

Head Nurses' Support and Registered Nurses' Preparation for the Advancement of Career Ladder as Perceived by Registered Nurses in Secondary and Tertiary Hospitals in the Three Southernmost Provinces

Sasiprapa Artnarong¹, Nongnut Boonyoung², and Sasithorn Laimek^{2*}

¹Yala Hospital

²Faculty of Nursing, Prince of Songkla University

*Corresponding author sasithorn.l@psu.ac.th

Received 13 March 2019 | Revised 17 July 2019 | Accepted 16 August 2019 | Published 12 April 2020

Abstract

This correlational research aimed to study 1) head nurse's support for registered nurse's advancement of career ladder, 2) the registered nurse's preparation for advancement of career ladder, and 3) the relationship between head nurse's support and registered nurse's preparation. The sample comprised 330 registered nurses working in secondary and tertiary hospitals in the three southernmost provinces. Research instruments consisted of 1) a demographic questionnaires, 2) the head nurse's support for registered nurse's career advancement questionnaires, and 3) the registered nurse's preparation for career advancement questionnaires. The contents of latter two instruments were validated by three experts, CVI values of .82, .89 respectively, yielding values of Cronbach's alpha coefficient of 0.98 and 0.97 respectively. Data were analyzed using frequency, percentage, mean and standard deviation, and Pearson correlation coefficient. The results showed that the head nurses' support for registered nurses' advancement of career ladder was at a high level (M=4.13, S.D.=0.57), the registered nurses' preparation for advancement of career ladder was at a moderate level (M=3.67, S.D.=0.52), and the head nurses' support was significantly positively correlated with the registered nurses' preparation for advancement of career ladder at a moderate level ($r=.50$, $P<.01$) The findings serve as a guideline for the head nurses to further plan for registered nurses' preparation for the advancement of career ladder using a systematic approach.

Keywords: support of head nurses, tertiary hospital, registered nurses' career ladder

Introduction

The unrest situation in the southern border provinces has been affecting the local communities in Yala, Pattani, and Narathiwat in terms of economics, ways of living, and the health system. As the healthcare personnel, Registered Nurses (RNs) have been affected by the situation unavoidably resulted in an unsafe, as well as an ongoing stress oppressively and increasingly, in lives and in the practice of nursing. Because of the insecure work and life, nursing workforce has been greatly impacted. The decreasing nursing workforce in the affected areas has increased the nursing workload and fatigue, faced an ongoing stress, and diminished the proactive roles of the healthcare services.

In the meanwhile, the Southern Border Provinces Administrative Centre (SBPAC) along with the Ministry of Public Health (MOPH) held the 3,000 nurses production project to minimize the shortage of nursing personnel

in the affected areas (RYT9, 2010). The project included the increased quality of nurses' life in the three southern border provinces. However, the quality of nurses' life in these areas was still at a medium level (Siriphan, Pratipchaikul, Songwattana, & Shingchangchai, 2014). To reduce the nursing shortage and to retain nurses in the healthcare system by setting guidelines for the RNs' advancement of career ladder as a security collateral for nursing profession in the affected areas.

According to the Civil Service Commission's circular letter concerning Personnel Administration in the Southern Border Provinces, the tenure time for healthcare personnel in the affected areas was calculated as doubled as actual time of working in order to increase career advancement for RNs. The career advancement came along with and increased compensation. To enter the career advancement path, RN needs to obtain required nursing competency (Office of the Civil Service Commission, 2008). One of effective strategies

to empower nurses to be well-prepared for the career advancement as to improve their knowledge and skills while maintaining the organizational development. By doubling tenure year of working, RNs need to have a good preparation and self-development. In general, RNs in the three southern border provinces are in the need for the development of knowledge, skills, and nursing capabilities in response to modern medical care. With the good preparation, the RN's stress from patients' expectation will be decreased. Empowering nurses increases nurses' satisfaction and maintains work happiness which allows nurses to fully use their capabilities and achieve their career goals (Chamnarnvej, 2008).

The major roles of head nurses (HNs) are to encourage nurses and support their nursing competency. HNs can exercise their leadership by setting the direction, motivating, accepting, and trusting their nurses to achieve the practice goals (Thailand Nursing Council, 2013). Thus, the accomplishment of nursing practice depends on the supports of the HNs.

Previous studies reported on various ways concerning the advancement of career ladder. The career ladder development (Siripukdeekan & Boonrubpayap, 2014), for example, was the career advancement guidelines and prepared nurses into a higher position. In a private hospital, the career development plan was acknowledged but it still lacked of highly support from the HNs (Saree, Singchungchai, & Thongsuk, 2015). In public hospitals, no studies found the HNs' support their nurses' preparation for the advancement of career ladder. The HNs' support their RNs' preparation for the advancement of career ladder in the three southern border provinces seems to be a promising strategy to increase the sense of job security and retain nurses in the affected areas and ultimately minimize the nursing shortage in the three southern border provinces.

■ Review of literature

The head nurses' support for the advancement of career ladder

Head nurse (HN) is a primary level of management. The leadership roles of the HN include leading, managing, quality improving, communicating, maintaining ethical practice, and enhancing health policies

and health environment (Thailand Nursing Council, 2013). The leadership role are supporting their nurses in nursing practice, giving opportunity for development, taking concern living condition, and valuing the practice of nursing (Eisenberger, 2002). Covey (2004) explained four characteristics of supportive leadership; 1) Being a role model is when HNs build trust and worthiness through their fair practice, enhancing a good relationship, maintaining good moral and ethical behaviors, being polite and generous, and understanding strengths and weaknesses of their nurses and suitably assigning tasks accordingly. 2) Path finding occurs when having everyone involved in the work to achieve common goals, creating work environment that sets the direction for staff nurses to prepare for the advancement in career ladder, setting a clear goal and making decision together among HNs and their staff nurses are ways to achieve path finding. 3) Aligning the direction to the hospital's policies must be in compliance with the current situation and able to connect possible elements needed for the preparation of career advancement. 4) Empowering nurses can be done by complying personal needs with the hospital goals and facilitating them to achieve those goals.

Advancement of career ladder and preparation for the advancement of career ladder

Career ladder is defined as the process of career advancement in nursing according to job title and the period of working time (Chayalak & Benjamas, 2015). The career advancement in nursing consists of five levels (Benner, 1984 cited in Siripukdeekan & Boonrubpayap, 2014): 1) Novice who has less than one year of experience and needs suggestion and supports from nursing team. 2) Advanced beginner who has one to two years of experience, can manage uncomplicated situation under supervision of competent nurses. 3) Competence who has two to three years of experience, able to analyze and make decision suitably, can manage urgent situation and provide counseling to younger nurses. 4) Proficient is nurse with three to five years of experience, able to manage complicate situation, makes decision suitably and can be a preceptor. 5) Expert who has at least five years of experience, able to analyze and foresees the situation and make decision under crisis. Donner and Wheeler

(2001) concluded five steps of the preparation for the advancement of career ladder including scanning the environment, completing a self-assessment and reality, creating a career vision, developing a strategic plan, and marketing oneself.

The competency of nurses and the advancement of career ladder

Changing society is accompanied with the aging society, complicated diseases, innovation in healthcare services. Nurses need knowledge and skills in a more advance and in-depth to keep up with this changing (Kaewasari, Nilliaum, & Heetaksorn, 2018). One of the best strategies to obtain required competency is to the advancement of career ladder. According to the Thailand Nursing and Midwifery Council (TNMC), eight areas of nursing competency are used as evaluation criteria for the advancement of career ladder and enhance nurses to fully practice and develop their knowledge and skills. Entering the advancement of career ladder can be done in three paths; nurse administrator, nurse educator, and nurse researcher. Nurses who have more than five years of working experience can further advance their roles to be a nurse educator and a head of specialty area later on. Another choice, is acquiring the Advanced Practice Nursing (APN) that can be pursued without prior experience in APN area. And for those nurses who reach their seven to ten years of experience can further advance their career as an expert nurse. It is also recommended that management competency should be promoted among nurses who have more than ten years of working (Chayalak & Benjamas, 2015). Therefore, achieving nursing competency is the gateway to advancement of career ladder.

Three southern border provinces

The unrest situation in the three southern border provinces began in 2004. It left behind huge damages to properties and lives as well as the healthcare services. To date, the unrest situation tends to occur less often but the severity and the impacts are still intense and decreases the trust among people while increases suspiciousness widely throughout the affect areas. Nurses have been facing a prolonged stress and unable to take proactive healthcare services as

they are supposed to. Nursing practice must be done in the hospital and avoid carrying practice outside the hospital for personnel safety purpose. The unsafe situation has a direct impact on the recruitment of new nurses. To retain nurses in the affected areas, the Office of the Civil Service Commission launched the policy to produce 3,000 nurses to work in the three southern border provinces. Along with such policy, doubling the tenure time was set as a motivation to retain nurses. Undoubtedly, the 3,000 nurses are the group of new nurses who gain the most benefits of doubling tenure time compared to nurses who are in the traditional time for the advancement of career ladder. While knowledge and skills required for a higher position are taking place for all nurses, doubling the tenure time leaves them a short time preparation. Supporting from many resources including the HNs' is crucial for this preparation.

■ Study aims

1. To study the head nurses' support their nurses' advancement of career ladder as perceived by registered nurses working in secondary and tertiary hospitals in the three southern border provinces.
2. To study the nurses' preparation for the advancement of career ladder as perceived by registered nurses working in secondary and tertiary hospitals in the three southern border provinces.
3. To study the relationship between the head nurses' support and the nurses' preparation for the advancement of career ladder as perceived by registered nurses working in secondary and tertiary hospitals in the three southern border provinces.

■ Methods of design

This descriptive correlation research collected data from five hospitals located in the three southern border provinces including Pattani hospital, Narathiwat Rajanakarin hospital, Sugh-Golok hospital, Betong hospital, and Yala hospital. Sample size was calculated using Yamane (Yamane, 1967), resulted in 330 RNs. Simple random sampling without replacement was used. Data were collected using self-developed questionnaires. The questionnaires consisted of three parts; demographic, level of HNs' support of the nurses' advancement of career ladder, and level of RNs'

preparation for the advancement of career ladder. The level of HNs' support of the nurses' advancement of career ladder consisted of twenty-nine questions on a rating scale ranging from very high perception (5) to very low perception (1). The level of RNs' preparation for the advancement of career ladder consisted of thirty-four questions on a rating scale ranging from very high preparation (5) to very low preparation (1). These latter two questionnaires were approved by three experts for their construct validity yielding the CVI of .82 and .89 respectively. The reliabilities were done and computed using Cronbach alpha equal to .98 and .97 respectively.

■ Data collection and data analysis

The researcher obtained the letter of approval to collect data in the secondary and tertiary hospitals from the Faculty of Nursing, Prince of Songkla University. The copies of letter were sent to the Nursing Directors in the selected hospitals. After receiving an approval from ethical committee of each hospital, the questionnaires were sent to research assistants at each hospital to be distributed with the letter of approval. The researcher collected the completed questionnaires four weeks after the distribution. The return rate was one hundred percent. Frequency, percentage, means, standard deviation, and Pearson's correlation statistics were used for the data analysis. The mean scores of those two latter questionnaires were computed for the correlations between HNs' support and RNs' preparation for the advancement of career ladder. The relationships between HNs' support and RNs' preparation for the advancement of career ladder were interpreted into three levels: 1) low HNs' support for the advancement of career ladder or low RNs' preparation for the advancement of career ladder (\bar{X} =1.00-2.33), 2) moderate HNs' support for the advancement of career ladder or moderate RNs' preparation for the advancement of career ladder (\bar{X} =2.34-3.67), and 3) high HNs' support

for the advancement of career ladder or high RNs' preparation for the advancement of career ladder (\bar{X} =3.68-5.00).

■ Ethical consideration

After receiving an approval from the Ethical Committee from the Faculty of Nursing, Prince of Songkla University, the copies of approval letter were sent to the selected hospitals. The sample were explained the study's objectives and data collection methods. The participation in this study was totally voluntary. Their answers had no impact of their performance and were kept confidentially. The data were presented as a group and not an individual.

■ Results

Demographic

Most of the sample were female (94.5%). Forty point six percent of the sample aged between 31-40 years with the mean age was 36.55 years (S.D.=7.6). Sixty-three point six percent of nurses were married. Most of them were Islamic (57.9 %). Ninety-four point two percent of nurses had bachelor's degree and 5.8% of them had master's degree. Years of working experience was 12.93 years (S.D.=8.23) while 52.7% of the nurses had 5-10 years of working experience. Most of the nurses in this study were expert nurses (77%). The nursing career development was attending the conference/workshop related to nursing (54.8%) and participating in a variety of professional development (52.4%). The average years of being a HN was 12 years (S.D.=8.56). Ninety-four point nine percent of the nurses in this study had a good relationship with their HNs. Nurses indicated the need for clinical/academic career development (83.9%) and the self-preparation (57.6).

Head nurses' support for the advancement of career ladder

Table 1 Means, SDs, and level of the HNs' support for the advancement of career ladder as perceived by RNs (N=330)

HNs' support for the advancement of career ladder	M	S.D.	level
Being a role model	4.18	0.60	high
Path finding	4.14	0.59	high
Aligning the direction to the hospital's policies	4.14	0.61	high
Empowering	4.05	0.62	high
Overall	4.13	0.57	high

As shown in table 1, overall mean score of the level of support for the advancement of career ladder was high (M=4.13, S.D.=0.57). Being a role model had the highest mean score (M=4.18, S.D.=0.60) followed by setting the direction of career advancement (M= 4.14, S.D.=0.59), complying the direction with the

hospital's policies (M=4.14, S.D.=0.61), and empowering (M=4.05, S.D.=0.62), respectively.

Registered nurses' preparation for the advancement of career ladder

Table 2 Means, SDs, and level of the RNs' preparation for the advancement of career ladder (N=330)

RNs' preparation for the advancement of career ladder	M	SD	level
Scanning your environment	3.64	0.55	moderate
Completing your self-assessment and reality	3.74	0.61	high
Creating your career vision	3.75	0.54	high
Developing your strategic career plan	3.60	0.63	moderate
Marketing yourself	3.60	0.65	moderate
Overall	3.67	0.52	moderate

As shown in table 2, overall mean score of RNs' preparation for the advancement of career ladder was at a moderate level (M=3.67, S.D.=0.52). The highest mean score was creating your career vision (M=3.75, S.D.=0.54) followed by completing your self-assessment and reality (M=3.74, S.D.=0.61). The moderate level of RNs' preparation for the advancement of career ladder were scanning your environment (M=3.64,

S.D.=0.55), developing your strategic career plan (M=3.60, S.D.=0.63), and marketing yourself (M=3.60, S.D.=0.65).

The relationship between the head nurses' support and the registered nurses' preparation for the advancement of career ladder

Table 3 The correlations between HNs' support and RNs' preparation for the advancement of career ladder

RNs' preparation HNs' support	Scanning your environment	Completing your self-assessment and reality	Creating your career vision	Developing your strategic career plan	Marketing yourself	Overall RNs' preparation
Being a role model	.46**	.36**	.41**	.32**	.31**	.43**
Path finding	.46**	.38**	.44**	.35**	.32**	.44**
Aligning the direction to the hospital's policies	.48**	.42**	.48**	.37**	.34**	.48**
Empowering	.54**	.43**	.52**	.41**	.39**	.52**
Overall HNs' support	.52**	.43**	.50**	.39**	.36**	.50**

** p<.01

As shown in table 3, each characteristic of HNs' support for the advancement of career ladder has statistically moderately positive correlations with each characteristic of and overall RNs' preparation for the advancement of career ladder. Each characteristic of RNs' preparation for the advancement of career ladder has statistically moderately positive correlations with each characteristic of and overall HNs' support for the advancement of career ladder. The correlations (r) range between .31 and .54. Among the HNs' support for the advancement of career ladder, empowering shows the strongest positive correlations with three characteristics of RNs' preparation for the advancement of career ladder; scanning your environment (r=.54), creating your career vision (r=.52), and overall RNs' preparation (r=.52). The empowering has the weakest positive correlation with marketing yourself (r=.39). Among the characteristics of RNs' preparation for the advancement of career ladder, scanning your environment has the strongest positive correlations with aligning the direction to the hospital's policies (r=.48) followed by being a role model (r=.46) and path finding (r=.46). Being a role model has the lowest statistically positive correlation with the overall RNs' preparation for the advancement of career ladder (r=.43). The overall head nurses' support and overall RNs' preparation for the advancement of career ladder

had a statistically moderately positive correlation (p<.01).

Discussion

The head nurses' support for advancement of career ladder

The overall HNs' support for the advancement of career ladder was at a high level (table 1) showing that the head nurses pay their attention to RNs' advancement of the career ladder. Doubling the tenure time for RNs in the three border provinces result in an increased opportunity for career advancement. The career advancement leads to an increased compensation and salary and, utmost, increased job satisfaction (Panurat & Srisatidnarakul, 2013). These positive outgrowths ease how the HNs' support the career advancement and retain their RNs to stay in the hospital. This outgrowth is another motivation to retain nurses in the three borders and high risk provinces. The HNs' support leads to positive practices socially and psychologically to their nurses. Thus, it is important that the hospital sets policies to promote work happiness and deploy them to the nursing units (Arshadi & Hayavi, 2013). In a big picture, the hospital gains benefits from such support as a good strategy to hold RNs working in the hospital especially, for the hospitals located in the three border provinces. At the

unit level, RNs are working under the supervision of their HNs. It is also important to the RNs when they perceive that the HNs always support their career advancement as well as their confidence in clinical practices. As an individual, the HNs' support strengthens psychological bond and norm among nurses by being a role model in clinical practices (Promsri, 2015). Being a role model can be done in many ways including having a continuous self-development, obtaining new knowledge to achieve the Hospital Accreditation approval, applying nursing theories into practice effectively, being a counselor to encourage nurses' confidence in clinical practices which ultimately enhances the quality of nursing practice (Valentine, 2002). As nurses have been working for a period of time, they gain expertise in their clinical competent which is required for the advancement of career ladder. Being a role model can be viewed as an effective leadership role resulting in the nurses' practice and enhances safety and effective nursing performance (Thanapatraporn, 2014). However, being a role model may be too abstract to be explicitly observed by nurses. Nurses may not aware that their head nurses are supporting by being a role model. Empowering is another way the head nurse can support the nurses' practices. It can be done by enforcing the nursing practice with respect to the patients' rights (Tanti-petcharaporn, 2014) as well as routine-to-research practices (Intraduang, 2012). The head nurses' support is considered as one of the head nurse's competencies of the staff development as well as a key success to the preparation for advancement of career ladder. The rationale for the key success lies in the fact that the head nurses are the group who has a high constructive organizational culture (Tangcharearntham, 2009).

The registered nurses' preparation for advancement of career ladder

The overall preparation for advancement of career ladder of RNs in the secondary and tertiary hospitals in the three border provinces was at a medium level (Table 2). The finding reflects that the unrest situation in the three southern border provinces confines proactive services of the hospitals and increases the setting-up of service units in the affected areas. While overall healthcare services are limited within

the same province, the numbers of patient are still increased. Although the MOPH increased the production of nurses to work in the affected provinces but workload remained unchanged. The workload may be the reason that compels nurses to focus on nursing services at hand rather than on the preparation of the career advancement. The doubling tenure time of work, as a motivation to retain nurses in the affected areas, shortens the preparation time for nurses to enter the higher position. The doubling tenure time may be another reason nurses pay less attention to the preparation for the career advancement.

As a result of doubling tenure time of work, most nurses (77%) in this study are already in their expert positions. More than half to them (52.7%) have been working only five to ten years. With these results, nurses may think they have secured their career advancement and may no longer in the urge to envision them in further career advancement. No urge to envision for further career advancement is contrary to previous study finding that career advancement, such as further education, was highly needed for among nurses (Nakgul, Thridech, Phandii, & Siri, 2014). However, this study reveals the uniqueness of the hospitals in three border provinces.

It must be noted that the imbalance of budget allocation in the hospital can be another reason affecting the human resources development. The budget management tends to focus more on a specialty area of service and limits the opportunity to a few numbers of nurses to be eligible. Another reason limits an opportunity for self-development is a self-readiness. Most of nurses are female, married, and have children, taking care of their family is a primary concern which may pull them away from the preparation for self-advancement. While 54.8% of nurses attend conference and workshop focusing on nursing care, only 22.1% of them attend the conference and workshop in relation to the self-development (Office of the Civil Service Commission, 2015).

The relationship between the head nurses' support and the registered nurses' preparation for the advancement of career ladder

As shown in table 3, overall relationship between the HNs' support and the RNs' preparation for the

advancement of career ladder in the secondary and tertiary hospitals in the three border provinces was statistically moderately positive. In the midst of an ongoing unrest situation, the government does not overlook to retain RNs in the affected areas. The doubling tenure time was a motivational policy to expedite the career advancement. Such the motivational policy enforced the HNs to exercise their leadership, empower their RNs, and support and monitor the continuous self-development. To obtain achievement, the support from head nurses, as well as the organization, is a crucial force for nurses (Nakdang, 2012). Head nurses can empower their nurses through embracing the value of nursing practice which is a motivational strategy for career advancement. Empowerment in the form of providing opportunity for career advancement can be as effective strategy as the remuneration basis (Panurat & Srisatidnarakul, 2013). Sharing information sources, career development, and human resources management and policy among nurses as well as having a strong relationship with nursing institutes are good ways of acquiring opportunity for career advancement. The empowerment increases the job satisfaction among nurses and strengthens organizational commitment (Pinkaw, 2015) which, in turn, retains nurses.

■ Conclusion

The HNs' support for the advancement of career ladder is essential drive to how well nurses prepare themselves for the career advancement. The support can be done in many ways. Being a role model, providing guidance find pathway to success, complying and hospital's policy to nurse's direction, and especially empowering nurses. There was a statistically moderately positive relationship between the head nurses' support and the nurses' preparation for the advancement of career ladder. Although nurses have opportunity for the career advancement from the doubling the tenure time, the unsafe environment of an ongoing unrest situation, the high load of work, and family priority still limits the time and effort for nurses' preparation for the career advancement. Still, the preparation for career advancement seems to be a challenging for

nurses. Therefore, further studies should be done to explore what effective ways to be included in the motivational strategy.

Implication for practice

1. Nursing management. The human resources development for nurses should be well-planned. An individual career development plan should be complied with the healthcare standards. For novice nurses, the hospital should effectively execute the development plan and encourage the systematic thinking. Head nurses are key persons to guide them to the right path. Discussion nurses' individual development plan as well as being a mentor for their career path development may be their best support. For those nurses who are ready to pursue their career advancement, head nurses need to be a facilitator from the beginning to their completed work.

2. Nursing research. Motivational model for the advancement of career ladder should be studied especially in the three southern border provinces. Seeking consultation from outside and providing information useful for their development projects are head nurses' responsibilities. This can be done by inviting experts; nursing educator, IT personnel, or librarian, who can help those nurses who are not familiar with obtaining research and publications.

3. Nursing practice. Self-development should done individually and continuously by encouraging the systematic thinking. Facilitating time and other supports should be in place for nurses. Individual needs assessment to strengthen their nursing practice should be done regularly and continuously. For those who already have completed their works, finding opportunity to present their works will not only reward them but give them recognition to the outsiders and eventually gain their reputations.

■ Limitations

The only limitation of this study is that the support of head nurses was the perception of nurses which, sometimes, cannot entirely reflect the actual support of the head nurses concerning the career advancement.

References

- Arshadi, N., & Hayavi, G. (2013). The effect of perceived organizational support on affective commitment and job performance: Mediating role of OBSE. *Procedia-Social and Behavioral Sciences*, 84, 739-743.
- Chamnarnvej, W. (2008). *Key success factors in employees' performance of government savings bank in Bangkok Metropolitan and the Suburban areas* (Unpublished minor thesis). Srinakharinwirot University, Bangkok.
- Chayalak, S., & Benjamas, B. (2015). The advancement of career ladder in nursing. *The Journal of the Royal Thai Army Nurses*, 15(3), 75-80.
- Covey, S. R. (2004). *The 8th habit: From effectiveness to greatness*. New York: Free Press.
- Donner, G., & Wheeler, M. (2001). *Career planning and development*. International Council of Nurses. Retrieved from http://www.icn.ch/images/stories/documents/publications/guidelines/guideline_career_take_charge.pdf.
- Eisenberger, R. (2002). Perceived supervisor support: contributions to perceived organizational support and employee retention. *Journal of Applied Psychology*, 87(3), 565-573.
- Intraduang, S. (2012). *Head nurse's support of conducting research from nurse's routine work as perceived by expert nurses and nursing unit's research, southern tertiary hospitals* (Unpublished minor thesis). Prince of Songkla University, Songkhla.
- Kaewsasri, A., Nilliaum, R. & Heetaksorn, C. (2018). Changes in Thai society and culture and trends of Nursing Profession. *Songklanagarind Journal of Nursing*, 37(3), 160-169.
- Nakdang, D. (2012). *The preparation of head nurse in southern regional and general hospitals in relation to the National Health Security Act 2550 on deliberate intent of the patient at the end of life stage* (Unpublished minor thesis). Prince of Songkla University, Songkhla.
- Nakgul, L., Thridech, P., Phandii, W. & Siri, S. (2014). Needs of self development among Ramathibodi Hospital personnel. *Journal of Boromarajonani College of Nursing, Bangkok*, 30(1), 22-33.
- Office of the Civil Service Commission. (2008). *Criteria for classification of positions and levels*. Retrieved from https://www.ocsc.go.th/sites/default/files/attachment/law/law_civil_service_rules2551_05_0.pdf.
- Office of the Civil Service Commission. (2015). *Management in the Three Southern Border Provinces*. Retrieved from https://www.ocsc.go.th/sites/default/files/attachment/circular/w1-2551_0.pdf
- Panurat, P. & Srisatidnarakul, B. (2013). Key contributor for nurse Job satisfaction in private hospital. *Songklanagarind Journal of Nursing*, 33(1), 29-42.
- Pinkaew, P. (2015). *Empowerment and engagement between Japanese and Thai organizations*. Bangkok: Thammasat Business School.
- Promsri, C. (2015). Influence of perceived organization support and supervisor support on organization commitment of Thai military officers. *J Panyapiwat*, 7(suppl), 188-201.
- RYT9. (2010). *Professional nursing production project to resolve the southern border problems*. Retrieved from <https://www.ryt9.com/s/cabt/778104>.
- Saree, S., Singchungchai, P., & Thongsuk, P. (2015). The position succession plan and preparation needs in order to become a head nurse: The perception of the registered nurses on duty at Bangkok Dusit Medical Services, southern Thailand. *J Pub Health*, 2(1), 13-23.
- Siriphan, S., Pratipchaikul, L., Songwattana, P., & Shingchangchai, P. (2014). Quality of life of professional nurses in unrest in three southern border provinces. *J health Sci*, 8(2), 47-55.
- Siripukdeekan, C., & Boonrubpayap, B. (2014). Nursing career ladder development. *The Journal of the Royal Thai Army Nurses*, 15(3), 75-80.
- Tangcharearntham, N. (2009). *The relationship between head nurse's leadership style, creativity culture and head nurse's effectiveness as perceived by registered nurses in tertiary public hospitals region 15 and 17* (Unpublished minor thesis) Sukhothai Thammathirat Open University, Nonthaburi.
- Tantipetcharaporn, R. (2014). *Outpatient head nurse's support of patient's privilege respectfulness and the practice of patient's privilege respectfulness among registered nurses in southern general hospitals* (Unpublished minor thesis). Prince of Songkla University, Songkhla.
- Thailand Nursing Council. (2013). *Nursing management competencies*. Bangkok: Golden Point.
- Thanapattraporn, M. (2014). *Registered nurses' practice of enhancing patient's participation in safety of hospital infection and the head nurse's support as perceived by registered nurses in southern general hospitals* (Unpublished minor thesis). Prince of Songkla University, Songkhla.
- Valentine, S. (2002). *Nursing leadership and the new nurse*. Retrieved from <http://juns.arizona.edu/article/Fall%202002/Valentine.htm>
- Yamane, T. (1967). *Statistics, an introductory analysis* (2nd ed.). New York: Harper and Row.