

## Conceptual Structure of Primary Care Competency for Thai Primary Care Unit (PCU) Nurses

Orratai Nontapet, Sang-arun Isaramalai, Wongchan Petpichatchain, Constance Wilhelmine Brooks

**Abstract:** Since the introduction of universal healthcare coverage in 2001, professional nurses have worked in primary care units throughout Thailand. Although they did not have practical primary care experience, Thai nurses, initially were expected to delivery primary care services like in hospitals where they worked. In order to meet the increased need for primary care competency, many of the nurses received additional training as nurse practitioners. However, the concept and framework for primary care competency, for Thai primary care unit (PCU) nurses, has not been clearly defined. Therefore, the purpose of this investigation was to explore the concept and structure of primary care competency for Thai PCU nurses.

The investigation was carried out using a two-step approach, which consisted of: a) an integrated systematic review of national and international publications and b) interviews of nursing experts, primary care authorities, primary care nurses and public health staff. From the data, the concept of primary care competency was placed into four domains. The first, interpersonal relationship consisted of communication, coordination, team work, social involvement, collaboration, and facilitation. The second, care management included service system management, resource management, quality management, information management, and environmental health management. The third, integrated healthcare service consisted of health promotion, disease prevention, treatment/prescription, rehabilitation, continuous care, and holistic care. The last, professional accountability consisted of moral sensitivity, patient rights respectability, code of ethics, patient advocacy, professional development, and self-development. The conceptual structure created, as result of this research, can serve as a framework for guiding future research, facilitating the creation of specific and detailed job descriptions, and developing a competency assessment instrument.

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**Keywords:** Primary care competency, Primary care unit nurses

### Background

Since a policy change in 2001, the Thai healthcare system has attempted to provide universal health care coverage with primary care as the basis of health care delivery. However, most primary care practitioners, throughout Thailand, are baccalaureate prepared nurses, who have been

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educated to provide only first contact care, longitudinal care, comprehensive care and coordinated care. Therefore, a 4-month training course was developed and provided by several nursing educational institutions to help nurses develop primary care competency during implementation of the new system.<sup>1-2</sup>

Preventive care includes primary, secondary and tertiary prevention, depending on the clinical characteristics of those requiring care. The essence of primary care is for individuals requiring care to have direct access to reliable and appropriate care when needed. Thus, it is an essential requirement that nursing practice in primary care units (PCUs) be differentiated from practice provided in hospitals.<sup>3-4</sup> Consequently, PCU nurses are expected to be more knowledgeable and skilled in primary care and community practice than hospital-based nurses.

Primary care practice is comprised of a complex and demanding set of care requirements.<sup>3</sup> Due to their lack of experience and expertise, PCU nurses often have not had a goodness of fit in working with individuals with a continuum of healthcare issues ranging from normal health status to potential risks and chronic illnesses. Thus, the Thai healthcare system has recognized that PCUs need nurses who are competent to provide care for a broad range of age groups and health problems. Findings, of prior Thai health care reform research, have revealed that nurses working in PCUs often require post-graduate/post-baccalaureate training to develop primary care competencies.<sup>5-7</sup>

Competency is the ability to perform particular activities or to perform tasks producing desirable outcomes.<sup>8-9</sup> Knowledge, skills/abilities, and attitudes/traits are attributes of one's competencies.<sup>10-11</sup> Competent practice is essential in nursing and involves the ability to perform specific nursing skills. Primary care competency has been defined

as the multi-dimensional capabilities of a PCU nurse who has integrated the knowledge, skills and traits needed for providing primary care.<sup>12</sup> Therefore, ensuring and improving PCU nurses' competencies are essential, given they are the frontline providers in the PCUs in Thailand. Although major competencies of general duty nurses and midwives in Thailand have been identified,<sup>13</sup> primary care competencies for PCU nurses have not yet been clearly delineated.

In viewing primary care competency as a nursing function, within the Thai primary care service, situation-specific nursing capabilities require differentiation from those of hospital-based nurses. Primary care competency not only requires that one have competence in clinical nursing practice, but also within the context of the community.<sup>1</sup> Therefore, the purpose of this investigation was to explore the conceptual structure of primary care competency for Thai PCU nurses.

## **Method**

A two-step approach, consisting of: a) an integrated systematic review of national and international publications, and b) interviews of nursing experts, primary care authorities, PCU nurses, and public health staff was carried out to identify and validate the categories of primary care competency. The national standards of major competency for Thai general nurses and midwives, and primary care nursing and midwifery services proposed by the Thailand Nursing Council were reviewed. The results of two research studies,<sup>14-15</sup> relevant to primary care competency for Thai nurses, were synthesized. In addition, international publications on competency of public health nurses, nurse practitioners (NPs) and registered nurses were considered. The initial domains of primary care competency synthesized from the review process

were used to develop questions for the interview portion of the study. Three nursing experts, seven directors of primary care services, eight PCU nurses and eight public health staffs, who were co-workers of the PCU nurses, were interviewed. Content analyses of the qualitative data were performed, in order to develop the conceptual structure of primary care competency.

*Step I: Integrated systematic review:* Pre-specified domains of primary care competency for PCU nurses in Thailand were suggested from the literature reviewed. Interview questions were established, for use with primary care experts, for confirming primary care competencies for Thai PCU nurses.

The constructs of pre-specified domains for primary care competency were derived from national and international publications. Electronic sources (Proquest, Cinahl, Ovid, NONPF, AACN, CCNE, AAFP and ACNP websites) were utilized. In addition, nursing textbooks, nursing journals, non-nursing journals and research reports were reviewed. Four national sources provided the constructs for nursing competency: 1) The Major Competency of Thai General Nurses and Midwives, proposed by Thailand Nursing Council;<sup>13</sup> 2) The Standards of Primary Care Nursing and Midwifery Services, proposed by the Thailand Nursing Council;<sup>16</sup> 3) The Primary Care Competency for PCU Nurses, proposed by Senarattana and Kunaviktikul as cited in Tiansawad,

Yimyam, Senarattana, and Suchaxaya;<sup>17</sup> and 4) The Primary Care Competency for PCU Nurses derived from two research studies.<sup>14-15</sup>

In addition, 11 international sources provided support for constructing the framework for core primary care competency. They were the: 1) Competency of Quad Council of Public Health Nurses, USA;<sup>18</sup> 2) Competency of British Columbia Nurse Practitioners, Canada;<sup>19</sup> 3) Competency of the American Nurse Practitioner of Primary Care;<sup>20</sup> 4) Competency of the American Nurse Practitioner of Primary Care and Clinical Nurse Specialist;<sup>21</sup> 5) Competency of the American Family Nurse Practitioners;<sup>22</sup> 6) Competency of New Zealand Nurse Practitioners;<sup>23</sup> 7) Competency of Nurse Practitioners of Nova Scotia;<sup>24</sup> 8) Competency of training specifications for primary health care nursing, USA;<sup>25</sup> 9) Competency of Registered Nurse/Nurse Practitioner Practice of Saskatchewan;<sup>26</sup> 10) Competency of Manitoban Registered Nurses;<sup>27</sup> and 11) Competency of Entry-into-Practice for Registered Nurses of Alberta.<sup>28</sup>

These publications presented commonalities and differences among the listed competencies. Ultimately, the pre-specified domains of primary care nursing competency were synthesized from the common constructs of existing knowledge. The pre-specified domains were classified into five categories: health assessment, healthcare management, integrated healthcare service, professional responsibility and communication (see **Table 1**).

**Table 1** Pre-specified Domains and Specified Domains of Primary Care Competency

Five pre-specified domains (Before interview)	Four specified domains (After interview)
<b>1. Health assessment</b> 1.1 Data gathering 1.2 Screening 1.3 Recording and reporting 1.4 making nursing diagnosis	<b>1. Interpersonal relationship</b> 1.1 Communication 1.2 Coordination 1.3 Team working 1.4 Social involvement 1.5 Collaboration 1.6 Facilitation

Table 1 (ต่อ)

Five pre-specified domains (Before interview)	Four specified domains (After interview)
<b>2. Healthcare management</b> 2.1 Strategic/program planning 2.2 Nursing organizational management 2.3 Nursing personnel management 2.4 Policy development/ policy directing 2.5 Financial management 2.6 Internal-external coordinated 2.7 Information management 2.8 Quality improvement and risk management	<b>2. Care management</b> 2.1 Resource management 2.2 Environmental health management 2.3 Service system management 2.4 Quality management 2.5 Information management
<b>3. Integrated healthcare service</b> 3.1 Health promotion 3.2 Health prevention 3.3 Therapeutic nursing and nursing care 3.4 Health rehabilitation	<b>3. Integrated healthcare service</b> 3.1 Health promotion 3.2 Disease prevention 3.3 Treatment/prescription 3.4 Rehabilitation 3.5 Continuing care 3.6 Holistic care
<b>4. Professional responsibility</b> 4.1 Ethical nursing 4.2 Patient rights and nursing code of ethics 4.3 Patient advocacy 4.4 Nursing professional development 4.5 Self development and research 4.6 Nursing care quality improvement 4.7 Nursing care quality assurance	<b>4. Professional accountability</b> 4.1 Moral sensitivity 4.2 Patient rights respectability 4.3 Code of ethical responsibility 4.4 Patient advocacy 4.5 Professional development 4.6 Self development
<b>5. Communication</b> 5.1 Leadership 5.2 Human relationship 5.3 Cultural 5.4 Community empowerment 5.5 Nursing network coordination 5.6 Health care team participation 5.7 Language and speech	

After determining the pre-specified domains of primary care competency for PCU nurses, interview questions were administered, to participants, by the investigators. They included: 1) What should be the primary care competency for Thai PCU nurses?; 2) What are the primary care competencies for Thai PCU nurses?; 3) Why do Thai PCU nurses possess those primary care competencies?; 4) How do Thai

PCU nurses perform those primary care competencies?; and 5) How do Thai PCU nurses perform the five pre-specified domains of primary care competencies?

*Step 2: Interview:* Four groups of participants, which included public health staff members (n = 8), nursing experts (n=3), directors of contracting units for primary care – CUP (n = 7) and PCU nurses (n = 8) were interviewed by the investigators.

Eight PCU nurses, who had been working in PCUs for more than three years, were chosen from the four regions of Thailand. Four of the PCU nurses were well known for their primary care practice. The other four were less renowned general practitioners. The seven directors of PCUs, selected for interview, served as directors for the eight PCU nurses. Also included were eight public health staff members who had worked more than one year, in PCUs, with the eight PCU nurses. Additionally, three nursing experts, from primary care nursing, nursing council and nursing care quality control, were invited to participate. All participants consented to take part in the interview process after they knew the investigator's information. Questions created specifically for the interviews were used with each participant and each interview session was recorded. The interview was taken thirty to forty-five minutes for each participant. This portion of the investigation took approximately two months to complete (January to February 2006).

Data from the interviews were analyzed, using content analysis<sup>29</sup> and synthesized in order to develop the conceptual and structural model of primary care competency. The initial content of the recordings was transcribed and the main ideas were selected and arranged into similar groupings for each participant. Following this analysis, each participant's main ideas were synthesized as themes of primary care competency. The themes of each participant were compiled and merged into four domains of primary care competencies for the Thai PCU nurses.

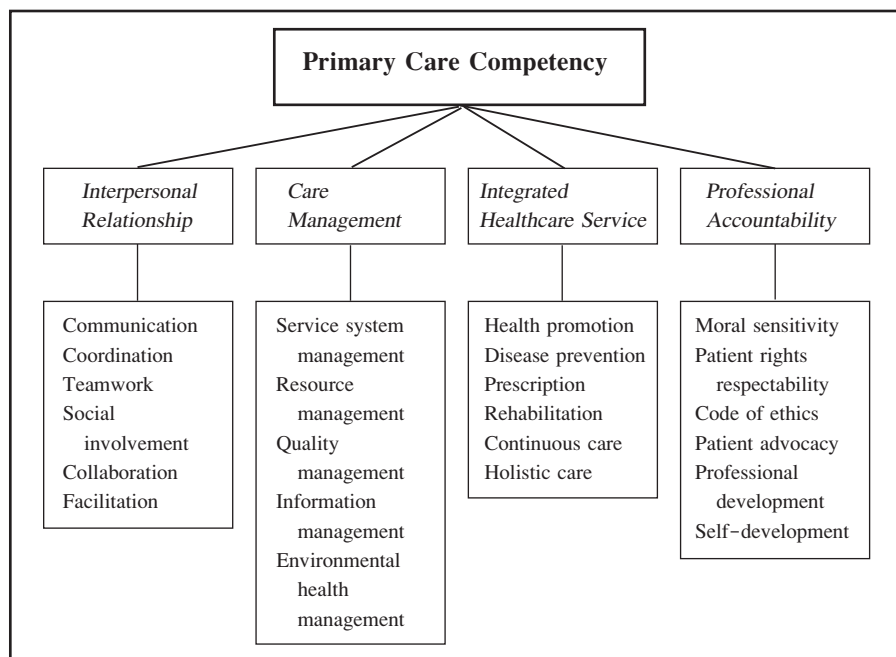
## **Results**

Four core competencies of primary care for Thai PCU nurses were developed. They consisted of interpersonal relationship, care management, integrated health care service and professional accountability. The concepts and structure identified, in this study, were based on providers' views and

professional standards, not clients' views. These concepts and structures are specific for primary care competency. Other competencies, i.e., leadership, critical thinking, and decision making, common for Thai nurses, were excluded.

Each core competency (see **Figure 1** and **Table 1**) was then sub-divided into five or six components. The first core competency, interpersonal relationship, refers to PCU nurses' performance in establishing and maintaining friendly relationships, as well as constructively terminating relationships with patients, families, communities and colleagues. It consists of six components: 1) communication, 2) coordination, 3) team work, 4) social involvement, 5) collaboration and 6) facilitation. The second core competency, care management, refers to the performance of PCU nurses during the process of working through personnel, in order to provide health care and consists of five domains: 1) resource management, 2) environmental health management, 3) service system management, 4) quality management and 5) information management. The third competency, integrated healthcare service, refers to PCU nurses' provision of a broad range of services and recognition of the need to arrange for services when needed. Six components were identified for this core competency: 1) health promotion, 2) disease prevention, 3) treatment/prescription, 4) rehabilitation, 5) continuing care and 6) holistic care. The fourth competency, professional accountability, refers the nurses' performance and demonstration of sound professional knowledge and judgment, to ensure their practice and meet legislative requirements and professional/technical standards. PCU nurses accountability for actions and decisions attempts to maximize the clients' safety, independence, quality of life and health. This competency consists of six domains: 1) moral sensitivity, 2) patient rights respectability, 3) code of ethics responsibility 4) patient advocacy, 5) professional development, and 6) self development.

Figure 1: Concepts and Structure of Primary Care Competency for Primary Care Unit (PCU) Nurses



## Discussion

Of the four core primary care competencies, for the Thai PCU nurses, two (interpersonal relationship and professional accountability) were congruent with competencies frequently identified both in Thailand and other countries. Whereas two (care management and integrated healthcare service) were conceptually different,<sup>13-15, 20-23</sup> based on the Thai primary care context, the domain of care management was viewed as administrative competencies in aspects of organization, finance, information, service systems and care quality.<sup>16-17</sup> In addition, the domain of integrated healthcare service competency seemed to be specific to the Thai healthcare system. Thai PCU nurses are expected to perform all types of services (health promotion, disease prevention, treatment and rehabilitation)

that aim to provide continuing and holistic care, whereas nurse practitioners in other countries provide care that is more specialized.<sup>13, 17, 20-22, 26</sup>

The results of this study provide the definition and dimensions of primary care competency for nurses in Thailand. Primary care competencies require the provision of primary care by nurses working in PCUs, as well as multi-dimensional abilities of PCU nurses to integrate knowledge, skills and traits of competent nursing practice.

Primary care competency for Thai PCU nurses were viewed differently by the four groups of interviewees. Professional accountability, communication, leadership skills and direct care skills most often were expressed by the nursing experts. However, directors of PCU nurses viewed integrated health care services, communication, nurses' attitudes and personalities, management skills, and patient rights

and code of ethics as having the highest priority. Similarly, the public health staff members viewed integrated health care services, communication, management and leadership skills, and nurses' personalities as the most critical primary care competencies. Furthermore, PCU nurses ranked integrated health care services, communication, nurse role, management skills and nurse development as the most crucial competencies.

Four dimensions of primary care competencies were purposively synthesized from participant interviews (interpersonal relationship, care management, integrated healthcare services and professional accountability). This synthesis is shown in both **Table 1** and **Figure 1**. The rationale for the synthesis was as follows.

Health assessment was merged with information management of care management, especially data gathering, recording and reporting. Screening and making nursing diagnosis were combined with service system management under care management. Moreover, therapeutic nursing and nursing care were re-arranged under the treatment/prescription subsection of the integrated health care service domain. Healthcare management was changed to care management. Based upon the participants' views, eight domains were combined into five domains, making them more concise and appropriate. Communication competency was changed to interpersonal relationship, because the meaning of interpersonal relationship is broader than communication. The seven domains were revised to six components. In addition, professional responsibility was changed to professional accountability, because of the broader meaning of the word, accountability. Nursing care quality improvement and nursing care quality assurance were categorized into quality management under care management. The other five domains of professional responsibility were revised to be six clear components of professional accountability.

The initial name of integrated health care service was retained, but two components (continuing care and holistic care) were added.

Interpersonal relationship was viewed, by all participants, as the first and most important competency for primary care of Thai PCU nurses, especially in regards to communication and teamwork. Co-ordination, social involvement and facilitation were expressed, as important, by the directors of PCU nurses, as well as by the nursing experts. However, collaboration was added by the experts. The public health staff and PCU nurses held similar views about social involvement, collaboration and facilitation. Communication is fundamental as PCU nurses deal with groups of people who vary in age, gender, education, occupation, income, ethnicity and religion. Nurses must convey concepts, inform clients of available services, and provide health education, consultation, assessment and care. In addition, the nature of tasks, carried out by PCU nurses, demands the use of collaborative techniques in order to work within the interdisciplinary healthcare team.

Interpersonal relationship competency can be found in many nursing regulations, including the competencies of Thai general nurses and midwives proposed by the Thailand Nursing Council.<sup>13</sup> Communication and cooperation are requirements in the professional nurse's job description.<sup>1</sup> Teamwork, communication and collaboration skills also have been identified as important characteristics of advanced practice nurses (APNs).<sup>30</sup> Both in the United States of America (USA) and New Zealand, NPs are required to demonstrate collaborative approaches that enhance effectiveness in providing patient care and to work in interdisciplinary healthcare teams.<sup>23, 31</sup>

Previous research studies have mentioned that Thai PCU nurses face collaborative problems.<sup>5-6, 32-34</sup> PCU nurses, who lack collaborative skills, have



been noted to be in conflict with colleagues. Thus, PCU nursing directors need to augment nurses' collaborative skills and experiences with other staff, by provision of continuing education programs on collaboration.

Professional accountability was expressed by the nursing experts, directors of PCU nurses and PCU nurses. Professional accountability is seen as important, because PCU nurses are responsible for developing their nursing practice through research and professional development. They need to understand the difference in scope of practice between the hospital the primary care setting, and know how to adjust their responsibilities. However, PCU nurses have been found to be confused about their role.<sup>6, 34-35</sup> Thus, to ensure appropriate professional practice, PCU nurse directors need to clarify the role of PCU nurses, define their job descriptions, and incorporate profession, legal and ethical standards into their practice.

Professional accountability is found in many nursing regulations. Although some documents do not mention professional accountability or responsibility, they are concerned about quality, standards, service improvement and patient advocacy.<sup>13,16,18</sup> American nurse primary care practitioner and clinical nurse specialist competencies mention that nurses should demonstrate a commitment to the implementation, preservation and evolution of the advanced practice role in providing optimal care.<sup>21</sup> The Saskatchewan Registered Nurses' Association of Canada<sup>26</sup> delineates responsibilities that are built on professional standards, while the Registered Nurses Association of British Columbia, Canada,<sup>19</sup> mentions that nurses should understand all changes in their scope of practice and role. A major competency of Thai general nurses and midwives, and the standard of Thai nursing and midwifery primary care services, state that the competency of professional and healthcare service

standards should include ethical nursing.<sup>13</sup> Therefore, professional accountability that consists of moral sensitivity, patient rights respectability, code of ethics responsibility, patient advocacy, professional development and self-development are imperative for Thai PCU nurses.

Integrated healthcare service competency was expressed by most participants as a significant factor in the primary care service system that must be included when assessing primary care competencies. Thai PCU nurses must have integrated healthcare service skills in order to provide nursing care to people of all ages and with all types of conditions. This is different from NPs, in the USA, who often provide nursing care to a specific group of patients. For example, an adult nurse practitioner provides care only to adults, while a pediatric nurse practitioner only treats pediatric clients.<sup>21</sup> The need for integrated healthcare services exists in many nursing regulation documents.<sup>13, 16, 19-24</sup> Both therapeutic and continuing care are listed as health care management competencies required by Nova Scotia and British Columbia, Canada NPs.<sup>24</sup> In addition, prevention modeling, tutoring and teaching-coaching are essential competencies for registered nurses in Manitoba and Saskatchewan, Canada.<sup>26-27</sup> Moreover, the USA Quad Council of Public Health Nurses<sup>18</sup> addresses competencies, which stress health promotion, community health services and public health service. It should be noted that the USA, Canada, and Thailand have indicated that integrated healthcare service skills are essential for NPs and PCU nurses.<sup>13, 18-27, 30</sup> In addition, Thai general nurses and midwives' competencies mention the same dimensions of integrated healthcare service, as those identified in this investigation.<sup>13, 16, 36</sup> Furthermore, prior studies support that all dimensions of integrated healthcare service identified during this investigation are important to Thai PCU nurses.<sup>17, 34</sup>



Most of the participants indicated that care management was a necessary primary care competency for Thai PCU nurses. Care management, according to the participants, refers to administrative competencies in aspects of organization, finance, information, service system, and care quality. Major tasks of Thai PCU nurses consist of planning, organizing, directing, coordinating and controlling available financial resources. In addition, information management, the application of human resources in order to provide cost-effective care, quality improvement and risk management are additional care management skills. Care management is necessary for Thai PCU nurses because of the impact they have, in primary care management, based on empirical evidence.<sup>14-18</sup> PCU nurses trained in care management, should be able to manage the nursing care service system and arrange referrals for specialized care, so as to provide longitudinal, coordinated and comprehensive care.

Care management often is identified as a core competency. The Quad Council of American Public Health Nurses states aspects of policy regulatory application, fiscal administration, planning, goal setting and outcome evaluation, control, monitoring and program evaluation, and quality development are important care management skills.<sup>18</sup> These skills are similar to the standards for Thai nursing and midwifery primary care services,<sup>16</sup> New Zealand nurse practitioners,<sup>23</sup> and American nurse practitioners and clinical nurse specialists.<sup>21</sup>

The major competencies, for Thai general nurses and midwives,<sup>13</sup> lists care management under the category of nursing administration. In addition, Canadian nursing agencies<sup>19, 24, 26</sup> indicate NPs' care management skills should include administration of pharmacotherapeutics, management of clients' diseases, medical management, therapeutic intervention, counseling, quality improvement and risk management, providing evidence that care management is essential for PCU nurses.

The reasons for establishing NPs, in the USA, the Netherlands, New Zealand, Canada, the Republic of South Africa and Australia, were to decrease healthcare costs and to provide health care coverage for all clients.<sup>37</sup> In Thailand, PCU nurses were needed to provide care for all groups of people in the catchments areas. They collaboratively work with physicians, public health staff, pharmacists and other health care providers. Research has shown that 80-90 % of clients indicated they highly trusted PCU nurses because of their competence in providing primary healthcare.<sup>30</sup>

## Conclusion

The conceptual structure of primary care competencies, identified in this study, reflect an integrated systematic review of national and international publications, and interviews of nursing experts, primary care authorities, PCU nurses and public health staff. Further confirmation is needed, from clients receiving primary care, of the usefulness and effectiveness of this structure.

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## โครงสร้างสมรรถนะการบริการปฐมภูมิของพยาบาลหน่วยปฐมภูมิไทย

อรัญ นนทเกท, แสงอรุณ อิศระมัลย์, วังจันทร์ เพชรพิเชษฐ์, Constance Wilhelmine Brooks

บทคัดย่อ: ตั้งแต่มีการนำระบบการประกันบริการสุขภาพถ้วนหน้ามาใช้ในปี พ.ศ. 2544 หน่วยบริการปฐมภูมิทั่วประเทศมีพยาบาลวิชาชีพปฏิบัติงาน แม้ว่าระยะเริ่มแรกพยาบาลเหล่านี้จะขาดประสบการณ์ในการบริการปฐมภูมิ ซึ่งถูกคาดหวังว่าจะให้บริการได้เหมือนการให้บริการพยาบาลในโรงพยาบาล จากความคาดหวังดังกล่าวทำให้พยาบาลหน่วยปฐมภูมิต้องเพิ่มสมรรถนะการบริการปฐมภูมิ โดยการฝึกอบรมเพื่อให้มีสมรรถนะการบริการปฐมภูมิเพิ่มขึ้น ทั้งที่ กรอบแนวคิดโครงสร้างสมรรถนะการบริการปฐมภูมิของพยาบาลหน่วยปฐมภูมิไทยยังไม่ได้กำหนดชัดเจน ดังนั้น การศึกษาครั้งนี้เพื่อศึกษากรอบแนวคิด โครงสร้างสมรรถนะการบริการปฐมภูมิของพยาบาลหน่วยปฐมภูมิไทย

การศึกษาประกอบด้วย 2 ขั้นตอน คือ 1) การทบทวนวรรณกรรม ที่ตีพิมพ์ทั้งในประเทศและต่างประเทศ 2) การสัมภาษณ์ผู้เชี่ยวชาญด้านการพยาบาล ผู้บริหารหน่วยปฐมภูมิ พยาบาลหน่วยปฐมภูมิ และเจ้าพนักงานสาธารณสุขชุมชนหรือนักวิชาการสาธารณสุขที่ปฏิบัติงานที่เกี่ยวข้อง ผลการศึกษาพบว่า กรอบแนวคิดโครงสร้างสมรรถนะการบริการปฐมภูมิของพยาบาลหน่วยปฐมภูมิไทยประกอบด้วย 4 องค์ประกอบหลัก คือ การสร้างสัมพันธ์ภาพระหว่างบุคคล การจัดการดูแลการให้บริการแบบผสมผสาน และความรับผิดชอบในวิชาชีพ การสร้างสัมพันธ์ภาพระหว่างบุคคลประกอบด้วย การติดต่อสื่อสาร การประสานงาน การทำงานเป็นทีม การมีส่วนร่วมในสังคม การให้ความร่วมมือและการสนับสนุน การจัดการดูแลประกอบด้วย การจัดการระบบบริการ การบริหารทรัพยากร การจัดการสิ่งแวดล้อมทางด้านสุขภาพ การจัดการด้านคุณภาพและการจัดการด้านข้อมูล การให้บริการแบบผสมผสาน ประกอบด้วย การส่งเสริมสุขภาพ การป้องกันโรค การรักษาพยาบาล การฟื้นฟูสมรรถภาพ การดูแลอย่างต่อเนื่องและการดูแลแบบองค์รวม ความรับผิดชอบในวิชาชีพประกอบด้วย ความรู้สึกรับผิดชอบต่อคุณธรรมจริยธรรม การเคารพในสิทธิผู้ป่วย ความรับผิดชอบต่อจรรยาบรรณวิชาชีพ การพิทักษ์สิทธิผู้ป่วย การพัฒนาวิชาชีพและการพัฒนาตนเอง กรอบแนวคิดที่ได้จากผลการศึกษาครั้งนี้สามารถเป็นแนวทางในการทำวิจัย ใช้เป็นประโยชน์ในการกำหนดแบบพรรณนาลักษณะงาน และการพัฒนาเครื่องมือประเมินสมรรถนะต่อไป

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คำสำคัญ : การบริการปฐมภูมิ พยาบาลหน่วยปฐมภูมิ

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