal characteristics, they could be used in determining the personal characteristics for job recruitment or work performance evaluation for personnel's self-development. Now, many variable activities for personnel development are developed apart from training, which has been used as a personnel development tool so long, such as knowledge management, CoP (Community of Practice), KPI (Key Performance Indicator), JD (Job Description), or even Competency. These are good events for new-age management who realize the importance of human development more under a new belief that the successful organization mainly depends on efficient personnel (Pasu Dajarin, 2003). Nevertheless, the selection of personnel development tools must fit to those personnel, be clear, not be overlapped, can be developed relevant to working objectives. Setting up the competency is one hot tool. Organizations have tried to learn and develop competencies for their management and personnel development since it can be used for personnel development concretely, used easily, suitable for surveys for training, used to find out employees suitable for jobs, used as the stimulus for personnel's self-development, and used in the evaluation of work performance for work promotion and salary adjustment (Veeravuj Makasiranon and Vuttipong Yosthasurodom, 2004: 48-65). Setting up the competencies should be reliable and done correctly by steps. In this study, competencies were set up by the Delphi's technique by selecting the key role of nurses: health teaching. The results of the study collected all necessary competency base on nurses given for all 3 rounds by 18 experts. Most of these experts were nurses or used to study nursing practice. Therefore, many competencies were found since they were the nature covering all tendencies to be increasing in the future, and they transferred all experience of each expert to be more concrete, which could not be found in any textbook. This knowledge might be called the tacit knowledge; each expert had to work many ten years with intention to gain this knowledge; for example, the competency base in respect with the biomarker, it has never been utilized or used in health teaching concretely to enhance patient's better understanding. Therefore, setting up the competency base in this study is a good start leading to the

improvement of efficient instruments for the development of nursing personnel for further uses in health teaching.



## CHAPTER VI

### CONCLUSION AND RECOMMENDATIONS

The objective of this research was to determine health teaching competency bases for nurses for development of nursing personnel. Determination of health teaching competency bases for nurses was determination of functional competency by using Delphi technique and implementation steps according were collection of data from experts who gave advice about health teaching experiences. The author collected data for 3 rounds by interviewing in the first round and using the questionnaires in the second and the third round.

#### **Conclusion of research findings**

##### **Selection of expert groups**

Selection of expert groups, the author determined 3 groups of expert as follows: Group 1 consisted of nurses/ nurses' teachers. Group 2 consisted of experts on education/health education. Group 3 consisted of experts in related field. Every expert must have experiences in health education job and work in Bangkok Metropolitan and the nearby provinces. There were 18 experts but 17 experts gave feedback.

There were 3 expert groups as follows:

##### Group 1.

1. 2 experts from Nursing Department, Siriraj Hospital
2. 2 experts from Faculty of Nursing, Mahidol University
3. 1 expert from Faculty of Nursing, Thammasart University
4. 1 expert from Faculty of Nursing, Siam University

##### Group 2.

1. 1 educator from Faculty of Education, Silpakorn University
2. 1 educator from Faculty of Education, Kasetsart University
3. 1 educator from Faculty of Physical Education (Health Education Department), Srinakharinharawiroj University
4. 1 educator from Sport Science Office (Faculty of Teaching Science),

Chulalongkorn University

5. 1 educator from Faculty of Education, Ramkhamhaeng University
6. 1 educator from Mettapracharuk Hospital

Group 3.

1. 1 expert from Faculty of Public Health, Mahidol University
2. 1 expert from Baan Phaew Hospital (Public Organization)
3. 1 expert from Siriraj Medical Faculty, Mahidol University
4. 1 expert from Air Force Medical Department
5. 1 expert from Air Force Nursing College
6. 1 expert from Faculty of Social Sciences and Humanities

### **Instructional construction**

Research tools consisted of structural interview and 5-level rating scale questionnaire. The author collected data by interviewing in the first round and using the questionnaires in the second and the third round.

### **Research results**

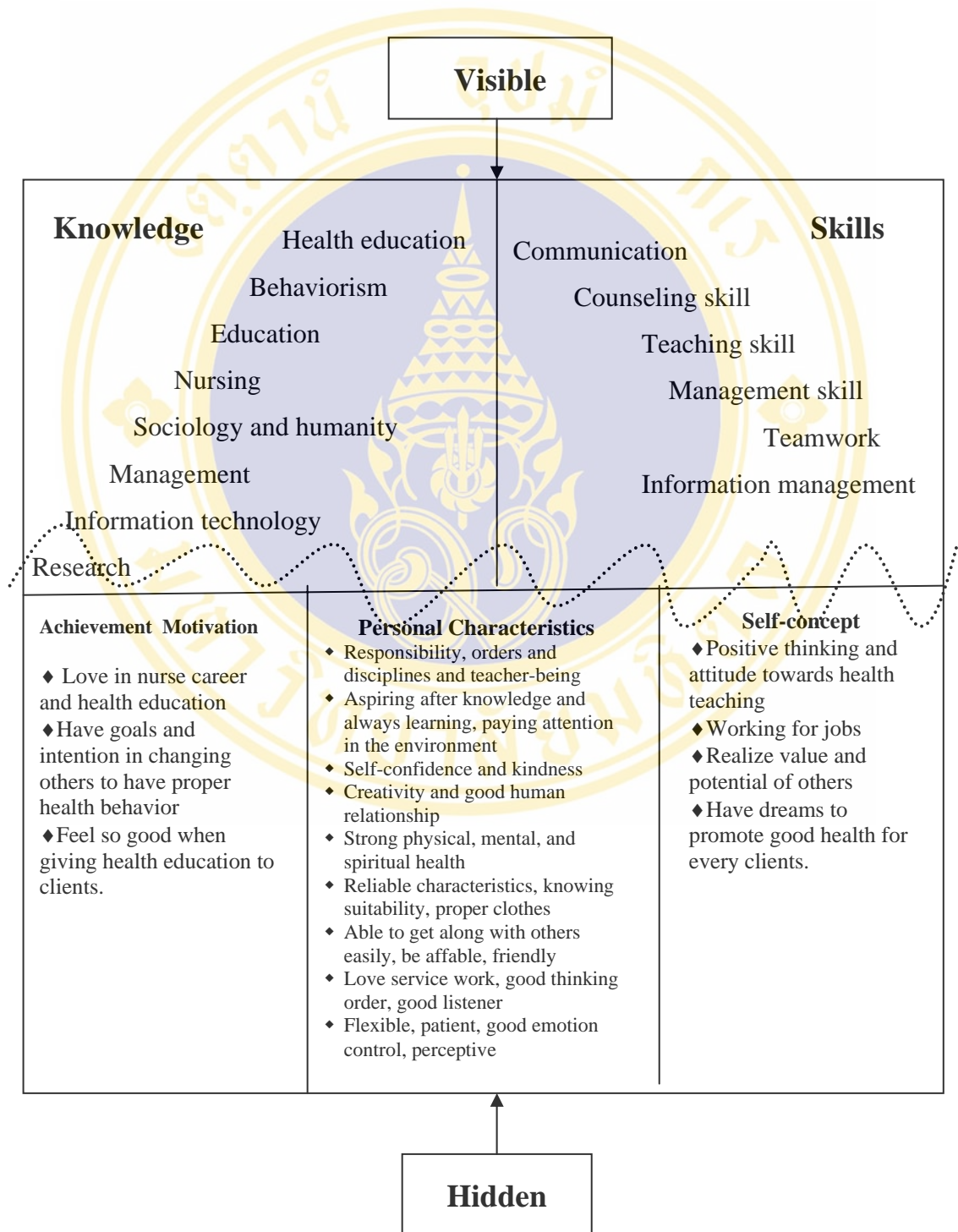
After the author analyzed data on competency for 3 rounds until expert groups had consistent opinion, all competencies are necessary for the health teaching duty in the level of 4 and 5 (considerably necessary and most considerably necessary). Only trait, experts thought that trait is necessary but is not specific. Therefore, the author selected the competencies with Median 5 (most considerably necessary) and I.R. = 0 (experts' opinion was most considerably consistent). The author classified similar behavior characteristics in the same competency. Thus, research results can determine health teaching competency bases for nurses as competency model. There is basic competency in knowledge of 8 disciplines consisting of 36 subjects, 6 skills consisting of 40 subjects, and 3 personal characteristics consisting of achievement motivation (3 behaviors), trait (17 behaviors), and self-concept (5 behaviors) as follows:

Knowledge. Nurses should have knowledge of 8 disciplines

Skills. Nurses should have 6 skills.

Personal characteristics. Nurses should have 3 main characteristics such as motivation (3 messages), traits 17 behaviors(25 messages), and self-concept (5 messages).

**Determination of health teaching competency bases for nurses**



**Health teaching problems and problem-solving guidelines.**

Health teaching problems.

1. Personnel
2. Job system/policy/organization/chief
3. Client / patients and family

Health teaching problem- solving guidelines.

1. Job system/working concept/education curriculum.
2. Development of nursing personnel
3. Learning arrangement process

**Recommendations**

This study found that competency can be used in teaching health. Nursing executives can use competency in human resource management job for personnel development. Competency is a tool which is an alternative of developing personnel for creating potential of nurses' roles or promoting a position which systematically supervises health education job. Competency makes health education job more considerably recruit personnel who have specific competency and can solve the problem of teaching health role which is considered as speaking, teaching, or narrating only. So, the author would like to present 2 recommendations as follows:

**1. Policy Suggestions**

1.1 This study can be used to evaluate the potential of nursing personnel performing the health work, and to be another alternative to assess nurses' potential and seek their strength and weakness. Such evaluation results can be further used to find out right and appropriate directions of developing nursing personnel.

1.2 This study can be used to develop training courses that are appropriate for the development of direct health personnel or nursing personnel. The proper training courses can be developed as a result of this study because the study results have already gathered necessary basic competencies, which are suitable for further application.

1.3 For health work in hospitals, there should be experts with health knowledge to handle and supervise this aspect of work systematically so that the health work can be developed relevantly and does not give any impact to nursing services, which, currently, cannot be separated from the work relating to health knowledge offering. Nurses who have never been trained for the arrangement of learning process to be suitable for each knowledge/problem issue were usually unable to apply health technique and approaches. Therefore, this study can be a guideline of human resource management to recruit and select some personnel for the work requiring health-teaching skills, both in the health-management level and operational level. This study can be also a guideline of evaluating health work performance for work promotion or adjustment of salary ranges.

1.4 The author has gathered, from the first data collection, results of problem analysis including solutions of providing health knowledge for nurses that can also be the information for health management.

## **2. Recommendations for Further Studies**

2.1 The author defined the health-teaching competency bases on duties as determined by the group of experts and unanimously agreed. Therefore, the study results are only competency forms based on viewpoints, which have not yet been experienced with actual practitioners or nurses; hence, further studies should be conducted by taking the competency forms and basic health-teaching competencies based on nurses gained by this study to the real practices with the sample group who are actual practitioners in order to consider in what extent it can be possible or this determined competency is relevant to the expectation or not, and in which level this competency exists in the real practice. The study should be conducted in each agency since each stands in different situations. For example, government hospitals are certainly different from private ones or those under the Ministry of Defence due to different organization nature and culture, where different competency forms shall be applied.

2.2 The selection of expert groups is the most important method of this study because, apart from being expertise in that particular work, they must be willing to do as well. Therefore, the selection of experts must be carefully studied

since the more they are recognized, the more they have responsible tasks; as a result, responding to the questionnaire each time must take much time, which may take effect to the study.

2.3 This study consumes much time and many costs; so the study should be funded. In addition, the data collection must be planned and carried out carefully.



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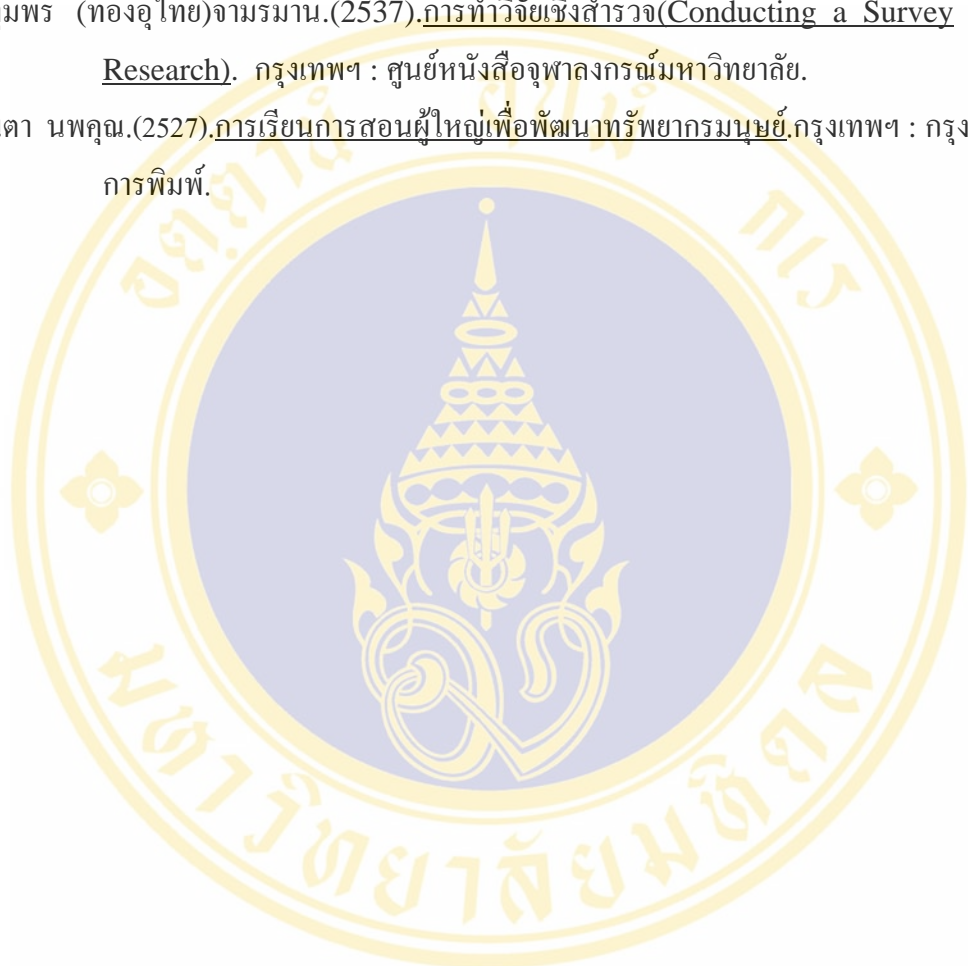
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ระยะเวลาการปฏิบัติงาน 20 ปี

### ประสบการณ์การทำงาน

อาจารย์โรงเรียนสาธิตจุฬาลงกรณ์มหาวิทยาลัย ฝ่ายมัธยม

พัฒนาระบบสุขศึกษาในโรงพยาบาล ของกองโรงพยาบาลส่วนภูมิภาค

พัฒนาเทคโนโลยีให้คำปรึกษาโรคเอดส์

พัฒนาโรงพยาบาลส่งเสริมสุขภาพและโรงพยาบาลคุณภาพ (HA)

กรรมการรับรองคุณภาพโรงพยาบาล (พรพ)

ผู้เชี่ยวชาญด้านการเปลี่ยนแปลงพฤติกรรมขององค์กรต่างประเทศคือ Gtz USAID

PATH และ CDC

### ประสบการณ์การเป็นวิทยากร

ด้านการเปลี่ยนพฤติกรรมผู้รับบริการ

ด้านการพัฒนาคุณภาพ TQM HA HPH

ด้านภาวะผู้นำและการเสริมพลังสำหรับพยาบาลและผู้รับบริการ

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ปริญญาโท คณะบริหารธุรกิจ สาขาการจัดการ

ตำแหน่ง นักสุขศึกษา

**ตำแหน่งอื่นๆ** คณะกรรมการสุศึกษาและประชาสัมพันธ์จังหวัดสมุทรสาคร

**ระยะเวลาการปฏิบัติงาน** 4 ปี

**ประสบการณ์การทำงาน**

การให้สุศึกษาในโรงพยาบาล ชุมชน โรงเรียน  
การจัด โครงการเพื่อการปรับเปลี่ยนพฤติกรรมสุขภาพของประชาชน เช่นการให้ความรู้  
เรื่องโรคเบาหวานแก่ผู้ป่วยเบาหวานทั้งรายกลุ่มและรายบุคคล  
การนิเทศมาตรฐานงานสุศึกษาของจังหวัดสมุทรสาคร  
เป็นทีมนักวิจัยด้านพฤติกรรมของจังหวัด  
ประสบการณ์การเป็นวิทยากร  
เรื่องความปลอดภัยในการทำงานให้กับสถานประกอบการ  
เรื่องยาเสพติด  
โรคไข้เลือดออก,เบาหวาน,ความดันโลหิตสูง ฯลฯ ทั้งโรงพยาบาล โรงเรียน และชุมชน

**3. ผศ.พญ. สุวณิศย์ ชีระศักดิ์วิเชียร**

**สถานที่ทำงาน** ภาควิชาสูติศาสตร์-นรีเวชวิทยา คณะแพทยศาสตร์ศิริราชพยาบาล  
มหาวิทยาลัยมหิดล

**การศึกษา**

ปริญญาตรี แพทยศาสตรบัณฑิต

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ปริญญาเอก Doctor of Medicine (PR.MED), Ulm university(Germany)

**ตำแหน่ง** ผู้ช่วยศาสตราจารย์

**ตำแหน่งอื่นๆ** กรรมการวิชาการสมาคมนรีเวช

**ระยะเวลาการปฏิบัติงาน** 11 ปี

**ประสบการณ์การทำงาน**

อาจารย์แพทย์

กรรมการพัฒนาคุณภาพโรงพยาบาลศิริราช

อดีตกรรมการการศึกษาต่อเนื่อง

กรรมการคณะทำงาน Core Management and Discharge Planning

**ประสบการณ์การเป็นวิทยากร**

เป็นวิทยากรในการประชุมประจำปีของราชวิทยาลัยสูติ-นรีแพทย์แห่งประเทศไทย

เป็นวิทยากรในการประชุมประจำปีของสมาคมมะเร็งนรีเวชไทย

เรื่อง Health Promotion

**4. น.ท.โท หลุยงใจไลสิริ รัตนวรงค์**

สถานที่ทำงาน กองเวชศาสตร์ป้องกัน กรมการแพทย์ทหารอากาศ

การศึกษา

ปริญญาตรี วิทยาลัยพยาบาลทหารอากาศ

ตำแหน่ง นายทหารเวชศาสตร์ป้องกัน กองเวชศาสตร์ป้องกัน

ตำแหน่งอื่นๆ ที่ปรึกษางานบริการ โรงพยาบาลส่งเสริมสุขภาพ กองทัพอากาศ

ระยะเวลาการปฏิบัติงาน 44 ปี

**ประสบการณ์การทำงาน**

เป็นหัวหน้าอาคารกุมารเวชกรรม

เป็นผู้ให้คำปรึกษาปัญหาครอบครัวและเอดส์

เป็นอาจารย์พิเศษและวิทยากรทักษะการให้คำปรึกษา

เป็นหัวหน้าพยาบาลเวชศาสตร์ป้องกัน

เป็นผู้นิเทศงานสุขศึกษาในโรงพยาบาล

**ประสบการณ์การเป็นวิทยากร**

เป็นอาจารย์พิเศษ ทักษะการให้คำปรึกษาวิทยาลัยพยาบาลทหารอากาศ และนักศึกษาแพทย์โครงการแพทย์แนวใหม่

วิทยากรการให้คำปรึกษา

วิทยากรประสบการณ์ในเรื่องการให้คำปรึกษา

**5.น.ต.หญิง สุรณีย์ คุณพรหม**

สถานที่ทำงาน วิทยาลัยทหารอากาศ, โรงเรียนกวดวิชาสุพิการและการบริหาร

การศึกษา

ปริญญาตรี พยาบาลศาสตรบัณฑิต

ปริญญาโท วิทยาศาสตร์บัณฑิต สาขาสุขศึกษาและพฤติกรรมศาสตร์

มหาวิทยาลัยมหิดล

**ตำแหน่ง** อาจารย์/ผู้รับใบอนุญาตและครูใหญ่

**ระยะเวลาการปฏิบัติงาน** 15 ปี

**ประสบการณ์การทำงาน**

พยาบาลประจำหอผู้ป่วย

หัวหน้าหอผู้ป่วย

นักวิชาการสุศึกษา

อาจารย์วิทยาลัยพยาบาลทหารอากาศ

**ประสบการณ์การเป็นวิทยากร**

วิทยากรการดำเนินงานสุศึกษาในโรงพยาบาล

การให้คำปรึกษาผู้ติดเชื้อ H.I.V.

การส่งเสริมสุขภาพ สุศึกษาเชิงรุก

การพัฒนา H.A.(Hospital Accreditation)

**6.รศ.ดร.มัลลิกา มัติโก**

**สถานที่ทำงาน** ภาควิชาสังคมศาสตร์ คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล  
**การศึกษา**

ปริญญาตรี วิทยาศาสตร์บัณฑิต(พยาบาลสาธารณสุข)

ปริญญาโท สังคมศาสตรมหาบัณฑิต(สังคมศาสตร์การแพทย์และการสาธารณสุข)

ปริญญาเอก สังคมศาสตรดุษฎีบัณฑิต(สังคมศาสตร์การแพทย์และการสาธารณสุข)

**ตำแหน่ง** รองศาสตราจารย์

**ตำแหน่งอื่นๆ** กรรมการบริหารหลักสูตรปรัชญาดุษฎีบัณฑิต

**ระยะเวลาการปฏิบัติงาน** 25 ปี

**ประสบการณ์การทำงาน**

อาจารย์วิชาสังคมวิทยาสุขภาพ ระดับปริญญาโท, สังคมศาสตรบูรณาการ ระดับ

ปริญญาตรี และสังคมวิทยาการเจ็บป่วยเรื้อรัง ระดับปริญญาโทและปริญญาเอก

งานวิจัย เรื่อง สถานภาพและบทบาทผู้สูงอายุในภาคเหนือ, ศักยภาพประชาคมในการจัดการปัญหาความรุนแรงต่อผู้หญิงและเด็ก ฯลฯ

**7.อาจารย์อรอุมา แก้วเกิด**

**สถานที่ทำงาน** ภาควิชาการพยาบาลสาธารณสุขศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล  
**การศึกษา**

ปริญญาตรี ประกาศนียบัตรพยาบาลศาสตร์ วิทยาลัยพยาบาลบรมราชชนนีสรรพสิทธิ  
ประสงค์ อุบลราชธานี

ปริญญาโท พยาบาลศาสตรมหาบัณฑิต (การพยาบาลอนามัยชุมชน) มหาวิทยาลัยมหิดล  
**ตำแหน่ง** อาจารย์

**ตำแหน่งอื่นๆ** อาจารย์พิเศษ มหาวิทยาลัยสุโขทัยธรรมมาราช ปี 2545, 2547

**ระยะเวลาการปฏิบัติงาน** 3 ปี

**ประสบการณ์การทำงาน**

พยาบาลวิชาชีพ

อาจารย์พิเศษ เรื่อง การพยาบาลอนามัยชุมชนและการรักษาขั้นต้น

อาจารย์ภาควิชาการพยาบาลสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล

**ประสบการณ์การเป็นวิทยากร**

เรื่อง Home Health Care

**8. ผศ.เบญจพร สุขประเสริฐ**

**สถานที่ทำงาน** ภาควิชาการพยาบาลสาธารณสุขศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล  
**การศึกษา**

ปริญญาตรี พยาบาลศาสตรบัณฑิต มหาวิทยาลัยมหิดล

ปริญญาโท วิทยาศาสตร์มหาบัณฑิต(อาหารและโภชนาการเพื่อการพัฒนา)

**ตำแหน่ง** ผู้ช่วยศาสตราจารย์

**ระยะเวลาการปฏิบัติงาน** 9 ปี

**ประสบการณ์การทำงาน**

พยาบาลวิชาชีพ

อาจารย์พยาบาล

### 9.นางสาวสุรีย์ ลีมงคล

สถานที่ทำงาน หน่วยส่งเสริมสุขภาพปฐมภูมิ โรงพยาบาลศิริราช

การศึกษา

ปริญญาตรี วิทยาศาสตร์บัณฑิต (พยาบาลและผดุงครรภ์) มหาวิทยาลัยมหิดล,  
สาธารณสุขศาสตรบัณฑิต (บริหารสาธารณสุข) มหาวิทยาลัยสุโขทัยธรรมมาธิราช

ปริญญาโท พยาบาลศาสตรมหาบัณฑิต(การบริหารการพยาบาล)

ตำแหน่ง หัวหน้าหน่วย

ระยะเวลาการปฏิบัติงาน 20 ปี

ประสบการณ์การทำงาน

พยาบาลประจำการงานการพยาบาลผู้ป่วยพิเศษ

พยาบาลประจำการหน่วยไตเทียม

พยาบาลประจำการหน่วยบริการสุขภาพปฐมภูมิโรงพยาบาลศิริราช

หัวหน้าหน่วยส่งเสริมสุขภาพปฐมภูมิ โรงพยาบาลศิริราช

ประสบการณ์การเป็นวิทยากร

แนวทางการให้ความรู้ผู้ป่วยที่ได้รับการฟอกเลือดด้วยเครื่องไตเทียม

การเพิ่มขีดความสามารถของผู้ดูแลในการดูแลผู้ป่วยที่บ้าน

การดูแลต่อเนื่อง : จากโรงพยาบาลสู่บ้าน

การพัฒนารูปแบบการดูแลสุขภาพที่บ้าน

### 10.นางสุธิดา นีรพินน์

สถานที่ทำงาน หน่วยพยาบาลด้านป้องกันโรคและส่งเสริมสุขภาพ งานการพยาบาลผู้ป่วยนอก

โรงพยาบาลศิริราช

การศึกษา

ปริญญาตรี วิทยาศาสตร์บัณฑิต (พยาบาล) คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล

ปริญญาโท การศึกษามหาบัณฑิต(สุขศึกษา) คณะพลศึกษา มหาวิทยาลัยศรีนครินทรวิ-

โรฒ

ตำแหน่ง หัวหน้าหน่วย

ตำแหน่งอื่นๆ ประธานอนุกรรมการสุขศึกษา งานการพยาบาลตรวจรักษาผู้ป่วยนอก

ระยะเวลาการปฏิบัติงาน 31 ปี

**ประสบการณ์การทำงาน**

พยาบาลประจำการตีกัลยกรรมเด็ก 2 ปี  
พยาบาลด้านป้องกันโรคเล็งเสริมสุขภาพ 31 ปี  
หัวหน้าหน่วย 9 ปี

**ประสบการณ์การเป็นวิทยากร**

การให้สุศึกษาในโรงพยาบาล  
การประเมินงานด้านสุศึกษาของโรงพยาบาล

**11.ดร.สุศิริ ประสมสุข**

สถานที่ทำงาน คณะพยาบาลศาสตร์ มหาวิทยาลัยสยาม

**การศึกษา**

ปริญญาตรี วิทยาศาสตร์บัณฑิต(สุศึกษา)และ พยาบาลศาสตรบัณฑิต  
มหาวิทยาลัยมหิดล

ปริญญาโท วิทยาศาสตรมหาบัณฑิต(การพัฒนาสุขภาพ) จุฬาลงกรณ์มหาวิทยาลัย  
ปริญญาเอก ปรัชญาคุษฎีบัณฑิต(สาธารณสุขศาสตร์) มหาวิทยาลัยขอนแก่น

ตำแหน่ง อาจารย์

ตำแหน่งอื่นๆ อาจารย์หลักสูตรปริญญาโท

ระยะเวลาการปฏิบัติงาน 23 ปี

**ประสบการณ์การทำงาน**

พยาบาลประจำห้องฉุกเฉิน 5 ปี  
พยาบาลประจำศูนย์อพยพชายแดนไทย-พม่า 5 ปี  
อาจารย์ประจำคณะพยาบาลศาสตร์ มหาวิทยาลัยอัสสัมชัญ (ABAC) 3 ปี  
อาจารย์ประจำคณะพยาบาลศาสตร์ มหาวิทยาลัยสยาม

**ประสบการณ์การเป็นวิทยากร**

Health Promotion Model for Enhancing QOL Among with Thalassemia Children

**12.ผศ.ดร.ธีรนุช ห่านิรัถิตชัย**

**สถานที่ทำงาน** คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์

**การศึกษา**

ปริญญาตรี วิทยาศาสตร์บัณฑิต (พยาบาลและผดุงครรภ์) มหาวิทยาลัยมหิดล

ปริญญาโท วิทยาศาสตรมหาบัณฑิต(การพยาบาลอายุรศาสตร์และศัลยศาสตร์)

มหาวิทยาลัยเชียงใหม่

ปริญญาเอก Ph.D.(Nursing) University of Missouri Columbia

**ตำแหน่ง** ผู้ช่วยศาสตราจารย์

**ระยะเวลาการปฏิบัติงาน** 20 ปี

**ประสบการณ์การทำงาน**

พยาบาลประจำการโรงพยาบาลศิริราช

อาจารย์ประจำคณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์

อาจารย์ประจำคณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์

รองกรรมการศูนย์การส่งเสริมสุขภาพผู้สูงอายุ คณะพยาบาลศาสตร์

มหาวิทยาลัยสงขลานครินทร์

กรรมการศูนย์ส่งเสริมสุขภาพ คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์

**ประสบการณ์การเป็นวิทยากร**

กระบวนการพยาบาลและการนำไปใช้

การส่งเสริมสุขภาพในผู้สูงอายุ

การออกกำลังกายในผู้สูงอายุ

**13.ดร.ชิดชงค์ นันทนานนตร**

**สถานที่ทำงาน** ภาควิชาการศึกษาภายนอกโรงเรียน คณะศึกษาศาสตร์ มหาวิทยาลัยศิลปากร

**การศึกษา**

ปริญญาตรี การศึกษามหาบัณฑิต (การสอนฟิสิกส์)

ปริญญาโท M.A.(Adult and Continuing Education)

ปริญญาเอก Ed.D (Adult and Continuing Education)

**ตำแหน่ง** หัวหน้าภาควิชาการศึกษาภายนอกโรงเรียน

**ระยะเวลาการปฏิบัติงาน** > 25 ปี

**ประสบการณ์การทำงาน**

อาจารย์สาขาการศึกษาผู้ใหญ่ การศึกษาตลอดชีวิต

ผู้บริหารตำแหน่ง รองคณบดี หัวหน้าภาควิชา

**ประสบการณ์การเป็นวิทยากร**

อาจารย์พิเศษและวิทยากรให้แก่มหาวิทยาลัยมหามกุฏวิทยาลัย วิทยาเขตสิรินธร  
จังหวัดนครปฐม

**14.อาจารย์ ดร.กมลมาลย์ วรรณเศรฐสิน**

สถานที่ทำงาน ภาควิชาพลศึกษา คณะพลศึกษา มหาวิทยาลัยศรีนครินทรวิโรฒ ประสานมิตร  
การศึกษา

ปริญญาตรี พยาบาลศาสตรบัณฑิต

ปริญญาโท วิทยาศาสตร์มหาบัณฑิต(สุขศึกษา) คณะสาธารณสุขศาสตร์  
มหาวิทยาลัยมหิดล

ปริญญาเอก สาธารณสุขศาสตรดุษฎีบัณฑิต(สุขศึกษา) คณะสาธารณสุขศาสตร์  
มหาวิทยาลัยมหิดล

ตำแหน่ง อาจารย์

ระยะเวลาการปฏิบัติงาน 5 ปี

**ประสบการณ์การทำงาน**

พยาบาลวิชาชีพ โรงพยาบาลจุฬาลงกรณ์ สภากาชาดไทย

อาจารย์พยาบาล วิทยาลัยพยาบาลเซนต์หลุยส์

ปฏิบัติงานที่โรงพยาบาลเลิศจีน กระทรวงสาธารณสุข

อาจารย์วิทยาลัยพยาบาลสภากาชาดไทย

อาจารย์ภาควิชาพลศึกษา(สุขศึกษา) มหาวิทยาลัยศรีนครินทรวิโรฒ ประสานมิตร

**ประสบการณ์การเป็นวิทยากร**

อาจารย์พิเศษ คณะเทคนิคการแพทย์ มหาวิทยาลัยธรรมศาสตร์

**15. ดร.วิราสิทธิ์ วสีวีรสิทธิ์**

**สถานที่ทำงาน** โรงพยาบาลเมตตาประชารักษ์(วัดไร่จิง)

**การศึกษา**

ปริญญาตรี ศึกษาศาสตรบัณฑิต (วิชาเอกสุขศึกษา วิชาโทจิตวิทยา)

ปริญญาโท การศึกษามหาบัณฑิต(เอกสุขศึกษา)

ปริญญาเอก ศึกษาศาสตรดุษฎีบัณฑิต(เอกการบริหารการศึกษา)

**ตำแหน่ง** นักวิชาการสาธารณสุข 7ว.

**ตำแหน่งอื่นๆ** วิทยากรระดับอำเภอ, อาจารย์พิเศษมหาวิทยาลัยราชภัฏสวนสุนันทา, กรรมการวิชาการ

**ระยะเวลาการปฏิบัติงาน** 30 ปี

**ประสบการณ์การทำงาน**

พยาบาลและผดุงครรภ์ โรงพยาบาลราชบุรี

หัวหน้าฝ่ายสุขศึกษา โรงพยาบาลสมเด็จพระสังฆราช องค์ที่ 17

หัวหน้ากลุ่มงานวิชาการด้านจักษุวิทยา โรงพยาบาลเมตตาประชารักษ์(วัดไร่จิง)

**ประสบการณ์การเป็นวิทยากร**

เป็นวิทยากรด้านสุขภาพให้กับบริษัทเอกชน

วิทยากรรับเชิญสถาบันผู้บริหารการศึกษา

วิทยากรรับเชิญสถาบันผู้สูงอายุ

วิทยากรพิเศษ

นักจัดรายการวิทยุรายการวาไรตี้ทีวีปัญญา ช่วงสุขภาพน่ารู้

**16.ดร.ชาติชาย อิศรัมย์**

**สถานที่ทำงาน** คณะศึกษาศาสตร์ มหาวิทยาลัยรามคำแหง

**การศึกษา**

ปริญญาตรี การศึกษามหาบัณฑิต มหาวิทยาลัยศรีนครินทรวิโรฒ ประสานมิตร

ปริญญาโท M.S. Emporis State University, U.S.A.

ปริญญาเอก Ph.D. University of North Texas, U.S.A.

**ตำแหน่ง** รองศาสตราจารย์

**ตำแหน่งอื่นๆ** อุปนายกสมาคมซอฟต์แวร์บอลสมัครเล่นแห่งประเทศไทย

**ระยะเวลาการปฏิบัติงาน** 34 ปี

**ประสบการณ์การทำงาน**

อาจารย์ประจำมหาวิทยาลัยรามคำแหง  
 อดีตกรรมการสภามหาวิทยาลัยรามคำแหงผู้ทรงคุณวุฒิ  
 อดีตเลขาธิการสภาอาจารย์  
 อดีตรองคณบดีฝ่ายกิจการนักศึกษา มหาวิทยาลัยรามคำแหง  
 อดีตประธานพัฒนาหลักสูตรบัณฑิตศึกษา สาขาพลศึกษา

**ประสบการณ์การเป็นวิทยากร**

ด้านการบริหารการศึกษาและอุดมศึกษา การพลศึกษา การกีฬาและการพัฒนาคุณภาพ  
 ชีวิต

**17. ผศ.ดร.สุจิตรา สุนทรทรัพย์**

สถานที่ทำงาน สำนักวิทยาศาสตร์การกีฬา จุฬาลงกรณ์มหาวิทยาลัย  
 การศึกษา

ปริญญาตรี ครุศาสตรบัณฑิต(สุขศึกษา) เกียรตินิยมอันดับหนึ่ง  
 ปริญญาโท ครุศาสตรมหาบัณฑิต(โสตทัศนศึกษาและสุขศึกษา)  
 ปริญญาเอก ครุศาสตรดุษฎีบัณฑิต (ทัศนศึกษา)

ตำแหน่ง ผู้ช่วยศาสตราจารย์

ตำแหน่งอื่นๆ รองคณบดีฝ่ายวางแผนและพัฒนา

ระยะเวลาการปฏิบัติงาน 25 ปี

**ประสบการณ์การทำงาน**

อาจารย์วิชาสุขศึกษา โรงเรียนสาธิตแห่งจุฬาลงกรณ์มหาวิทยาลัย  
 เจ้าหน้าที่ฝึกอบรม กองส่งเสริมสุขภาพ กรมพลศึกษา  
 ศึกษานิเทศก์ (สุขศึกษา) ศึกษานิเทศก์ กรมพลศึกษา  
 อาจารย์ประจำภาควิชาพลศึกษา คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย  
 อาจารย์ประจำสำนักวิชาวิทยาศาสตร์การกีฬา จุฬาลงกรณ์มหาวิทยาลัย

**ประสบการณ์การเป็นวิทยากร**

การใช้สื่อในการให้สุขศึกษา  
 วิธีการให้สุขศึกษาในสถานพยาบาล  
 การผลิตสื่อในการเรียนการสอนสุขศึกษา  
 วิธีการสอนสุขศึกษา

**18.ดร.ชนวรรณ อิมสมบูรณ์**

**สถานที่ทำงาน** คณะศึกษาศาสตร์ มหาวิทยาลัยเกษตรศาสตร์

**การศึกษา**

ปริญญาตรี วิทยาศาสตร์บัณฑิต(สุขศึกษา) วิทยาลัยแพทยศาสตร์

ปริญญาโท M.P.H. (Social Medicine)The Hebrew University of Jerusalem, Israel

ปริญญาเอก Doctor of Public Health. The University of Texas , U.S.A.

**ตำแหน่ง** ผู้เชี่ยวชาญด้านสาธารณสุขและสุขศึกษา

**ระยะเวลาการปฏิบัติงาน** 38 ปี

**ประสบการณ์การทำงาน**

นักวิชาการกระทรวงสาธารณสุข

อาจารย์ประจำมหาวิทยาลัยได้แก่ มหาวิทยาลัยศรีนครินทรวิโรฒ,

มหาวิทยาลัยเกษตรศาสตร์

อาจารย์พิเศษมหาวิทยาลัยราชภัฏอุบลราชธานี, มหาวิทยาลัยมหิดล, จุฬาลงกรณ์

มหาวิทยาลัย



## บันทึกข้อความ

ส่วนราชการ คณะสังคมศาสตร์และมนุษยศาสตร์ โทร.112-1000 โทรสาร.1+12-1015  
ที่ ทม 0517.12/ 2494 วันที่ 6 มิถุนายน 2548  
เรื่อง ขอเชิญเป็นผู้เชี่ยวชาญ

เรียน

ด้วย นางสาวจารุพันธ์ ศรีจันทร์ดี นักศึกษาหลักสูตรปริญญาโท สาขาวิชาการศึกษาศึกษา  
ผู้ใหญ่และการศึกษาต่อเนื่อง คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล กำลังทำ  
วิทยานิพนธ์เรื่อง ความสามารถพื้นฐานในด้านการสอนและแนะนำความรู้สำหรับพยาบาลในงาน  
สุขศึกษา โดยมี รองศาสตราจารย์ ดร.ณัฐนันท์ สุริยมณี เป็นอาจารย์ผู้ควบคุมวิทยานิพนธ์  
ในการนี้คณะสังคมศาสตร์และมนุษยศาสตร์ ขอเชิญท่านเป็นผู้เชี่ยวชาญตรวจสอบ  
เครื่องมือที่จะใช้ในการวิจัย เพื่อประกอบการทำวิทยานิพนธ์ ให้แก่ นางสาวจารุพันธ์ ศรีจันทร์ดี

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์ แก่นักศึกษาเพื่อการดังกล่าวด้วย  
จกขอบคุณยิ่ง

(รองศาสตราจารย์ ดร.สุรีย์ ตาบุญมงคล)  
คณบดี  
คณะสังคมศาสตร์และมนุษยศาสตร์

ที่ ศธ 0517.12/ค.ม.๒๘



คณะสังคมศาสตร์และมนุษยศาสตร์  
มหาวิทยาลัยมหิดล ศาลายา  
นครปฐม 73170

18 พฤศจิกายน 2548

เรื่อง ขอความอนุเคราะห์ข้อมูล

เรียน

ด้วย นางสาวจรรุพันธ์ ศรีจันทร์ดี นักศึกษาหลักสูตรปริญญาโท สาขาวิชาการศึกษา  
ผู้ใหญ่และการศึกษาต่อเนื่อง คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล กำลังทำ  
วิทยานิพนธ์เรื่อง "ความสามารถพื้นฐานในด้านการให้ความรู้ทางด้านสุขภาพสำหรับพยาบาล"  
โดยมี รองศาสตราจารย์ ดร.ณนันทน์ สุริยมณี เป็นอาจารย์ผู้ควบคุมวิทยานิพนธ์

ในการนี้ นักศึกษามีความประสงค์ ขอความอนุเคราะห์ ขอข้อมูลจากท่าน  
(โดยวิธีการสัมภาษณ์ และตอบแบบสอบถาม) ในเดือนพฤศจิกายน 2548 เพื่อนำข้อมูลที่ได้ไป  
ประกอบในการทำวิทยานิพนธ์ต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์แก่นักศึกษาในการดังกล่าว จักขอบคุณยิ่ง

ขอแสดงความนับถือ

(รองศาสตราจารย์จिरาพร จักรโพงค์)

รองคณะบดี

ปฏิบัติราชการแทนคณะบดีคณะสังคมศาสตร์และมนุษยศาสตร์

สำนักงานคณะบดี

โทร. 02-441-0220-3 ต่อ 1300

โทรสาร. 02-441-973

โทรศัพท์ที่สามารถติดต่อกับนักศึกษาได้สะดวก 01-645-1186

ภาควิชาศึกษาศาสตร์ คณะสังคมศาสตร์  
และมนุษยศาสตร์ มหาวิทยาลัยมหิดล  
ต. ศาลายา จ. นครปฐม  
โทรศัพท์ (02) 441-0220-4 ต่อ 1314  
Fax (02) 441-9738

สิงหาคม 2548

เรื่อง ขอเชิญเป็นผู้เชี่ยวชาญในการให้ข้อมูล  
เรียน

เนื่องด้วยดิฉัน นางสาวจรรุณันท์ ศรีจันทร์ดี นักศึกษาหลักสูตรศึกษาศาสตรมหาบัณฑิต สาขา  
การศึกษาผู้ใหญ่และการศึกษาต่อเนื่อง วิชาเอกการเป็นวิทยากรและนักฝึกอบรม คณะสังคมศาสตร์และ  
มนุษยศาสตร์ มหาวิทยาลัยมหิดล กำลังทำวิทยานิพนธ์เรื่อง “ความสามารถพื้นฐานในด้านการให้ความรู้ทาง  
สุขภาพสำหรับพยาบาล” โดยการวิจัยครั้งนี้ มีวัตถุประสงค์เพื่อกำหนดความสามารถพื้นฐานในด้านการให้ความรู้  
ทางด้านสุขภาพสำหรับพยาบาลโดยใช้เทคนิคการวิจัยแบบเดลฟาย ( Delphi Technique) ซึ่งเป็นเทคนิคที่ต้องใช้  
ข้อมูลจากความคิดเห็นของกลุ่มผู้เชี่ยวชาญในสาขาที่เกี่ยวข้องในงานวิจัย

สำหรับการวิจัยในครั้งนี้ต้องการผู้เชี่ยวชาญ 3 กลุ่มได้แก่ กลุ่มที่ 1 เป็นผู้เชี่ยวชาญในหน่วยงาน  
ทางการพยาบาลด้านการส่งเสริมสุขภาพ/อาจารย์พยาบาลทางสาธารณสุขศาสตร์ กลุ่มที่ 2 คือนักการศึกษา  
ทางการให้ความรู้/สุขศึกษา/พลศึกษา(การส่งเสริมสุขภาพ) และกลุ่มที่ 3 คือผู้เชี่ยวชาญซึ่งเป็นนักวิชาการที่  
เกี่ยวข้องกับการให้ความรู้ทางสุขภาพ ได้แก่ ด้านพฤติกรรมศาสตร์/สาธารณสุขศาสตร์/แพทยศาสตร์/  
สังคมศาสตร์การแพทย์เป็นผู้เชี่ยวชาญด้านการพยาบาล(สุขศึกษา) ด้านการสอน ด้านพฤติกรรมสุขภาพ(สุข-  
ศึกษา) โดยผู้เชี่ยวชาญต้องร่วมกันแสดงความคิดเห็นและให้ข้อมูลอย่างน้อยท่านละ 3 ครั้ง โดยใช้วิธีการให้  
สัมภาษณ์ในครั้งแรก และครั้งต่อไปเป็นการตอบแบบสอบถามประเมินค่า 5 ระดับ จนกระทั่งได้คำตอบที่เป็น  
เอกฉันท์สรุปเป็นผลการวิจัย ซึ่งจากผลการวิจัยในครั้งนี้จะนำไปใช้กำหนดเป็นความสามารถพื้นฐาน สามารถ  
นำไปใช้ในการพัฒนานุเคราะห์ทางการพยาบาลในงานสุขศึกษาของโรงพยาบาล

ผู้วิจัยเห็นว่าท่านเป็นผู้ที่มีความรู้ ความเชี่ยวชาญ และมีประสบการณ์ เหมาะสมอย่างยิ่งต่อการเป็น  
ผู้เชี่ยวชาญในการศึกษาวิจัยครั้งนี้

จึงเรียนมาเพื่อ โปรดให้ความอนุเคราะห์ในการตอบแบบสอบถาม ในฐานะผู้เชี่ยวชาญของการวิจัย  
ครั้งนี้ด้วย จักเป็นพระคุณอย่างสูง

ด้วยความนับถืออย่างสูง

(นางสาวจรรุณันท์ ศรีจันทร์ดี)

ผู้วิจัย

**แบบสัมภาษณ์ผู้เชี่ยวชาญ**  
**(การเก็บข้อมูลรอบที่ 1)**

**ตอนที่ 1 ข้อมูลผู้เชี่ยวชาญ**

ชื่อ – นามสกุล.....

1.สถานที่ทำงาน.....

2. การศึกษา

ระดับปริญญาตรี.....

ระดับปริญญาโท.....

ระดับปริญญาเอก.....

3. ตำแหน่ง.....

4. ระยะเวลาการปฏิบัติงาน.....ปี

5. ตำแหน่งทางการบริหาร/ทางวิชาการ.....

6. ประสบการณ์การทำงาน.....

**ตอนที่ 2** ข้อคำถามในการสัมภาษณ์เกี่ยวกับความสามารถพื้นฐานในด้านการสอนและแนะนำ  
ความรู้สำหรับพยาบาลในงานสุศึกษา

1. บทบาทความรับผิดชอบหลักของ “พยาบาลผู้ให้ความรู้ทางด้านสุขภาพ” ในปัจจุบัน  
และอนาคตควรจะเป็นอย่างไร

2. พยาบาล ผู้ให้ความรู้ทางด้านสุขภาพ ที่ประสบความสำเร็จ ควรจะมีความรู้และ  
มาตรฐานทางวิชาชีพอะไรบ้าง

3. พยาบาลผู้ให้ความรู้ทางด้านสุขภาพ ที่ประสบความสำเร็จ ควรจะมีทักษะและ  
ความสามารถอะไรบ้าง

4. พยาบาลผู้ประสบความสำเร็จในการให้ความรู้ทางด้านสุขภาพ ควรมีบุคลิก  
ลักษณะนิสัย/อุปนิสัย อะไรบ้าง เช่น ความสนใจ ทักษะ ทักษะ หรือแรงจูงใจ เป็น  
อย่างไร และจำเป็นต้องมีประสบการณ์หรือไม่ หากจำเป็นต้องมี ควรมีลักษณะของประสบการณ์  
อะไรบ้าง

5. จากประสบการณ์ของท่านพบปัญหาอะไรบ้าง ในงานการให้ความรู้ทางด้าน  
สุขภาพ

6. ท่านมีข้อเสนอแนะในการแก้ไขปัญหาดังกล่าวอย่างไร

**แบบสอบถามความคิดเห็นของผู้เชี่ยวชาญ**  
**เพื่อใช้เป็นข้อมูลในการวิจัยเรื่อง**  
**ความสามารถพื้นฐานในด้านการให้ความรู้ทางสุขภาพสำหรับพยาบาล**  
**(การเก็บข้อมูลรอบที่ 2)**

คำชี้แจง แบบสอบถามในรอบที่ 2 นี้ ผู้วิจัยได้วิเคราะห์ผลจากการสัมภาษณ์ในรอบที่ 1 มาสร้างเป็นแบบสอบถามมาตราส่วนประมาณค่า 5 ระดับ เพื่อสอบถามความคิดเห็นของท่านอีกครั้ง ดังนี้

|                  |          |   |       |
|------------------|----------|---|-------|
| จำเป็นมากที่สุด  | ให้คะแนน | 5 | คะแนน |
| จำเป็นมาก        | ให้คะแนน | 4 | คะแนน |
| จำเป็นปานกลาง    | ให้คะแนน | 3 | คะแนน |
| จำเป็นน้อย       | ให้คะแนน | 2 | คะแนน |
| จำเป็นน้อยที่สุด | ให้คะแนน | 1 | คะแนน |

โปรดใส่เครื่องหมาย / ในช่องที่ตรงกับความคิดเห็นของท่าน คำตอบของท่านจะถูกนำไปวิเคราะห์ทางสถิติด้วยค่ามัธยฐาน(Median) และค่าพิสัยระหว่างควอไทล์(Interquartile Range) เพื่อหาความคิดเห็นส่วนใหญ่ของกลุ่มและจะนำมาเสนอให้ทราบในแบบสอบถามรอบที่ 3

ตัวอย่าง

| ข้อ | ความสามารถพื้นฐานในด้านการสอนสุขศึกษาสำหรับพยาบาล | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|---|-------------|---|---|---|---|----------|
|     |   | 1           | 2 | 3 | 4 | 5 |          |
| 1   | มนุษยสัมพันธ์                                     |             |   |   |   | / |          |
| 2   | ทักษะการต่อรอง                                    | /           |   |   |   |   |          |

ข้อที่ 1 หมายถึง ท่านมีความคิดเห็นกับความสามารถพื้นฐานในข้อนี้ระดับ 5 คือ จำเป็นมากที่สุด  
 ข้อที่ 2 หมายถึง ท่านมีความคิดเห็นกับความสามารถพื้นฐานในข้อนี้ระดับ 1 คือ จำเป็นน้อยที่สุด

| ข้อ | ความสามารถพื้นฐาน                  | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|------------------------------------|-------------|---|---|---|---|----------|
|     |                                    | 1           | 2 | 3 | 4 | 5 |          |
| 1   | ด้านความรู้                        |             |   |   |   |   |          |
|     | ความรู้ทางสุศึกษา                  |             |   |   |   |   |          |
|     | กระบวนการสุศึกษา                   |             |   |   |   |   |          |
|     | มาตรฐานการดำเนินงานสุศึกษา         |             |   |   |   |   |          |
|     | ปรัชญาและทฤษฎีสุศึกษา              |             |   |   |   |   |          |
|     | การให้สุศึกษา                      |             |   |   |   |   |          |
|     | การส่งเสริมสุภาพ                   |             |   |   |   |   |          |
| 2   | ตัวชี้วัดทางสุภาพ(BIOMARKER)       |             |   |   |   |   |          |
|     | ความรู้ทางพฤติกรรมศาสตร์           |             |   |   |   |   |          |
|     | พฤติกรรมสุภาพ                      |             |   |   |   |   |          |
|     | การส่งเสริมศักยภาพของคน            |             |   |   |   |   |          |
| 3   | วิธีการปรับเปลี่ยนพฤติกรรม         |             |   |   |   |   |          |
|     | ความรู้ทางด้านศึกษาศาสตร์          |             |   |   |   |   |          |
|     | ทฤษฎีการเรียนรู้                   |             |   |   |   |   |          |
|     | กระบวนการเรียนรู้เชิงกลยุทธ์       |             |   |   |   |   |          |
|     | เทคนิคการจัดกระบวนการเรียนรู้      |             |   |   |   |   |          |
|     | กระบวนการถ่ายทอด การสอน            |             |   |   |   |   |          |
|     | กระบวนการกลุ่ม                     |             |   |   |   |   |          |
|     | จิตวิทยาการสอน                     |             |   |   |   |   |          |
|     | การเรียนรู้ของผู้ใหญ่              |             |   |   |   |   |          |
|     | การสื่อสาร การพูด การประชาสัมพันธ์ |             |   |   |   |   |          |
|     | การออกแบบการสอน                    |             |   |   |   |   |          |
|     | แผนการสอน                          |             |   |   |   |   |          |
|     | สื่อการสอน                         |             |   |   |   |   |          |

| ข้อ | ความสามารถพื้นฐาน   | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|---|-------------|---|---|---|---|----------|
|     |   | 1           | 2 | 3 | 4 | 5 |          |
| 4   | ความรู้ด้านพยาบาลศาสตร์   |             |   |   |   |   |          |
|     | มาตรฐานวิชาชีพ  |             |   |   |   |   |          |
|     | การดูแลแบบองค์รวม   |             |   |   |   |   |          |
|     | การให้คำปรึกษา  |             |   |   |   |   |          |
|     | กระบวนการพยาบาล   |             |   |   |   |   |          |
|     | เนื้อหาวิชาการในเรื่องที่ให้ผู้ศึกษา                                |             |   |   |   |   |          |
|     | ความรู้เรื่องการแพทย์ทางเลือก วิธีการใหม่ทางการแพทย์                |             |   |   |   |   |          |
|     | สิทธิผู้ป่วย  |             |   |   |   |   |          |
| 5   | ความรู้ทางด้านสังคมศาสตร์และมนุษยศาสตร์                             |             |   |   |   |   |          |
|     | การเปลี่ยนแปลงของสังคม โครงสร้างชนชั้น                              |             |   |   |   |   |          |
|     | จิตวิทยาสุขภาพ  |             |   |   |   |   |          |
|     | ความเป็นมนุษย์(ศึกษาความบอบบาท ความเชื่อ ค่านิยมของบุคคล)           |             |   |   |   |   |          |
|     | ความเป็นผู้หญิง(บอบบาท ภาระหน้าที่ในสังคม ครอบครัวที่มีความซับซ้อน) |             |   |   |   |   |          |
| 6   | ความรู้ด้านบริหารงาน  |             |   |   |   |   |          |
|     | การจัดการอย่างเป็นระบบ  |             |   |   |   |   |          |
|     | กระบวนการแก้ปัญหาและการตัดสินใจ                                     |             |   |   |   |   |          |
|     | เศรษฐศาสตร์ ความคุ้มค่า คุ่มทุน                                     |             |   |   |   |   |          |
| 7   | ความรู้ด้านเทคโนโลยีสารสนเทศ  |             |   |   |   |   |          |
|     | การใช้คอมพิวเตอร์พื้นฐาน  |             |   |   |   |   |          |
| 8   | ความรู้เกี่ยวกับการวิจัย  |             |   |   |   |   |          |
|     | การวิจัยทางด้านสุขภาพ   |             |   |   |   |   |          |

| ข้อ | ความสามารถพื้นฐาน  | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|--|-------------|---|---|---|---|----------|
|     |  | 1           | 2 | 3 | 4 | 5 |          |
| 1   | ด้านทักษะ<br>การสื่อสาร<br>มีความสามารถในการถ่ายทอดความรู้<br>ความคิด เป็นภาษาพูดโดยใช้สื่อต่าง ๆ<br>สามารถถ่ายทอดความรู้ได้อย่างเป็น<br>ระบบ เป็นขั้นตอนเข้าใจง่าย<br>ถ่ายทอดความรู้ได้ตรงตามวัตถุประสงค์ |             |   |   |   |   |          |
| 2   | การวิเคราะห์พฤติกรรมและสังคม   |             |   |   |   |   |          |
| 3   | การให้คำปรึกษา   |             |   |   |   |   |          |
| 4   | การเสริมพลังอำนาจ  |             |   |   |   |   |          |
| 5   | Appreciation Inquiry   |             |   |   |   |   |          |
| 6   | การสร้างการมีส่วนร่วม สร้างทีมงาน  |             |   |   |   |   |          |
| 7   | Health literacy  |             |   |   |   |   |          |
| 8   | การฟัง   |             |   |   |   |   |          |
| 9   | การเลือกใช้สื่อ  |             |   |   |   |   |          |
| 10  | การประสานงาน   |             |   |   |   |   |          |
| 11  | มนุษยสัมพันธ์  |             |   |   |   |   |          |
| 12  | การเรียนรู้ด้วยตนเอง   |             |   |   |   |   |          |
| 13  | การใช้ภาษาไทย  |             |   |   |   |   |          |
| 14  | ภาษาอังกฤษ   |             |   |   |   |   |          |
| 15  | การใช้คอมพิวเตอร์  |             |   |   |   |   |          |
| 16  | ประยุกต์ทฤษฎีมาใช้ในการให้สุขศึกษา   |             |   |   |   |   |          |
| 17  | การจัดการข้อมูล  |             |   |   |   |   |          |
| 18  | การแก้ปัญหาเฉพาะหน้า   |             |   |   |   |   |          |
| 19  | กำหนดกลุ่มเป้าหมาย   |             |   |   |   |   |          |

| ข้อ | ความสามารถพื้นฐาน  | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|--|-------------|---|---|---|---|----------|
|     |  | 1           | 2 | 3 | 4 | 5 |          |
| 20  | การประเมิน วิเคราะห์ผู้รับบริการและ<br>ความต้องการ ก่อนการให้สุศึกษา |             |   |   |   |   |          |
| 21  | การสังเกต  |             |   |   |   |   |          |
| 22  | การจดบันทึก การเขียน   |             |   |   |   |   |          |
| 23  | การบรรยาย  |             |   |   |   |   |          |
| 24  | การจัดกระบวนการกลุ่ม   |             |   |   |   |   |          |
| 25  | การสื่ออารมณ์(EQ)  |             |   |   |   |   |          |
| 26  | การเตรียมความพร้อมงานสุศึกษา   |             |   |   |   |   |          |
| 27  | การเลือกกลวิธีทางสุศึกษา   |             |   |   |   |   |          |
| 28  | การจัดกิจกรรม โครงการ  |             |   |   |   |   |          |
| 29  | การวางแผนงาน   |             |   |   |   |   |          |
| 30  | การพัฒนาสื่อการสอน   |             |   |   |   |   |          |
| 31  | การใช้ประสบการณ์   |             |   |   |   |   |          |
| 32  | การตัดสินใจ  |             |   |   |   |   |          |
| 33  | Self Monitoring  |             |   |   |   |   |          |
| 34  | Social-Family Support  |             |   |   |   |   |          |
| 35  | การสร้างแรงจูงใจ   |             |   |   |   |   |          |
| 36  | การประเมิน โครงการ/กิจกรรม   |             |   |   |   |   |          |
| 37  | การสร้างความสัมพันธ์ระหว่างทีมและ<br>ผู้รับบริการ                    |             |   |   |   |   |          |
| 38  | การวิจัยทางด้านสุขภาพ  |             |   |   |   |   |          |
| 39  | การบริหารงานสุศึกษา  |             |   |   |   |   |          |
| 40  | การควบคุมและกำกับงานสุศึกษา  |             |   |   |   |   |          |
|     |  |             |   |   |   |   |          |
|     |  |             |   |   |   |   |          |

| ข้อ                    | ความสามารถพื้นฐาน   | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|------------------------|---|-------------|---|---|---|---|----------|
|                        |   | 1           | 2 | 3 | 4 | 5 |          |
| 1                      | ด้านคุณลักษณะของบุคคล   |             |   |   |   |   |          |
|                        | แรงจูงใจ  |             |   |   |   |   |          |
|                        | รู้สึกรักในอาชีพพยาบาลและงานสุขศึกษา                                      |             |   |   |   |   |          |
|                        | มีเป้าหมายและมุ่งมั่นที่จะทำให้ผู้อื่นเปลี่ยนแปลงพฤติกรรมสุขภาพที่เหมาะสม |             |   |   |   |   |          |
|                        | มีความรู้สึกดีมากเมื่อได้ให้สุขศึกษา                                      |             |   |   |   |   |          |
| 2                      | ลักษณะส่วนตัว   |             |   |   |   |   |          |
|                        | มีความรับผิดชอบ   |             |   |   |   |   |          |
|                        | มีระเบียบวินัย  |             |   |   |   |   |          |
|                        | มีความใฝ่รู้และเรียนรู้ตลอดเวลา   |             |   |   |   |   |          |
|                        | ยุติธรรม  |             |   |   |   |   |          |
|                        | มีความมั่นใจในตนเอง   |             |   |   |   |   |          |
|                        | ร่าเริงแจ่มใส   |             |   |   |   |   |          |
|                        | มีความเสียสละ   |             |   |   |   |   |          |
|                        | รู้จักให้อภัย   |             |   |   |   |   |          |
|                        | มีความเมตตาากรุณา   |             |   |   |   |   |          |
|                        | มีความคิดสร้างสรรค์   |             |   |   |   |   |          |
|                        | มีสุขภาพร่างกาย จิตใจ และจิตวิญญาณที่สมบูรณ์แข็งแรง                       |             |   |   |   |   |          |
|                        | บุคลิกน่าเชื่อถือ   |             |   |   |   |   |          |
|                        | มีมนุษยสัมพันธ์ดี   |             |   |   |   |   |          |
|                        | เข้าถึงผู้อื่นได้ง่าย   |             |   |   |   |   |          |
|                        | เป็นกันเอง  |             |   |   |   |   |          |
|                        | รักการบริการ  |             |   |   |   |   |          |
| เรียงลำดับความคิดได้ดี |   |             |   |   |   |   |          |

| ข้อ | ความสามารถพื้นฐาน                  | ความคิดเห็น |   |   |   |   | หมายเหตุ |
|-----|------------------------------------|-------------|---|---|---|---|----------|
|     |                                    | 1           | 2 | 3 | 4 | 5 |          |
|     | เป็นคนมีความสุข                    |             |   |   |   |   |          |
|     | มีเสน่ห์ รู้จักสร้างเสน่ห์ให้ตนเอง |             |   |   |   |   |          |
|     | เป็นผู้ฟังที่ดี                    |             |   |   |   |   |          |
|     | ยืดหยุ่น เข้าใจง่าย                |             |   |   |   |   |          |
|     | สนใจสิ่งแวดล้อม                    |             |   |   |   |   |          |
|     | รู้จักความเหมาะสม                  |             |   |   |   |   |          |
|     | ชอบการพูดในที่สาธารณะ              |             |   |   |   |   |          |
|     | อดทน                               |             |   |   |   |   |          |
|     | มีพลังอำนาจในตนเอง                 |             |   |   |   |   |          |
|     | สนใจหาความรู้อยู่เสมอ              |             |   |   |   |   |          |
|     | มีสมาธิ                            |             |   |   |   |   |          |
|     | รู้จักการแต่งกายให้เหมาะสม         |             |   |   |   |   |          |
|     | ช่างสังเกต                         |             |   |   |   |   |          |
|     | อ่อนน้อมถ่อมตน                     |             |   |   |   |   |          |
|     | รักในงานศิลปะ                      |             |   |   |   |   |          |
|     | มีลักษณะแสดงออกถึงความเป็นมิตร     |             |   |   |   |   |          |
|     | ไม่มีอคติ                          |             |   |   |   |   |          |
|     | ฉลาดในการแสดงอารมณ์                |             |   |   |   |   |          |
|     | กล้าคิด กล้าทำ                     |             |   |   |   |   |          |
|     | มีความเป็นครู                      |             |   |   |   |   |          |
|     | ไม่เห็นแก่ตัว                      |             |   |   |   |   |          |
|     | ซื่อสัตย์                          |             |   |   |   |   |          |
|     | มีความเป็นธรรมชาติ ไม่เสแสร้ง      |             |   |   |   |   |          |
|     | ควบคุมอารมณ์ได้ดี                  |             |   |   |   |   |          |



**แบบสอบถามความคิดเห็นของผู้เชี่ยวชาญ**  
**เพื่อใช้เป็นข้อมูลวิจัยเรื่อง**  
**ความสามารถพื้นฐานในด้านการให้ความรู้ทางสุขภาพสำหรับพยาบาล**  
**(การเก็บข้อมูลรอบที่ 3)**

คำชี้แจง แบบสอบถามในรอบที่ 3 นี้ ผู้วิจัยได้วิเคราะห์ผลจากการตอบแบบสอบถามในรอบที่ 2 โดยในรอบนี้ ผู้วิจัยได้แสดงค่าทางสถิติที่ได้จากกลุ่ม และคำตอบของท่านว่าสอดคล้องกันมากน้อยเพียงใด เพื่อให้ท่านได้พิจารณาทบทวนคำตอบของท่านอีกครั้งว่าควรมีการเปลี่ยนแปลงคำตอบหรือไม่อย่างไร โดยได้แสดงคำตอบของท่านด้วยสัญลักษณ์ x หากมีการเปลี่ยนแปลงคำตอบไปตามความเห็นส่วนใหญ่ของกลุ่ม หรือไม่มีการเปลี่ยนแปลงความคิดเห็นไปตามกลุ่ม ยังคงยืนยันคำตอบเดิมกรุณาแสดงผลของการตอบด้วยจ๊กเป็นพระคุณอย่างสูง

**สถิติที่ใช้ในการวิเคราะห์ ได้แก่**

1 ค่ามัธยฐาน(Median) หมายถึง ค่ากลางของคำตอบทั้งหมดของกลุ่มในแต่ละข้อ ซึ่งผู้วิจัยได้แสดงค่ามัธยฐานไว้ในช่องระดับความคิดเห็นด้วยเครื่องหมาย \* เมื่อเครื่องหมาย \* ตกอยู่ที่ระดับความคิดเห็นใด แสดงว่าค่ากลางของคำตอบข้อนั้น อยู่ที่ระดับความคิดเห็นนั้นและถือว่าเป็นระดับความคิดเห็นของกลุ่ม

2 ค่าพิสัยระหว่างควอไทล์(Interquartile range ; I.R.)เป็นค่าแสดงการกระจายของคำตอบ ซึ่งผู้วิจัยได้แสดงไว้ในช่อง I.R. ทางขวามือของแบบสอบถามแต่ละข้อ โดยมีความหมายดังนี้

I.R. มีค่ามาก แสดงว่า ข้อนั้นคำตอบกระจายมาก คือผู้ตอบมีความเห็นสอดคล้องกันน้อย (ความคิดเห็นไม่สอดคล้องกัน)

I.R. มีค่าน้อย แสดงว่า ข้อนั้นคำตอบกระจายน้อย คือผู้ตอบมีความเห็นสอดคล้องกันมาก (ความคิดเห็นส่วนใหญ่สอดคล้องกัน)

**สัญลักษณ์ที่ใช้ได้แก่**

- |   |         |   |
|---|---------|---|
| * | หมายถึง | ค่ากลางของกลุ่ม                                       |
| x | หมายถึง | ค่าที่ท่านเลือกในการตอบแบบสอบถามรอบที่ 2 (รอบที่แล้ว) |
| ✓ | หมายถึง | เครื่องหมายที่ท่านจะใช้เลือกตอบในครั้งนี้             |

ดังนั้นในการตอบคำถามในรอบที่ 3 จึงมีแนวทางในการตอบคำถามดังนี้

1. ถ้าค่ากลางของกลุ่ม (\*) กับคำตอบของท่าน (x) เป็นคำตอบเดียวกัน ใส่เครื่องหมาย  $\checkmark$  ในช่อง ยืนยัน
2. ถ้าค่ากลางของกลุ่ม (\*) กับคำตอบของท่าน (x) ไม่ใช่คำตอบเดียวกัน พิจารณาดังนี้  
ถ้าท่านเห็นด้วยกับกลุ่มและต้องการเปลี่ยนแปลงคำตอบใหม่ให้เหมือนกลุ่ม ให้ใส่เครื่องหมาย  $\checkmark$  ในช่องที่มีสัญลักษณ์ \*  
ถ้าท่านยังคงยืนยันคำตอบเดิม ให้ใส่เครื่องหมาย  $\checkmark$  ในช่อง ยืนยัน พร้อมทั้งอธิบายเหตุผล

## ตัวอย่าง

| ความสามารถพื้นฐาน | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน       | หมายเหตุ |
|-------------------|-----------------|---|-----------|---|---|------|--------------|----------|
|                   | น้อยที่สุด      |   | มากที่สุด |   |   |      |              |          |
|                   | 1               | 2 | 3         | 4 | 5 |      |              |          |
| 1. มนุษยสัมพันธ์  |                 |   |           |   | * | 0.50 | $\checkmark$ |          |
| 2. ทักษะการต่อรอง | x               | * |           |   |   | 0    |              |          |

ข้อที่ 1 หมายถึง ค่ากลางของกลุ่ม อยู่ในระดับ 5 คือ จำเป็นมากที่สุด ซึ่งตรงกับคำตอบเดิมของท่าน โดยคำตอบมีความสอดคล้องกันมากเนื่องจากค่า I.R. = 0.50 และคำตอบของผู้เชี่ยวชาญคือยืนยันคำตอบ

ข้อที่ 2 หมายถึง คำตอบเดิมไม่สอดคล้องกับกลุ่มและความเห็นที่ระดับ 2 ผู้เชี่ยวชาญมีความเห็นสอดคล้องกันมาก เนื่องจากค่า I.R. = 0.00 และคำตอบใหม่ในรอบนี้คือเปลี่ยนแปลงไปตามกลุ่ม

## ด้านความรู้

| ข้อ | ความสามารถพื้นฐาน                              | ระดับความจำเป็น |   |   |           |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|--|-----------------|---|---|-----------|---|------|--------|----------|
|     |  | น้อยที่สุด      |   |   | มากที่สุด |   |      |        |          |
|     |  | 1               | 2 | 3 | 4         | 5 |      |        |          |
| 1   | ความรู้ทางด้านสุขศึกษา<br>กระบวนการสุขศึกษา    |                 |   |   |           | * | 1    |        |          |
| 2   | มาตรฐานการดำเนินงานสุขศึกษา                    |                 |   |   |           | * | 1    |        |          |
| 3   | ปรัชญาและทฤษฎีสุขศึกษา                         |                 |   |   | *         |   | 1.5  |        |          |
| 4   | การให้สุขศึกษา                                 |                 |   |   |           | * | 1    |        |          |
| 5   | การส่งเสริมสุขภาพ                              |                 |   |   |           | * | 1    |        |          |
| 6   | ตัวชี้วัดทางสุขภาพ<br>(BIOMARKER)              |                 |   |   |           | * | 1    |        |          |
| 1   | ความรู้ทางด้านพฤติกรรมศาสตร์<br>พฤติกรรมสุขภาพ |                 |   |   |           | * | 1    |        |          |
| 2   | การส่งเสริมศักยภาพของคน                        |                 |   |   |           | * | 1    |        |          |
| 3   | วิธีการปรับเปลี่ยนพฤติกรรม                     |                 |   |   |           | * | 1    |        |          |
| 1   | ความรู้ทางด้านศึกษาศาสตร์<br>ทฤษฎีการเรียนรู้  |                 |   |   |           | * | 1    |        |          |
| 2   | กระบวนการเรียนรู้เชิงกลยุทธ์                   |                 |   |   |           | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน                            | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|--|-----------------|---|-----------|---|---|------|--------|----------|
|     |  | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |  | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 3   | เทคนิคการจัดกระบวนการเรียนรู้                |                 |   |           |   | * | 1    |        |          |
| 4   | กระบวนการถ่ายทอดการสอน                       |                 |   |           |   | * | 1    |        |          |
| 5   | กระบวนการกลุ่ม                               |                 |   |           |   | * | 1    |        |          |
| 6   | จิตวิทยาการสอน                               |                 |   |           |   | * | 1    |        |          |
| 7   | การเรียนรู้ของผู้ใหญ่                        |                 |   |           |   | * | 1    |        |          |
| 8   | การสื่อสาร การพูด การ<br>ประชาสัมพันธ์       |                 |   |           |   | * | 1    |        |          |
| 9   | การออกแบบการสอน                              |                 |   |           |   | * | 1    |        |          |
| 10  | สื่อการสอน                                   |                 |   |           |   | * | 1    |        |          |
| 11  | แผนการสอน                                    |                 |   |           |   | * | 1    |        |          |
| 1   | ความรู้ทางด้านพยาบาลศาสตร์<br>มาตรฐานวิชาชีพ |                 |   |           |   | * | 1    |        |          |
| 2   | การดูแลแบบองค์รวม                            |                 |   |           |   | * | 1    |        |          |
| 3   | การให้คำปรึกษา                               |                 |   |           |   | * | 1    |        |          |
| 4   | กระบวนการพยาบาล                              |                 |   |           |   | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 5   | เนื้อหาวิชาการในเรื่องที่ให้สุศึกษา   |                 |   |           |   | * | 1    |        |          |
| 6   | ความรู้เรื่องการแพทย์ทางเลือก<br>วิธีการใหม่ทางการแพทย์   |                 |   |           |   | * | 1    |        |          |
| 7   | สิทธิผู้ป่วย  |                 |   |           |   | * | 1    |        |          |
| 1   | <b>ความรู้ทางด้านสังคมศาสตร์และ<br/>มนุษยศาสตร์</b><br>การเปลี่ยนแปลงของสังคม<br>โครงสร้าง ชนชั้น |                 |   |           |   | * | 0    |        |          |
| 2   | จิตวิทยาสุขภาพ  |                 |   |           |   | * | 0.5  |        |          |
| 3   | ความเป็นมนุษย์(ศึกษาบทบาท<br>ความเชื่อ ค่านิยมของบุคคล)   |                 |   |           |   | * | 0.5  |        |          |
| 4   | ความเป็นผู้หญิง(บทบาท<br>ภาระหน้าที่ในสังคม ครอบครัวที่มี<br>ความซับซ้อน)                         |                 |   |           |   | * | 0.5  |        |          |
| 1   | <b>ความรู้ด้านการบริหารงาน</b><br>การจัดการอย่างเป็นระบบ  |                 |   |           |   | * | 1    |        |          |
| 2   | กระบวนการแก้ปัญหาและการ<br>ตัดสินใจ   |                 |   |           |   | * | 1    |        |          |
| 3   | เศรษฐศาสตร์ ความคุ้มค่า คุ่มทุน   |                 |   |           |   | * | 1.5  |        |          |
| 1   | <b>ความรู้ด้านเทคโนโลยีสารสนเทศ</b><br>การใช้คอมพิวเตอร์พื้นฐาน                                   |                 |   |           |   | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน                             | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 1   | ความรู้เกี่ยวกับการวิจัย<br>การวิจัยทางสุขภาพ |                 |   |           | * |   | 1    |        |          |

ด้านทักษะ

| ข้อ | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 1   | การสื่อสาร  |                 |   |           |   | * | 0    |        |          |
| 2   | การวิเคราะห์ พฤติกรรมและ<br>สังคม   |                 |   |           | * |   | 1.5  |        |          |
| 3   | การให้คำปรึกษา  |                 |   |           |   | * | 1    |        |          |
| 4   | การเสริมพลังอำนาจ   |                 |   |           | * |   | 1    |        |          |
| 5   | ทักษะการสอบถามอย่าง เข้าใจ<br>สร้างความซาบซึ้งแก่ผู้ตอบ<br>(Appreciation Inquiry) |                 |   |           | * |   | 0.5  |        |          |
| 6   | การสร้างการมีส่วนร่วม สร้าง<br>ทีมงาน   |                 |   |           |   | * | 1    |        |          |
| 7   | ทักษะการอธิบายคำศัพท์ทาง<br>สุขภาพ (Health literacy)                              |                 |   |           | * |   | 0.5  |        |          |
| 8   | การฟัง  |                 |   |           |   | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 9   | การเลือกใช้สื่อ   |                 |   |           | * |   | 1    |        |          |
| 10  | การประสานงาน  |                 |   |           |   | * | 1    |        |          |
| 11  | มนุษยสัมพันธ์   |                 |   |           |   | * | 0    |        |          |
| 12  | การเรียนรู้ด้วยตนเอง  |                 |   |           |   | * | 1    |        |          |
| 13  | การใช้ภาษาไทย   |                 |   |           | * |   | 1    |        |          |
| 14  | การใช้ภาษาอังกฤษ  |                 |   | *         |   |   | 1.5  |        |          |
| 15  | การใช้คอมพิวเตอร์   |                 |   |           | * |   | 1    |        |          |
| 16  | ประยุกต์ทฤษฎีมาใช้ในการให้สุขศึกษา                              |                 |   |           |   | * | 1    |        |          |
| 17  | การจัดการข้อมูล   |                 |   |           | * |   | 1    |        |          |
| 18  | การแก้ปัญหาเฉพาะหน้า  |                 |   |           |   | * | 1    |        |          |
| 19  | กำหนดกลุ่มเป้าหมาย  |                 |   |           |   | * | 1    |        |          |
| 20  | การประเมินวิเคราะห์ผู้รับบริการและความต้องการก่อนการให้สุขศึกษา |                 |   |           |   | * | 0    |        |          |

| ข้อ | ความสามารถพื้นฐาน                                    | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|--|-----------------|---|-----------|---|---|------|--------|----------|
|     |  | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |  | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 21  | การสังเกต  |                 |   |           |   | * | 0    |        |          |
| 22  | การจดบันทึก การเขียน                                 |                 |   |           |   | * | 1    |        |          |
| 24  | การบรรยาย  |                 |   |           |   | * | 1    |        |          |
| 25  | การสื่ออารมณ์(EQ)                                    |                 |   |           |   | * | 1    |        |          |
| 26  | การเตรียมความพร้อมงานสุขศึกษา                        |                 |   |           |   | * | 1    |        |          |
| 27  | การเลือกกลวิธีทางสุขศึกษา                            |                 |   |           |   | * | 1    |        |          |
| 28  | การจัดกิจกรรม โครงการ                                |                 |   |           |   | * | 1    |        |          |
| 29  | การวางแผนงาน   |                 |   |           |   | * | 1    |        |          |
| 30  | การพัฒนาสื่อการสอน                                   |                 |   |           |   | * | 1    |        |          |
| 31  | การใช้ประสบการณ์                                     |                 |   |           |   | * | 1    |        |          |
| 32  | การตัดสินใจ  |                 |   |           |   | * | 1    |        |          |
| 33  | การติดตามดูแลภาวะทางสุขภาพของตนเอง( Self Monitoring) |                 |   |           |   | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |   |           |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|---|-----------|---|------|--------|----------|
|     |   | น้อยที่สุด      |   |   | มากที่สุด |   |      |        |          |
|     |   | 1               | 2 | 3 | 4         | 5 |      |        |          |
| 34  | การใช้สังคมและครอบครัวในการดูแลทางด้านสุขภาพ(Social-Family Support) |                 |   |   | *         |   | 1    |        |          |
| 35  | การสร้างแรงจูงใจ  |                 |   |   |           | * | 0    |        |          |
| 36  | การประเมินโครงการ/กิจกรรม   |                 |   |   | *         |   | 1    |        |          |
| 37  | การสร้างความสัมพันธ์ระหว่างทีมและผู้รับบริการ                       |                 |   |   |           | * | 0    |        |          |
| 38  | การวิจัยทางด้านสุขภาพ   |                 |   |   | *         |   | 1    |        |          |
| 39  | การบริหารงานสุศึกษา   |                 |   |   | *         |   | 0.5  |        |          |
| 40  | การควบคุมและกำกับงานสุศึกษา   |                 |   |   | *         |   | 0.5  |        |          |
|     |   |                 |   |   |           |   |      |        |          |
|     |   |                 |   |   |           |   |      |        |          |

## ด้านคุณลักษณะของบุคคล

| ข้อ                  | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |   |           |   | I.R. | ยืนยัน | หมายเหตุ |
|----------------------|---|-----------------|---|---|-----------|---|------|--------|----------|
|                      |   | น้อยที่สุด      |   |   | มากที่สุด |   |      |        |          |
|                      |   | 1               | 2 | 3 | 4         | 5 |      |        |          |
| 1                    | แรงจูงใจ<br>รู้สึกรักในอาชีพพยาบาลและงานสุขศึกษา                              |                 |   |   |           | * | 1    |        |          |
| 2                    | มีเป้าหมายและมุ่งมั่นที่จะทำให้ผู้อื่น<br>เปลี่ยนพฤติกรรมสุขภาพที่<br>เหมาะสม |                 |   |   |           | * | 1    |        |          |
| 3                    | มีความรู้สึกรักดีมากเมื่อได้ให้สุขศึกษา                                       |                 |   |   |           | * | 1    |        |          |
| <b>ลักษณะส่วนตัว</b> |   |                 |   |   |           |   |      |        |          |
| 1                    | มีความรับผิดชอบ   |                 |   |   |           | * | 1    |        |          |
| 2                    | มีระเบียบวินัย  |                 |   |   |           | * | 1    |        |          |
| 3                    | มีความใฝ่รู้และเรียนรู้ตลอดเวลา   |                 |   |   |           | * | 0    |        |          |
| 4                    | ยุติธรรม  |                 |   |   |           | * | 1    |        |          |
| 5                    | มีความมั่นใจในตนเอง   |                 |   |   |           | * | 1    |        |          |
| 6                    | ร่าเริงแจ่มใส   |                 |   |   |           | * | 1    |        |          |
| 7                    | มีความเสียสละ   |                 |   |   |           | * | 1    |        |          |
| 8                    | รู้จักให้อภัย   |                 |   |   |           | * | 1    |        |          |
| 9                    | มีความเมตตากรุณา  |                 |   |   |           | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน                                       | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 10  | มีความคิดสร้างสรรค์                                     |                 |   |           |   | * | 1    |        |          |
| 11  | มีสุขภาพร่างกาย จิตใจ และจิต<br>วิญญาณที่สมบูรณ์แข็งแรง |                 |   |           |   | * | 0.5  |        |          |
| 12  | บุคลิกน่าเชื่อถือ                                       |                 |   |           |   | * | 0.5  |        |          |
| 13  | มีมนุษยสัมพันธ์ดี                                       |                 |   |           |   | * | 0    |        |          |
| 14  | เข้าถึงผู้อื่นได้ง่าย                                   |                 |   |           |   | * | 0.5  |        |          |
| 15  | เป็นกันเอง  |                 |   |           |   | * | 0.5  |        |          |
| 16  | รักการบริการ  |                 |   |           |   | * | 1    |        |          |
| 17  | เรียงลำดับความคิดได้ดี                                  |                 |   |           |   | * | 1    |        |          |
| 18  | เป็นคนมีความสุข   |                 |   |           |   | * | 1    |        |          |
| 19  | มีเสน่ห์ รู้จักสร้างเสน่ห์ให้ตนเอง                      |                 |   |           |   | * | 1    |        |          |
| 20  | เป็นผู้ฟังที่ดี   |                 |   |           |   | * | 1    |        |          |
| 21  | ยืดหยุ่น เข้าใจง่าย                                     |                 |   |           |   | * | 0    |        |          |
| 22  | สนใจสิ่งแวดล้อม   |                 |   |           |   | * | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน              | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|--------------------------------|-----------------|---|-----------|---|---|------|--------|----------|
|     |                                | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |                                | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 23  | รู้จักความเหมาะสม              |                 |   |           |   | * | 1    |        |          |
| 24  | ชอบการพูดในที่สาธารณะ          |                 |   |           | * |   | 1    |        |          |
| 25  | อดทน                           |                 |   |           |   | * | 1    |        |          |
| 26  | มีพลังอำนาจในตนเอง             |                 |   |           | * |   | 1    |        |          |
| 27  | สนใจหาความรู้อยู่เสมอ          |                 |   |           |   | * | 0    |        |          |
| 28  | มีสมาธิ                        |                 |   |           | * |   | 1    |        |          |
| 29  | รู้จักการแต่งกายให้เหมาะสม     |                 |   |           |   | * | 1    |        |          |
| 30  | ช่างสังเกต                     |                 |   |           |   | * | 1    |        |          |
| 31  | อ่อนน้อมต่อมตน                 |                 |   |           | * |   | 1    |        |          |
| 32  | รักในงานศิลปะ                  |                 |   |           | * |   | 1    |        |          |
| 33  | มีลักษณะแสดงออกถึงความเป็นมิตร |                 |   |           |   | * | 1    |        |          |
| 34  | ไม่มีอคติ                      |                 |   |           | * |   | 1    |        |          |
| 35  | ใจกว้าง                        |                 |   |           | * |   | 1    |        |          |

| ข้อ | ความสามารถพื้นฐาน   | ระดับความจำเป็น |   |           |   |   | I.R. | ยืนยัน | หมายเหตุ |
|-----|---|-----------------|---|-----------|---|---|------|--------|----------|
|     |   | น้อยที่สุด      |   | มากที่สุด |   |   |      |        |          |
|     |   | 1               | 2 | 3         | 4 | 5 |      |        |          |
| 36  | ฉลาดในการแสดงอารมณ์   |                 |   |           | * |   | 0.5  |        |          |
| 37  | กล้าคิด กล้าทำ  |                 |   |           | * |   | 1    |        |          |
| 38  | มีความเป็นครู   |                 |   |           |   | * | 1    |        |          |
| 39  | ไม่เห็นแก่ตัว   |                 |   |           | * |   | 1    |        |          |
| 40  | ซื่อสัตย์   |                 |   |           | * |   | 1    |        |          |
| 41  | มีความเป็นธรรมชาติ ไม่เสแสร้ง                                     |                 |   |           | * |   | 1    |        |          |
| 42  | ควบคุมอารมณ์ได้ดี   |                 |   |           |   | * | 1    |        |          |
| 1   | <b>ความคิดส่วนบุคคล</b><br>มีทัศนคติต่อการให้ศึกษาใน<br>ทางบวก    |                 |   |           |   | * | 0    |        |          |
| 2   | มีค่านิยมในการทำงานให้เกิด<br>ความสำเร็จมากกว่าค่าตอบแทน          |                 |   |           |   | * | 0.5  |        |          |
| 3   | มีความคิดฝันที่จะสร้างเสริมสุขภาพ<br>ที่ดีให้กับผู้รับบริการทุกคน |                 |   |           |   | * | 0.5  |        |          |
| 4   | เห็นคุณค่าและศักยภาพของผู้อื่น                                    |                 |   |           |   | * | 1    |        |          |
| 5   | คิดเชิงบวก  |                 |   |           |   | * | 1    |        |          |

## BIOGRAPHY

|                              |   |
|------------------------------|---|
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