

# Lessons Learned About Community-Engaged Nursing Education At The Border Area In Western Part Of Thailand

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## ABSTRACT

The aim of this study was 1) to analyze the community-engaged nursing education situation; 2) to present facts and considerations that are major issues with effects on community-engaged nursing education development and; 3) to learn lessons and analyze factors of success in community-engaged nursing education. Structural interviews with twenty-five persons who involved with community-engaged nursing education to produce professional nurses, and collected data were subjected to content analysis, which yielded results organized around three themes: Whereas the theme of demand for access to the public healthcare system among the local population describes the demand for healthcare manpower, health care accessing to every ethnic group and related to nursing education opportunities. The theme of community nurse production models and processes describes the administrators' progressive vision, community engagement, sacrifice from people engaged in local nurse production, absorption and learning of good professional nurse models in their community. The theme of retention of local community nurses describes the reasons from community nurse scholarship why they continue to work. Success of nurse retention in border area was connected to three gratitude, feelings of ownership in the area and professional pride. Suggestion, according to the findings, this project helped to create a love for home and return to good service from understanding in service recipients and access to community members' needs. Therefore, nurse production policies should review significant content on the aforementioned issue by reviewing from the admissions process to effects after graduation in order to create answers in producing nurses for communities.

**Keywords:** Nursing students, Lessons learned, Community engaged, Nursing education

## INTRODUCTION

Community engagement in nursing education provides the opportunity for inter-professional learning opportunities. The concept of community engagement is drawn from the literature on the community strength, community involvement, community mobilization, coalition building, community psychology, and cultural influences. The art arises from the understanding, skill, and sensitivity necessary to bridge the gap

between theory and practice. This concept working is acceptable to the community and can be fulfill the mutually established goals (Department of Health and Human Services, 2011). However, the community engagement concept can be fulfilling the gap of lack nurse in areas. Community engagement strategy revisions of included strengthening orientation strategies; offering additional support for students in establishing relationships in their community organization; providing guidelines for

communication between students, faculty, and community partners; and creating a plan for faculty oversight of student experience (Schaffer, Hargate & Marong, 2015).

The undergraduate international nursing education in Thailand was established as faculties under public and private university. The nursing profession has a main role in providing essential health care services to individuals, families, and the community to improve the clients' health status and promote their quality of life using integrated care including promotion of health, disease prevention, curative care, and rehabilitation. Nursing students are expected to develop knowledge, skills, critical thinking, moral discipline, leadership, and a positive attitude towards the profession. The nursing profession is a specialized profession that has many fields in many specializations, including the fields of community health nursing, elderly health nursing, midwifery, etc. The nursing profession is a hard work at day and night, and some parts lack protection of welfare from duty. As a result, still cannot keep medical care in the profession for as long as it should. (Tanyaratsrisakul, 2020). However, combating the nursing shortage is not only about increasing the number of nurses in each country. While additional health personnel are urgently needed to meet current healthcare needs, continuing education for nurses is vital in helping these countries keep pace with the changing face of health care (Kunaviktikul, 2006). Although medical personnel shortages in Thailand's public health system have been ongoing for the past 17 years, particularly in the area of additional production of doctors, nurses and professions in shortage, problems from shortages continue to persist, particularly in other provinces and remote areas. Problems can be determined as shortages, dispersal and problems solved at the end of the problem and not truly solved. Currently, Thailand only has doctors stationed at the district level in community hospitals (CHs) while some countries have stationed doctors down to the sub-district or village levels. From the study of Jongudomsook (2014), these shortages of doctors have not significantly

affected service system and treatment quality. According to the study, Thailand uses nurses to work in place of doctors in some instances because Thailand has a high doctor-to-nurse ratio when compared to other countries where the doctor-to-nurse ratio is usually similar. The Thai public health system uses nurses to perform doctors' duties in order to provide basic public healthcare in a substitution mechanism, particularly in Tambon Health Promotion Hospitals (THPHs) and in CHs, particularly hospitals with only one doctor. This substitution system is good and effective in providing healthcare for people in remote areas and access to the public health system.

Health services capable of meeting public healthcare needs in border and remote areas provided by Thailand are healthcare services meeting community healthcare needs in terms of mental, physical, social, cultural, economic, lifestyle, psychological, familial, community and environmental needs, which were different based on the context of health problems and needs in each area. Therefore, community healthcare in Thailand has different contexts, particularly in rural communities where remoteness of areas was found to have effected access to healthcare services, shortages of doctors, nurses and public health staffers, etc. (Voraroon et al., 2017). Therefore, in managing healthcare systems in areas with shortages, other systems and mechanisms were used to provide healthcare for people in accessed communities in order to provide for public healthcare needs sufficiently. Therefore, communities are an overview of work processes that need efforts to cooperate from main community organizations such as sub-district headmen, village headmen, local administrative organizations, community health units, community organizations and the public sector including local government organizations (Nantaboot et al., 2010a), who need coordination mechanisms to create continuity and sustainability for healthcare services that are

sustainable and meet the true needs of people in remote areas in the most complete way possible.

The “Thailand Nursing and Midwifery Council”, the main agency overseeing Thailand’s nursing profession, saw the importance of nursing education. Therefore, the use of the strategy of directing community organizations to become involved in producing nurses and providing community-engaged nursing education (Thailand Nursing and Midwifery Council, 2020) has the objective to provide education with local administrative organizations in the community being engaged and responsible for production and building cooperation between educational institutes and community organizations. This was consistent with the concept of the future of nursing of Hassmiller and Squires (2020) who stated that nursing roles in 2020-2030 must be roles as health developers at the personal, familial and community levels to produce nurses selected with involvement in production from education institutes and community organizations in order to have quality nurses consistent with community needs (Skulphan, 2015). We call this method “community-engaged nursing education”. The objective of the study was to develop desirable characteristics of graduates for working with the community. Engagement from community will help health care results and service provision to meet real development needs of the community because community members will have better understanding of community members than people outside the community.

Community-engaged nursing education means involvement in education from studying problems, planning operations, making-decisions, solving problems and joint assessments to effectively drive activities while adhering to the principle of engagement in thinking, doing, checking and taking responsibility for activities such as student preparation, education system arrangement, course activity organization, scholarship fund support and local employment. Participation in education and building cooperation between education facilities, parents and communities is highly necessary and should be remembered by

education facility administrators and personnel. Participation in education and cooperation building has ten principles consisting of: 1) building faith and commitment to the community; 2) training personnel to be open- and public-minded; 3) recognize needs and shortages without neglecting and thinking that everything can be done if a mind is set to do it; 4) self-improvement to become charming, admired and believed in by the community and colleagues; 5) be humble, simple and able to live with the community and colleagues at any time; 6) avoid conflicts without reason and develop compromising skills; 7) welcome the community with a friendly atmosphere; 8) develop in-depth community analysis skills to survey strengths and weaknesses in order to provide a database for development; 9) seek sources of budgets, materials and supplies from agencies, companies, department stores and shops by using effective projects; and 10) build and develop values to continually build relationships with the community. Community roles in engagement with education should consist of: 1) engagement in providing and promoting learning processes of students at home and in education facilities; 2) specification of education policies and goals for education facilities; 3) advertise and support education facilities; 4) provide resources and personnel for education; 5) check education management. Community-engaged education should have the following actions: 1) survey needs and basic data; 2) specify education facility standards; 3) plan education facility development according to vision and obligations; 4) activities and practice guidelines leading to success; 5) assessment of practice guidelines; and 6) summary of results from engagement to jointly develop work processes. The aforementioned work was consistent with constructivist and experiential learning theory which learned by making project-based models that are living laboratories and use the principle of community collaboration and the concept of using families and communities as a learning base under family-centered care, basic public health and care with heart and humanity, etc. Most working models were memorandums of understanding (MOU) between education facilities, community health

agencies and local administrative organizations to produce and hire nurses selected by them and send nurses to be educated. After graduation, nurses would return to nurses' birthplace and residences. According to a study conducted by Kunlan (2020), education facilities were found to be able to cooperate in producing, creating occupations and engaging with communities at 12 percent. Therefore, to meet local and regional healthcare needs of Thailand, nursing education must adapt to produce professional nurses in order to support local and national needs and education facilities should be supported and grouped by specialty along with being networked.

The research group was interested to study the community-engaged nursing education situation at the border area in the western part of Thailand. By using lessons learned with a focus on analyzing the community-engaged nursing education situation and effects on nursing education development to create guidelines and/or policies on community-engaged nursing education development in order to benefit nursing education and build nursing education networks in the government sector and the private sector with sustainability. The researcher had the following objectives: 1) to analyze the community-engaged nursing education situation; 2) to present situations, facts and considerations that are major issues with effects on community-engaged nursing education development and; 3) to learn lessons and analyze factors of success in community-engaged nursing education the border area, Thailand.

## RESEARCH METHODOLOGY

This study collected qualitative data from people responsible for and involved in community-engaged nursing education at the border area in western part of Thailand. Data providers consisted of:

Group 1) One provincial public health doctor or a representative or a person responsible for personnel work and the District Public Health Coordination Committee (DPHCC) consisting of three members of the District Public Health

Office and the administrator of District Hospital, the head nurse and other personnel, a total of 7 data providers.

Group 2) Two chairmen of the Sub-district Administrative Organization, the Deputy Chief District Officer, three other personnel and one community leader, a total of six data providers.

Group 3) Twelve professional nurses produced by community-engaged nursing education who worked as professional nurses at District Hospital.

The researcher studied the community-engaged nursing education situation in the border area and factors of success in community-engaged nursing education created from education with engagement from education facilities, parents, communities and nursing college. Qualitative data was collected by using semi-structured interview forms and by holding 2-3 official and unofficial focus groups, meetings and lessons. This study was carried out in March 2021 – March 2022. Data was collected by conducting structural interviews with twenty-five persons who involved with community-engaged nursing education to produce professional nurses at the district were conducted, and collected data were subjected to content analysis. The researcher analyzed the sub-district's capacity according to key issues and findings by organizing data and group meetings to organize the following activities: 1) analysis of the community-engaged nursing education situation; 2) reflection of studies of data on situations, facts and considerations of significant issues and effects on community-engaged nursing education development; and 3) learning of lessons and analysis of factors of success in community-engaged nursing education in the border area guidelines for working according to problems and needs to provide recommendations and concepts for future development.

## Right Protection of the Sample

The researcher protected the rights of the informants throughout the research by selecting

willing informants. After the researcher had explained the details, notified the informants about the interview topics and structural interview processes, requested permission to record conversations, stated the number of requests for interviews, and specified the time used in each interview, requests for validity testing were made after interviewing each informant. The researcher summarized the issues obtained from the interviews, examined the preliminary data with the research participants, and, after transcribing the recordings, analyzed all of the data. In providing data, if the informants examined the issues and did not want to disclose any data, the informants were able to do so and were able to end participation in the research at all times. The researcher had the informants sign informed consent forms for participation in the study and allowed the use of codes in place of names. This research was examined by the Institutional Review Board, Boromarajonani College of Nursing Chakriraj, Certificate No. 9-9-2564.

## RESEARCH FINDING

This study had the objective to analyze the community-engaged nursing education situation and determine guidelines to present situations, facts and considerations that are significant issues with effects on community-engaged nursing education development along with learning lessons and analyzing factors of success in community-engaged nursing education in the border area, Thailand. The following findings are presented:

Community-engaged nursing education in the border area, Thailand, occurred from significant shortages of public health personnel, particularly nursing personnel, who were not sufficient for service at that time. The situation was exacerbated by Sangkhlaburi District's geography as an area bordering Burma. The area's context is a remote area not convenient for traveling. The area's geography is mountainous with many ethnic groups such as Mon, Burmese and Karen, etc. Communication required

understanding of language and diverse cultures and traditions. When nurses or medical personnel who moved and completed work to repay funds, nurses or medical personnel moved to more prosperous areas or returned home outside Sangkhlaburi District, these problems caused significant shortages of nurses in the area.

Concerning chronic shortages of professional nurses in the past, at the border area, Thailand was found to have begun implementation for communities' engagement to produce community nurses for communities and submitted a proposal to create opportunities for students in remote areas to be educated in the institution. In addition, DPHCC acknowledged the aforementioned strategy and recognized the need to solve nurse shortages in the border area, which is the origin of the Community Nurse Production by Communities for Communities Project piloted in Lai Wo Sub-district. According to the survey, the project was ready to follow three guidelines in six main processes with a concept to work by using systems and cooperation mechanisms of the organization by coordinating with education institutions, local administrative organizations and community hospitals to create and push for work in six main systems consisting of: 1) community-engaged student selection; 2) local administrative organization support; 3) engagement from local hospitals; 4) more community-focused education in addition to routine courses; 5) development of necessary skills to help communities work effectively; and 6) employment by local administrative organizations. The College emphasized that local administrative organization engagement with community leaders (formal and informal) created a major turning point for strengthening the community healthcare system owned by the public sector and developed community centers of nursing education by the community for the community. District Hospital piloted the community engagement project in Lai Wo Sub-district, Sangkhlaburi District, with engagement from the Lao Wo Tambon Administrative Organization Chairman in selecting local students to participate in the Community Nurse Production by the Community

for the Community Project. From that selection, students from Kong Mong Ta Village on the border with Burma were selected to be educated in the Bachelor of Nursing Course at Nursing College. Three organizations worked and coordinated with one another consisting of education facilities, local administrative organizations and community hospitals with an aim to resolve public health personnel shortages, particularly in the nursing profession, and meet community needs with sustainability. Education was highly important. Local administrative organizations supported education at every level

to provide more educational opportunities and scholarships up to the bachelor's degree level with conditions requiring students to return to work as personnel to develop sub-districts. Engagement in selecting students via three processes took place in 2007-2008 and the first student was enrolled in the Bachelor of Nursing Course in the academic year of 2009. The graduate came to work in 2012. Students who graduated from the aforementioned project and returned to work in the area were summarized and shown Table 1.

**Table 1** – Data on Community Nurse Scholarship Students in Border area, Thailand

Community Nurse Scholarship Student (No.)	Academic Year of Entry	Academic Year of Graduation	Funds from Local Administrative Organizations
1.	2009	2010	Lai Wo TAO
2.	2009	2012	Lai Wo TAO
3.	2011	2014	Lai Wo TAO
4.	2012	2015	Lai Wo TAO
5.	2013	2016	Nong Lu TAO
6.	2013	2016	Nong Lu TAO
7.	2014	2017	Nong Lu TAO
8.	2014	2017	Nong Lu TAO
9.	2014	2017	Nong Lu TAO
10.	2017	2020	Luangpho Ajahn Tala Uttama funding
11.	2017	2020	Nong Lu TAO
12.	2017	2020	Nong Lu TAO

When the situation was analyzed from experience in community-engaged nursing education based on facts and considerations that are major issues with effects on community-engaged nursing education development including lessons learned and analysis of factors of success in community-engaged nursing education in border area, Thailand from 20 people who were involved, three themes and 11 sub-themes were found and shown in Table 2 as follows:

Table 2 – Themes and Sub-theme of Experience from Community-Engaged Nursing Education based on Facts and Considerations of Major issues and Effects on Community-Engaged Nursing Education Development Including Lessons Learned and Analysis of Factors of Success in Community-Engaged Nursing Education in border area, Thailand

Themes	Sub-theme
Demand for Access to the Public Healthcare System among the Local Population	Demand for Healthcare Manpower in the Area
	Health Communication with Access to Every Ethnic Group
	Nursing Education Opportunities
Community Nurse Production Models and Processes	Administrators' Vision
	Engagement
	Sacrifice from People Engaged in Local Nurse Production
	Absorption and Learning of Good Professional Models
Retention of Local Community Nurses	Gratitude
	Ownership of the Area
	Pride in the Profession

According to Table 2, the findings were presented in themes and sub-themes of experience in providing community-engaged nursing education. When qualitative data was analyzed, themes and sub-themes relevant to the community-engaged nursing education situation were found according to facts and considerations of major issues and effects on community-engaged nursing education development including lessons learned and analysis of factors of success in community-engaged nursing education in Sangkhlaburi District were as follows:

1. Experience in Community-Engaged Nursing Education – When qualitative data was analyzed, themes were found from need to access the healthcare system among people in the community. The theme was connected to three sub-themes consisting of:

- 1) need for healthcare manpower in the area;
- 2) health communication that reaches every ethnic group; and
- 3) nursing education opportunities.

Problems and needs in the area of manpower in the nursing profession of Sangkhlaburi District were significant because Sangkhlaburi District is remote and borders Burma with a shortage of nursing manpower. In addition, professional nurses usually did not remain long because professional nurses were not local people. Therefore, having a project to produce community nurses by the community for the community provided opportunities for

students and local people without high education achievements to study in the nursing profession and reduce competition with students in studies according to the following statements:

#### Informants' Interpretations

“We have nurse shortages. We know this is a longstanding chronic problem. It can't be solved (PH001).”

“Our problem is communicating with patients. If other people come to work and are unable to understand, patients won't dare to talk...but if we have local nurses, patients are glad to talk because they speak the same language and they'd tell nurses everything. This is an advantage for nurses from the local community (HN001).”

“We have to accept that our kids are not talented. It's impossible for them to compete with kids in cities, for them to take nursing tests. So, when this project came along, I saw it as a good opportunity for the community to produce local nurses who will take care of their parents and siblings in the community so they won't have to leave...(PC002)”

“This project provides answers for the healthcare system in the areas of personnel, doctors and nurses, especially for Sangkhlaburi, which is multi-ethnic. Taking locals to study means they know local cultures, lifestyles, services and needs, which provides answers for language

communication, access and needs with personnel who understand the language from birth. This group of community nurses will meet the needs of diverse ethnic groups and learn cultures that they don't like. When this group of community nurses returns to the area, they live with their families without having to struggle and lose quality of life because they live with their families. Local people live like a family. An education policy to use local people meets the goal for developing people in the same province (HP002)."

2. Major Issues and Effects on Community-Engaged Nursing Education Development – From qualitative data analysis, community-engaged nursing education development to be successful in producing community nurses was found to have facts that the main factors of community nurse production models were connected to three sub-themes consisting of: 1) administrators' vision in terms of developing community members and improving health of community members; 2) participation from three organization that need build on and work together; 3) sacrifice of individuals involved in local nurse production; and 4) absorption and learning of good professional models.

#### Informants' Interpretations

"I think this project is very good because this will allow children in our remote community to have the opportunity to learn and become nurses. However, we have had problems with our education budget. At that time, we couldn't think about where we can find the money. However, as the Chairman (of the Sub-district Administrative Organization), we had to find it, even from somewhere else. We have to help the children study and have this opportunity. We will solve procedural and management problems later. They have to study... (PC001)".

"Oh, we work as a team. We always talk about the children. I mean, we sent them to study so we have to be responsible. We know that the college is helping them with books from their elders...But they have to buy their own sports

uniforms. They didn't have money so they called the Deputy Chief District Officer about exercise uniforms. It's about 600 baht (~17.65 US)..The Deputy Chief District Officer is still young so he called me. I'm the head nurse...so I thought. In short, I sent them to find the TAO's fund budget...They told me to write a guarantee. It's not much but it's a lot for them...we have to help take responsibility...It's good. I mean, we help them until they graduate (HN001)".

"I'm a teacher. I volunteered to take the children from Sangkhlaburi to Chakriraj College of Nursing. I remembered that day when I brought them. It was the last day for reporting in. We had a lot of problems with the distance and the students' documents...It was dark by the time we arrived but they waited...I mean, we were the last ones. They didn't have to wait for us, but they gave us a chance and helped with everything, so they could study... (LC001)".

"As the head nurse, when they're off of their school term...I don't just let them stay home. I brought them here to help with the hospital's work. From Year 1 to Year 4, I help them to learn and help with work so they can get to know patients and speak with patients so they can understand the area's health system. They got to see how we work...they'll know by the time they graduate (PC001)."

"She works in every job. When there aren't enough nurses, she helps in their jobs at the building. Some days, she might go up with the helicopter unit. She volunteers to go to rural areas without taking weekends off. The golden garuda award that she received (a national award for outstanding civil servants) ...I can see that she earned it by seeing patients as the most important thing without complaining. She looks happy...there was also that time when her helicopter came down...she still went out with the helicopters to help villagers... (TK001)"

3. Lessons Learned and Analysis of Factors of Success of Community-Engaged Nursing Education – From experience in



community-engaged nursing education, when qualitative data was analyzed, main themes of success factors were found to be community nurse retention, students who received scholarship funds from the Community Nurse Development Project by the Community for the Community with community engagement in production. All of the students (100%) continue to work in Sangkhlaburi District. Success of nurse retention in Sangkhlaburi was connected to three sub-themes consisting of: 1) gratitude; 2) feelings of ownership in the area; and 3) professional pride.

#### Informants' Interpretations

"The Professor (Vice Chairman of the municipality) tried to help us find the monk's fund (scholarship from community temples). He helped us speak with the monk...he was very kind. He supported me to learn and graduate. Then this primary care cluster was built on the Mon side (the side where the temple granted funds to build primary care centers in order for services to reach community areas...It's like I'm repaying a debt and serving my communities...so I have no language problems because I know the language of the community where I live in and I get to take care of peoples. Local people here are like family to me... (Nur007)."

"Community nurses don't need high grades but we want local people who will return to do good for the community. We want people to see and understand the value of community members, cultures and living conditions. They will own their areas. I'd like to tell the policy makers that this is a difference between projects to produce community nurses from the community and other projects. Perception of the importance of working at home in the area doesn't exist in normal systems. They don't appreciate working in the area. If we have the public health office, do it, they'll send the students to hospitals with nurse shortages that are outside the area. Some of the areas where the students lived in need nurses from the community (HN001)".

"I'm very happy. Once I graduated and returned, I'm happy with work. I'm attached to the patients. I understand them. We speak the same language. They're attached to me (smiles). I try to speak with the patients well...I'd like this to continue. It's happiness for nurses from this project (Nur004)."

## DISCUSSION AND CONCLUSION

Community-engaged nursing education occurs from need to access healthcare services of people in areas and communities with need for healthcare personnel in the area, need for nurses able to communicate health information to every ethnic group in order to acknowledge problems of service recipients. This community-engaged nurse education project provided nursing education opportunities for students in remote communities. The findings were consistent with Jantarawijit (2009) who stated having an appropriate number of nurses is important and nurses should be local people who understand health problems and community contexts in order to improve local public health to be good and sustainable. In the area of effects on community-engaged nursing education, qualitative data analysis found facts that the community nurse production model had components consisting of administrators' vision and participation from three organizations who need to build on work and sacrifice from those involved in local nurse production. In addition, nurses must be molded to absorb professional nursing knowledge and good models in order to see work as good nurses, sacrifice and be able to access patients. This was consistent with a study conducted by Nantaboot et al. (2009) who stated the vision of TAO administrators and community organization strength, feasibility of support and community engagement in nurse production may occur only when three organizations coordinate (education institutions, hospitals and local administrative organizations) to create mechanisms to lead to success in producing nurses from local areas. In the area of lessons learned from factors of success in community-engaged nursing education in Sangkhlaburi District, success was found to be 100% community nurse retention in

Sangkhlaburi District. The aforementioned success in retaining nurses in Sangkhlaburi District was connected to gratitude, feelings of ownership in the area and professional pride among professional nurses. This was consistent with a study conducted by Ibrahim (2001) who stated that, for nurses to learn and change with the environment, nurses must learn and help themselves to seek happiness from being professional nurses. In addition, if professional nurses feel that professional nurses sacrificed, helped fellow humans, saw the value of working in that duty, saw the profession positively, had pride and willingness to sacrifice personal happiness to work willingly, the aforementioned factors will help nurses to adapt and remain in the nursing profession.

Currently, the aforementioned Community Nurse Production by the Community for the Community Project has been changed to have a different name and student application policy. According to the findings, this project helped to create a love for home and return to good service from understanding in service recipients and access to community members' needs. This enabled community-engaged nursing education and helped students to return while providing opportunities for students in remote areas and producing nurses who feel as owners of the community. Individuals involved in determining national nurse production policies should review significant content on the aforementioned issue by reviewing from the admissions process to effects after graduation in order to create answers in producing nurses for communities. Therefore, nurse production policies should review significant content on the aforementioned issue by reviewing from the admissions process to effects after graduation in order to create answers in producing nurses for communities.

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