

LEADERSHIP AND MANAGEMENT COMPETENCIES AND CULTURAL COMPETENCIES AMONG THAI AND CAMBODIA NURSES WORKING ALONG BORDER OF THAILAND AND CAMBODIA: OPINIONS OF THAI AND CAMBODIA NURSES ¹

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Abstract

Introduction: Health problems affecting health systems along Thailand – Cambodia border consist of emerging disease, reemerging disease, and communicable diseases. Effective management of those health problems by nursing administrators through a strong Thailand-Cambodia cooperation is an effective method to deal with those health problems. It is essential to explore leadership and management competencies and cultural competencies among Thai and Cambodia nurses. The results will help develop a program enhancing leadership and management competencies and cultural competencies among those nurses in order to make change on the health situation for the nation, boarder, and worldwide.

Objectives: the objectives of research were to 1) explore leadership and management competencies among Thai and Cambodia nurses; 2) investigate cultural competencies among Thai and Cambodia nurses; 3) compare mean score of leadership and management competencies between Thai and Cambodia nurses; and 4) compare mean scores of cultural competencies between Thai and Cambodia nurses.

Methods: The cross-sectional research was used. Samples consisted of 53 nurses including 16 Thai nurses and 37 Cambodia nurses working along Thai-Cambodian border. Data were collected using a self-constructed questionnaire on leadership and management competencies and a cultural competencies questionnaire. The tool consisted of 34- items on a rating scale. Validity was tested by 3 experts. Reliability was .78. A cultural competencies questionnaire consisted of 12- items on a rating scale questionnaire. It was also validated by 3 experts. Reliability was .82. Data were analyzed using descriptive statistics of mean, standard deviation, and Mann-Whitney U test.

Results: The results revealed that a total mean score of leadership and management competencies was in a moderate level; X 105, SD 23.32. Mean score of leadership and

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management competencies for Thai nurses was in a moderate level; X 110, SD 20.32. Mean score of leadership and management competencies for Cambodia nurses was in a moderate level; X 100, SD 22.62. The total mean score of cultural competencies was in a moderate level; X 32, SD 5. Mean score of cultural competencies for Thai nurses was in a moderate level; X 34, SD 4.31. Mean score of cultural competencies for Cambodia nurses was in a moderate level; X 31, SD 4.5. However, leadership and management competencies between Thai and Cambodia nurses were not significantly different. Furthermore, cultural competencies between Thai and Cambodia nurses were not significantly different.

Conclusion: Mean score of leadership and management competencies were in a moderate level on both Thai and Cambodia nurses. Mean score of cultural competencies for Thai nurses and Cambodia nurses were also in a moderate level. In order to improve their leadership and management competencies and cultural competencies, it is needed to develop program enhancing these their leadership and management competencies and cultural competencies. It will help nurses working along border Thai - Cambodia dealing with health problems along border Thai – Cambodia.

Keywords; Leadership and Management Competencies; Cultural Competencies; Opinions of Thai and Cambodia Nurses

Introduction

Thai Ministry of Public Health is responsible for developing country's health system focusing on citizens' health, by providing high quality primary health care services covering both domestic and border area, especially the Kingdom of Thailand and the Kingdom of Cambodia border. Boromarajonani college of nursing, Praputhabat, under the jurisdiction of Phra Boromarajchanok Institute, Ministry of Public Health, has mission to enlighten and develop healthy workforces to support Thai health system. In addition, health system international cooperation is also a crucial method to strengthen health system and contribute to the sustainable ASEAN health system (Ministry of Public Health, 2017).

Current evidence revealed that health problems affecting health systems along Thailand – Cambodia border consisting of emerging disease, reemerging disease, and communicable diseases (Thai Ministry of Public Health, 2017). The Cambodian and Thai Health Ministries have signed an agreement to strengthen cooperation in the health sector, including their fight against communicable diseases in border provinces (Thai Ministry of Public Health, 2017).

Based the globalization and digital transformation, further resource materials were developed in the context of strengthening nurse leaders' and managers' knowledge and skills during a period of rapid change with health reform occurring in many parts of the world (Ferguson, Rifai, Luu, Nguyen, Qureshi, Tse et. al., 2016). Accordingly, nurses needed to transform their competencies in this current uncertain environment, especially health system (Weber, Ward, & Walsh, 2015). International Council of Nurses established leadership for change program enhancing competencies in leadership and management among nurses in order to cope with recent health services (ICN, 2015). Leadership and management are associated

with the process of influence over others to improve health system (Fernandes, Araujo, & Pereira, 2018). Therefore, it is essential to develop leadership and management among nurses in order to make change on the health situation both for the nation and worldwide (Shin, Han, & Cha, 2016). Nursing leadership and management were essential to delivery of high-quality patient care (Weber, Ward, & Walsh, 2015). Transformational leadership theory that focuses on how leaders can create valuable and positive change in their followers. Transformational leaders focus on “transforming” others to support each other and the organization as a whole. Therefore, effective management of those health problems by nursing administrators through a strong Thailand- Cambodia cooperation is effective method (Weber, Ward, & Walsh, 2015) to deal with those health problems.

The field of cultural competence has recently emerged as part of a strategy to reduce disparities in access to and quality of health care (Betancourt, Green, & Carrillo, 2002). Developing cultural competencies among nurses is very important especially for nurses working in areas of several nationality, especially at the border between countries (Suwannaka, Sosome, & Chaowiang, 2016). Each country has different cultures. Thai and Cambodian are collectivism social. People concern on groups need and depend on each other countries (Chaowiang, Sosome, & Suwannaka, 2016). They would be respected by groups. Then, they more concern on groups need than themselves. This culture effect on nurses working with senior nurses and doctors. Their works were routine which followed the supervisors. There were not individually talk to clients (Machael, 2014). In addition, the clients’ family members were not accordingly supported to their need (Lin, 2013). If nurses have less cultural competencies, it will be easy to experience cultural shock. Then, it will effect their nursing care and clients (Chaowiang, Sosome, & Suwannaka, 2015).

Health problems along border are international issues, it is needed to collaborate from both countries. Cultural competencies are very important for the collaboration project between countries (Suwannaka, Sosome, & Chaowiang, 2016). Since leadership and management are associated with the process of influence over others to improve health system, it is the method to include people effective collaboration (Fernandes, Araujo, & Pereira, 2018). It is important to explore leadership and management competencies and cultural competencies among Thai and Cambodia nurses in order to understand situation and help develop these competencies in the future. Finally, the results will help enhancing leadership and management competencies and cultural competencies among those nurses and make change on the health situation for the nation, boarder, and worldwide.

Research Question

1. Did leadership and management competencies among Thai nurses differ from Cambodia nurses?
2. Did cultural competencies among Thai nurses differ from Cambodia nurses?

Objectives

The objectives of research were to 1) explore leadership and management competencies among Thai and Cambodia nurses; 2) investigate cultural competencies among Thai and

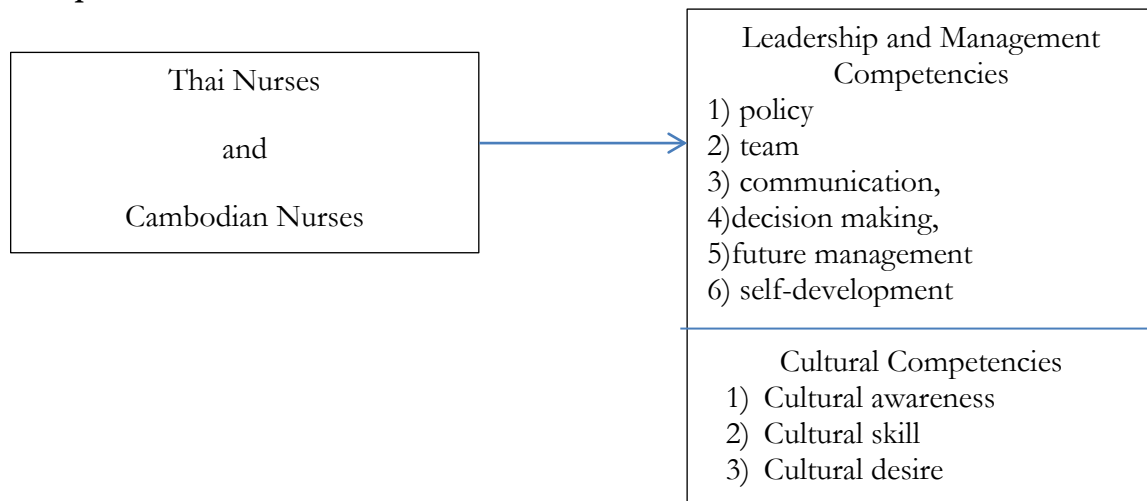
Cambodia nurses; 3) compare mean scores of leadership and management competencies between Thai and Cambodia nurses; and 4) compare mean scores of cultural competencies between Thai and Cambodia nurses.

Theoretical Framework

This research is based on transformational leadership theory that focuses on how leaders can create valuable and positive change in their followers. Transformational leaders focus on “transforming” others to support each other and the organization as a whole. Followers of a transformational leader respond by feeling trust, admiration, loyalty, and respect for the leader and are more willing to work harder than originally expected. With Transformational Leadership Theory, an individual engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower. These consist of Inspirational motivation, intellectual stimulation, individualized consideration, and idealized influence (Shin, Han, & Cha, 2015). Based on the context of nurses working along the border of Thai and Cambodia, the leadership and management competencies consist of 1) policy, 2) team, 3) communication, 4) decision making, 5) future management, and 6) self-development.

Cultural competencies concept of Campinha-Bacote (2002) was well known. Based on the context of nurses working along border of Thai and Cambodia, researchers modified concepts of cultural competencies (Chaowiang, Sosome, & Suwannaka, 2015). There were cultural awareness, cultural skills, cultural encounter, and cultural desire.

Conceptual Framework



With the above conceptual framework, Thai and Cambodian nurses combine all their leadership and management and cultural competencies to work together to improve the health of the Thai and Cambodian people who live along Thai-Cambodia border.

Methods

The Population and Sample

The cross-sectional research design was used. The population consisted of Thai and Cambodia nurses. The purposive sample were Thai and Cambodia nurses working along Thai-Cambodian border. There were 53 nurses including 16 Thai nurses from Trad and Sa-keaw

province and 37 Cambodia nurses from Kho Kong and Banteay Meanchey province. The purposive sample were selected by their provincial health centers. The research was conducted from July 2017- July 2018.

Research Instruments

A self-constructed questionnaire on leadership and management competencies was used. The framework of the questionnaire was from the leaderships for change by the International Council of Nursing (Shin, Han, & Cha, 2015). It consisted of 34- items with 5 points Likert scale. Moreover, there were 6 categories including policy 6 items, team 6 items, communication 3 items, decision making 6 items, future management 3 items, self-development 4 items. The content validity was done by 3 experts. IOC was 0.75. Reliability was tested and Cronbach's alpha reliability was found to be .78. A cultural competencies questionnaire was used to investigate cultural competencies. It was a 12- items questionnaire with 5 points Likert scale (Sosome, Chaowaing, Suwannaka, & Kirkgulhorn, 2018). The Content Validity Index was .85. Reliability was .82.

Data Collection and Analysis

The leadership and management competencies questionnaire and the cultural competencies questionnaire were distributed to 16 Thai nurses from Trad and Sa-keaw provinces and 37 Cambodia nurses from Kho Kong and Banteay Meanchey provinces. The questionnaires were provided them while they participated in the project "Developing Leadership and Management for Thai - Cambodia Nurses: Collaboration between the Kingdom of Thailand and the Kingdom of Cambodia" granted by TICA (Thailand International Cooperation Agency) Ministry of Foreign Affairs. This project established at Boromarajonani college of nursing, Phraputhtabat.

Data were collected using a self-constructed questionnaire on leadership and management competencies and a cultural competencies questionnaire. The tool consisted of 34- items on a rating scale. Validity was tested by 3 experts. Reliability was .78. A cultural competencies questionnaire consisted of 12- items on a rating scale questionnaire. It was also validated by 3 experts. Reliability was .82. Data were analyzed by using descriptive statistics of mean, standard deviation, and Mann-Whitney U test.

Ethical Consideration

Approval was sought from the Research Ethics Committee of Boromarajonani College of Nursing, Phraputhtabat. The approval was granted, and the data collection began. All participants were assured of anonymity and confidentiality. Participants were informed that accepting to complete the questionnaires and participate in the focus group discussion was regarded as consent. Other ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy) have been completely observed by the authors.

Results

Analysis of sociodemographic data of the participants revealed that there are 53 participants which included 15 Thai nurses and 37 Cambodian nurses. Most of them were female(66%), Bachelor degree graduated (92.45%), and had working experience between 10-20 years (56.40%), respectively.

Table 1 Average, Standard deviation, of Leadership and management Competencies by Item Among nurses (n=53)

Competencies	Thai					Cambodian				
	X	SD	Max	Min	level	X	SD	Max	Min	Level
1 Vision and being strategic	2.94	.443	4	2	Mod	2.95	.998	5	1	Mod
2 External awareness	3.31	.793	5	2	Mod	3.00	1.155	5	1	Mod
3 Customer focus	4.06	.680	5	3	High	3.65	.889	5	1	High
4 Political skill	3.19	.403	4	3	Mod	2.41	.956	4	1	Mod
5 Policy	3.44	.512	4	3	Mod	2.57	.899	4	1	Mod
6 Motivation	3.44	.512	4	3	Mod	3.92	.795	5	3	Mod
7 Confidence and trust	3.63	.885	5	2	High	3.51	.901	5	1	High
8 Influence and negotiation	3.06	.574	4	2	Mid	2.92	.862	4	1	Mod
9 Creative and analytical thinking	3.19	.834	4	2	Mid	3.31	1.207	5	1	Mod
10 Accountability	3.75	.775	5	3	High	3.22	1.004	5	2	Mod
11 Interpersonal relationships	3.56	.727	5	3	High	3.92	.894	5	2	High
12 Team building	3.38	.619	5	3	Mod	3.84	.986	5	2	Mod
13 Networks, partnerships alliances	3.38	.619	5	3	Mod	3.43	.867	5	2	Mod
14 Oral communication	2.69	.602	4	2	Mod	3.38	.861	4	1	Mod
15 Written communication	2.94	.574	4	2	Mod	3.00	.577	4	2	Mod
16 Self-direction	3.25	.447	4	3	Mod	3.70	.878	5	2	High
17 Decisiveness	3.31	.704	4	2	Mod	3.62	.982	5	2	High
18 Problem-solving	3.25	.775	5	2	Mod	3.54	.650	4	2	High
19 Review and change	3.56	.892	5	2	High	3.43	.689	4	2	Mod
20 Preparing future leaders	3.31	.946	5	2	Mod	3.62	1.233	5	2	High
21 Responsibility	3.88	.619	5	3	High	4.22	.821	5	2	High
22 Democracy	4.06	.772	5	3	High	3.46	1.016	5	2	Mod
23 Work summary	3.44	.512	4	3	Mod	3.43	1.015	5	2	Mod
24 Equality	3.69	.793	5	3	High	3.62	1.089	5	2	High
25 Respect	3.94	.772	5	3	High	4.19	.811	5	2	High

Competencies	Thai					Cambodian				
	X	SD	Max	Min	level	X	SD	Max	Min	Level
26 Healing	3.38	.500	4	3	Mod	3.51	.989	5	2	High
27 Trust	3.81	.750	5	3	High	3.89	.936	5	2	High
28 Good idea	3.44	.629	5	3	Mod	3.73	.990	5	1	High
29 Update	3.31	.479	4	3	Mod	3.57	.987	5	2	High
30 Adaptation	3.38	.500	4	3	Mod	3.46	.960	5	1	Mod
31 Empower	3.31	.602	5	3	Mod	3.27	.932	5	2	Mod
32 Experience	3.25	.447	4	3	Mod	3.24	1.116	5	1	Mod
33 Representation	2.75	.683	4	2	Mod	3.27	1.146	5	1	Mod
34 Positive thinking	3.19	1.223	5	1	Mod	3.49	.901	5	2	Mod

Based on the table 1, for Thai nurses, the highest mean score of leadership and management competencies were customer focus, $X = 4.06$, $SD = .68$, and mean score of democracy, $x = 4.06$, $SD = .77$. For Thai nurses, the lowest mean score of leadership and management competencies was oral communication, $X = 2.69$, $SD = .69$.

For Cambodian nurses, the highest mean score of leadership and management competencies was responsibility, $X = 4.22$, $SD = .82$. For Cambodian nurses, the lowest mean score of leadership and management competencies was oral communication, $X = 2.41$, $SD = .69$.

Table 2 Average, Standard deviation, of Cultural Competencies by Item Among Nurses (n=53)

Item	Thai					Cambodian				
	X	SD	Max	Min	Level	X	SD	Max	Min	Level
1.Although I'm busy on nursing practice every day, I still talk with patients about their belief, attitude, and value related health behaviors.	2.94	.772	4	1	Mod	2.73	.69	4	1	Mod
2.I always ask for patients' belief, attitude, and value to their health behaviors for making nursing care although they are the same gender, age, race, culture groups with previous patients.	2.69	.479	3	2	Mod	2.57	.77	4	1	Mod
3.While I assess patients' health behaviors, I never forget asking them their empirical health culture.	2.75	.577	3	1	Mod	2.70	.57	3	1	Mod

Item	Thai					Cambodian				
	X	SD	Max	Min	Level	X	SD	Max	Min	Level
4.I always asceses patients' culture care's need.	3.06	.854	4	1	Mod	2.73	.45	3	2	Mod
5.It is easily to bring the data patients' belief, attitude, and value related to health behaviors to support nursing diagnosis and intervention.	2.50	.632	4	2	Mod	2.73	.51	3	1	Mod
6.I always have culture data to support nursing diagnosis and intervention.	2.88	.342	3	2	Mod	2.41	.69	3	1	Mod
7. I have consciousness and ability to cope with conflict on langue or communication barrier to nursing care.	2.44	.629	3	1	Mod	2.59	.67	3	1	Mod
8.It is my habit to assess related patients' belief , attitude, and value for conducting nursing plan.	2.75	.447	3	2	Mod	2.32	.78	3	1	Mod
9.I always learn the simple language to talk with patients and their relatives which different language.	2.75	.931	4	1	Mod	2.92	.60	4	2	Mod
10.I feel that culture influence my behaviors.	2.87	.619	4	1	Mod	2.76	.83	4	1	Mod
11.For self-learning during provide nursing care, I always reflect that culture impacted on patients' belief, attitude, and value related to health behaviors	3.13	.342	4	3	Mod	2.74	.60	3	1	Mod
12. I transform myself into the person who know that health problems associated with culture.	3.25	.856	4	2	Mod	2.65	.75	3	1	Mod

Based on the table 2, For Thai nurses, the highest mean score of cultural competencies was “ I transform myself into the person who know that health problems associated with culture”, $X = 3.25$, $SD = .86$. For Thai nurses, the lowest mean score of cultural competencies was “I have consciousness and ability to cope with conflict on langue or communication barrier to nursing care.”, $X = 2.44$, $SD = .62$.

For Cambodian nurses, the highest mean score of cultural competencies was “ I always learn the simple language to talk with patients and their relatives which different language. “, $X = 2.96$, $SD = .60$. For Cambodian nurses, the lowest mean score of cultural competencies was “ It is my habit to assess related patients’ belief , attitude, and value for conducting nursing plan.”, $X = 2.32$, $SD = .78$.

Table 3 Average, Standard Deviation, of total Leadership and Management and Cultural Competencies Among Nurses (n=53)

competencies	Thai		level	Cambodian		level	total		level
	X	SD		X	SD		X	SD	
Leadership and management	110	20.32	mod	100	22.62.	mod	105	23.32	mod
Cultural	34	4.31	mod	31	4.5	mod	32	5	mod

Table 3 revealed that a total mean score of leadership and management competencies was in an moderate level; X 105, SD 23.32. Mean score of leadership and management competencies for Thai nurses was in a moderate level; X 110, SD 20.32. Mean score of leadership and management competencies for Cambodia nurses was in a moderate level; X 100, SD 22.62. The total mean score of cultural competencies was in a moderate level; X 32, SD 5. Mean score of cultural competencies for Thai nurses was in a moderate level; X 34, SD 4.31. Mean score of cultural competencies for Cambodia nurses was in a moderate level; X 31, SD 4.5.

Table 4 Comparison of Mean Rank of Leadership and Management competencies, Cultural Competencies Between Thai Nurses and Cambodian

Competencies	Mean RANK		U Value	P-value
	Thai (n=16)	Cambodian n=37)		
Leadership and management	24.13	26.86	.61	.54
Cultural	32.41	24.66	1.696	.09
total	24.53	26.67	.477	.633

Based on the table 5, in the comparison of mean rank of leadership and management competencies, mean rank of leadership and management competencies among Thai nurses was 24.13. Mean rank of leadership competencies among Cambodian nurses was 26.86. It revealed

that mean rank scores of leadership and management competencies between Thai and Cambodia nurses were not significantly different. Mean rank of cultural competencies among Thai nurses was 32.41. Mean rank of cultural competencies among Cambodian nurses was 24.66. It revealed that mean rank scores of cultural competencies between Thai and Cambodia nurses were not significantly different.

Discussion

There are 53 participants including 15 Thai nurses and 37 Cambodian nurses. Most of them, 66%, were female. Most of them, 92.45%, graduated Bachelor degree. Most of them, 56.40%, had 10-20 years of experience time. The number of the participants from Cambodia was higher than the participants from Thailand. It was difficult to compare competencies.

The study revealed that the highest mean score by item of leadership and management competencies for Thai nurses was the item “customer focus”, $X = 4.06$, $SD = .68$, and the item “mean score of democracy”, $x = 4.06$, $SD = .77$. The lowest mean score was “oral communication”, $X = 2.69$, $SD = .69$.

For Cambodian nurses, the highest mean score by item was “responsibility”, $X = 4.22$, $SD = .82$. The lowest was “oral communication”, $X = 2.41$, $SD = .69$.

The results showed that the highest mean score by item of cultural competencies among Thai nurses was “I transform myself into the person who know that health problems associated with culture”, $X = 3.25$, $SD = .86$. the lowest mean score was “I have consciousness and ability to cope with conflict on language or communication barrier to nursing care.”, $X = 2.44$, $SD = .62$.

For Cambodian nurses, the highest mean score by item of cultural competencies was “I always learn the simple language to talk with patients and their relatives which different language.”, $X = 2.96$, $SD = .60$. The lowest mean score by item of cultural competencies was “It is my habit to assess related patients’ belief, attitude, and value for conducting nursing plan.”, $X = 2.32$, $SD = .78$.

The sample are not leaders. Then, they may think these competencies is not important and unnecessary for their work. Furthermore, they do not take action on these competencies. As their roles, they revealed that their leadership and management competencies are limited. Therefore, they feel not sure about their competencies. The result showed moderate mean score on leadership, management, and cultural competencies. According the study on perspective on leadership among registered nurses, it revealed negative idea to leadership and management competencies (Fernandes, Araujo, & Pereira, 2018). However, they need to start experiencing these competencies because these competencies would help them smartly undergoing many changes and reforms, both internal and external (Kantanen, Kaunonen, Helminen, & Suominen, 2017).

The highest and lowest total mean score by item of leadership and management and cultural competencies for Thai nurses were different from Cambodian nurses because of both countries had different opinion on nurses’ tasks (Koto-Shimada, Yanagisawa, Boonyanurak, & Fujita, 2016; Sakurai-Doi Y, Mochizuki N, Phuong K, Sung C, Visoth P, Sriv B, Amara SR, et al., 2014; Thailand Nursing and Midwifery Council, 2018).

The study revealed that a total mean score of leadership and management competencies was in a moderate level; X 105, SD 23.32. Total mean score of leadership and management competencies for Thai nurses was in a moderate level; X 110, SD 20.32. Total mean score of leadership and management competencies for Cambodia nurses was in a moderate level; X 100, SD 22.62. The total mean score of cultural competencies was in a moderate level; X 32, SD 5. Total mean score of cultural competencies for Thai nurses was in a moderate level; X 34, SD 4.31. Total mean score of cultural competencies for Cambodia nurses was in a moderate level; X 31, SD 4.5. The total mean score of leadership, management, and cultural competencies are in moderate level. It may be their roles at the current work setting. This sample were both currently leaders and future leaders. It is important to enhance precisely leadership, management, and cultural competencies for this group. Accordingly, specific competencies would be established for each specialty (Weber, Ward, & Walsh, 2015).

However, mean score of leadership and management and cultural competencies of Thai nurses were higher than of mean score of leadership and management and cultural competencies of Cambodian nurses. These competencies were not Cambodian nurses' tasks. Their tasks focus on medical interventions rather than nursing services and non-invasive medical care such as vital signs. In performing more complex medical interventions, nurses shared the tasks with medical doctors (Koto-Shimada, Yanagisawa, Boonyanurak, & Fujita, 2016; Sakurai-Doi Y, Mochizuki N, Phuong K, Sung C, Visoth P, Sriv B, Amara SR, et al., 2014). However, Thai nurses could learn these competencies from their clinical settings. Because Thai nurses were promoted nursing leadership, management, and culture. Accordingly, the previous study revealed that leaderships and management competencies would be enacted and improved in their own practice settings (Weber, Ward, & Walsh, 2015). Therefore, nurses experiencing longer would have high level of leaderships and management competencies (Fernandes, Araujo, & Pereira, 2018; (Suwannaka, Sosome, & Chaowiang, 2016).

In the comparison of mean rank of leadership and management competencies, mean rank of leadership and management competencies among Thai nurses was 24.13. Mean rank of leadership competencies among Cambodian nurses was 26.86. It revealed that mean rank scores of leadership and management competencies between Thai and Cambodia nurses were not significantly different. Mean rank of cultural competencies among Thai nurses was 32.41. Mean rank of cultural competencies among Cambodian nurses was 24.66. It revealed that mean rank scores of cultural competencies between Thai and Cambodia nurses were not significantly different.

As nurses, they have different nursing competencies but it may be not suitable to general leadership and management and cultural competencies. Therefore, if they have to help coping with health problems along broader Thai – Cambodia, the specific competencies in leadership, management, and culture would be enhanced (Weber, Ward, & Walsh, 2015).

Conclusion

Mean score of leadership and management competencies were in a moderate level on both Thai and Cambodia nurses. Mean score of cultural competencies for Thai nurses and Cambodia nurses were also in a moderate level. In order to improve their leadership and management

competencies and cultural competencies, it is needed to develop program enhancing these their leadership and management competencies and cultural competencies.

Suggestion

For the next research, more participants would be included in the next study. Furthermore, the participants from both countries would be equal in the next study. The results show that Thai nurses' and Cambodian nurses' leadership and management competencies were in the middle level. It also showed that Thai nurses' and Cambodians' cultural competencies were in the middle level. The training program to enhance leadership and management competencies and cultural competencies will be conducted. This way they will be able to make a positive contribution to better nursing leadership, better quality of health care, and the excellence of the cooperation between Thai and Cambodian nurses. It will be help to control health problems, emerging disease, reemerging disease, and communicable diseases, a long boarder of Thailand and Cambodia.

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