

## Research Articles

# Head Nurse's Advocacy for the Nursing Profession in Thailand

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### Abstract

The study aimed to determine the level of advocacy for the nursing profession amongst head nurses in Thailand, drawing 541 participants from 26 Thai general hospitals. Subjects were recruited through simple random sampling; and the Thai Head Nurses' Advocacy for the Nursing Profession Scale (ANPS-Thai) chosen as a research instrument. ANPS-Thai had a content validity index with an I-CVI range of .80 to 1.00, an S-CVI/UA (universal agreement) score of .92, and an S-CVI/Ave (average) score of .98. Data were analyzed using descriptive statistics and independent *t*-test.

Results revealed the mean scores of advocacy for the nursing profession and subscales. The mean scores of overall advocacy for the nursing profession was 3.92 (*SD* = .49), and that for the subscales of proactivity to protect professional image 4.34 (*SD* = .45), while the mean score managing for maximum quality was 4.10 (*SD* = .49). Cooperating with others and sacrifice had a mean of 3.91 (*SD* = .64) while the mean of speaking out to enhance professional worth was 3.79 (*SD* = .62). The results indicated statistically significant mean advocacy score differences between nurses holding master's and/or doctoral degrees and those holding bachelor degrees ( $t = 3.57, p < .01$ ). There was no significant difference in the mean score of overall ANPS-Thai between five years or more experience and those with less than five years.

The study's findings will provide nursing organizations in Thailand with baseline data that enables them to establish strategies to further foster nursing profession advocacy.

**Keywords:** advocacy; advocacy for the nursing profession; head nurses; nursing role

## Introduction

Head nurses are universally recognized as the leadership of the hospitals they work for. Typically older and more experienced than members of the nursing teams they lead, head nurses are often responsible for a multitude of administrative responsibilities. These include collecting and compiling patient notes and ensuring doctors receive the information and paperwork they need for the effective treatment of patients. Beyond this, head nurses shoulder an even greater responsibility as advocates of a profession that sees the maximizing of benefits to patients its ultimate goal.

Davoodvand, Abbaszadeh, Ahmadi<sup>1</sup> described nursing advocacy as better than good care, empowerment of patients, respect for patients' rights, and showing respect as a representation of professional duties. According to Tomajan<sup>2</sup>, nursing advocacy includes speaking on behalf of patients, ensuring their needs are met, and encountering the contentment and dissatisfaction that comes with changes in patient behavior.

Advocacy requires skills that are learned in training and developed through work experience. Assuming it fulfills the goals of a profession in which objectives further capture the scope of responsibilities, nursing profession advocacy represents a series of actions related to the professional role of a nurse.<sup>3</sup> Additionally, nursing advocacy maintains unity within the profession, promotes nursing knowledge, and fosters professional progress.<sup>4</sup> Recognizing the importance and enormity of their role, this study explored issues related to head nurses and nursing profession advocacy in Thailand.

## Background

Head nurses are responsible for the unit-level implementation of a hospital's goals and standards.<sup>5</sup> As such, they have leadership roles and essentially act as coaches who offer guidance, take

care of members of staff, and solve any problems they might encounter. Moreover, academic and research demonstrate that nurses are aware of the significance of research and knowledge development.<sup>6</sup> These roles are essential for head nurses to act as representatives of nursing, and to act as role models.

Being role models, head nurses are expected to act as advocates of the nursing profession. The Code of Nursing Ethics of the Nurses' Association of Thailand<sup>7</sup> requires nurses to take part in activities that involve nursing profession advocacy. These include enhancing the quality of nursing care by conducting the orientation of new nurses and participating in their professional advancement. To do this, head nurses must gain the trust of the nurses under their supervision. Additionally, when questioned about their positions, head nurses have the opportunity to improve the image of their profession and help gain public trust by highlighting its positive aspects.<sup>8</sup> As advocates for the nursing profession, head nurses should support professional organizations and be responsible for promoting the advancement of the nursing profession. They should take action on behalf of the nursing profession and protect its professional image. They are also responsible for the development of knowledge and innovation to improve the quality of care.

The expertise of head nurses and their ability to solve problems and enrich the learning experience of hospital staff has a positive impact on the performance of hospital procedures. 'Expert nurse's-head nurses with more than five-years experience-have backgrounds that allow them to perform in a flexible and highly-proficient manner.'<sup>9</sup> The techniques they apply to their work and the principles they follow are key to facilitating quality patient nursing care.<sup>10</sup> Matthews<sup>11</sup> and McHugh<sup>12</sup> suggested that more experienced expert nurses positively influence the quality of care other nurses offer and impact their ethical judgment abilities.

Each is developed when a nurse tests and refines both theoretical and practical knowledge in a clinical situation. While many have noted the relationship between experience and head nurses' advocacy for their profession, others consider educational background an equally relevant factor.

Nurses who have graduated with a master's degree are recognized as being better prepared to fill clinical specialist and nurse practitioner roles, and better equipped to be administrators and educators. Nurses with doctoral degrees conduct research, advise, administer, and educate nurses. Moreover, older and more experienced nurses are more likely to act as patient advocates than those who are younger and less experienced. Maryland and Gonzalez<sup>13</sup> described nurses learned advocacy by observing other nurses acting as advocates. Lucatorto, Thomas and Seik<sup>14</sup> suggested the ability to act as an advocate may be dependent on a nurse's educational level. Shohani and Sahebi<sup>15</sup> reported similar findings in that nurses with higher levels of education also scored higher on an autonomy scale. Tomajan<sup>2</sup> suggested that higher educational attainment can be a force that facilitates the practice of nursing advocacy. Likewise, ethics education can help nurses develop confidence in their decisions and develop the know-how to take appropriate action.<sup>16</sup> Ethics education and training also have a positive influence on moral confidence, moral action, and nurses' use of ethics resources.

In preparation for this research, a database search was conducted to find studies taking place between 1980 and 2017 that addressed nurse's perception of advocacy of their profession. We used the following database tools for the search: ProQuest, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Business Source Complete, Directory of Open Access Journal (DOAJ), Emerald, H.W. Wilson Full Text, Wiley Online Library, and Scopus. The search failed to find any existing studies for the given

period. This study, therefore, contributes to the current literature by offering insights into existing levels of nursing profession advocacy amongst head nurses in Thailand. It also considers whether educational background and nursing experience impact head nurse advocacy levels. Beyond this, it addresses the influence of head nurses when acting as role models. Specifically, it considers whether they inspire nurses to engage in nursing advocacy.

### Research Objectives

The research objectives were stated as follows:

1. To explore advocacy for the nursing profession amongst head nurses in Thailand.
2. To compare advocacy scores between head nurses with master and doctoral degrees and those with bachelor's degrees.
3. To compare advocacy scores between head nurses with 5-years or more nursing experience as head nurses and those with less experience in the role.

### Research Questions

The following research questions were formulated:

1. Are the mean advocacy scores of head nurses with master and doctoral degrees greater than head nurses with bachelor degrees?
2. Are the mean advocacy scores of head nurses with 5-years or more head nursing experience greater than those with less experience?

### Methods

#### *Study Design*

A structured questionnaire was used to conduct a descriptive survey study.

#### *Population*

The population of the study included head nurses working in general hospitals in Thailand.

Participants comprised 20 to 25 head nurses from each of the hospitals included in the research.

### *Sample and Sampling*

The sample included Thai head nurses who were full-time employees and had been working for at least one year in general hospitals. Of the 75 regional hospitals selected for the research, around 50 percent (37 hospitals) were chosen using simple random sampling. Unfortunately, only 26 hospitals agreed to participate in the study. Although it was originally planned for 650 head nurses to be included in the research, only 541 questionnaires were completed and returned to the researchers.

### *Instruments*

The instruments used for data collection consisted of: (1) the Demographic Data Form, and (2) the Thai Head Nurse's Advocacy for the Nursing Profession Scale (ANPS-Thai) developed by the researchers.<sup>17</sup> The five-point Likert scale used in ANPS-Thai reflected the activities of sample participants and ranged from 1 (Completely Untrue) to 5 (Completely True). The research questionnaire was designed in five subscales including

1. Cooperating with Others and Sacrifice for the Benefit of Society and Profession
2. Promoting an Academic Atmosphere and Facilitating Research and Innovation
3. Proactivity in Protecting Nursing's Professional Image
4. Managing for Maximum Quality
5. Speaking Out to Enhance Professional Worth

The ANPS-Thai content validity index revealed that the I-CVI ranged from .80 to 1.00, S-CVI/UA (universal agreement) was .92, and S-CVI/Ave (average) was .98. The provided satisfaction levels of low, moderate, and high were based on mean scores. The highest mean score was 5.00 and the lowest was 1.00. Dividing the result of the highest possible mean score minus

the lowest possible mean score by 3 gave an interval of 1.33.<sup>18</sup> The results were interpreted based on levels of advocacy for the nursing profession and represented by the following mean scores:

1.00–2.33: The level of advocacy for the nursing profession was low.

2.34–3.67: The level of advocacy for the nursing profession was moderate.

3.68–5.00: The level of advocacy for the nursing profession was high.

The results revealed significant correlations ( $p < .05$ ).

### **Ethical Consideration**

This study was approved by Prince of Songkla University' Social and Behavioral Sciences Institutional Review Board (IRB). Approval was also obtained from each regional hospital. Human rights protection details were provided on the research instruments (PSU IRB 2017 – NSt 004) 10 April 2017.

### **Data Collection**

A human rights protection questionnaire with a cover letter attached was placed in a sealed envelope and sent to each head nurse at the selected hospitals. They were asked to return the completed questionnaire to the researchers within two weeks.

### **Data Analysis**

Data analysis was conducted using frequency, percentage, mean, standard deviation, and independent t-test.

### **Results**

#### **1. Demographic Characteristics of the Subjects**

The research subjects were female, aged between 29 and 60, and had mean age of 52.08 years (SD = 4.66). The majority were Buddhist (96.90%) and married (62.80%). Most had achieved bachelor's degrees (69.10%) while others had obtained master's degrees (29.40%). Nursing experience amongst the subjects ranged from 15 to 41 years, with mean nursing experience of 29.64 years (SD = 5.05) working

as head nurses. Their experience as head nurses ranged from 1 to 28 years, with mean experience as

head nurses of 8.96 years' experience (SD = 7.12) working in the position (Table 1).

**Table 1** Frequency and Percentage of the Samples Classified by Demographic Data (N = 541)

Demographic data	Mean	SD	Min	Max	Frequency	Percentage
Age	52.08	4.66	29	60		
Gender						
Female					531	98.20
Male					10	1.80
Religion						
Buddhism					524	96.90
Islam					13	2.40
Christianity					4	.70
Marital Status						
Single					139	25.70
Married					340	62.80
Widowed/Divorced/Separated					62	11.50
Education						
Bachelor Degree					374	69.10
Master Degree					159	29.40
Doctoral Degree					8	1.50
Experience as Head Nurse (Years)	8.96	7.12	1	28		
1-5					228	42.14
6-10					119	21.99
11-15					84	15.53
16-20					72	13.31
21-25					28	5.18
>25					10	1.85

## 2. Total Mean Nursing Profession Advocacy Scores

The total mean score of nursing profession advocacy was 3.92 (SD = .49). Statistically important advocacy areas (with the highest total mean scores) were 'Proactivity in Protecting Nursing's Professional Image' (M = 4.34, SD = .45) followed by 'Managing

for Maximum Quality' (M = 4.10, SD = .49) and 'Cooperating with Others and Sacrifice for the Benefit of Society and Profession' (M = 3.91, SD = .64). 'Speaking Out to Enhance Professional Worth' and 'Promoting an Academic Atmosphere and Facilitating Research and Innovation' had the lowest scores (M = 3.47, SD = .68) (Table 2).

**Table 2** Mean, Standard Deviation, Minimum and Maximum Scores Related to Advocacy for the Nursing Profession (N = 541)

Advocacy Areas	M	SD	Min	Max
1 Proactivity to Protect Professional Image	4.34	.45	3.00	5.00
2 Managing for Maximum Quality	4.10	.49	2.13	5.00
3 Cooperating with Others and Sacrifice for the Benefit of Society and Profession	3.91	.64	1.27	5.00
4 Speaking Out to Enhance Professional Worth	3.79	.62	1.33	5.00
5 Promoting Academic Atmosphere and Facilitating Research and Innovation	3.47	.68	1.24	5.00
6 Total	3.92	.49	2.00	5.00

### 3. Advocacy for the Nursing Profession Amongst Head Nurses with Different Education Levels

The results showed that the total mean score of head nurses with master and doctoral degrees (M = 4.03, SD = .45) was statistically significantly higher than the total mean score of those with bachelor degrees (M = 3.87, SD = .50 at the .01 level). Additionally, differences in three advocacy areas were shown to be statistically important when nurses had different levels of education. These included (1) 'Managing for Maximum Quality', (2)

'Cooperating with Others and Sacrifice for the Benefit of Society and Profession', and (3) 'Promoting an Academic Atmosphere and Facilitating Research and Innovation'. However, educational achievement did not appear to significantly impact 'Proactivity in Protecting Nursing's Professional Image' and 'Speaking Out to Enhance Professional Worth' as there was no significant difference between head nurses with master degree and doctoral degrees and those with bachelor degrees as far as these areas were concerned (Table 3).

**Table 3** Mean, Standard deviation, and Comparison between Education of Head Nurses with ANPS-Thai (N = 541)

Advocacy Areas	Master and Doctoral degrees		Bachelor degrees		t
	M	SD	M	SD	
1 Managing for Maximum Quality	4.23	.46	4.04	.49	4.17**
2 Cooperating with Others and Sacrifice for the Benefit of Society and Profession	4.00	.59	3.86	.66	2.30*
3 Promoting Academic Atmosphere and Facilitating Research and Innovation	3.71	.59	3.37	.69	5.82**
4 Proactivity to Protect Professional Image	4.39	.42	4.32	.46	1.69 <sup>NS</sup>
5 Speaking Out to Enhance Professional Worth	3.85	.63	3.77	.61	1.36 <sup>NS</sup>
6 Total	4.03	.45	3.87	.50	3.57**

\*p < .05, \*\*p < .01, <sup>NS</sup> = non-significant

#### 4. Advocacy for the Nursing Profession Amongst Head Nurses with Different Nursing Experience

It was found that the mean scores of two areas (1) 'Cooperating with Others and Sacrifice for the Benefit of Society and Profession', and (2) 'Promoting an Academic Atmosphere and Facilitating

Research and Innovation' were statistically important when education is considered. The mean scores of the other three areas showed no statistically significant differences when education was a factor. It was also found that the total mean score of overall ANPS-Thai had no statistically significant differences when experience was a factor. (Table 4).

**Table 4** Mean, Standard deviation and Comparison between Experience of Head Nurses with ANPS-Thai (N = 541)

Areas Researched	≥ 5 years		< 5 years		t
	M	SD	M	SD	
1 Cooperating with Others and Sacrifice for the Benefit of Society and Profession	3.95	.61	3.82	.68	2.33*
2 Promoting Academic Atmosphere and Facilitating Research and Innovation	3.53	.62	3.37	.76	2.42*
3 Proactivity to Protect Professional Image	4.36	.44	4.30	.47	1.39 <sup>NS</sup>
4 Managing for Maximum Quality	4.11	.48	4.09	.40	.45 <sup>NS</sup>
5 Speaking Out to Enhance Professional Worth	3.81	.57	3.76	.70	.78 <sup>NS</sup>
6 Total	3.95	.46	3.87	.53	1.88 <sup>NS</sup>

\*p < .05, <sup>NS</sup> = non-significant

#### Discussion

The study's result of head nurses in Thailand highlighted the importance and prevalence of specific areas of their advocacy for the nursing profession. The most prevalent included 'proactivity in protecting nursing's professional image', 'managing for maximum quality', and 'cooperating with others and sacrifice for the benefit of society and profession'. The prominence of these areas to some extent reflects societal and professional norms as far as nursing in general is concerned.

The importance head nurses place on the protection of nursing's image suggests they perceive their advocacy role as representing their profession in all situations and settings. The image of a nurse is conveyed through issues like their appearance, the uniforms they wear, and how they present themselves as individuals. Additionally, head nurses

represent their profession at inter-professional gatherings where they further enhance the image of the nursing profession by communicating the details of their position and their required skill sets

The prominence of 'managing for maximum quality' as an advocacy area underscores the important role of head nurses in hospital quality assurance. As ward leaders, head nurses motivate nursing teams to work with their organizations' quality services. They also act as role models for nurses and underscore the importance of safety and quality patient care management.<sup>19</sup> Additionally, they are responsible for enhancing their colleagues' ability and potential and instilling an awareness of a hospital's mission and vision amongst their teams. Likewise, they passed on knowledge and motivated and inspired nurses by making them feel valuable and important. This contributes to their devotion



to their roles and enhances their determination to develop the quality of their work and achieve organizational goals.<sup>20</sup>

The importance of 'cooperating with others and sacrifice for the benefit of society and profession' in the research results reflects the fact that nursing takes place in conjunction with the other professions in a healthcare team. To maintain quality assurance nurses work in multidisciplinary environments, conducting research, and contributing to a quality organizational culture where learning and excellence are sustainable.

Working environments where individuals have good relationships are known to positively affect the work people do and make it easier for employees to achieve their organization's missions and visions. According to Marquis and Huston<sup>21</sup>, nurses recognize the value of good relationships both within their departments and in interdisciplinary teams. Nurses tend to understand good working relationships are key to good service and productivity, and that successful collaboration creates enthusiastic teams that learn together and work together to overcome obstacles.

The research results that consider the impact of educational achievement (in terms of achieving master's degrees and doctoral degrees over bachelor's degrees) indicated the highest mean scores in the areas of 'managing for maximum quality', 'cooperating with others and sacrifice for the benefit of society and profession', and 'promoting an academic atmosphere and facilitating research and innovation'. The following reasons are suggested for this.

While a head nurse's advocacy for the nursing profession is especially important in a modern hospital, as mentioned previously, head nurses are also responsible for knowledge transfer – an area that is key to improving nursing ability and ensuring the highest possible quality of

nursing service. Promoting educational and learning opportunities helps nurses to be effective in their roles and results in them being able to adjust to independent nursing work in an effective manner. To ensure patient care quality, nurses adopt the quality improvement techniques they are taught as part of their daily practice.<sup>22</sup>

The research results suggested educational achievement influences head nurses' advocacy for their profession. Nurses who have completed master's degrees appear to have higher levels of professionalism than those who completed bachelor degrees. Additionally, they also possess the academic expertise to solve problems.<sup>23</sup> To remain informed about current developments in nursing, head nurses often attend conferences and training events. Sharing good practice helps make up for limited resources and head nurses are responsible for transferring the specialist knowledge they receive both within their networks and with other professionals. Nurses with higher levels of education are more likely to be able to manage these responsibilities effectively. These nurses are also more able to promote the academic atmosphere required to pursue nursing knowledge and engage in innovation and research.

As per the research results, work experience is also clearly key to levels of advocacy amongst head nurses in Thailand. The knowledge of nursing practice head nurses acquire through experience offers them a high degree of freedom in their work and gives head them the skills and abilities they need to fulfill every aspect of their roles.

Unit management requires individuals to deal with and resolve a broad spectrum of issues. Experienced head nurses have confidence in their decision-making skills and can take responsibility for the outcomes of their decisions. According to Ozdermir and Guven<sup>9</sup> nurses with more than 5 years of work experience are more able to choose appropriate solutions and make better decisions.



Pongthong and Wisersith.<sup>24</sup> also suggested work experience facilitates the development of thinking skills. Beyond this, the increased knowledge and ability they garner from work experience enable head nurses to work independently and address any issues they encounter.

'Cooperating with Others and Sacrifice for the Benefit of Society and Profession' represents another statistically relevant area of advocacy. Head nurses cooperate with hospital teams that consist of professionals from a range of health care disciplines. Amongst others, these may include nursing, medicine, pharmacy, nutrition, social work, case management specialists, and other health professionals such as physical therapists, respiratory therapists, occupational therapists, and speech therapists. As a result, they must be adept at developing collaborative relationships. Working in teams that bring together members from such varying professions is valuable because each brings in-depth and specialized knowledge and skills to the interaction process. Health care plans are determined through the formal and informal communication of ideas and opinions in such teams, and this, in turn, improves the quality of patient care, enhances client satisfaction, strengthens nursing satisfaction, and reduces hospital costs through increased nurse retention and a reduction in the length of time patients stay in hospital.<sup>25</sup>

While head nurses are generally experienced in areas like nursing staff management and the management of nursing services and equipment, they also experience ethical issues that often stem from laws and regulations that address healthcare and the statutes imposed by health organizations. Head nurses have to be aware of the extent to which their actions are ethical and must understand how to improve their awareness and adoption of appropriate ethics.<sup>26</sup>

## Conclusion

This study explored nursing profession advocacy levels amongst head nurses in Thailand. It produced results that indicated a statistically significantly higher total mean advocacy score for head nurses with master and doctoral degrees when compared to those with bachelor degrees. The results also isolated three advocacy areas as being significantly more important than other areas. These included (1) 'managing for maximum quality', and (2) 'promoting an academic atmosphere and facilitating research and innovation', and (3) 'cooperating with others and sacrifice for the benefit of society and profession'. Head nurses with 5 years or more experience in their positions were also seen to have significantly higher total mean advocacy scores when compared to those with less experience.

Results for the advocacy areas of 'proactivity in protecting nursing's professional image' and 'speaking out to enhance professional worth' were seen to offer statistically significantly higher advocacy rates. These results indicated the importance of advocacy for the nursing profession amongst head nurses and their motivation to successfully develop their nursing organizations.

## Implications and Recommendations

The results indicate that hospital nursing divisions should support head nurses in their pursuit of master and doctoral-level education. They should also train those with bachelor degrees and less than 5 years of head nurse experience in the area of advocacy for the nursing profession. Likewise, nursing education offered in bachelor's degrees should emphasize nursing profession advocacy as an area of nursing.

### Participation in article writing

The first author is a doctoral nursing student. She wrote this article under the supervision of two co-authors who were her academic advisors. The primary adviser helped closely with all processes of conducting research such as: proposal development, data analysis, writing results, discussion, drafting of the manuscript, and revision of the final version. The third author was a co-advisor who assisted with supervision of the student in the research and writing of this article.

### Declaration of conflicting interests

The authors declare no conflict of interest.

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### References

1. Davoodvand S, Abbaszadeh A, Ahmadi F. Patient advocacy from the clinical nurses' viewpoint: a quality study. *J Med Ethics Hist Med*. 2016; 9(5).
2. Tomajan K. Advocating for nurses and nursing. *Online J Issues Nurs*. 2012; 17(1): 4. doi: 10.3912/OJIN.Vol17NO01Man04.
3. Dadzie G, Aziato L, Aikins A. We are the best to stand in for patients: a quality study on nurses' advocacy characteristics in Ghana. *BMC Nursing*. 2017; 16(61). doi: 10.1186/s12912-017-0259-6
4. Jennifer H. Matthews. Role of professional organizations in advocating for the nursing profession. *Online J Issues Nurs*. 2012; 17(1). doi: 10.3912/OJIN.Vol17No01Man03
5. Needleman J, Hassmiller S. The role of nurses in improving hospital quality and efficiency: real world result. *Health Aff*. 2009; 28(4): 625-33. doi: 10.1377/hlthaff.28.4.w625
6. Thailand and Nursing Midwifery Council. Competencies of registered nurses; 2010. Available from [http://www.tnc.or.th/files/2010/02/page-38/professional\\_competency\\_pdf\\_10152\\_28999.pdf](http://www.tnc.or.th/files/2010/02/page-38/professional_competency_pdf_10152_28999.pdf)
7. The Nurses' Association of Thailand. Code of ethics for nurses; 2003. Bangkok. Available from [http://www.nur.psu.ac.th/Report\\_mis/file/b.pdf](http://www.nur.psu.ac.th/Report_mis/file/b.pdf) (Thai version)
8. Altuntas S, Baykal U. Relationship between nurses' organizational trust levels and their organizational citizenship behaviors. *Journal of Nursing Scholarship*. 2010; 42(2): 186-94. doi: 10.1111/j.1547-5069.2010.01347.x
9. Ozdermir, Guven N. The Development of nurses' individualized care perceptions and practice: Benner's novice to expert model perspective. *IJCS*. 2019; 12(2): 1279-85.
10. Hanks RG. Development and testing of an instrument to measure protective nursing advocacy. *Nursing Ethics*. 2010; 17(2): 255-67. <https://doi.org/10.1177/0969733009352070>
11. Matthews J. Role of professional organizations in advocating for the nursing profession. *OJIN*. 2012; 17(1). doi:10.3912/OJIN.Vol17No01man03.
12. McHugh M, Lake TE. Understanding clinical expertise: nurse education, experience, and the hospital context. *Res Nurs Health*. 2010; 33(4):276-87. doi: 10.1002/nur.20388.
13. Maryland M, Gonzalez R. Patient advocacy in the community and legislative arena. *Online J Issues Nurs*. 2012; 17(1): 1. doi: 10.3912/OJIN.Vol17No01Man02.
14. Lucatorto AM, Thomas WT, Seik T. Registered nurses as caregivers: influencing the system

- as patient advocates. *Online J Issues Nurs.* 2016; 21(3): 2. doi: 10.3912/OJIN.Vol21No03Man02.
15. Shohani M, Sahebi A. The level of professional autonomy in Iranian nurses. *Journal of Clinical and Diagnostic Research.* 2018; 12(5): LC01-LC04. doi: 10.7860/JCDR/2018/31249.11465
  16. Hoskins K, Grady C, Ulrich C. Ethics education in nursing: instruction for future generations of nurses. *Online J Issues Nurs.* 2018; 23(1): p 4-4. doi: 10.3912/OJIN.Vol23No01Man03.
  17. Pengmak T, Chaowalit A, Nasea T. Development and psychometric evaluation of Thai head nurses' advocacy for the nursing profession scale (ANPS-Thai). [Dissertation]. [Songkhla]: Prince of Songkla University; 2018. 161 p.
  18. Polit DF, Beck CT. *Nursing research: generating and assessing evidence for nursing practice.* 9 th ed. Philadelphia: PA: Wolters Kluwer; 2018.
  19. Aly NAE-FM, Ghoneim TAM, Hassan OS. Role of head Nurses in managing the safety of high alert medications in critical care units. *Journal of Natural Sciences Research.* 2016; 6(8): 80-9.
  20. Jainpong S. Factors related to participation of professional nurses in hospital quality improvement in community hospitals, prachinburi province. *EAU Heritage Journal.* 2012; 6(1): 121-32.
  21. Marquis BL, Huston CJ. *Leadership roles and management function in nursing: Theory and applications.* 7 th ed. Philadelphia: PA: Lippincott Williams & Wilkins; 2012.
  22. Masters K. Evidence-Based Professional Nursing Practice. In: K Masters, editor. *Role Development in Professional Nursing Practice.* 4 th ed. Burlington MA: Jones & Bartlett Learning; 2017.
  23. Black BP. *Professional nursing: Concept & challenges.* 8 th ed. St. Louis: MO Elsevier; 2017.
  24. Pongthong W, Wisarith W. A study of professional nurses autonomy in hospitals and medical centers, Ministry of public health. *Kuakarun Journal of Nursing.* 2017; 24(1): 86-101.
  25. Koch RW. Contemporary nursing roles and career opportunities. In Cherry B, Jacob SR, editor. *Contemporary nursing: Issues, trends, & management.* 7th ed. St. Louis, MO: Elsevier; 2017.
  26. Ozturk H. Development of an administrative ethical behavior scale. *Nursing Ethics.* 2012; 19(2): 289-303. doi: <https://doi.org/10.1177/0969733011419240>