

Determining Competency for Nurse Managers in Community Hospitals in Thailand: The Perspective of Nurse Managers and Directors of Nursing Services

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Introduction: Competent nurse managers have been associated with achieving safe and effective outcomes. Nursing competencies differ within the context of organization depending on size of the hospital and the facilities. Also nurse manager competencies should be different that focused on viewpoints of nurse managers in community hospitals. The aim of this study was to investigate the viewpoints of nurse managers and directors of nursing services in community hospitals regarding the essential competencies of head nurses.

Methods: A qualitative descriptive design was used to investigate the perspective of nurse managers and directors of nursing services about essential competencies of nurse managers in community hospitals. A total of ten participants (four directors of nursing services and six nurse managers) were interviewed.

Findings: Nurse managers and directors of nursing services identified leadership, management, communication, professional ethics, and policy and healthcare environment as the essential competencies for their positions in community hospitals.

Conclusions: These findings can be used by executives of community hospitals and nursing institute to plan for competency development for nurse managers. It should be included in nurse administration program.

Key words: Competency, Nurse manager, Community Hospital.

INTRODUCTION

The ultimate goals of dynamic changing of the healthcare system is to more easily access to its system, self-care of people, and to provide early detection of health problems with greater equity of healthcare services. Healthcare institutions differ in their capability in offering services depending on their contexts such as resources, human and environment.⁽¹⁾ Healthcare providers also should be differently competence in their roles. Nurse managers are positioned to be leaders and facilitators for clinical decision making at the unit level.⁽²⁾ Moreover, nurse managers should create a safety unit, monitor quality care, show the clarification vision, manage the nursing flow, and keep patient satisfaction.^(3,4) They need to relay policies from the directors of nursing to their staff, and work with their unit staff to achieve goals.⁽¹⁾ Therefore, they need to have their skills to be a competent in their positions. A critical review of the literature also revealed competence nurse managers influence healthy environment in workplace, staff and clients' satisfaction and quality healthcare.^(5,6)

Many researchers have defined competency. Vazirani⁽⁷⁾ reviewed the literature and found that competencies are skills, knowledge, and the underlying characteristics of person that demonstrate behavioral or thinking methods in variety of situations. Spencer and Spencer⁽⁸⁾ identified five components of competency characteristics including knowledge, skills, motives, traits, and self-concept which emphasize the point that competencies have to associate

with performance in the workplace and something would be desired.

In Thailand, healthcare services have been classified by the network healthcare services, which are divided into three levels of care including primary care, secondary care, and tertiary care. Secondary care is classified in several levels such as 1) a small community hospital which serves uncomplicated and low risk patients 2) a medium community hospital which serves complicated patients 3) a large community hospital which serves complicated patients more than a medium level hospital. Community hospitals, the majority of hospitals in Thailand (72 percent) are classified as the secondary care of health care facilities⁽⁹⁾ and have 30 to 90 beds. They provide inpatient care, out-patient care, emergency service, operating room, labor room, and collaborate with primary care level services.⁽¹⁰⁾ Nurse managers in community hospitals have broader roles than those in the other level hospitals, and they have to coordinate with both multidisciplinary teams and the community, handle a wide variety of roles with limited resources, and have broad knowledge to cope with day to day activities in their hospitals with creativity and resourcefulness.⁽¹¹⁾

The Thailand Nursing and Midwifery Council⁽¹²⁾ identified broadly five competency domains for nurse manager which are as: 1) leadership, 2) management and quality improvement, 3) communication and relationships, 4) code of professional conduct, ethical and legal practice, and 5) policy and healthcare environment described in Table 1.

Nurse managers in Thailand affiliated with this organization are to apply this framework with their workplace context. Therefore, this study applied this framework to investigate the perspective of nurse managers and directors of nursing services in community hospitals.

In Thailand Community hospitals, most head nurses are selected by higher executives for reason other than based on specified qualifications with the necessary skills and knowledge.⁽¹³⁾ They are often to practice as nurse managers which, in term, care effect the quality of patient delivered on their unit. Community hospitals service a large group of the Thai people who does not live in large cities. If nurse managers are not educated into the positions, the patients overall will get care of compromise and quality, which care lead to concern one Thailand hope and meet health care goals. Based on several studies in Thailand, even though they have examined competencies of nurse managers in general, regional, and university hospitals, none of them specifically focused on nurse managers in community hospitals.⁽¹⁴⁾ In light of this concern, the purpose of this study was to investigate the competencies of nurse managers in the context of community hospitals from the perspective of nurse managers and directors of nursing services who work in community hospitals.

METHODS

The qualitative descriptive design was implemented to explore the viewpoints of being a nurse manager in a community hospital about knowledge, skills, and personal characteristics from the perspective of nurse managers and directors of nursing services in community hospitals.

Sample and Setting:

Using purposive sampling recommended by Waltz et al.,⁽¹⁵⁾ data were collected from 4 directors of nursing services and 6 nurse managers who worked in one of several community hospitals. One director of nursing services and five nurse managers from the same hospital were included in a focus group discussion. Three directors of nursing services and one nurse manager from different hospitals across country were interviewed separately. The participants for interviews, their ages ranged from 48 to 55 years (Mean= 50.3, *SD* = 3.3). All of them had earned master degrees. Their experiences as a nurse manager ranged from 2 to 12 years (Mean= 6.5, *SD* = 4.2). The ages of focus group participants ranged from 38 to 55 years (Mean= 46.7, *SD* = 5.5). All of them had earned a bachelor degree and had experience as a nurse manager ranging from 6 to 13 years (Mean= 8.5, *SD* = 2.2). Most (83.3%) were nurse managers and 16.7% were directors of nursing service.

Data Collection Procedures:

After approval from the Research Ethic Review Committee of the Faculty of Nursing Chiang Mai University, the researcher contacted the directors of nursing service of the selected hospital for permission to collect data. Then, the researcher individually contacted the four directors of nursing service and six nurse managers for signing informed consent and making an appointment for interview or participation in a focus group. The participants were asked for the permission to audiotape record the dialogue from the interview or focus group discussion; the audiotapes were

destroyed immediately after finishing the study. The researcher interviewed each of three directors of nursing service and one nurse manager using the Interview Guide.

The Interview Guide was a semi-structured interview format consisted of three open-ended that asked them to describe and identify the essential competencies for nurse managers in community hospitals as well as to identify behaviors for each competency. Three nursing faculty members who were experts in qualitative methods reviewed the guide for strengths and weaknesses, and provided feedback used to improve the guide.

Each interview took one to one and a half hours. Two focus group sessions were held, which lasted from 50 to 90 minutes. During the focus group, the trained research assistants took notes as much as possible including discussion and observations of nonverbal communication.

Data Analysis Procedures:

The audiotape from individual interviews and focus group discussion was transcribed. The interviewed data were analyzed using content analysis. The concept clarification and identify definitions of terms were done using the framework of competency for nurse managers of The Thailand Nursing and Midwifery Council defined as five domains: leadership, management and quality improvement, communication and relationships, code of professional conduct, ethical and legal practice, and policy and healthcare environment.⁽¹²⁾ The researcher repeatedly read the transcriptions, develop a categorization matrix, and coded the data within the categories by frequency, order, or intensity of the occurrence of words, phrases, or sentences.⁽¹⁶⁾ Then, the words or sentences with the highest frequency were selected. The data were validated by the directors of nursing service and nurse managers who were interviewed or in the focus group. The researcher asked participants to support their statements with example, and probed their answers for more information. The data were analyzed and interpreted by the researcher and the faculty advisers. If two significantly different data interpretations occurred, the data were discussed until we reached the consensus, as well as, the data were confirmed by the field notes.^(16,17)

RESULTS

The competencies for head nurses in community hospitals which found in this study included leadership, management, communication, professional ethics, and policy and healthcare environment. They are the same as The Thailand Nursing and Midwifery Council domains. But subdomains found in this study were different from The Thailand Nursing and Midwifery Council: model of caring; sharing vision; systemic thinking. These showed that the context affected on the different competencies. The domains and subdomains are compared in Table 2. Each of these competencies is something all nurse managers should have been educated about before assuming the nurse manager position.

Domain 1: Leadership: Most participants defined leadership competency is “a team leader who thinks with systemic perspective for goal achievement. A nurse manager must be a leader in the community, and coordinate with healthcare network and other organizations. They

should practice in a good nursing care as a model of caring.” The participants proposed that leadership is concerned with a shared vision, systemic thinking, being a change agent, negotiation, and model of caring. Two participants stated, “the nurse managers as a leadership have to regulate goals, visions, and systematic procedure and negotiate, to be a change agent and consultant in nursing of subordinates.” “leadership of nurse managers, they need use knowledge, skill and ability to motivate and lead other people to participate and share their vision in the work.”

Subdomain 1: Shared vision. If a nurse manager actually helps achievement in their organization, they should have knowledge, experience and characteristics to help them view the organization widely as a whole, and set a vision into the future. Participants state, “in achievement of the work ... they have to set and share the vision for the future, and plan both short and long term continuously.”

Subdomain 2: Systematic thinking. Nurse managers or leaders need to use information and problems to create good decision making, and problem solving so that clients, providers and the organization receive the overall benefits. Some participants described, “in a community hospital, nurse managers must use information to think deliberately for decision making and problem solving in the unit.” “understanding the issue and problem, classifying each situation and problem should be done in a step by step.”

Subdomain 3: Change agent. Nurse managers should be a leader of change, and energize team efforts to participate in the desired changes. Most participants described, “nurse managers must be a leader in managing the process of change. ...they have to plan and make efforts for subordinates to participate in the desired changes, especially in the clients’ care.” One participant said that nurse managers need to provide the healthcare team with the data or other information for them to choose the best option when changes are needed. “Explaining the information to subordinates who are faced with the change events until they accept them.”

Subdomain 4: Negotiation and conflict management. The participants mentioned that nurse managers need have strategies for giving in on some points and standing firm on others to satisfy on both sides. “Leaders should negotiate and manage the conflict through using the information and reasons for giving some points and standing firm. Both providers and clients can see that the result is satisfied on both sides.” Some participants said that the nurse managers often work with staff who have disagreement. One participant agreed with them and recommended that nurse managers should manage a dispute through sharing the needs of each group for agreement consensus. “I think if nurse managers are competent, they can work with the team members who disagree about something to help their consensus.”

Subdomain 5: Model of caring. Nurse manager as a leader need to be experts in nursing care and consultants in nursing for the team, as well as good role models of caring. Some participants stated, “Collecting knowledge and experience in management and facilitating the team for caring in a unit

and community has to be demonstrated in the nurse manager position and model of nursing care.” “The expertise of leaders must show broad knowledge of nursing service in community hospitals. They ought to be the consultants in nursing care team when the subordinates face with the difficult situation.”

Domain 2: Management: Management is an essential competency. The participants mentioned that to be competent in management, nurse managers should manage resources, quality care, and nursing knowledge in the unit and in the community. Participants stated, “Competent nurse managers in management need to be educated for management ...that resource management which is both human and supplies in the unit and community, and covers the quality of nursing management.”

Subdomain 1: Resource management. Resource management was involved in human, supplies, instruments and budgets. Participants defined resource management as “...that nurse managers can manage human resources planning the appropriate workforce using, human development for career path, the process of retaining and performance assessment. For budget management, nurse managers have to plan the budgets for long-range planning and the cost estimation to meet the organization’s objectives. For the supplies management, they should prepare and forecast sufficiently for the month.” Some participants mentioned and focused on the effective cost of resources in a unit and the community. “Resource management competency ...the human resources, budget, and supplies are used effectively cost wise both in the unit and community.”

Subdomain 2: Quality management. All participants described nurse managers must be leaders in quality management collaborating with subordinates and the healthcare team in the unit and community through description all activities related to establishing; maintaining and assuring high quality care, and setting the standards and process of evaluating and monitoring the quality of care given in a unit and community. “... nurse managers lead the subordinates to assure and improve the quality of service. Setting the goals and standards are discussed by brainstorming. Data collection for interpretation is essential for implementation improvement. Monitoring nursing care should use several methods.” Some participants suggested nurse manager should collaborate with healthcare team to analyze and plan the expected outcome result to the standards and process of outcome management. “Nurse managers should integrate the standards to practice in a unit and community.”

Subdomain 3: Knowledge management. For quality care, information is important to meet the goals of care. Participants recommended nurse managers should have the ability to organize, collect, share, and analyze the information about nursing care effectively, and to be a facilitator and consultant with subordinates, networks, and a community for information management. Some participants suggested nurse managers also facilitate subordinates to attend knowledge management and share information with healthcare team and other organizations. “I suggested that

nurse managers should be the supervisor in the process of knowledge management in a unit and community to share their knowledge and problems with each other.”

Domain 3: Communication is a competency expected for nurse manager. Participants described that nurse managers should establish relationships; the ability to transfer the information and understanding from one person to another by both verbal and nonverbal communication in order to collaborate in nursing care achievement; and use technologies to access the available information and communicate nursing knowledge effectively. “They should establish relationships and trust, and use the technologies in investigation and communication effectively.” “Nurse managers ought to have a relationship with other people in the unit, other organizations and other disciplines. They should communicate both, verbal and nonverbal as well as technologies using for the quality service.” One participant described the effective communication is based on the skills and strategy of nurse managers. Because they need transfer the information and understanding from one person to another.

Domain 4: Professional ethics. The participants said that nurse managers should to be have in a normal way and have knowledge about ethics, law and patient rights, among other things. “Nurse managers engage in law, ethics, and code of professional conduct are their roles. They must work with honesty and justice.” Some participants stated that nurse managers must facilitate subordinates to advocate for recipients of healthcare, the human and patient rights and sacrifice, and understand to how advocate for patient and provider rights. Most participants warned nurse managers about the monitoring on human right. “Patients’ right must be informed to all clients, and advocate for providers and patients’ right completely.”

Domain 5: Policy and healthcare environment. Participants presented the behaviors of nurse managers needed in this domain, which were categorized separately with two subdomains such as policy implementation, and healthcare environment management.

Subdomain 1: Policy implementation. Participants described term of policy implementation as transferring a policy to subordinates, and move the unit toward its goals by assigning activities for members to perform. They should have the ability to prevent and control the determinants causing the problems which can be forecasted for preparing in unit and community. “Participating in policy regulation of subordinates in the unit is essential. Nurse managers have to transfer related policy to subordinates. One leg steps on the community and the other steps on the unit.” Some participants stated, “Nurse managers have to move unit toward their purpose or goals by assigning activities that organization or member perform. They need the ability to forecast the impacts of diseases, and then prepare to prevent and control the determinants to decrease problems.”

Subdomain 2: Healthcare environment management. Participants said that now every hospital have to be the healthy workplace which is consistent with the policy of Ministry of Public Health. So, nurse managers need the ability to participate with subordinates and facilitate the

environment for good health workforce and healthy environment. Most participants described the aspect of healthcare environment management that nurse managers are required to effectively plan, implement, control and evaluate the healthcare environment for client and healthcare team with safety and healthy. They should facilitate sufficiently the supplies used for safety and healthy environment. “Criteria of the healthy workplace are required for nurse managers that can manage the environment for patient and provider safety.” “Nurse managers need to have the proficiency to plan, implement, control and evaluate the healthcare environment, and they should facilitate sufficiently the supplies for safety and healthy client and providers.”

DISCUSSION AND IMPLICATIONS

The Thailand Nursing and Midwifery Council recommended that nurse managers should be evaluated their competencies by the hospitals, and prepared in educational program before promoted into their positions.⁽¹²⁾ However, most nurse managers were not selected into the positions because they met on the higher ages.⁽¹³⁾ One finding of this study was that most participants though they were not prepared for their positions.

The content analysis supported the five domains of The Thailand Nursing and Midwifery Council: leadership, management, communication, professional ethics, and policy and healthcare environment. Leadership and management competency are consistent with Chase⁽¹⁸⁾ who replicated the research of nurse manager competency which revealed that human skills, leadership skills, and financial management are the essentials competencies for nurse managers. From many studies, researchers found leadership, financial, management or organization, communication, human resource, collaboration and team, clinical skills and knowledge, relationship, thinking, integrity and awareness of regulatory requirements, informatics and technology, and conflict resolution competencies of nurse managers concerning with the quality care and administration .^(19, 20, 21, 22, 23)

Participants wanted nurse managers in a community hospital in Thailand to be experts in nursing care which make them to be competence in a model of caring. Technical skills are essential for nurse manager.⁽¹⁸⁾ Participants suggested that not only nurse manager have to manage and practice in unit but in community also. This competency and cooperation in community differs from the identification of The Thailand Nursing and Midwifery Council that did not specifically study in community hospitals. Because the context and innovative technologies make the capability of healthcare services different in each country and each level hospital.⁽²⁴⁾ Eldridge and Judkins stated that competency of nurse managers should be based on the integration the need-based community services, cross-disciplinary management for achievement in administration.⁽²⁵⁾

The Thailand Nursing and Midwifery Council⁽¹²⁾ and Promsorn⁽²⁶⁾ studied competency for nurse managers in Thai context resulted that moral principles and ethics, and code of professional conduct, ethics and the legal were important competencies for nurse managers. Differ from this study, it

was found that professional ethics are essential competencies for nurse managers in community hospitals. But most studies in other countries did not mention. Moreover, there are some competencies such as communication and policy and healthcare environment that did not include in its.⁽²⁵⁾

Competencies for nurse managers in each health service level are different depending on their context.⁽²⁷⁾ Thai healthcare policy focused on the participation between government and community, the health care environment, strong community, holistic integration, and human-centered care.⁽²⁸⁾ So, nurse managers in community hospitals have to cooperate with the community and network. Competencies can be encouraged or trained if not sufficient.⁽²⁹⁾ Education program could offer masteries programs or other organizational leadership program. The results in this study can be used for assessment and to be guideline for curriculum construction. Because The Thailand Nursing and Midwifery Council studied in core competencies for all nurse managers in Thailand. Nurse managers should be prepared before step in their positions and qualified education at least at the master degree which contribute the development of attitude, knowledge and skills. Also, these competencies should be integrated in the administration program.

Limitations and Strengths:

The number of participants for interviews and the number of focus group was limited. The purposive sampling technique was used in this study and participants were included based on their willingness to participate in the study. However, the intent of qualitative method is to probe detailed perspective of a participant of a small number of persons.⁽¹⁵⁾ Choosing to use The Thailand Nursing and Midwifery Council framework might have presented different domain from being identification. However, the goal in this study was to use the framework to see if it matched the interviews perspectives.

As term the nurse manager that the participants in this study came from four regions in Thailand, and they represented each region of the country. Future research should extend to the competency for nurse managers in other level hospitals, and with an equally representative sample.

CONCLUSION

The domains and subdomains revealed in this study are essential for nurse managers in community hospitals in Thailand. The essential competencies include with five domains: leadership, management, communication, professional ethics, and policy and healthcare environment which these identified by The Thailand Nursing and Midwifery Council. But some characteristics in each domain and subdomain are different from The Thailand Nursing and Midwifery Council. From the study, not only do nurse managers in community hospitals need to practice in management, but they also need to do so in nursing care. In addition, nurse managers have to manage both in clinical unit and community or network. It is very important adequately that they are educated to fulfill their roles.

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Table 1. Five competency domains for nurse manager were identified by The Thailand Nursing and Midwifery Council.

Domains	Definition
Leadership	- Behaviors of a head nurse influencing the team to achieve goals, management and quality improvement defined as behaviors of head nurses integrating the vision and mission to plan strategy, set goals, prioritize, and formulate an action plan associated with persons, supply and quality services in order to achieve the goals.
Management and quality improvement	- Behaviors of head nurses integrating the vision and mission to plan strategy, set goals, prioritize, and formulate an action plan associated with persons, supply and quality services in order to achieve the goals including resources management, quality management, and knowledge management.
Communication and relationships	- Communicating clearly and concisely with internal and external customers; listening to others with respect for diverse views, verbal and nonverbal communicating a two-way dialogue.
Code of professional conduct, ethical and legal practice	- Applying merit, ethical theories, culture, human and patient rights, Nurses Midwifery Act, any relevant laws, the National Health Act, the National Health Security Act and others for ethical decision making, and administration
Policy and healthcare environment	- Understanding of healthcare policy environments and the determinants of health

Table 2. Domains and subdomains of competencies for head nurses of The Thailand Nursing and Midwifery Council compared with content analysis from this study

The Thailand Nursing and Midwifery Council		Content Analysis	
Domain	Subdomain	Domain	Subdomain
Leadership	-Conceptual skill -Analytical thinking and decision making -Change management -Negotiation and conflict management -Creative thinking	Leadership	-Shared vision -Systemic thinking -Change agent -Negotiation and conflict management -Model of caring
Management and quality improvement	-Resources management -Quality management -Knowledge management and innovation	Management	-Resource management -Quality management -Knowledge management
Communication and relationships	- none	Communication	- none
Code of professional conduct, ethical and legal practice	- none	Professional ethics	- none
Policy and healthcare environment	- none	Policy and healthcare environment	-Policy implementation -Healthcare environment management