

Development and Evaluation of Self-development and Professional Life Planning Program for Thai Nursing Students

Nongnaphat Rungnoei, Sornnate Areesophonpichet, Pateep Methakunavudhi, Edward J. Halloran

Abstract : The current shortage of registered nurses is an important issue in many parts of the world. Colleges of nursing may help prevent the loss of nurses, through turnover, by providing additional student learning activities that focus on developing and planning for a professional career in nursing. Thus, the purpose of this study was to develop a program of self-development and professional life planning for Thai nursing students.

The two phase study consisted of qualitative and quantitative approaches. In Phase I, in-depth interviews and questionnaire administration were carried out to obtain information for use in creation of a self-development and professional life planning program for nursing students. Fifteen registered nurses were interviewed regarding their outlooks on their personal and professional life. In addition, questionnaires were administered to 340 registered nurses to assess their current situations, problems and obstacles to self-development, and professional life planning. Six stages of self-development and life planning (scanning the environment, self assessment, determining one's outlook on life, planning for the future, implementation and evaluation) that emerged from the data, during Phase I, were used as a guide in creation of an 8 week (36 hour) self-development and professional life planning program for Thai nursing students.

Phase II, consisted of administration and evaluation of the researcher-developed program, via use of a pre-test /post-test one group design, with 45 fourth year Thai nursing students. The program was found to enhance the nursing students' self-development and professional life planning competencies.

Pacific Rim Int J Nurs Res 2011 ; 15(3) 234-247

Key words: Self-development; Professional life planning; Thai nursing students.

Introduction

The current and increasing shortage of registered nurses (RNs) is an important issue in many countries, including Thailand.¹ Various reports have detailed the impact the nursing shortage has had throughout Thailand.^{2, 3, 4} For example, data⁴ has shown: most (90.3%) nurses primarily work within the health care system; the nursing shortage consists

Correspondence to: Sornnate Areesophonpichet, PhD. Instructor, Faculty of Education Chulalongkorn University, Bangkok, Thailand.
Nongnaphat Rungnoei, RN, PhD (Candidate)
Faculty of Education, Chulalongkorn University, Bangkok, Thailand.
E-mail: nongrn1@gmail.com
Pateep Methakunavudhi, PhD. Professor Emeritus, Faculty of Education
Chulalongkorn University, Bangkok, Thailand.
Edward J. Halloran, RN, PhD, FAAN. Associate Professor, School of Nursing University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.

of approximately 31,260 full-time nurse equivalents; aging (nurses' average age = 37.8 years) is occurring throughout the nursing workforce; the length of a nurse's work life has declined, resulting in a loss rate of 4.43% of the nurses per year; the number of new nurses prepared yearly between 1999 and 2005 decreased; and, 8,000 newly prepared nurses per year are needed to meet future demands. In addition, issues that have contributed to the soaring demand for health care services in Thailand include: an increase in the aging population;⁴ changes in illness patterns;^{2,4} and, new health care policies.^{2,3,4} One approach to addressing the current nursing shortage is to find ways that will facilitate the length of the tenure (work service time) and career satisfaction of newly graduated RNs.^{3,4}

Newly graduated RNs are faced with the challenge of transitioning from the role of student to licensed professional. It is not unusual for new nurses to feel unprepared for the demands of professional practice, which ultimately can lead to them leaving the workplace.⁵ Colleges/schools of nursing may help decrease this loss by providing additional learning experiences that address self-development and professional life planning.³

Self-development has been found to increase self-confidence and improve one's competencies to provide high quality nursing care,⁶ while professional life planning has been found to be associated with greater tenure and career satisfaction.^{7,8,9} Self-development means learners take responsibility for choosing what, when and how to learn,¹⁰ while career planning is a systematic effort to design an occupational life plan.¹¹⁻¹⁸ Therefore, the purpose of this research was to develop and evaluate a program designed to foster nursing students' competencies toward self-development and professional life planning.

Review of literature

Self-development and professional life planning are important issues for nurses and nursing students. However, they receive little information or

guidance regarding these aspects of professional life.¹⁹⁻²⁴ New RNs often feel unprepared for the demands of practice and struggle with mastery of clinical competence, which can increase their stress, feelings of incompetence and potential of turnover, and lead to an increased nursing shortage.⁵ Thus, it behooves nursing colleges/schools to provide, within their academic programs, learning strategies and activities that focus on how to contend with the challenges nurses may face after graduation.²⁵ Not only should nursing programs be the primary source of career guidance and planning,²¹ but it is essential for nursing students to receive preparation regarding career development and planning prior to graduation.²⁴

Prior research has found a variety of factors and approaches that need to be considered regarding career development and planning. For example, experience, learning opportunities, environment, motivation, personal characteristics and theoretical knowledge are known to influence nurses' competencies and, thus, their professional development.²⁶ Since students enter nursing for different reasons,²⁷ educators' who understand these factors are more likely to encourage students to pursue competency development pathways that lead to high standards of care. In addition, positive relationships are known to exist between nurses' career commitment and job performance.²⁸

With respect to self-development and professional life planning, administration of career guide programs, based upon cognitive-behavior therapy, have been found to improve professional maturity and self esteem.²⁹ Academic learning experiences also have been shown to influence career decisions and planning.³⁰ Other approaches to career development and planning have included: daydreaming about being in an ideal role 5 to 15 years in the future;¹³ using a self-directed, systematic method to professional renewal;³¹ self-development via professional identification, maturation and mastery;³² approaching a career trajectory through learning, entry, commitment, consolidation and withdrawal; and scanning the environment, completing a self-assessment and reality

check, creating a career vision, developing a strategic career plan and marketing one's self.^{14,15}

Although self-development and professional life planning appear to be an integral part of a nurse's career trajectory, little has been done to prepare nurses and nursing students for these processes. Hopefully, the findings of this study will assist in filling this void.

Method

Design: This two-phased study was conducted between February 2010 and February 2011 using both qualitative and quantitative approaches to obtain data. In Phase I, in-depth interviews and questionnaire administration were carried out for the purpose of obtaining information needed to create a *Self-development and Professional Life Planning Program* (SDPLPP) for Thai undergraduate nursing students. Phase II, consisted of the primary investigator (PI) administering and evaluating, via use of a pre-test / post-test one group design with 45 fourth-year Thai nursing students, the SDPLPP and assessing the students' level of achievement in regards to the program.

Ethical Considerations: Approval to conduct the study was granted by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University, and the administrators of the organizations used to access potential subjects. All potential subjects were informed about: the nature and purpose of the study; what participation in the study involved; confidentiality and anonymity issues; and, the right to withdraw, at any time, without repercussions. All subjects consenting to participate were required to sign a consent form.

Sample and settings: The sample consisted of 355 registered nurses (RNs) and 45 undergraduate nursing students. The 355 RNs were from 22 different organizations, while the 45 nursing students were from one college of nursing (purposively selected from 29 colleges of nursing) under the administration of the Ministry of Public Health. The college of nursing was

selected because it was where the PI had worked, had a range of facilities to support the learning activities, and was receptive to having the activities performed there for 8 weeks. The PI had not known or taught any of the nursing students involved in the study. The 22 organizations that employed the RNs provided a diverse selection of subjects.

Two phases, using three different groups of subjects, were involved in the study. Phase I involved RNs from Groups I and II, while Phase II involved nursing students from Group III. Fifteen RNs (Phase I, Group I) and 45 nursing students (Phase II, Group III) approached about the study, consented to participate in, and completed, the study. Only 340 (89.47%) of the 380 RNs in Phase I (Group II) who were contacted provided usable information.

Group I consisted of 15, purposively selected, RNs who had been employed for more than five years and demonstrated success in their careers (i.e. conducted research, published in an academic journal, participated in seminars or received recognition for professional practice). The PI identified the 15 successful nurses by searching lists of RNs who had received national awards from the Thai Nursing and Midwifery Council or Ministry of Public Health, and approaching the directors of nursing of 12 organizations that employed nurses. The 15 identified nurses who met the inclusion criteria: were female; were 31 to 60 years of age (average = 49.6 years); had 10 to 39 years of experience (average = 27.3 years); were employed either by a college of nursing (n = 2), university (n = 2), hospital (n = 3), health center (n = 1), Ministry of Public Health Institute (n = 2) or one of three different private hospitals (n = 5); held baccalaureate (n = 4; 26.67%), masters (n = 9; 60%) or doctoral (n = 2; 13.33%) degrees; held their highest degree in nursing (n = 10; 66.67%) or another discipline [i.e. education, political science or administrative science] (n = 5; 33.33%); graduated from either a public (n = 10; 66.67%) or private (n = 5; 33.33%) university; and, received a national award (n = 9; 60%) for nursing practice.

The Group II subjects, involved in Phase I, included 340 multistage-randomly selected RNs who practiced in one of 10 Ministry of Public Health hospitals in Thailand. The RNs were selected from a list of all successful nurses after the PI determined the number of RNs and their experience level, from the Ministry of Health, Bureau of Policy and Strategy, in each of the selected hospitals, and coordinated their selection with the directors of nursing of each hospital. The hospitals were selected because they provided a representative sample of the three types of hospitals (central, general and community) in which newly graduated nurses were employed. The RNs in Group II of Phase I: were female; were 22 to 60 years of age (average = 33.1 years); were primarily baccalaureate graduates (n=324; 95.29%); had their highest degree in nursing (n=328; 96.47%) or another discipline [i.e. education or administrative science] (n=12; 3.53%); worked in either a central hospital (n = 113), general hospital (n = 112) or community hospital (n= 115); and, had between 3 months and 37 years of nursing experience (average =10.48 years).

In Phase II, the third group of subjects (Group III) was comprised of 45 fourth-year nursing students from one college of nursing under administration of the Ministry of Public Health. The sample was drawn from the name list of 118 fourth year nursing students attending the selected college of nursing. The students' names, GPA's and classes repeated were provided, to the PI, by the Registrar of the selected college of nursing. The PI divided the potential subjects into three groups, based on their grade point averages (GPAs: 2.00-2.74, 2.75-3.00 and 3.01-4.00), and then randomly asked if they would participate in the study. The students' GPAs were used as an indication of their competencies in an attempt to select a representative sample. The criteria for inclusion involved: being a fourth-year nursing student; having a GPA of at least 2.00; and, volunteering to participate. Those excluded: did not desire to participate; had a GPA below 2.00; or, had repeated classes during the first 3 years of college. Even though all of the 4th year

nursing students agreed to participate, only 45 met the inclusion criteria. The selected subjects tended to: be female (n=44; 97.78%); be 21 to 23 years of age (average = 22 years); and, have a GPA of 2.94. In general, because of having received educational funds from the Ministry of Public Health to work in a public organization upon graduation, they planned to work in a: general hospital (n=20; 44.44 %); community hospital (n=16; 35.56 %); central hospital (n=2; 4.44 %); public health office (n=1; 2.22%); or, health center (n=1; 2.22%).

Instruments: Based upon review of the literature, six PI-developed instruments were used to gather data. The instruments included a: (a) Demographic Data Questionnaire (DDQ); (b) Experienced and Successful Nurses' Self-Development and Professional Life Planning and Questionnaire (ESNSDPLPQ); (c) Self-Development and Professional Life Planning, Problems and Obstacles Questionnaire (SDPLPPOQ); (d) Nursing Students' Self-Assessment Self-Development and Professional Life Planning Competencies Questionnaire (NSSASDPLPCQ); (e) Nursing Student Self-Development and Professional Life Planning Record (NSSDPLPR); and, (f) Assessment of Nursing Students' Self-Development and Professional Life Planning Competencies (ANSSDPLPC).

The *Demographic Data Questionnaire* (DDQ) was administered to the subjects in the three groups. However, the content of the DDQ varied depending upon the group. In Phase I, the demographics obtained from members of Group I included their: gender; type of employing organization (public vs. private); age; number of years of nursing experience; highest educational degree; degrees in nursing or other disciplines; type of educational institution attended (public vs. private); and awards received at a national level for nursing performance. Members of Group II were asked to supply demographic information regarding their: gender; type of employing organization (public vs. private); age, educational degree; and, number of years of experience. Members of Group III,

Phase II, were asked to provide demographic data regarding their: age; gender; college of nursing GPA; and, type of organization they would work in after graduation.

The *Experienced and Successful Nurses' Self-Development and Professional Life Planning Questionnaire* (ESNSDPLPQ) was a 12-item, open-ended, questionnaire used in Phase I as an interview guide with the Group I subjects. Each subject was interviewed once for 45 to 60 minutes. Each interview was tape recorded. The purpose of the interviews was to obtain data, from experienced and successful nurses, regarding what they believed was important about: personal and professional life; professional goal setting; factors that influence professional goal setting; factors that contribute to success in personal and professional life; and nursing students' self-development and professional life planning. Examples of open-ended items on the ESNSDPLPQ included: "What is your personal and professional outlook on life?"; "What were your personal and professional life goals and what are they for the future?"; "What factors influenced your professional goal setting (i.e. competency, interest, personality, learning needs)?"; and, "What factors contributed to your success in life?"

The *Self-Development and Professional Life Planning, Problems and Obstacles Questionnaire* (SDPLPPOQ), a 26-item self-administered questionnaire, was mailed as part of Phase I to the Group II subjects. The instrument was developed as a survey about each subject's current professional situation, and problems/obstacles encountered regarding his/her self-development and professional life planning. Examples of items on the SDPLPPOQ included: "How often do you assess your strengths and weaknesses?"; "Have you ever asked others about your mistakes?"; "Have you ever set goals and timelines in the jobs assigned to you?"; and, "Have you ever explored the cause of your problems at work to get appropriate solutions?" The items were rated on a 3-point scale where 1 = rarely/never, 2 =

sometimes and 3 = always. A total score was obtained by summing response scores across all items. Higher scores suggested a stronger sense of self-development and professional life planning (SDPLP), with a mean score of: $2.55 - 3.00 =$ good sense of SDPLP; $1.81 - 2.54 =$ moderate sense of SDPLP; and, $1.00 - 1.80 =$ poor sense of SDPLP. It took about 10-15 minutes to complete the questionnaire.

The *Nursing Students' Self-Assessment of Self-Development and Professional Life Planning Competencies* (NSSASDPLPC) was a 55-item instrument completed, as part of Phase II by the Group III subjects, prior to and after participating in the PI-developed *Self-development and Professional Life Planning Program* (SDPLPP). The instrument was developed for the purpose of assessing the nursing students' perceptions about their self-development and professional life planning. The instrument consisted of three subscales: knowledge (6 items), skills (28 items) and attributes (21 items). The knowledge subscale addressed their perception of knowledge. The skill assessment subscale addressed their perceptions regarding: scanning the environment; self-assessment; determining one's outlook on life; planning for the future; implementation; and, evaluation. The attributes subscale addressed their perceptions regarding: motivation; yearn to know; and, responsibility. Examples of items on the NSSASDPLPC included: "What is your level of understanding regarding how to do self-development and professional life planning?"; "How would you rate your strengths as a future nurse?"; and, "How would you rate your outlook on life?" Respondents were asked to respond to each item on a 5-point Likert-like scale (1 = very poor to 5 = very good). Total subscale scores and the scores of their respective components, which could range from 1 to 5, were obtained by calculating the mean response scores for all relevant items. Higher scores, on each subscale and its respective components, meant higher levels of perceived knowledge, skills or attributes. Mean scores were interpreted as: very good level (4.50 - 5.00); good level (3.50 - 4.49);

moderate level (2.50 – 3.49); poor level (1.50 – 2.49); and very poor level (1.00 – 1.49). It took 15 – 20 minutes to complete the questionnaire.

The *Nursing Students' Self-Development and Professional Life Planning Record* (NSSDPLPR) was a 29-item record/diary in which the Group III subjects recorded their thoughts, about their involvement in the activities, during the six stages of the SDPLPP. The respective name, number and type of items in each stage included: Stage 1: scanning the environment (three open-ended questions regarding health and social issues affecting the nursing profession); Stage 2: self-assessment (16 open-ended questions regarding personal traits affecting life and profession); Stage 3: determining one's outlook on life (six open-ended questions regarding outlook on life); Stage 4: planning for their future (two open-ended questions regarding personal and professional 2 month, 1 year and 5 year life plan); Stage 5: implementation (two open-ended questions regarding obstacles to meeting goals); and, Stage 6: self-evaluation/learning outcomes regarding whether one met two month goals and what was learned from participation in program.) The length of time spent entering information into the NSSDPLPR depended upon the amount of data each student recorded.

The *Assessment of Nursing Students' Self-Development and Professional Life Planning Competencies* (ANSSDPLPC) was a 20-item instrument the PI used, at the end of Phase II, to assess the students' achievement in self-development, professional life planning and learning outcomes via review and evaluation of the NSSDPLPRs at the end of the 8 week program and 2 weeks after completion of the program. Each NSSDPLPR was evaluated as to whether the respective student had successfully achieved: self-assessment of values, competencies, personality interests, learning and experiences; outlook on life in regards to its feasibility; and, personal and professional life goals in regards to outlook on life. Each measurement was evaluated and scored as: "yes/met" = 1 or "no/not met" = 0. A total ANSSDPLPC

score was obtained by summing the responses across all items. It took 40 to 50 minutes to evaluate each NSSDPLPR. The PI evaluated the NSSDPLPR twice, via use of the ANSSDPLPC, so as to prevent evaluation bias. The values obtained from the two assessments were averaged together to obtain a mean level of achievement score that could range from 0 to 20. Mean scores were interpreted as: very good level of achievement (16 – 20); good level of achievement (14 – 15); fair level of achievement (12 – 13); and, poor level of achievement (0 – 11).

All instruments, with the exception of the DDQ, were assessed by five experts (four experts in nursing education and one in nursing administration) for content validity. The experts determined the index of item congruence to be: (a) 0.90 for the ESNSDPLPQ; (b) 0.87 for the SDPLPPOQ; (c) 0.94 for the NSSASDPLPCQ; (d) 0.85 for the NSSDPLPR; and, (e) 0.95 for the ANSSDPLPC.

Prior to use, the SDPLPPOQ was pilot-tested with 30 RNs who: had similar demographics to the Phase I, Group II subjects; and, were employed by one general hospital. In addition, the NSSASDPLPC was pilot-tested with 30 fourth-year nursing students who had similar demographics to the Phase II, Group III subjects. Reliabilities of the SDPLPPOQ were determined to be: 0.79 (pilot test) and 0.81 (actual study). Reliabilities for the NSSASDPLPC were determined to be: 0.90 (pilot test) and 0.95 (actual study). Since the ESNSDPLPQ was an open-ended questionnaire used for the interviews and the NSSDPLPR was a diary/record for the students to maintain, their reliabilities were not determined.

Self-development and Professional Life Planning Program (SDPLPP): Based upon data obtained, during Phase I, from interviews of the Group 1 subjects, as well as data obtained via instruments administered to the Group II subjects, the PI developed the six stage SDPLPP for fourth-year undergraduate Thai nursing students (Phase II, Group III subjects). The six stages, included: 1) scanning the environment; 2) self-assessment; 3) determining outlook on life;

4) planning for the future; 5) implementation; and, 6) evaluation. Detailed data obtained, during Phase I, can be found in the PI's doctoral dissertation.³³

The overall purpose of the SDPLPP was to increase the nursing students' self-development and professional life planning competencies. Prior to the start of the program, subjects were placed into five groups of nine students each. The PI presented the program, in a workshop setting for a period of 36 hours

over eight weeks, using computers and audio-visual equipment of the selected college of nursing. Six hours of content were presented daily for five days during week one, with three (2 hours each) follow-up sessions during weeks three, five and eight. Eleven different PI-developed activities were carried out during the program. The activities' names, duration, time of offer, activity number, stage of offering and hours of involvement are shown in **Table 1**.

Table 1 Self-development and Professional Life Planning Program

Week	Day	Duration	Activity #	Program Stages	Activity Name	Hours
1	Day 1: Monday	9-12 a.m.	1	Pre-stage Educational Experiences	“Toward a New Life”	3
		1-4 p.m.	2		“Why is Planning Important?”	3
	Day 2: Tuesday	9-12 a.m.	3		“Once in a Lifetime and Your Role Model”	3
		1-4 p.m.	4		“How to Be Successful and Happy”	3
	Day 3: Wednesday	9-12 a.m.	5		“How to Imbue the Yearn to Know Habit”	3
		1-4 p.m.	6		Stage 1, <i>Scanning the environment</i> Stage 2, <i>Self assessment</i>	1.5 1.5
	Day 4: Thursday	9-12 a.m.	7		Stage 3, <i>Determining outlook on life</i>	3
		1-4 p.m.	8		Stage 4, <i>Planning for the future</i>	3
	Day 5: Friday	9-12 a.m.	9		“Path to the Success”	3
		1-4 p.m.	10		“Is Your Plan OK?”	3
		3-5 p.m.	11	Stage 5, <i>Implementation</i> Stage 6, <i>Evaluation</i>	“Be Ready for Dream Weaving.”	3
3 & 5 8	Wednesday	3-5 p.m.	11	Stage 5, <i>Implementation</i> Stage 6, <i>Evaluation</i>	“Dream Weaving”	4 2

The first two and one-half days of the program involved administration of the pre-stage educational activities (# 1 – #5) designed to enhance the students': attitudes toward the nursing profession; understanding of desired RN competencies; and, motivation for self-development and professional life planning. The five activities included: 1) "Toward a New Life" activity (กิจกรรมก้าวสู่ชีวิตใหม่), using the "Nurse in Your Ideal" game, to nurture attitudes toward the profession and understanding about nursing competencies; 2) "Why Is Planning Important?" activity (กิจกรรมแผนนี้สำคัญไหม), using the "Building the Castle" game, (เกมสร้างปราสาท) to enhance understanding about the benefits of planning and understanding about self-development and professional life planning; 3) "Once in a Lifetime and Your Role Model" activity (กิจกรรมครั้งหนึ่งในชีวิตและบุคคลต้นแบบ) to enhance motivation in self-development and professional life planning; 4) "How to be Successful and Happy" activity (กิจกรรมทำอย่างไรจะประสบความสำเร็จ และมีความสุข) to enhance motivation in self-development and professional life planning; and, 5) "How to Imbue the Yearn to Know Habit" activity (กิจกรรมสร้างนิสัยไฟร์), using the "Rapid Retrieval Skill" game (เกมสืบค้นลับไว), to enhance awareness of the importance of developing searches and retrieval skills to acquire information from evidence-based database.

Activities #6 through # 10 were offered, during the second half of day three through day five of the program, for the purpose of developing stages one through four of the program. Stage 1, *Scanning the environment*, was implemented the second half of the third day of the program. Subjects, in each of the five groups participated in the first part of the learning activity, "Self-Discovery." During this activity the students: discussed social issues and trends related to the healthcare system, nursing profession and nurses, with respect to the global, national and local environment; and, analyzed the impact of each of these issues and trends on nursing practice, the nursing profession and nursing career opportunities. Each group presented their analyses to the other groups, prior to the PI summarizing the students' comments

and lecturing on scanning the environment and professional opportunities. Thereafter, the students scanned the environment, analyzed their own career opportunities and recorded their results in their respective NSSDPLPRs.

Stage 2, *Self-assessment*, the second part of the learning activity, "Self-Discovery," involved students, via the "Who am I?" (เกมฉันเป็นอย่างไร) game, assessing and analyzing their: values; interests; competencies; personalities; experiences; learning needs; balance of life and work; and, networks (those who, due to their knowledge and skills, could be consulted about career choices and self-development). Students then compared their assessments and recorded their results in their respective NSSDPLPRs.

Stage 3, *Determining Outlook on Life*, was implemented during the first half of the fourth day of the program and involved students using the "Create Your Daydream" (กิจกรรมวาดฝัน) activity, in which they thought about what they wanted to do in the future with respect to their personal and professional goals, and recording their desires in their respective NSSDPLPRs. The students were asked to verbally present their desires so their classmates and the PI could better summarize and understand their desired learning outcomes.

Stage 4, *Planning for the Future*, was implemented during the second half of the fourth day and the entire fifth day of the program. This stage involved having students, using the "Path to Success" activity (กิจกรรมเส้นทางสู่ความสำเร็จ), create a personal and professional life plan for the next 2 months, 1 year and 5 years. Students were asked to: set personal and professional goals; create timelines for achieving goals; identify activities and resources that would facilitate meeting their goals; and, list successful indicators for accomplishing their goals. Students recorded their responses in their respective NSSDPLPRs.

Then, through use of the "Is Your Plan OK?" activity (กิจกรรมพิจารณา), students checked their plans for completeness. The PI placed students in 15 groups

of three students each to share and examine their plans with respect to their self-assessment, outlook on life, and personal and professional goals. Thereafter, the PI examined the NSSDPLPRs and advised each student regarding completeness of his/her plan (i.e. life goals, name of plan, activity details, timeframes, resources and success indicators). Finally, using the “Be Ready for Dream Weaving” (กิจกรรมเตรียมพร้อมสานฝัน) activity, the PI prepared students for the next two stages and encouraged them to implement their respective plans.

Stage 5, *Implementation*, was put into place during the 3rd and 5th week of the program. Students were asked, during both of these sessions, to put their plans into action and daily record, in their respective NSSDPLPRs, their thoughts and actions related to implementing their life plans. Students also participated in the first phase of the 11th learning activity, “Dream Weaving” (กิจกรรมสานฝัน), whereby they: presented how they had implemented their plans; evaluated whether they had successfully met their goals; discussed obstacles encountered during implementation of their plans; and recorded the outcomes in their respective NSSDPLPRs. Because they encountered numerous obstacles implementing their plans, the PI encouraged students to continue to work on obtaining their goals.

Stage 6, *Evaluation*, was implemented during the 8th and final week of the program. During this stage, students participated in the second half of activity #11, “Dream Weaving” (กิจกรรมสานฝัน), whereby they: evaluated their goals and adjusted how they proceed to achieve their goals. Those who had been successful were asked to share how they had accomplished their goals, as well as to discuss the obstacles they encountered along the way. All of them were encouraged to continue to implement their self-development and professional life planning after graduation. The PI collected the NSSDPLPRs for assessment, via the ANSSDPLPC, immediately after and two weeks after completion of the 8 week program.

Prior to implementation of the program, the same experts who examined the study instruments

assessed the content and feasibility of the program. The experts agreed the program content and activities were feasible for implementation.

Procedure:

Once the 15 successful RNs (Phase I, Group I subjects) were identified, the PI telephonically informed each of them about: the study’s objectives; what participation would entail; and, their ethical rights. They all consented to participate and made an appointment regarding when and where they could be interviewed. Prior to the interview, each RN signed a consent form and agreed to have her interview tape-recorded. The PI interviewed, via use of the DDQ and the ESNSDPLPQ, each subject for approximately 45 to 60 minutes. Upon completion of each interview, the contents of the respective tape-recording were transcribed verbatim. In addition, notes taken during each interview were summarized into words that reflected the respective nurse’s self-development and professional life planning.

Upon completion of the RN interviews, 380 hospital nurses (Phase I, Group II subjects) who met the inclusion criteria were identified. To obtain data regarding these subjects, each of them was mailed, via his/her respective head nurse, an envelope containing a letter of invitation that explained the study, a DDQ, a SDPLPPOQ and a consent form. The letter of invitation also requested each subject to return, within two weeks of receipt, (in the provided envelope, via her respective head nurse), the completed DDQ and SDPLPPOQ, and signed consent form. The respective head nurses returned, via the mail service, the envelopes to the PI. Over 95.26% (n = 362) of the 380 sets of questionnaires mailed were returned. However, only 340 (89.47%) of them were complete. The PI assigned each set of questionnaires received a code number for identification.

After data obtained from subjects in Phase I, Group I and Group II were analyzed, the PI, using the results of these data, developed the *Self-development*

and Professional Life Planning Program (SDPLPP) for the Phase II, Group III undergraduate nursing students. Once the 45 undergraduate nursing students, who met the inclusion criteria, were identified, they were: brought together in a classroom at the selected college of nursing; told about the study's objectives; and, informed about participation involvement and ethical rights. All agreed to participate and gave signed consent. They then were provided a schedule for implementation of the SDPLPP and administered the DDQ and NSSASDPLPC. Each set of completed questionnaires were assigned a code number for purpose of identification. One week thereafter, the eight week long SDPLPP was implemented. During the final session of the SDPLPP, the NSSASDPLPC again was administered to each student. In addition, all of the NSSDPLPRs were collected and assessed twice (immediate after completion of the program and two weeks later) by the PI via use of the ANSSDPLPC.

Data Analysis: Descriptive statistics were used to assess the demographic data and scoring of the

study's instruments. The t-test was used to compare the mean scores of the pre-test and post-test results of the NSSASDPLPC administered to the Phase II, Group III subjects.

Results

As shown in **Table 2**, the study's findings revealed all of the post-program mean scores of the students' self-development and profession life planning competencies (knowledge, skills and attributes) were at a level determined as "good." Prior to the program, all competency mean scores were at a "moderate" level, with the exception of the total attributes mean score and the mean score for the responsibility component of attributes which were at a "good" level. In addition, compared to the pre-program mean scores, the post-program total mean scores and post-program mean scores of the respective components of skills and attributes competencies were significantly higher.

Table 2 Before and After Program Comparison of Mean Scores and Standard Deviations of Self-development and Professional Life Planning Competencies (n = 45)

Competencies	Pre-Program		Post-Program		t	p
	Mean score	SD	Mean score	SD		
Knowledge	2.86	.4780	4.24	.3616	18.74	.000
Skills	3.00	.4202	4.28	.3621	19.21	.000
1. Scanning environment	2.88	.5756	4.17	.4885	11.86	.000
2. Self assessment	3.06	.4701	4.35	.3697	17.65	.000
3. Determining outlook on life	3.01	.5248	4.29	.4614	15.68	.000
4. Planning for the future	2.88	.4717	4.20	.4338	16.72	.000
5. Implementation	3.07	.5971	4.14	.4793	10.58	.000
6. Evaluation	3.03	.5265	4.24	.4600	13.58	.000
Attributes	3.59	.3696	4.36	.3837	11.01	.000
1. Motivation	3.36	.4243	4.09	.3739	10.85	.000
2. Yearn to know	3.36	.4096	4.09	.5002	9.82	.000
3. Responsibility	3.61	.4427	4.42	.4648	10.41	.000
Total	3.24	.0676	4.30	.3490	19.84	.000

The PIs two assessments of the students' NSSDPLPRs, via the ANSSDPLPC, showed their post-program achievement of self-development and professional life planning to be very good (mean =19.6, SD=.0293). The lowest average score, made by two students (4.44%), was 18. Nineteen students (35.56%) made an average score of 19, while 27 students (60%) made a full score of 20.

Discussion

The findings of this study support Marslands'²¹ suggestion that the primary source for providing nurses' career guidance and planning should occur within nursing's educational institutions. Similar to the findings of prior research,^{9, 20} this study demonstrated that a researcher-developed educational program for enhancing students' self-development and professional life planning can prove effective. Integrating self-development and professional life planning knowledge, skills and attributes into an academic nursing program or extracurricular activities might prove beneficial for the future professional life of graduating nursing students.

Addressing the use of a role model, in one of the pre-stage educational experiences, most likely assisted students, while they scanned their environments, self-assessed, determined their outlooks on life and planned for the future, in examining their personal behaviors and interactions with others.¹⁸ According to Bandura,³⁴ individuals who have been successful in both their personal and professional life can create motivation in others for their self-development toward greater achievements. The positive changes in means scores of the students' attributes (motivation, yearn to know and responsibility) were a reflection of the value of using good role models. Therefore, it would be advisable, in the development of future or other programs on self-development and professional planning, to make excellent role models available to students.³⁵ Role models could include faculty members, as well as

nurses at the clinical practice sites.

The fact students were able to examine their outlooks on life, in reference to scanning their environments and self-assessing, revealed they had a desire to become highly accomplished in the profession of nursing. Having an outlook on life in mind can serve as an important motivator for self-development toward desired goals.¹⁴⁻¹⁶

With respect to future planning, students demonstrated they had plans for their lives and work situations in reference to their outlooks on life and desired goals. Regarding the implementation and evaluation of their plans and goals, students, as demonstrated by the PIs assessments of their NSSDPLPRs and the significant changes in their means scores on the NSSASDPLPC, indeed had achieved. Although problems and obstacles (unsuitable time management and occasional laziness) were revealed during the 1st, 2nd and 3rd follow-up sessions during weeks three, five and eight of the program, the vast majority of students were eventually able to overcome these issues. This change was important given the key to goal accomplishment involves suitable time management and self control.¹⁰ The fact students identified they were contending with obstacles, regarding the meeting of their personal and professional goals, was not surprising given life involves facing obstacles which may lead to feelings of despair, boredom and confusion.³⁶

Limitations

Like all studies, this research has limitations which must be taken into consideration when interpreting the findings. First, the self-development and professional life planning program was offered to fourth year students in only one college of nursing. Thus, generalizability to colleges of nursing not similar to the college used in the study is limited. Secondly, the study looked only at immediate results from the program and not long-term effects. Therefore, the findings fail to reflect if the outcomes were sustainable.

Finally, although the researcher-developed instruments and program content were examined by experts and the instruments demonstrated acceptable reliabilities, neither the instruments nor the program had been previously used. As a result, the credibility of the study's findings needs to be interpreted with caution.

Conclusions and Recommendations

This study can serve as a potential guide for faculty regarding future activities for the self-development and professional life planning for fourth year Thai nursing students. Implementing this type of program can serve to enhance students' future professional growth and development. However, given the limitations of the study, future research needs to: a) examine, using a longitudinal research design, the long-term outcomes of this or similar programs; b) include students from multiple colleges of nursing; and, c) examine, in greater depth, the psychometric characteristics of two of the study's instruments (NSSASDPLPC and the SDPLPPOQ) so as to verify their credibility.

Acknowledgments

A thank you is extended to the Graduate School, Chulalongkorn University, Who gave funding "CU Graduate School Thesis grant" and the Praboromarajchanok Institute for Human Resources, Ministry of Public Health for funding provided for the development and implementation of this research.

References

1. World Health Organization. Working together for health: The world health report Geneva (CH): The Organization; 2006.
2. Thai Nursing and Midwifery Council. Need of nursing manpower in health care system in Thailand, 2006–2015. Bangkok (TH): The Council; 2006. [Thai]
3. Ministry of Public Health. A survey study of the decision making of graduated nursing students of the Praboromarajchanok Institute for Human Resources, Ministry of Public Health in 2005. Bangkok (TH): The Ministry; 2006. [Thai]
4. Sawangdee K. Supply of registered nurses in Thailand. Bangkok (TH): Ministry of Public Health; 2008. [Thai]
5. Bratt MM. Retaining the next generation of nurses: The Wisconsin nurse residency program provide a continuum of support. *J Contin Educ Nurs.* 2009; 40(9): 416–25.
6. Nursing competencies for registered nurses graduating with a bachelor's degree BE 2552. Thai Nursing and Midwifery Council. [updated 2009, cited 2009 Apr 9]. Available from: http://www.tnc.or.th/news_detail.php?news_id=2081. [Thai]
7. Hall LM, Waddell J, Donner G, Wheeler M M. Outcomes of a career planning and development program for registered nurses. *Nurs Econ.* 2004; 22(5): 231–38.
8. Price SL. Becoming a nurse: A meta-study of early professional socialization and career choice in nursing. *J Adv Nurs.* 2009; 65(1): 11–9.
9. Waddell J, Bauer, M. Career planning and development for students: Building a career in a professional practice discipline. *Can J Career Dev.* 2005; 4(2): 4–13.
10. Megginson D, Pedler M. Self development: A facilitator's guide. London (UK): McGraw Hill; 1992.
11. Klingner D. Career-life planning and development management. *Public Personal Manag.* 1979; 8(6): 382–90.
12. McCormick RM, Amundson NE. A career-life planning model for first nations people. *J Employ Couns.* 1997; 34(4): 171–9.
13. Otte FL, Kahnweller WM. Long-range career planning during turbulent times. *Business Horizons.* 1995; 38(1): 2–7.
14. Donner GJ, Wheeler MM. It's your career: Take charge of career planning and development. Geneva (CH): Imprimerie Fornara; 2001.
15. Donner GJ, Wheeler MM. Taking control of your career: A handbook for health professionals. Toronto (CA): Elsevier; 2009.
16. Montana PJ. Stepping out and starting over. How to get your life on the right track: Career life planning. New York (NY): National Center for Career Life Planning; 1989.

17. Waddell J, Donner G, Wheeler MM. Building your health care career: A guide for students. Toronto (CA): Elsevier; 2009.
18. Career planning. University of Western Sydney. [updated 2009, cited 2010 Jan 23]; Available from http://uws.clients.squiz.net/_data/assets/pdf_file/0005/113675/Career_Planning_09_final.pdf.
19. Crofts L. Careers advice in preregistration nurse education. *Br J Nurs.* 1992; 1(11): 572-6.
20. Hay CL, Mitchell LK, Allen CE. Effect of a career decision-making course on the career planning of nursing students. *J Nurs Educ.* 1989; 28(7): 298-301.
21. Marsland L. Career guidance provision for student nurses: Views of health authority personnel. *Nurse Educ Today.* 1994; 14(2): 124-35.
22. Marsland L. Career guidance for student nurses: An unmet need. *Nurse Educ Today.* 1996; 16(1): 10-6.
23. Marsland L. Qualifying from the pre-registration nurse diploma course: The demand for career guidance. *Nurse Educ Today.* 2004; 24(1): 55-65.
24. Robinson S, Murrells, T. Developing career in the mental health services: Guidance for student nurses. *J Psychiatr Ment Health Nurs.* 1998; 5(2): 79-87.
25. Wangensteen S, Johansson I, Nordstrom G. The first year as a graduate nurse—an experience of growth and development. *J Clin Nurs.* 2008; 17(14): 1877-85.
26. Khomeiran RT, Yekta ZP, Kiger AM, Ahmadi F. Professional competence: Factors described by nurses as influencing their development. *Int Nurs Rev.* 2006; 53(1): 66-72.
27. Rognstad M. Recruitment to and motivation for nursing education and the nursing profession. *J Nurs Educ.* 2002; 41(7): 321-5.
28. Mrayyan MT, Al-Faouri I. Predictors of career commitment and job performance of Jordanian nurses. *J Nurs Manag.* 2008; 16(3): 246-56.
29. Lim JY, Kim MA, Kim SY, Kim, EJ, Lee JE, Ko YK. The effects of a cognitive-behavioral therapy on career attitude maturity, decision making style, and self-esteem of nursing students in Korea. *Nurs Educ Today.* 2010; 30(8): 731-6.
30. Marsland L, Hickey G. Planning a pathway in nursing: Do course experiences influence job plans? *Nurs Educ Today.* 2003; 23(3): 226-35.
31. Rivera W M. Professional life planning: A self-directed, systematic approach. *Proceedings of the National Adult Education Conference.* San Antonio (TX); 1982. p.1-13.
32. Sovie MD. Fostering professional nursing careers in hospitals: The role of staff development part II. *J Nurs Admin.* 1983; 13(1): 30-3.
33. Rungnoei N. A model of self-development and professional life planning for nursing students in colleges of nursing under Praboromarajchanok Institute, Ministry of Public Health. [dissertation]. Bangkok, Thailand: Chulalongkorn Univ.; 2010.
34. Bandura A. *Self-efficacy: The exercise of control.* New York (NY): Freeman; 1997.
35. Hood LJ, Leddy SK. *Leddy and Pepper's conceptual bases of professional nursing.* 6thed. Philadelphia (PA): Lippincott, Williams & Wilkins; 2006.
36. Case B. *Career planning for nurses.* New York (NY): Delmar; 1997.

การพัฒนาและประเมินผลโปรแกรมการพัฒนาตนเองและการวางแผนชีวิตวิชาชีพสำหรับนักศึกษาพยาบาลไทย

นงนภัทร รุ่งเนย, ศรเนตร อารีสกุณพิเชฐ, ปทีป เมธากุณวุฒิ, Edward J. Halloran

บทคัดย่อ: การขาดแคลนพยาบาลวิชาชีพเป็นประเด็นสำคัญของหน่วยงานหลายแห่งทั่วโลก วิทยาลัยพยาบาลอาจช่วยป้องกันการสูญเสียพยาบาลวิชาชีพจากการลาออกได้ส่วนหนึ่ง โดยจัดกิจกรรมส่งเสริมการเรียนรู้ที่ช่วยให้บันทึกพยาบาลคงอยู่ในวิชาชีพและเพิ่งพอใจในการประกอบวิชาชีพเพิ่มขึ้น การวิจัยนี้มีวัตถุประสงค์เพื่อพัฒนาโปรแกรมการพัฒนาตนเองและการวางแผนชีวิตวิชาชีพสำหรับนักศึกษาพยาบาลไทย

วิธีดำเนินการวิจัยแบ่งเป็น 2 ระยะ ประกอบด้วย การวิจัยเชิงคุณภาพและเชิงปริมาณ ในระยะที่ 1 ได้สัมภาษณ์เจ้าลูกและใช้แบบสอบถามเพื่อศึกษาแนวทางการพัฒนารูปแบบการพัฒนาตนเอง และการวางแผนชีวิตวิชาชีพสำหรับนักศึกษาพยาบาล โดยสัมภาษณ์พยาบาลวิชาชีพที่ประสบความสำเร็จในการประกอบวิชาชีพ จำนวน 15 คน เกี่ยวกับภาพอนาคตของตนเองในด้านการดำเนินชีวิต และการประกอบวิชาชีพ และใช้แบบสอบถามเพื่อศึกษาสภาพปัจจุบัน ปัญหาและอุปสรรคในการพัฒนาตนเองและการวางแผนชีวิตวิชาชีพของพยาบาลวิชาชีพ จำนวน 340 คน แล้วนำผลการวิจัยในระยะที่ 1 มาพัฒนาโปรแกรมการพัฒนาตนเองและการวางแผนชีวิตวิชาชีพสำหรับนักศึกษาพยาบาล ประกอบด้วย 6 ขั้นตอน ได้แก่ (1) การศึกษาสภาพแวดล้อม (2) การประเมินตนเอง (3) การกำหนดภาพอนาคต (4) การวางแผนสำหรับอนาคต (5) การนำแผนไปสู่การปฏิบัติ และ (6) การประเมินผล โดยกำหนดช่วงเวลาการจัดกิจกรรมภายใน 8 สัปดาห์ (36 ชั่วโมง)

ระยะที่ 2 ทดลองใช้และประเมินประสิทธิผลของโปรแกรมที่พัฒนาขึ้น โดยใช้แบบแผนการวิจัยแบบกลุ่มเดียวกันก่อนและหลังการทดลอง ในนักศึกษาพยาบาลชั้นปีที่ 4 จำนวน 45 คน ผลการวิจัยพบว่ารูปแบบนี้สามารถพัฒนาสมรรถนะด้านการพัฒนาตนเองและการวางแผนชีวิตวิชาชีพของนักศึกษาพยาบาลได้เพิ่มขึ้น

Pacific Rim Int J Nurs Res 2011 ; 15(3) 234-247

คำสำคัญ: การพัฒนาตนเอง, การวางแผนชีวิตวิชาชีพ, นักศึกษาพยาบาลไทย

ติดต่อที่: ศรเนตร อารีสกุณพิเชฐ, PhD. อาจารย์ คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพฯ ประเทศไทย
นงนภัทร รุ่งเนย, RN, PhD (Candidate) คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพฯ ประเทศไทย E-mail: nongrn1@gmail.com
ปทีป เมธากุณวุฒิ, PhD. ศาสตราจารย์เกียรติคุณ คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพฯ ประเทศไทย
Edward J. Halloran, RN, PhD, FAAN. Associate Professor, School of Nursing University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.