

# **Characteristics and Working Situation of Nurse Practitioners in Thailand**

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This study aimed to explore characteristics and working situation of nurse practitioners (NP) in Thailand. The sample consisted of 1,928 NPs certified by The Thailand Nursing and Midwifery Council. Results revealed that most of the NPs were female (96.4%) with the average age of 39.03 years ( $SD = 6.79$ ). Their average years of working experience was 16.43 years ( $SD = 7.10$ ). Most of their educational backgrounds were baccalaureate degree (91.5%) with four months short course training as general nurse practitioners (92.5%). Only 6.5% and 1% were master and doctoral graduates, respectively. These NPs work in the central region of Thailand the most (32.5%), the others 29.1% work in the south region, 17.7% in the northeast region, 14.8% in the north and 6.2% in the east region. The health institutions where they mostly work were community hospitals (57.5%) and the health post/primary care unit where there was no physician (34%). Their scope of practice included: health promotion and protection, treat minor illness and injury, care of chronic illness and conditions, care of dying persons at home and management of health care system. Health care services which these NPs provided most frequently were the diagnosis and treatment of common health problems (88.2%), the second were providing health care for the elderly (87.9%), and the third were providing continuity of care for the chronically ill persons (85.4%). The most common health problems which these NPs managed were

upper respiratory tract problems (95.1%) such as upper respiratory infection, common cold, tonsillitis and pharyngitis. The second problem was musculoskeletal (74.5%) such as muscle strain, myalgia, low back pain, joint pain and osteoarthritis. For chronic illness hypertension and heart disease were the first (66.6%) and diabetes mellitus was the second (59.9%). The average number of patients they provided care for per day was 26 (SD = 19.94).

These NPs perceived the usefulness of NPs to the people and health care system, to themselves and to the profession as a whole. For the people and the health care system they reported that having NPs was very valuable for primary care since it could solve the problem of physician shortage. It also reduced the number of patients going to the hospital, decreased cost of care as well as provided choices for people. In addition it helped the patients to receive holistic care, and built the capacity of health post/primary care unit. For themselves, the NPs felt that they were more confident in diagnosing and treating common health problems of the patients as well as perceiving themselves more useful. For the nursing profession, they agree with the policy of having NPs at the primary care level and saw it as an expanded scope of nursing practice which is the progress of nursing profession.

Even though these NPs perceived benefits of having NPs in the health care system, they reported many problems. Many NPs who worked at the community hospitals were asked to provide care in the OPD clinic in place of the physicians. This situation required the NPs to diagnose and treat the patients beyond their legally allowed scope of practice. Also they had many responsibilities of the professional nurse in the hospitals in addition to the role of NPs. They also felt that they should have the position and title of NP separated from the other

professional nurses and that they should receive additional pay for this role. For those who worked at the health post/primary care unit, they felt that they “worked alone” without support from the administrators. These administrators were public health workers and did not understand nurses’ role. However, if the administrators were professional nurses, the situations were better.

Also, most of these NPs felt that the four months short course training program was not enough, since the health care needs of the people and the community were complex. They suggested that the educational institutions should provide refresher course for them at least every year. They also, identified a need for more consultation from the physician. Many of them intended to continue their education in the Master Program in Community Health Nurse Practitioner, but, suggested that the program should be designed for study at the workplace since the nursing shortage was the serious problem where they worked.

In conclusion, this study provided the overall picture of the work of NPs in Thailand. Thailand Nursing and Midwifery Council used this data to proposed strategic planning for building the capacity among NPs. The first strategy is to extend their education to a Master level within 5 years by counting the four months program as a part of Master program. The second strategy is to establish the position of NP in the health care system and when they are certified as an Advanced Practice Nurses, which is as Masters’ graduates, they would be eligible for the title of APN/NP as well as the extra payment for their work.