

Unveiling the Experiences of Happiness at Work through Narrative Inquiry: Advanced Practice Nurses' Perspectives.

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Abstract: Advanced Practice Nurses have been expected to lead Thai clinical care into the future and help overcome the challenges of health care needs and high cost of care. However, the issues that these nurses face and how these issues impact their happiness at work remain elusive. This study explored the meaning, as well as the facilitators and barriers, of happiness at work among Advanced Practice Nurses. Qualitative, narrative inquiry comprising conversational interviews with 9 participants working at an advance-care level in Northern Thailand was undertaken. Constructivist theory guided data collection and analysis. The data analysis procedure took the interpretive, thematic approach suggested by Riessman.

From the participants' narratives is derived their meaning of happiness at work, as well as the facilitators and barriers to their happiness. These are captured under three themes: 1) a lack of achievement perceived to be due to them having inadequate support systems and an imbalanced work life; 2) striving to be happy despite these constraints; and 3) their definition of happiness. The findings highlight the need for improving the explicit approach to career advancement and creating a supportive work environment for Advanced Practice Nurses. The findings also noted the desirable attributes of happiness at work which would appeal and attract nurses to become Advanced Practice Nurses and study a doctoral program in nursing in future.

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Introduction

Happiness at work is a mindset that permits people to maximize performance and achieve their own potential by mindfully making the best use of the resources available to overcome the challenges one faces when working alone or with others.¹ Although a considerable number of studies of happiness at work in the nursing profession have been published over

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the past decade, they have mainly focused on registered nurses (RNs), while insights on happiness at work among advanced practice nurses (APNs) remains elusive.

APNs are expected to receive certification, expand their range of competencies through direct clinical practice of the APNs role with patient and family, and improve health outcomes for patient and the community population in a specialized clinical area of the larger discipline of nursing.² Thai APNs are not only serving the underprivileged and responding to the complicated health needs of communities³, they are also demonstrate expertise in advanced practice and clinical leadership in their area of specialty as well as leading change to improve quality of life and the health of people.⁴ Despite these contributions, several issues in APNs' working environments have led to difficulties in ascertaining the value of the role. For instance, political, institutional and financial factors impact on staff career opportunities,⁵ lack of an APN career structure, position, promotion and reward⁶ as well as lack of cooperation, acceptability and recognition from physicians and their work colleagues.^{7, 8} Furthermore, a report from Thailand Nursing and Midwifery Council (TNMC) showed that from 2006 to 2014, the number of certified Thai APNs gradually decreased. Recently, the number of APNs who were permitted to relicense has also dropped.⁹ It is possible that unhappiness at work may be a significant factor in the decline in the number of certified APNs. As suggested by Chirawatkul et al. (2012) happiness at work may ensure a nurse's intention to stay in nursing profession,¹⁰ Another cause of their decline is the difficulty in completing certified board examination which may inhibit the progression of the career path of APNs. A training program of College of Advanced Practice Nursing and Midwifery developed criteria based on the Doctor of Nursing Practice offers in USA. To reach out this point, three years is required for nurses to complete residency training, integrate research and practice fellowship. Only those with a master degree graduating in a nursing specialty are permitted to the study in these programs¹¹, therefore

there is an urgent need to deepen the understanding of how APNs in Northern Thailand experience happiness at work.

Review of Literature

The concept of happiness at work can be used interchangeably with joy at work or a positive feeling that centers on work conditions and interpersonal relationships. It is an individual, temporary state that changes over time due to one's internal state, the external situation at work and individual interpretation. Happiness at work research over the past decade have shown that it is associated with unique personal attributes, interpersonal relationships, and organizational factors.¹² For instance, a nurse's marital status¹³, self-esteem^{14, 15} and adversity quotient¹⁶ can predict their happiness at work. Many studies demonstrate that nurses work happily as they age because older nurses are usually more mature, responsible and accept reality.^{17, 18, 19, 20, 21} In terms of interpersonal relationships, nurses' happiness at work correlates with social support,²² respect and relationships at work.²⁰ However, social support among staff correlates moderately due to the burdens and complexities of medical organizations.²² In terms of organizational factors, many studies indicate that work characteristics and a healthy work environment could significantly predict the work happiness of staff nurses.^{16, 18, 19, 22, 23}

Worldwide, nurses' unhappiness has been extensively reported. Nurses' journeys to happiness involve caring first and foremost for the needs of others, which can sometimes be all consuming and can lead to the disregard of their own emotional well-being.²⁴ Evidence from the University of Pennsylvania in 2007 indicated that 1,400 hospital nurses in nine countries, China, South Korea, Thailand, Japan, New Zealand, Canada, Germany, the United Kingdom, and the United States seemed unhappy and exhausted.²⁵ Studies indicated that, a high turnover rate and nursing shortage is a persistent problem and critical issue in

many countries.²⁶ A high level of work-related stress, burnout, job dissatisfaction, and poor health are common within the nursing profession.²⁷ The predictors of nurse turnover are job dissatisfaction, burnout and intention to leave.²⁸ Occupational burnout not only impacts the nurses themselves,²⁹ but also the quality of health care they provide.³⁰

In Thailand, past quantitative studies of happiness at work among RNs show they perceived moderate^{13, 18, 20} to high levels of happiness at work,^{14, 16, 17} but the general happiness of RNs was low. A study using the TH15 or Thai Happiness indicators with 480 nurses from various health care facilities, such as northern (Chiang Mai), north-eastern (KhonKaen), eastern (Chonburi), central (Bangkok), and southern (Songkla), and 43 nurses from private health facilities across the country¹¹ found that two-thirds of participants reported lower happiness levels than others. They reported high workloads with nonprofessional roles and non-nursing tasks, inequity in career pathway, remuneration and welfare as causes. Many considered leaving nursing if an alternative career was available.¹¹

It is not clear if APNs are experiencing similar issues and this lack of understanding of APN happiness at work may affect the future development of APNs in Thailand. This gap also affects strategies to motivate them to renew their license and to support them in performing their challenging work roles.

Study aim

This study explored the meaning of happiness at work in advanced care APNs in Northern Thailand.

Method

Design

This was a qualitative design using narrative inquiry. A fundamental purpose of this approach is to understand how people construct meaning from within their belief systems and the attitudes, values

and ideas that shape their sense of self. Narrative inquiry was chosen rather than other approaches to explain the experiences of happiness at work from APNs' perspectives, in order to enrich understanding the complex relationship between the meaning of happiness and APNs' identity and social convention grounded in that meaning. The emphasis was to develop communicative interactions and go beyond the question-response type of interviews to actively engage and involve participants in the co-construction of the meaning. Constructivist theory guided the study. Data analysis procedures took the interpretive, thematic approach suggested by Riessman (2008).³¹

Sample and Setting

Participants invited into the study were licensed as an APN by the TNMC; had worked in the advanced level hospital in Northern Thailand for at least two years; and were willing to participate. Both purposive and snowball sampling were used to recruit participants. The hospital used in the study is accredited as providing advanced care and employs the largest number of APNs in northern Thailand.

Ethical Considerations

The study was approved by the research ethics committee of the Faculty of Nursing, and the Faculty of Medicine, Chiang Mai University and the hospital administrators. Participant rights, including access to study information, confidentiality and anonymity, were upheld throughout the study. All participants signed an informed consent form.

Trustworthiness

The researcher used four conceptual elements of trustworthiness determined by Lincoln and Guba to generate trustworthiness: credibility, dependability, confirmability and authenticity.³² To achieve trustworthiness, the relationships and authentic sense in conversation were the key focus throughout the process of inquiry. The daily reflexive notes, narrative analysis, and member checking methods with some participants were carefully applied to make the study processes visible and consistent, thus helping to

ensure that the data supported the findings that could be verified by others.

Data collection

Data was collected through narrative interviews and reflexive notes. It was a collaborative process of “retrospective meaning making” through which the participants used their own language to tell the stories.³¹ The researcher was flexible and used open-ended questions to allow the participants to structure their account as they wished, such as “What does being happy at work mean to you?”. In this way the goal in narrative interviewing generated detailed accounts rather than brief answers or general statements. Semi-structured interviews were conducted with participants, between 90–120 minutes each, varying in each case, during November 2015–March 2016.

Riessman advises that knowing that there is a story wanting to be told can put unnecessary pressure on participants.³¹ To avoid this the researcher created communicative equality by relinquishing interview control, being flexible with the interview guide key questions, and allowed participants to share their thoughts, feelings, perceptions and concerns. The researcher identified meaning and validated the accuracy of the story with the participants. Both verbal and non-verbal encouragement helped them continue telling their stories until they signaled the end of the story.

Transcripts were verified to assure accurate data capture. The researcher kept participants’ stories intact to prevent data fragmentation. The researcher also used daily reflexive notes to examine the inquiry process by keeping notes on what happened as well as the challenges and ways they were overcome in the setting. Through this process, the researcher ensured sufficient detail in a narrative.

Data Analysis

Data analysis employed an interpretive approach, thematic analysis, and three stages of Reissman’s narrative method: 1) telling about the experiences, 2) transcribing experiences, and 3) analyzing the experiences.³¹ The foci was on the content or the

experiences being told. The researcher paid attention to both APNs’ experiences and the context of the narrative. Stories were united with analytic techniques and were analyzed as a whole, rather than fragments which were coded, as is the case in most qualitative analyses. To preserve the contextual meaning of happiness at work, it was vital not to over-rely on content. In narrative inquiry the researcher immerses themselves in the text identifying each participant’s account of meaning, in the light of the research question(s) and theoretical framework. The detail of the work context and characteristics of the participants was identified by the researcher before assigning interpretive codes. Daily reflexive notes were used to generate details and illuminate context and added understanding during code assignment. Throughout the process, the researcher searched for narrative themes that reflected commonalities in the content, then developed terms that represented the data set, then gradually checked that there was no overlapping of meaning between categories and themes.

Findings

There were seven females and two male informants. The majority were specialized in medical-surgical nursing (n=8) and one in infection control nursing. Seven were practice nurses, and two were head nurses. Four had APN work experience between 2–5 years, four had 6–9 years, and one had 12 years of experience.

Three themes, grounded in the context of the advanced level hospital in the narrative accounts were generated that reflected insights about the meaning of happiness at work: lack of achievement; striving to be happy at work; and defining happiness.

Lack of achievement

Lack of achievement referred to participants’ inability to fulfil their work desires due to inadequate support systems for APNs, and their poor work-life balance. Care offered by the hospital was characterized as advanced-level but The APNs experienced inadequate support systems which prevented them from achieving

their professional goals. They described an unclear APN career pathway, unclear policies about APNs and their work, and feeling discouraged by administrative provisions attached to their role. The human resource system did not specify an APNs' career structure and position within the hospital, consequently APNs had no formal authority and there was no distinction between APNs and RNs, as expressed by two participants:

I am not sure whether the administrators know about APNs or not. (Nurse 5)

Even though APNs work hard, they are not known. Actually, we should gain acceptance from our profession first. When we work, we work harder. At least, we should be recognized by people in and outside our professional field. At least, APNs should exist somewhere in the work structure. (Nurse 9)

Unclear APN policy means that work systems were unclear around work assignment for APNs and there were no explicit guidelines for APNs' roles. At advanced care hospitals, APN work systems have been established for many years with APN roles clearly defined by organization in terms of job description. APN participants in this study reported that in daily practice, APNs work experience is quite different to their job description whenever they are given responsibility for routine and extra tasks that have little relevance to their skills and training. Some perceived that the APN's role has not yet been formally defined in Thai organizations.

As frequently said by other APNs, being an APN only brings more tasks and more expectations. Both the TNMC and other organizations emphasize APNs' role but the barrier is that the role has not yet been defined formally in organizations. This has put great pressure on APNs. How can I possibly manage my time to do that? Where in the organization do I have to work? (Head nurse, male 1)

Lack of consistent approaches to APNs' roles made it seem impossible for APNs to attain career goals. The narratives suggested that the workplace lacks capacity to meet the external criteria of Thai Nursing and Midwifery Council (TNMC) which expects that APNs in tertiary care must work as case managers, but the workplace limits the number of nursing staff so APNs inevitably struggle with multiple roles and time constraints:

The Council follows up with competencies as well as APN case manager but we cannot get there so far. Why can't the hospital's system facilitate APNs to be able to take full action? The feedback from the Council made us feel discouraged. It is related to the hospital's contexts. We want to do it but we can't. "(Head nurse, male 1)

Feeling discouraged by administrative workloads was a condition that prompted APNs to think that there is greater organisational emphasis on work outcomes than on people. Participants characterized two areas: Being preoccupied with productivity, and being inconsiderate. Preoccupation with productivity refers to management demands related to APNs' work productivity. Participants thought that management placed too much pressure on the APNs without being aware of what the APNs had to deal with.

Administrators require our outcomes every six months... to report what is going on in the process...we have to submit the work. But they never gave us time to do it...we have three works at hand but they are never flexible...so why do I have to submit the work? I decided to rebel!!!"
(Head nurse, female 2)

Another discussed their concern:

I think people in management level should give their hearts to APNs too. Sometimes they should come to support us, solve difficult problems instead of just asking us what we

are planning to do next. Then they report our answers to the hospital administrators. I don't like this but I had to experience it. (Nurse 5)

Some participants thought management was dismissive of APNs' ideas, opinions, problems and preferences, for example:

I used to give a suggestion to those in administration that there should be something like the bar system or academic system in which APNs can come to work together. But the boss asked, 'How can you guarantee or make sure that the work productivity comes out first?' (Nurse 8)

The work-life imbalance of APNs was perceived in terms of conflicts with time, for example, having to spend extra personal time to accomplish APNs' work roles causing conflict with their roles of mother and reducing the time available to look after their children.

I needed to pick up my child's academic report at school. So, I asked for leave but I was not granted permission ... I work on quality accreditation, so I had to be there. I felt bad and was unhappy. (Nurse 8)

Moreover, since participants were unable to accomplish all their work on time, they sacrificed their private time to pursue academic achievements. Their despair was also driven by comparing themselves with others in terms of time spent at work.

Working on shifts is one obstacle as we have no time to accomplish work. We can't do this work during our regular working hours. It is inevitable to carry APN's work back home. Being in charge of bedside care causes me to allocate my private time like my day off to finish work. All of this brings discouragement. I am not free at all. (Nurse 3)

Striving to be happy at work

In this theme participants forced themselves to be strong in mind and expended enormous efforts to

achieve work goals, demonstrating a desire to be recognized as APNs, and trying to be happy despite many constraints. They attempted to demonstrate APN roles by asserting their ideas, and trying to reach an agreement with others. They saw 'being happy' as a demonstration of advanced competencies that are above those of general nurses. APNs compete with themselves to work to do their best:

We try to sell our ideas and tell them what we can do. I tell the director that I can kill two birds with one stone. I am happy that my ideas please the director and that he will support us with our work. (Head nurse, male 1)

The participants also strived to be role models, to perform APNs' roles based on the competencies of collaboration, to be change agents, and coach others. For example, they collaborated with patients and staff, both inside and outside the organization to achieve their work goals. According to the narratives, it seems that male participants enjoyed collaboration more than the females. They were more confident in promoting their ideas and gaining collaboration from other female staff, elaborating the link between acceptance and collaboration. As one male said:

I am proud of being able to deal with people and obtain their collaboration. Many people were willing to help me collect data and do good things for patients. This acceptance (as an APN) leads to collaboration. (Head nurse, male, 1)

Participants initiated new approaches as change agents by explaining complex matters to colleagues, being patient when others did not understand them, and patiently waiting for goal achievement and change opportunities.

Being a change agent, I used to show them how to do it but they did not like it. In the past, I faced resistance from other nurses because they always followed what they had always done. It may take a lot of time but I can't feel

discouraged. Then, I see that everything is the outcome of my action. (Nurse 7)

Some participants applied their skills to coach their team members to assist them to learn and develop alongside APNs.

I act as a consultant for both the patients on the ward and the junior nurses. ... It is happiness because they used to be the ones who knew nothing but now they can apply this knowledge to take care of the patients. (Nurse 7)

Trying to be happy despite constraints was described as generating one's own happiness and adjustment to working under constraints. Participants made themselves happy through various methods. First, they generated happiness at work through relaxation; by temporarily leaving behind their work and travelling; listening to music; and making themselves mentally happy before returning to work.

I should also find happiness at work. Otherwise, I wouldn't be happy. I like to relax. On the other hand, if I chose to be caught up in my work, I would be so stressed and wouldn't be able to do anything well. I have tried that. (Nurse 7)

Second, they searched for spiritual support through *dharma* and letting themselves understand and accept the nature of their work, and be forgiving and having mercy toward colleagues. This created happiness to them and their colleagues.

I use dharma and try not to feel upset about anything or anyone. Those whom I feel upset with may not know about it. It is just words that will soon pass. Why would I be stuck with it? I just let it go and do something fun and useful. (Nurse 5)

Third, self-empowerment was achieved through encouraging themselves to think positively, and assert their standpoint in order to achieve goals and keep on working:

I have to give myself encouragement and strength. Humans can get discouraged but for how many days will we stay discouraged? Either leave it or keep on trying. (Nurse 3)

Most participants attempted to adapt in order to maintain happiness under constraints using various strategies such as managing their time in and out of work; dealing with unfinished work; and encouraging themselves to finish work on time:

If I can, I try to finish the unfinished work before I finish my shift. I have to allocate my time after working hours to do it. Because some tasks require time to create ideas, so it is impossible to do it when there is a lot of pressure. Sometimes I need a quiet environment. My projects require rational thinking and it is not something that can be created in a second. (Nurse 7)

Some participants used other strategies to adjust their perspectives to meet work constraints by changing their viewpoints toward problems, and focusing on the benefits of their contribution to the profession rather than to themselves.

APNs' happiness can be created by focusing on the sake of the patients. Otherwise, we would work without goals. Now, we are working harder and doing more than routine work. What or who are we doing this for, if not the patients? Without focusing on the patients, we will not be happy. (Nurse 7)

Defining happiness

The participants' narratives showed that they constructed meaning by relating happiness experiences at work to the diverse conditions within their work-life. This meaning came from their belief systems, attitudes, values and their professional identity as APNs, and also from interpersonal relationships, workplace and social contexts beyond the workplace. The meaning of happiness was characterized into three branches:

The first branch related to achieving work purpose characterized by pride in being APNs and pride in being accepted as such. One participant described her experience of being proud in regard to having knowledge and competencies, work authority, and self-confidence.

I am more competent than the others. I am proud of being an APN because I worked so hard to get it. I don't see it as a burden. Rather, I feel proud that I have upgraded myself and become a specialist. This makes the others value me more. If I were not an APN and only did routine work, I would not be able to see the patients' problem this closely. (Nurse 8)

Some participants revealed the pride they felt because they were trusted to think, do and create work autonomously, for example:

Being an APN, it seems like I have a parliamentary privilege, I mean power...having special permission to leave the ward temporarily if needed. So I can ask the team to take care of the patient in the ward while I go to follow up another case at the next building. (Nurse 6)

One participant added the pride of working independently from physicians' orders:

Physicians are not permitted to order nurses to change the patients' position. Please do not order us to do such things that we do regularly already. (Nurse 9)

The participants were proud of their self-reliance in dealing with complicated work. They had wider perspectives and had a systematic overview of their work:

I am capable of doing more than the others because I read a lot that makes me know more than them and because I had opportunities to study and attend workshops. All of this has broadened my perspectives and confidence to do more. (Nurse 9)

Pride in being accepted was characterized by receiving acceptance from other disciplines. This made them proud that they could make other professions accept APNs' roles. This resulted in narrower professional gaps, particularly those between physicians and nurses.

Our happiness was a sense of pride to gain acceptance from other professions. Undeniably, there has long been a hierarchy system in the health professions. Physicians often regard nurses as inferior to them. Nurses' voices have never been heard by physicians. Physicians often do everything based on their beliefs, but I think nowadays the professional gap is much narrower than when I was a registered nurse. (Nurse 5)

Happiness was also seen as a consequence of being acknowledged. It was gained through having intrinsic motivation regarding acceptance, support, encouragement and being appreciated. All of these encouraged APNs to remain determined and overlook difficulties and physical obstacles.

Money is not always the answer. Acceptance from people of the same profession or other related professions serves as support that gives me strength to work. In this country, there are a lot of ranks in this profession. With acceptance, the gap seems to shrink. My profession is promoted more. When I perform my roles and get acceptance, that's happiness because the gap has shrunk. (Nurse 5)

The second branch of happiness stemmed from work productivity and was described as when APNs were proud of their capacity to create or produce benefits from their work that contributed to the success of the organization. They were happy to develop new approaches that lead to benefits for the organization that could be regarded as models in other departments.

I am happy that R2R research yielded successful outcomes. ... Then, I forwarded this research to

the Patient Care Team or committees and it has been implemented almost throughout the entire hospital. (Head nurse, male 1)

Some participants were happy to employ team members to be able to elevate the quality of work and promote effective joint efforts:

I feel proud and happy that I can pass (my knowledge) on to other junior nurses and they implement it. ...It makes me feel even happier and even prouder if they can take care of the patients better than me. This is happiness at work. (Nurse 7)

Others were happy to provide quality care, elevate patients' and their families' quality of life, and solve patients' problems systematically.

I am happy that I can find better ways to save patients. I have conducted more in-depth examinations on the patients; I also conducted mini research on this and presented it. Everyone says that it is effective and easy. (Nurse 8)

The third branch of happiness was seen as arising from performing APNs' roles. Happiness was gained through enjoying APN work and self-improvement. When APNs prove their competence and are accepted by others as the nurses who can respond to the patients as well as to the organization. It brings pride and happiness to be valued by the team members.

I think happiness comes from the feeling that I am appreciated. I do a lot of projects and I am proud that people can see what I do. They give me feedback and I feel proud deep down. I feel that I am a valued member of the organization. (Head nurse, male 1)

Some participants expressed that they enjoyed academic self-improvement and also developing greater competence through their work.

Happiness is not just about numbers. The meaning of life that makes me happy is how

I can improve myself. I used to be very shy. However, I have become more confident since I did academic work, conducted an in-depth examination on the population, and learned the scope of patient care. I have had an opportunity to talk and lead discussions. This is happiness at work. (Nurse 7)

Discussion

The meaning of happiness at work emerged from the participants as they underwent the process of sense making. Using narrative inquiry and a constructivist lens enabled us to deepen understanding of how APNs in advanced level hospital contexts experience and construct their meaning of happiness at work. Three themes were captured during this process.

The first theme, lack of achievement, reflects a bigger picture of APNs' personal experience of their struggle to meet the external demands of both work and family life. In terms of work, participants' main concern related to working with little or no support within an inadequate system that fails to provide clear direction for APNs. This is because employing organizations have not formally defined an establishment APN career structure or position, yet APNs continue to implement their role despite these barriers. APNs claim that their role attracts more tasks and more expectations because there is no explicit career path or reasonable reward, and this impacts on their happiness at work. Another issue raised by participants relates to TNMC expectations that do not match the actual work context where staff shortages and delegated work tasks make it difficult to develop case management skills and clinical excellence. As Plager & Cong (2006) found, many constraints to APN practice fall under the rubric of public policy and have been most cumbersome to APN practice since the inception of the role.³³ This is consistent with some studies of Thai APNs which indicate that the most significant barrier in role

development was poor administrative functioning including lack of a clearly delineated organizational structure and unclear organizational policies.³⁴ APNs described that support from the TNMC or the government was uncertain and ambiguous due to an on-going process of professional development of APN role in Thailand. Without commitment to cooperation between policy and practice around APN career structures and direction, the theory-practice gap affecting APNs will not be resolved.⁶

In terms of work-life imbalance, participants identified time conflicts characterized by needing extra time to accomplish APN practice roles which conflicts with time needed to perform their role as mother. Because APNs cannot accomplish all their work in the paid time available, they sacrifice their private time and days off to pursue finish their work and study for academic achievement. APN duties inhibit their performance of the maternal role as well as reducing opportunities for socializing. Their happiness is decreased when they compare themselves with other non-APNs who have more leisure time. This finding aligns with a 2008 study that identified work overload and irregular work schedules are significant predictors of work-to-family conflict and that this was associated with lower job and life satisfaction.³⁵ However, the time conflicts among APNs in this study exceeded that of general nurses, because they had jobs incorporating a variety of roles as general nurse, manager and APNs. In another Thai study in 2012 happiness at work was linked to the nurse's intention to stay in nursing profession.¹⁰ The issue of not being able to achieve goals or achievement may extinguish an APN's desire to relicense and some participants in this study are reluctant to continue in this role.

The second theme, strive to be happy at work involved striving to be recognized as APNs and adapting to constraints. A bigger picture emerged of APNs' experience in combining various methods in order to maintain their happiness. In term of "striving to be recognized", APNs presented themselves as advanced

nurse specialists in various ways: by applying their competency and skills in collaboration, being a change agent and coaching which is in accordance with the APN core competency as defined by the TNMC.³⁶ The participants attempted to demonstrate their advanced competencies; to exceed the normal practice levels of general nurses; and motivate themselves to excel as APNs as a way of discovering the deeper meaning in their practice.

APNs working in advanced level hospital contexts did find the power to negotiate with physicians or develop their ability to collaborate, initiate change and coach others. Results from the current study corroborate the finding of previous research conducted by Promdecha who found that the variables that might affect APN-physician collaboration in patient care were attitudes of APNs toward such collaboration; APNs' self-esteem; commitment of APNs to nursing practice; and their patient care working environment.³⁷ In this study, APNs compromised within work constraints by managing their time; practising self-empowerment; adjusting their attitudes at work; and actively trying to be happy before returning to work. All participants believed that ensuring their own happiness was essential to providing good nursing care to patients and supporting the professional of nursing. This belief motivated them to work hard to achieve work goals.

The third theme emerging from the narratives, defining happiness, was discussed widely in various ways. Each participant had a unique perspective ranging from beliefs, attitudes, events and their own predisposition to reach their meaning of happiness at work. Overall APNs' experiences of pride and happiness in achieving work purpose, work productivity and work performance were part of the defining process. In terms of *achieving work purpose*, the narratives suggest that the meaning of happiness at work for APNs relates to fulfillment of work aspiration justifying their pride in being an APN and being accepted in that role by others. Participants agreed that pride in being APNs

relates to their knowledge and competencies, work authority and self-confidence. Meanwhile, pride of being accepted was gained through interdisciplinary acceptance, being acknowledged and known as specialists. Acceptance is the key to happiness at work for all APNs. Many narratives include evidence that APNs regard acceptance as being more important than money and advancement and were linked by participants to their work purpose. This finding corroborates other studies claiming that happiness at work will attract workers committed to the job; this is due to the fact that people are not always motivated by cost but value.^{38, 39}

In term of *work productivity*, participants agreed on the importance of being able to contribute to organizational goals. They were proud of their ability to create benefits from their work and to systematically elevate care quality. In terms of *work performance* they referred to situations in which APNs were willing to apply their knowledge, skills, and effort at work. Happiness came from knowing that what they do is worthwhile to other people and themselves and that they can prove their competence and gain acceptance as specialists who can respond to both patients and the organization.

It is encouraging to comprehend this result regarding APNs' identity and roles. Participants in this study were not only aware of their competence, but were also eager to improve care quality through their knowledge and skills. "Happiness at work" was achieved by putting their patients, their responsibility and their work as first priority in their lives. "Worthwhile working" experiences play a fundamental role in APNs' happiness at work and our findings support those of another recent Thai study¹¹ in that happiness comes from helping others. In Thai culture this is regarded as 'making merit' everyday by offering nursing care, an ideology that strengthens nurses' spirits and helps them to continue in demanding jobs. Nurses who perceived opportunities for self-improvement through work experience greater happiness than those who do not strive to improve.

APNs in this study regarded their roles as being non-substitutable because of their knowledge, competency and performance however they know that future APN development depends on successful implementation of APN roles in healthcare settings.

Limitations

On reflection, it is possible that the title and interview questions of this study, focused explicitly on happiness at work among APNs, may have limited the flow of some the narratives. Some participants who may not have understood this concept, may have been ambivalent and sought to justify their experience of not being happy at work.

Conclusion, Contribution to Nursing Policy and Administration, and Recommendations

The chosen methodology and the results of this study offer insights on the variety of meanings related to APN happiness at work. The findings reveal what makes them happy; what is missing; and what they are looking forward to in their work as APNs.

Although a small sample of APNs participated in this study, the findings point to inadequate policy frameworks at both health service and national level, in that clarity around the APN role is missing. As a consequence there is evidence that APNs are leaving the job and the number of APNs across the country is decreasing. Findings from this study can inform nursing and organisational policy and to this end, the following recommendations are offered to the Office of Civil Service Commission policy (OCSC), and circumstances in nursing profession, the TNMC and the Ministry of Health:

1) A congruent policy needs to be developed to bridge the gap between TNMC's rules and hospital regulations and address workforce issues so that APNs may function more fully in their roles. Urgent consideration needs to be given to the following workforce issues:

Clear position and job descriptions suited to APNs' specialty are needed as are clear organizational charts that shows rank, job position and career pathways of APNs. Standards of evaluation need to be based on particular performance and competence. APNs' contribution the healthcare field and public should be promoted. Gaps among professional staff need to be minimized to increase collaboration; and most importantly, a healthy work environment for APNs in the health care system needs priority action.

2) Nursing managers, clinical administrators and professional nursing organizations should: Support APNs to undertake work corresponding to their specialty and to independently initiate work; promote APN access to opportunities, assistance and resources by creating channels for them to communicate and learn about work-related problems; provide advice to APNs and work collaboratively to find solutions to improve work performance, work roles and job outcomes.

3) To prevent burn out due to insufficient time, resources, support and problems with work contexts including overwork and research.

Further research is warranted in other settings in Thailand to determine the extent of APN issues across the nation.

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References

1. Pryce-Jones J. Happiness at work: Maximizing your psychological Capital for Success. West Sussex: John Wiley & Sons, Ltd., Publication; 2010.
2. Hamric A B, Hanson CM, Tracy M F, O' Grady ET. Advanced Practice Nursing: An Integrative Approach (5th ed.). Elsevier; 2014, pp. 726 -727.
3. Hanucharunkul S. Nurses in primary care and the nurse practitioner role in Thailand. Journal of contemporary nurse. 2007; 26 (1): 83 - 93. (in Thai).
4. Hanucharunkul S, Punpakdee O. Advanced Practice Nursing: Integration to Practice. The Thai Nursing Council. Nonthaburee; 2010, pp. 39 - 56. (in Thai).
5. Luck L, Wilkes L, O'Baugh J. The role of a clinical nurse consultant in an Australian Health District: a quantitative survey. BMC Nurs. 2015;14(25): 2-7.
6. Rakhab A. Professional career pathway development of advanced practice nurses (APNs) in Thailand [Doctoral dissertation]. Nottingham: Lincoln University; 2015.
7. Chirawatkul S, Chinlumprasert N, Songwattana P, Deoisres W, Fongkaew W, Rungreangkulkij S. Nursing profession: a meaning in gender perspective. Thai J of Nurs Council. 2010; 26(2): 26-41. (in Thai).
8. Lungkapin P. Factors effect on transitioning from general to advanced practice nurses [Internet]. 2007 [cited 2015 Jul 22]. Available from: <http://nurse.payap.ac.th/main/APN.pdf>
9. The College of Advanced Practice Nurse and Midwife of Thailand. The list of APNs candidates received written approval to show knowledge and specialized qualification in the year 2014. Thailand Nursing and Midwifery Council. [Internet]. 2014 [cited 2015 Oct 2]. Available from: <http://www.apnthai.org/APNA/> pdf.
10. Chirawatkul S, Songwathana P, Fongkhew W, Deoisres W, Sindhu S, Chinlumprasert N, et al. Quality of life and factor influencing to quality of life and intent to stay of professional nurses. Bangkok: The Secretariat of the Senate; 2012. (in Thai).
11. Hanucharunkul S. Board Certified Training Program in Advanced Nursing Practice College of Advanced Practice Nurse and Midwife, Thailand Nursing and Midwifery Council. Thai Journal of Nursing and Midwifery Practice. 2014; 1(1): 05-16. (in Thai).
12. Manion J. Joy at work!: creating a positive workplace. J Nurs Adm. 2003; 33(12): 652-9.
13. Pungsak P. Relationship between risk perception, work performance and joy at work among professional nurses in primary care unit, region 4 [Master's thesis]. Nakhon Pathom : Mahidol University; 2009.
14. Oongkana K. Relationship between personal factors, self-esteem, work environment and joy at work of staff nurse private hospital [Master's thesis]. Bangkok: Chulalongkorn University; 2006.
15. Jantarasri D. Relationship between self- esteem, job empowerment, team working and happiness at work of professional nurse, regional hospital in the eastern region. [Master's thesis]. Chonburi: Burapha University; 2012.

16. Thepsuriwong T. Relationship between work factors, adversity quotient and happiness at work: a case study of nurse from private hospital [Master thesis]. Bangkok: Thammasart University; 2007.
17. Lertwiboonmongkol J. Relationship between personal factors, work empowerment, achievement motivation, and work happiness [Master's thesis]. Bangkok: Chulalongkorn University; 2004.
18. Rodtiang N. Factors influence on happiness at work among personal in north-easternregion health promotion center [Master's thesis]. Nakhon Pathom: Mahidol University; 2007.
19. Poorraksa P. Factors related to happiness at work of professional nurses at Mahasarakham hospital [Master's thesis]. Chonburi: Burapa University; 2011.
20. Khumhome B. Factors influence on happiness at work among personal in Boromrajchonee nursing collage [Internet]. 2011 [cited 2015 Jul 22]. Available from: <http://www.statssa.gov.za/isi2009/ScientificProgramme/IPMS/0602.pdf>.
21. Geounuppakul M, Tounprommarat A. Factors influencing happiness in personal working at Boromarajonani college of nursing. Bangkok, Thailand. Available from: <http://www.statssa.gov.za/isi2009/Scientific Programme /IPMS/0602.pdf>.
22. Sudee L. Relationship between work motivation, social support, organization commitment, and work happiness of staff nurse, general hospital central region [Master's thesis]. Bangkok: Chulalongkorn University; 2007.
23. Sriwong H. Relationship between work characteristic, job performances, organization climate and work happiness of emergency nurse at community hospitals in central region [Master's thesis]. Chonburi: Burapa University; 2011.
24. Scott D. Happiness at work. Workforce advocacy; 2008.
25. Aiken L. Nurse staffing impact on organizational outcomes. In: Mason D, Leavitt J, Chaffee M, editors. Policy and politics in nursing and health care. St. Louis, MO: Elsevier; 2007, pp. 550–559.
26. Colosi B., 2016 National Healthcare Retention & RN Staffing Report. NSI Nursing Solutions, Inc 2016 [Internet]. 2017 [cited 2017 Mar 15]. Available from: <http://www.nsinursingsolutions.com /Files/assets/library/retention institute/NationalHealthcareRNRetentionReport 2016.pdf>.
27. Bogaert PV, Peremans L, Heusden DV, Verspuy M, Kureckova V, et al. Predictors of burnout, work engagement and nurse reported job outcomes and quality of care: a mixed method study. *BMC Nursing*. 2017;16(1): 5, 1–14.
28. Nantsupawat A., Kunaviktikul W., Nantsupawat R., Wichaikhun O.-A., Thienthong H. & Poghosyan L. Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *International Nursing Review*. 2016; 64(1):91–98.
29. Chao, M., Shih, C.T., & Hsu, S.F. Nurse occupational burnout and patient-rated quality of care: The boundary conditions of emotional intelligence and demographic profiles. *Japan Journal of Nursing Science*. 2016; 13:156 – 165.
30. Kunaviktikul W, Wichaikhun O, Nantsupawat R, Chontawan R, Klunklin A, et al. Nurses' extended work hours: Patient, nurse and organizational outcomes. *International Council of Nurses*. 2015; 26 (2):386–393.
31. Riessman CK. Narrative methods for the human sciences. London: Sage; 2008.
32. Guba EG, Lincoln YS. Naturalistic inquiry. Newbury Park, CA: Sage; 1985.
33. K Plager, M Conger. Advanced Practice Nursing: Constraints to Role Fulfillment. [Internet]. 2008 [cited 2016 Jan 28]. Available from: <http://print.ispub.com/api/0/ispub-article/3418>
34. Wongkpratoom, S, Srisuphan, W, Senaratana, W, Nantachaipan. P., & Sritanyarat, W. Role development of advanced practice nurses in Thailand. *Pacific Rim Int J Nurs Res*, 2010; 14(2): 162–177.
35. Yildirim, D, and Aycan, Z. Nurses' work demands and work-family conflict: A questionnaire survey. [Internet]. 2008 [cited 2016 Jan 28]. Available from: <http://www.sciencedirect.com/science/article/pii/S0020748907002544>
36. TNMC. Summary the number of Thai APNs from 2003 to 2013. [Internet]. 2014 [cited 2015 Oct 2]. Available from: http://www.apnthai.org/CAPNT main/index.php?page_name=APNs
37. Promdecha. P. Predictive factors of advanced practice nurse-physician collaboration in patient care. *Pacific Rim Int J of Nurs Res*. 2014; 18(4): 333–342.
38. Gavin JH & Mason RO. The virtuous organization: The value of happiness in the workplace. *Journal of Organization Dynamics*. 2004; 33(1): 379–392.
39. Warr, PB. Work, happiness, and in happiness. Mahwah, NJ: Erlbaum; 2007.

ตีแผ่ประสบการณ์ความสุขในการทำงานผ่านเรื่องเล่า: มุ่งมองของพยาบาลผู้ปฏิบัติการพยาบาลขั้นสูง

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บทคัดย่อ: พยาบาลผู้ปฏิบัติการการพยาบาลขั้นสูงเป็นผู้ที่ได้รับการคาดหวังว่าจะเป็นผู้นำการพยาบาลทางคลินิกของไทยในอนาคต และจะช่วยบรรเทาปัญหาความต้องการและคำใช้จ่ายที่สูงในการดูแลด้านสุขภาพ อย่างไรก็ตามภาวะที่พยาบาลผู้ปฏิบัติการการพยาบาลขั้นสูงเชี่ยวญในงานและส่งผลต่อความสุขในการทำงาน ยังเป็นประเด็นที่ขาดความกระจงชัด การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อทำความเข้าใจความหมาย ปัจจัยสนับสนุน และปัจจัยที่ขัดขวาง ความสุขในการทำงานของพยาบาลผู้ปฏิบัติการ การพยาบาลขั้นสูงเป็นการการศึกษาเชิงคุณภาพ โดยวิธีการวิเคราะห์เรื่องเล่า ผ่านการสัมภาษณ์เชิงสนทนากับผู้ให้ข้อมูล 9 รายที่ปฏิบัติงานในโรงพยาบาลศูนย์ ในภาคเหนือ ประเทศไทย ใช้ทฤษฎีคุณสตว์คิติวิสต์ เป็นแนวทางในการเก็บรวบรวมข้อมูลและการวิเคราะห์ข้อมูล วิเคราะห์ข้อมูลโดยการตีความหมายด้วยการวิเคราะห์แก่นสาระ ตามแนวทางของไรส์เม้น

เรื่องเล่าแสดงให้เห็นถึงความหมายของความสุขในการทำงานรวมถึง ปัจจัยสนับสนุนและขัดขวางความสุขในการทำงานของผู้ให้ข้อมูล ประมวลสรุปได้ในสามประเด็นหลัก ได้แก่ 1) ความไม่สมประสิทธิ์ในการทำงานเนื่องจาก ระบบสนับสนุนมีความพร้อมไม่เพียงพอและขาดสมดุลของชีวิตการทำงาน 2) ความพยายามที่จะมีความสุขในการทำงานได้ด้วยตนเอง ภายใต้ข้อจำกัดในการทำงาน 3) การให้ความหมายต่อความสุขในการทำงาน การค้นพบของงานวิจัยชิ้นนี้ เน้นย้ำถึงความจำเป็นในการปรับปรุงให้เกิดความชัดเจนทั้งด้านเส้นทางความก้าวหน้าในวิชาชีพ และสิ่งแวดล้อมที่สนับสนุนการทำงานของพยาบาลผู้ปฏิบัติการการพยาบาลขั้นสูง รวมถึงได้แสดงให้เห็นถึงคุณลักษณะที่พึงประสงค์ ของความสุขในการทำงาน ที่จะดึงดูดพยาบาลให้เกิดความสนใจในการก้าวเข้าสู่การเป็นผู้ปฏิบัติการการพยาบาลขั้นสูงและทึ่กษาต่อปริญญาเอกทางการปฏิบัติพยาบาลในอนาคต

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คำสำคัญ : การดูแลขั้นสูง ผู้ปฏิบัติการการพยาบาลขั้นสูง ความสุขในการทำงาน การให้ความหมาย การศึกษาเรื่องเล่า ประเทศไทย

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