

**WORK PERFORMANCE AND LEVEL OF ATTITUDE  
OF STAFF NURSES AS PERCEIVED BY THE PATIENTS IN A  
TERTIARY PRIVATE HOSPITAL**

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IJSER

In Fulfillment of the Requirements for the Degree  
Master of Arts in Nursing  
Major in Nursing Service Administration

by

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## APPROVAL SHEET

This thesis entitled WORK PERFORMANCE AND LEVEL OF ATTITUDE OF STAFF NURSES AS PERCEIVED BY THE PATIENTS IN A TERTIARY PRIVATE HOSPITAL in fulfillment of the requirements for the degree MASTER OF ARTS IN NURSING MAJOR IN NURSING SERVICE ADMINISTRATION has been examined and is recommended for the acceptance and approval for the ORAL DEFENSE EXAMINATION.

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## **ABSTRACT**

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## **CONTENT ANALYSIS**

### **Objective and Scope**

The study determined the level of work performance and the level of attitudes of the staff nurses in a tertiary private hospital. The study utilized the descriptive-correlational design. The 70 staff nurses assigned in different areas were the subjects for evaluation by their patients or significant others/next of kin.

### **Findings**

The profile of the subject revealed that there is an equal distribution of the subjects in terms of age that ranges from 21 - 25 and 26 - 35 years of age, mostly are females, single, college graduate and working for 1 - 3 years. The work performance of staff nurses is very high. The level of attitude of staff nurses is very

high. Significant relationship revealed: There is no significant relationship between age, sex, civil status, average duty hours per week, average patient load and area of work based on the four indicators which are as follows: 1) assessment of patient, 2) planning for patients 3) Intervention and 4) Evaluation with the work performance. The two indicators for highest educational level which are the assessment of patients and intervention together with the three indicators of years of work experience which are assessment of patients, intervention and evaluation have no significant relationship with work performance. There is no significant relationship between age, sex, civil status, highest educational level, years of work experience, average duty hours per week, average patient load and area of work with the level of attitude. There is a significant relationship between the two indicators of highest educational level which are the planning for patients and evaluation and one indicator of years of work experience which is planning for patients with the work performance. There is a significant relationship between work performance and level of attitude of staff nurses. Performance competency guide are made to maintain the performance of staff nurses.

## **Conclusion**

The high level of attitude of the staff nurses influenced the performance in the delivery of care.

## **Recommendation**

The proposed performance competency guide among staff nurses should be disseminated in a forum. The performance of staff nurses should be evaluated regularly. Resource persons should be invited to speak more about performance and attitude of staff nurses.

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## **CHAPTER I**

### **THE PROBLEM AND ITS SCOPE**

#### **INTRODUCTION**

#### **Rationale of the Study**

The assessment of performance and attitudes of nurses is quite difficult to achieve yet it is acknowledged that these professional attributes are very important in the delivery of care. This challenge to evaluate the nursing practice has sometimes been avoided with the emphasis being placed on knowledge and skills. Not only do the nurses need to develop a professional attitude towards those in their care but also appropriate critical thinking. This includes intellectual humility and the courage to contemplate change on sound evidence, perseverance and empathy.

It is also necessary to come up with strategies that place emphasis on competent performance in clinical setting to render nurses safe to practice. At the same time there is equally important need to examine nurses' knowledge based on the profession into which they are being socialized and inducted. This evaluate the effectiveness of nurses' performance, providing an opportunity to set goal, clarify expectations, reinforce a job well done, initiate change, and foster healthy working relationship between

supervisors and employees. This system is crucial of managing outcomes of care and continues quality improvement.

In the increasing demand of the patients admitted in the hospital, the work performance and attitude of staff nurses are greatly observed by these individuals. To cite example of a scenario, nurses would not observe the proper nursing process in intervening their patients. In that way they are compromising the attitude that they show and are misinterpreted by the patients. Another scenario would be the ineffective treatment of these nurses on how they try to execute such interventions because of lack of knowledge and skills based on their work performance. However, they tend to compensate it with good attitude in terms of what they show to their patients to balance these things. Lastly, nurses are affected with different factors in terms of executing their work such as patient loading, peer pressure and changing environment that they are working. Somehow their attitude is diverted with all these factors in which they try to change and compensate with the situation or dilemma.

In these days with the advent of technologies use in health care delivery system; especially in a private tertiary hospital,

where the researcher is currently employed here in Cebu. In addition, ongoing studies on how to improve typical methods of delivery, increasing demands of quality service for patients are few of the challenges that nursing is facing in this time of radical change.

The researcher observes interacting role of modern nurses, and opt to measure their level of work performance and attitudes in rendering their care. The findings of which will be the bases for a performed competency guide.

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## **Theoretical Background**

The study is anchored on the theory of Patricia Benner. She introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as multitude of experiences. She conceptualized in her writing about nursing skills as experience a prerequisite for becoming an expert (George, 2008).

Benner's theory changed the professions' understanding of what it means to be an expert, placing this designation not on the nurse with the most highly paid or most prestigious position, but on the nurse who provide the most exquisite nursing care. The performance level can be determined only by consensual validation of expert judges and the assessment of the outcomes of the situation (Benner, 2009).

Nursing reflects the needs and values of society, implements the standard of professional performance and the standards of care, meets the needs of each client, and integrates current research and evidence-based finding to provide the highest level of care. Clinical expertise takes time and commitment (Perry and Potter 2005).

According to Benner, an expert nurses passes through five level of proficiency when acquiring and developing generalist or specialized nursing skills. Nurses use the competencies of critical thinking to integrate information from the scientific and nursing knowledge bases, derive knowledge from past and present experiences, and apply critical thinking attitudes to clinical standards (Perry and Potter 2005).

Attitudes as defined by Newstorm (2010) are the feelings and beliefs that largely determine how employees will perceive their environment, commit themselves to intend actions, and ultimately behave. Gibson (2008) determinants of behavior they are linked with perception, personality and motivation. An attitude is a positive or negative feeling or mental state of readiness, learned and organized through experience that exerts specific influence on a person's response to people, objects and situations. First, attitudes are learned, second, attitude define predispositions toward given aspects of the world. Third, attitudes provide the emotional basis of our interpersonal relations and identification with others. And fourth, attitudes are organized and are closed to the core of personality. Some attitudes are persistent and enduring; yet like each of the psychological variables, attitudes are

subject to change (Gibson, et.al, 2006).

Critical thinking attitudes offer guidelines for how to approach a problem or decision-making situations. An important part of critical thinking is interpreting, evaluating and making judgments about the adequacy of various arguments and available data (Perry and Potter, 2005)

Benner adapted Dreyfus' Model of Skill Acquisition and Skill development to clinical nursing practice. According to Alligood and Tomey (2005), that nursing experience can be classified into five levels of skill: novice, advance beginner, competent, proficient, and expert. Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise (Alligood and Tomey, 2005).

Benner wondered how nurses made the transition from inexpert beginners to highly expert practitioners. She described a stepwise process of five stages of nursing practice, upon which she based her 1984 book, from Novice to Expert. Benner's novice begins with students entering nursing school. Because they generally have little background upon which to base their clinical behavior, they must depend rather rigidly on rules and

expectations established for them. Their practical skills are limited (Chitty 2006).

By the time learners enter the advance beginner, they have discerned that a particular order exists in clinical settings. Their performance is marginally competent. They base their actions on both theory and principles but tend to experience difficulty formulating priorities, viewing many nursing actions as equally important (Chitty, 2006).

Competent practitioners, usually have two to three years of experience in a setting. As a result, they feel competent, organized, and efficient most of the time. These feeling of mastery are due to planning and goal-setting skills and the ability to think abstractly and analytically. They can coordinate several complex demands simultaneously (Chitty, 2006).

It generally takes three to five years of practice to reach the level of proficient practitioner. These nurses are able to see patient situations holistically rather than in parts, to recognize and interpret subtleties of meaning, and to recognize easily priorities for care. They can focus on long-term goals and desired outcomes (Chitty, 2006).



Expert practitioner is reached only after extensive practice experience. These nurses perform without conscious thought, intuitively, automatically grasping the significance of the patient's complete experience. They move fluidly through nursing interventions, acting on the basis of their feeling of rightness of nursing action. They may find it difficult to express verbally why they selected certain actions, so integrated are their responses. Their expertise seems, both themselves and to observers, to come naturally (Chitty, 2006).

Benner (2009) believes that newly graduated nurse is an advance beginner and is confronted with a complex clinical world with many tasks and weighty responsibilities. Preceptors help new nurses deal with uncertainty setting that is inherent to gaining proficiency. Ultimately, nursing and medicine are taught in an apprenticeship system, and the role of the guide at the side is critical to moving from novice to expert. Imparting knowledge gained by years of experience can be difficult and for novice alike. ([www.ajcc.aacnjournals.org](http://www.ajcc.aacnjournals.org)).

Furthermore, Benner (2009) noticed that a caring attitude or abstract sentiment is not sufficient to make an action a caring

practice. The practice must be carried out in an excellent manner that is true to the notions of what constitutes good practice. She added, nursing as a caring relationship, an enabling connection and concern. Caring is primary because caring sets up the possibility of giving help and receiving help (Benner, 2009).

In this view caring and relatedness are transformed into economic exchanges, social conventions, interpersonal skills, and control strategies. But a hidden motive of self gratification is not only the explanation for caring and having people and things show up as meaningful, as illustrated in the moral course of these nurses. Indeed self-gratification or even caring for the sake of caring does not qualify as care. Because care necessarily focuses on the particular good of the one cared for or else occur in response to the other. The person must be understood as a participant in a situation that is shaped by reflective and non reflective meanings and concerns. Benner uses this key concept to describe clinical nursing practice in terms of nurses making a positive difference by being in the situation in a caring way (Benner, 2009).

Benner also proposed that one could gain knowledge and skills (knowing how) without ever learning the theory (knowing

that) is the way an individual comes to know by establishing casual relationship between events (George, 2004).

She also stresses out the significant aspects that make up a person. She had conceptualized the major aspects of understand that the person must deal with as the role of the situation, the role of the body, role of the personal concerns and the role of temporality. She focused on the lived experience of being healthy and ill. She defined health as what can be assessed, while wellbeing is the human experience of being health or wholeness. Wellbeing and being well are recognized as different ways of being in the world. Also person may have a disease and not experience illness because in the human experience of loss/ dysfunction, whereas disease is what can be assessed at physical level. Instead of using the term environment, she used their term situation because it suggests a social environment with social definition and meaning. She used to mean which are defined by the person's engaged interaction, interpretation and understanding of the situation (Octaviano, 2008).

The Functional Approach to the Study of Attitudes by Katz outlined the basic notion of the approach, that people hold

attitudes towards objects, events, issues and behaviors for various reasons. That is, attitudes fulfill functions for the individuals, such as maximizing rewards, expressing one's values, etc. He went on to specify four basic functions that an attitude may perform for an individual as to utilitarian, value-expressive, ego-defensive and knowledge presented a summary of condition under which the various function might be aroused and another set of conditions conducive to the change of attitudes serving the four functions (Hurlock 2005).

Katz article was a major conceptual contribution to the attitude literature in that it made explicit the motivational underpinnings of attitudes and drew attention to the possible individual differences which may be obscured by a simple effective representation of attitude. Consumer behavior scholars have been quite cognizant of Katz's contribution, as evidence by the frequency with the functional approach discussed in consumer behavior text. Virtually every major book in the field includes some treatment of the functional approach is fundamental to understanding (1) why people hold the attitudes they do, and (2) how those attitudes might be changed (Hurlock 2005).

The ego-defensive function is where attitudes proceed from within the person, and the objects and situation to which they are attached are merely convenient outlets for their expectation. Katz gives the example of an individual who projects hostility to a minority in order to protect himself from feelings of inferiority. One common type of ego-defensive function is transference where an attitude adopted towards a person is not based on reality of the situation. There ego defensive attitudes stem basically from internal conflicts. One of the difficulties of ego-defensive is that the usual procedure for changing attitudes and behavior may not cause the individual to modify but may force him to reinforce his defenses, causing him to cling tenaciously to his emotionally held beliefs. Among the procedures for attempting to change attitudes, Katz includes invoking punishments. This has relevance in the application of behavioral theory to social group work. However, it should be noted that those who advocate the application of behavioral theory most frequently favor a system of rewards rather than punishments (Hurlock 2005).

The value-expressive function in which attitudes have the function of giving positive expression to central values and to the type of person an individual conceives him to be. A man, for

instance may think of himself as an internationalist. Attitudes in keeping with these favorable attitudes, say, towards other countries would have a value-expressive function for him. These attitudes may have double function: they may be a confirmation of self-identity; and they may also help to mold the self-image closer to the heart's desire (Surenson, 2005).

Favor attitudes towards a group very often have a value-expressive function. The group gives the individual a sense of identity. Arthur Cohen in writing of the group as an important source of attitude change states, many research findings which show that members of a group resist communication that run counter to the norms and values of the group and accept those sanctioned by it can be interpreted in terms social approval or disapproval (Surenson, 2005).

Another supporting theory is the theory of Jones Attitude Formation and Change. One way of changing people is to change their attitudes and opinions. Attitudinal change or opinion change is a type of change in which the change agent exercises social influence. This social influence can be a very superficial thing where the subject merely says what he thinks that change agent

would like to hear or it may be profound where the subject endorses and takes as his own the attitude of the change-agent (Hurlock 2005).

Attitudinal change or opinion change is a type of change in which the change agent exercises social influence can be very superficial thing where the subject, merely says what he thinks the change-agent would like to hear or it may be profound where the subject endorses and takes as his own the attitudes of the change-agent. Kelman distinguishes three ways or processes of social influence: compliance, identification and internalization (sun.zilib.com, 2010).

These processes are not presented by Kelman as though one were better than that of the other; they are stated simply as ways of exerting social influence. The ways of influencing will depend on (1) the importance that the subject attaches to opinion-change as a means of attaining his goal; (2) his readiness or non-readiness to accept this particularly option; and (3) the power of the influencing agent (sun.zilib.com, 2010).

Kelman's predilection for the process of compliance, identification and internalization as an explanation of social

influence arose through a dissatisfaction with the dichotomy of public conformity and private acceptance of ideas which did not seem to him a sufficient explanation of such diverse phenomena as the behavior of the believer and the brain-washed (sun.zilib.com, 2010).

Self-perception theory (SPT) is an account of attitude change developed by psychologist Daryl Bem. It asserts that people develop their attitude by observing their behaviors and concluding what attitudes must have caused them. The theory is counterintuitive in nature, as the conventional wisdom is that attitudes come prior to behavior. Furthermore, the theory suggests that a person induces attitudes without accessing internal cognition and mood states. The person reasons their own overt behaviors rationally in the same way they attempt to explain other's behaviors (Waterman 2008).

On the other hand, Newstorm (2007) considered employee attitudes are important to monitor, understand, and manage. The color of our attitudes has an impact on how we view and judge our surroundings at work. Positive job attitudes help predict constructive behaviors; negative job attitudes help predict



undesirable behaviors. This result is especially likely if the feelings are both strong and persistent. Dissatisfied employees may engage in psychological withdrawal (e.g. day dreaming on the job), physical withdrawal (e.g. unauthorized absences, early departures, extended breaks or work slowdowns), or even acts of aggression and retaliation for presumed wrongs. Whilst satisfied employees may provide acts of customer service beyond the call of duty, have sparkling work records, and actively pursue excellence in all areas of their job Newstorm (2007).

Attitude is one of Jung's definition of attitude is a readiness of the psyche to act or react in a certain way. Attitudes very often come in pairs, one conscious and the other unconscious. Within this broad definition Jung defines several attitudes Newstorm (2007).

The main attitude dualities that Jung defines are the following: consciousness and the unconsciousness which is the presence of two attitudes is extremely frequent, one conscious the other unconscious. This means that consciousness, a duality particularly evident in neurosis. Extraversion and introversion is the pair to Jung's theory of types that he labeled them the attitude

types. The rational attitude subdivides into the thinking and feeling psychological functions, each with its attitude. The irrational attitude subdivides into sensing and intuition psychological functions, each with its attitude. There is thus a typical thinking, feeling, sensation and intuitive attitude (www. Nursesjournal.com, 2010)

Attitudes are judgments. They develop on the ABC model affect, behavior and cognition. The affective response is an emotional response that expresses an individual's degree of preference for an entity (Surenson 2007). Example would include almost all jobs dealing with customers, patients, or clients (Luthans, 2005). The behavioral intention is a verbal indication or typical behavioral tendency of an individual. The cognitive response is a cognitive evaluation of the entity that constitutes of an individual's beliefs about the objects. Most attitudes are the results of either direct experience or observational learning from the environment (Surenson 2007).

Response latency measures have yielded an explosion of interest in implicit attitudes. Less forthcoming have been theoretical explanations for why they often differ from explicit

attitudes are discussed, and evidence consistent with each theory presented. The hypothesized casual influences on attitudes include early experiences, affective experiences, cultural biases, and cognitive consistency principles. Each may influence implicit attitudes more than explicit attitudes, underscoring their conceptual distinction (Hurlock, 2005)

Performance monitoring, which happens in many situations, is a very sensitive issue, and needs to be handled with great delicacy. Employees generally fall into two types: self-motivated, and those that require external motivation to stay motivated. Self motivated employees tend to exhibit good performance even if they are never provided with much external motivation, but their performance increases still more if they are provided with that motivation. Employees that do require external motivation certainly improve in performance when skillfully motivated. Highly motivated employees are highly productive employees, and they do superior (www. nursesjournal.com).

Herzberg found that the factors causing job satisfaction and presumably motivation were different from that causing job dissatisfaction. He developed the motivation- hygiene theory to

explain these results. He called the satisfiers motivators and the dissatisfiers' hygiene factors, using the term hygiene in the sense that they are considered maintenance factors that are necessary to avoid dissatisfaction but that by themselves do not provide satisfaction (Stoner, 2006).

The motivation- hygiene theory hold, management not only must provide hygiene factors to avoid employee dissatisfaction, but also must provide factors intrinsic to the work itself in order for the employees to be satisfied with their jobs. Herzberg argues that job enrichment is required for intrinsic motivation, and that it is a continuous management process. According to Herzberg the job should have sufficient challenge to utilize the full ability of the employee, Employees who demonstrate increasing levels of ability should be given increasing levels of responsibility. If a job cannot be designed to use an employee's full abilities, then the form should consider automating the task or replacing the employee with one who has a lower of skill. If a person cannot be fully utilized, then there will be motivating problem (Donnel, 2005).

A performance appraisal, employee appraisal, performance review, or development discussion is a method by which the job

performance of the employee is evaluated typically by the corresponding manager or supervisor. A performance appraisal is a part of guiding and managing career development. It is the process of obtaining, analyzing, and recording information about the relative worth of an employee to the organization. Performance appraisal is an analysis of an employee's recent success and failures, personal strengths and weakness, and suitability for promotion or further training. It is also the judgment of an employee's performance in a job based on considerations other than productivity alone (Sison, 2004).

Generally, the aims of a performance appraisal are to: give employees feedback on performance; identify employee training; needs; document criteria used to allocate organizational rewards; form a basis for personal decisions: salary increase, promotions, disciplinary actions, bonuses, etc.; provide opportunity for organizational diagnosis and development; facilitate communication between employees and administration; validate selection techniques and human resources policies to meet federal equal employment opportunity requirement and to improve performance through counseling, coaching and development (Sison, 2004).

There are serious difficulties faced by these two stages of proficiency in nursing entering that workforce. It shows that these staff nurses are feel anxious when they enter an organization. New rules, regulations, policies and procedures are introduced. These new nurses worry about how they will remember all the new information, much less follow it. They feel inadequate compared with more experienced nurses, and they are concerned about how well they will get along with their co-workers (Douglass, 1992).

Learning behaviors in different health care organization can have very different approaches especially to new employee orientation and education. Heidenthal (2003) describe that orientation is the key component of the transition between being a novice nurse and becoming a first-time manager of patients. It is important to establish what the organization offers during the orientation.

Nursing care is based on respect for the dignity and worth of every individual. They believe that each patient has the right to receive quality care based on individuals' needs and age. Patients and their families are involved in establishing priorities of care that best meet their needs. Education about health maintenance is available on both an inpatient and outpatient basis. Professionalism,

caring, flexibility and commitment to continuous improvement are key qualities of their nursing staff ([www. memorialhospital.com](http://www.memorialhospital.com))

Nurses must be flexible and have the ability to understand what nursing interventions work best for each patient condition. Compassion, efficiency, a love of variety and a positive attitude are all requirements for these practicing to understand what nursing interventions work best for each patient condition ([www. rcsed.ac.uk/journal](http://www.rcsed.ac.uk/journal)).

These theories and concepts support the present undertaking with emphasis on work performance and attitude of the staff nurses in a private tertiary hospital.

## THE PROBLEM

### Statement of the Problem

This study determined the level of work performance and level of attitudes of the regular staff nurses in a private tertiary hospital. The outcome of the study served as a basis for proposed performance competency guide.

Specifically, it sought to answer the following inquiries:

1. What is the profile of the respondents in terms of:

1.1 age;

1.2 sex;

1.3 civil status;

1.4 highest educational level;

1.5 years of experience;

1.6 average duty hours in a week;

1.7 average patient load; and

1.8 area of assignment?

2. What is the level of work performance of staff nurses?

3. What is the level of attitude of staff nurses?

4. Is there a significant relationship between:

4.1 profile and level of work performance



4.2 profile and level of attitude

4.3 level of work performance and level of attitude

5. What performance competency guide can be proposed based on the findings of the study?

### **Statement of the Null Hypothesis**

There is no significant relationship between:

- Ho1: Profile and level of work performance
- Ho2: Profile and level of attitude; and
- Ho3: Level of work performance and level of attitude

### **Significance of the Study**

The quality of care can be achieved depending on the performance and attitudes given by the healthcare providers. Furthermore, it is always best measured on the recipients' perspective in general. With the result, the study could have profound impact to the following people:

**Staff Nurses.** This study will serve as rubric of their performance and attitudes. The implication of this study may result for modification, affirmation of their attitude for further enrichments.

**Nursing Service Administrator.** As head of the nursing

service department, she can use the findings and competency guide of the study in knowing the work performance and level of attitude of staff nurses assigned in different areas and could produce specific trainings on how to improve the staff nurses level of proficiency.

**Hospital Administrator.** As head of the hospital, she can use the findings of this study as springboard on determining nurses' proficiency on their respective area, create a productive environment and communicate values that promote the general welfare of the workplace.

**In-patients.** As prime beneficiaries, this study, will give them positive outlook and confidence towards staff nurses' ability to handle them holistically during their period of hospitalization.

**The Researcher.** This will broaden the knowledge on how to interact hospitalized patients using appropriate nursing skills, and right attitude to educate and keep track of current issues for the better.

**Future Researcher.** This study will serve as an added reference if they make researches similar in nature.

## **METHODOLOGY**

### **Research Design**

The study utilized the descriptive-correlational design to determine the level of work performance and attitude of staff nurses in a private tertiary hospital. It is descriptive because it sought to determine or describe the level of work performance and the level of attitude of staff nurses.

It is correlational because it sought to establish association between level of work performance and attitude of staff nurses.

### **Research Environment**

The locale of the study is located at Villa Aznar Road, Urgello Street, Cebu City with 150-bed capacity. It has medical director, chief nurse and nursing director with the usual no less than 50 patients' occupancy including newborn and total of 77 staff nurses employed on different areas including the nurse supervisors and chief nurse. The hospital is a tertiary hospital that caters to the medical and health needs of the patients. The hospital has 4 floors. The first floor has the Emergency Room, Outpatient Department, the Billing Section and the Laboratory section. The second floor has the Reproductive Health Unit, Intensive Care Unit, Operating Room,

Delivery Room, Neonatal Intensive Care Unit, Nursery, Private Rooms, Obstetrics Ward and Gynecology Ward. The third floor has the Isolation Rooms, Infirmary Rooms, Medical Ward and Pediatric Ward. The fourth floor has the Doctor's Clinic and Doctor's Lounge.

### Research Subjects

There were 70 staff nurses designated in different wards and private room area and for those who are assigned in special area such as Neonatal Intensive Care Unit, Operating Room, Delivery Room, Emergency Room and Intensive Care Unit as subjects of the study. In Patients evaluated them and for those who are unconscious and uncooperative, the significant others or next of kin took over to evaluate them.

**Table 1**  
**Research Respondents**

<b>Floor or Unit</b>	<b>Number of Nurses</b>	<b>%</b>
Emergency Room	8	11.29%
Intensive Care Unit	8	11.29%
Neonatal Intensive Care Unit	7	9.98%
Operating Room	12	16.92%
Obstetrics and Gynecological Ward	7	9.98%
Floor 2	14	19.73%
Floor 3	14	19.73%
<b>Total</b>	<b>70</b>	<b>100%</b>

## **Research Participants**

Purposive sampling was used and there were 70 patients and/or significant others or next of kin who participated in the study. The participants were admitted in the hospital for at least a minimum of three days and if unconscious, minor or uncooperative the significant others or next of kin on behalf of the patients answered the tool.

## **Research Instrument**

The study utilized a standardize questionnaire for the work performance of the staff nurses and a research tool used by the previous researcher for the level of attitude of the staff nurses. The instrument is made up of three parts. The first part extracted the data on the demographic profile of the 70 nurses as subjects of the study. The second part of the instrument talked on what was the level of work performance of the 70 nurses. It was divided into four indicators namely assessment, planning, intervention and evaluation of care by Ellis and Hartley (2004) which was evaluated by their patients or significant others or next of kin. The third part of the instrument tackled what was the level of attitude of the 70 nurses which was also evaluated by their patients or significant others or next of kin.

In part I, staff nurses answered the given questions by placing a check mark on the spaces provided. In part II and III, the patients and significant others or next of kin indicated their answers in every given statements regarding the level of work performance and level of attitude as they placed a check mark on (1) very low, (2) low, (3) very high and (4) high.

The instrument utilized a four point Likert scale and determined the responses of the patients or significant others or next of kin.

## **Research Procedures**

### **Gathering of data**

The researcher submitted a letter to the medical director of the Sacred Heart Hospital, through the Chief Nurse and asked to conduct a study. When the approval was secured, the researcher went to the Human Resources office and secured a validated copy of performance appraisal for nurses. Afterwards, the researcher proceeded and started to collect the data on each area (Floor 2, Floor 3, Neonatal Intensive Care Unit, Operating Room, Delivery Room, Emergency Room and Intensive Care Unit).

The researcher greeted, introduced one's self, explained and

showed to the nurses on duty the transmittal letter signed by the medical director and as validated by the Chief Nurse. The researcher gave them the first part of the tool which deals on their profile. The researcher instructed the 70 nurses to put a check mark on the spaces provided. The researcher elaborated to them that they are the subjects of the study and their patients or significant others or next of kin will be evaluating their level of work performance and level of attitude which is on the second and third part of the instrument.

From nurses on duty permission, the researcher continued to gather data and handed over the second and third part of the questionnaire to the patients and significant others or next of kin. The researcher politely introduced himself to the patients and significant others or next of kin. The researcher gave a brief overview regarding the importance of their participation as evaluator of the study. Moreover, the researcher explained the mechanics in answering the questionnaire and provided ample time. After data were gathered, tabulation and collation of the result took over.

### Treatment of Data

The responses of the subject was subjected to statistical treatment with the use of the following.

**The Simple Percentage** was used and determined the profile of the subjects as to age, sex, civil status, highest educational attainment, years of experience, average duty hours in a week, average patient load and area of assignment.

**The Weighted Mean** assessed the level of work performance and level of attitude of 70 staff nurses.

**Chi-square** determined the significant relationship between the profile and level of work performance, profile and the level of attitude of staff nurses.

**Pearson - r** determined the significant relationship between the level of work performance and level of attitude.

The following are the parametric limits of the study:

**Table 2**  
**Level of Work Performance and Level of Attitude**

<b>RATING SCORE</b>	<b>ADJECTIVAL RATING</b>	<b>PARAMETER LIMITS</b>	<b>INTERPRETATION</b>
4	Strongly Agree	3.26 – 4.00	Very High
3	Agree	2.51 – 3.25	High
2	Disagree	1.76 – 2.50	Low
1	Strongly Disagree	1.00 – 1.75	Very Low



## DEFINITION OF TERMS

For the purpose of the study, the following terms are defined operationally to foster understanding:

**Level of Work Performance** is how staff nurses performed certain procedures or nursing interventions to patients under their care. It can be used to gauge competency of staff nurses.

**Assessment** is done by establishing rapport with the patient and getting entirely patients history.

**Planning** of Patient Care is plan of care developed by the novice nurses after thorough assessment.

**Intervention** deals with the implementation of nursing care identified by the patients and the nurses during planning phase.

**Evaluation** of Patient Care focuses on evaluating patient outcomes after rendering appropriate care.

**Level of Attitude** refers from a certain feelings or thoughts of the staff nurses on how they view certain person, event, and/or places into set if actions or behavior towards patients admitted in the hospital.

**Proposed Performance Competency Guide** refers to the output of the study based on the findings generated.

**Demographic Profile** pertains to the age, sex, civil status, highest educational attainment, years of work experience, average duty hours in a week, average patient load, and area of assignment of the subject.

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## **CHAPTER II**

### **PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA**

This chapter gives the presentation, analysis and interpretation of data. It answers the questions posed in the problem. This is divided into five parts. The first part of the chapter deals with the profile of the subjects in terms of age, sex, civil status, highest educational attainment, years of work experience, average duty hours in a week, average patient load, and area of assignment; level of work performance of staff nurses; level of attitude of staff nurses and determine whether there is a significant relationship between profile and level of work performance; profile and level of attitude; level of work performance and level of attitude and performance competency guide based on the findings of the study.

#### **I. Profile of the Subjects**

Table 1 shows the profile of the subjects. As shown in table majority of the respondents belonged to age bracket of 21 - 25 years old and 26 - 35 years old (65.71%). According to Erik Erikson, it is the period of Early Adulthood wherein the individual is task-oriented, mature, and capable of making decisions (Surenson, 2005). Most of these nurses would like to get an experience of

being a clinical nurse to land a job abroad after they completed the number of years of experience working in the hospital setting.

In terms of sex, majority of the respondents are females (74.29%). Nursing as a course is a female dominated course which has its origin during the Crimean War on the active participation of the females in provision of care which was supported by Florence Nightingale (Taylor, 2003). Female nurses comprise most of the total population of work force in the hospital especially in private tertiary institutions in the entire Nation.

In terms of civil status, majority of the respondents are singles (91.43%). Singles are less preoccupied and are focused on reaching their aspirations and goals in life compared with that of the married entailed with a lot of responsibility in the care of the family, work and studies. Most of the nurses are single and are not committed when they are in their early adulthood thus it has the highest percentage in terms of sex as the profile.

In terms of highest educational attainment, majority of the respondents are college graduate with BSN-RN degree (90.00%). Their being college graduates make them qualified to apply for the said position. But there is a need for these staff nurses to enhance their qualifications through continuing education toward

professional growth and development (Sison, 2005). These nurses are newly graduates and they are focusing on their new job as employed by the institution.

In terms of years of experience, majority of the respondents have working for 1 – 3 years (50.00%). The years of experience have been the basis of the satisfaction of the staff nurse. The longer the individual stays for the job implicates satisfaction of the work. Most of the subjects are newly hired nurses with a few experience in the hospital setting.

In terms of average duty hours in a week, majority of the respondents have working on a 36 – 40 hours in a week (71.43%). The locale of the study which is the tertiary level hospital has an average duty of 40 hours per week regardless of staffing. Most of the subjects are working eight hours a day and five days in a week as scheduled by their superior.

In terms of average patient load, majority of the respondents have handled an average 9 - 12 patients per shift (77.14%). If based on staffing computation, 70 subjects who were distributed in different areas to work with 150 bed capacity hospital is considered understaff. Proper implementation of correct staffing computation should be implemented considering that the locale is a private

institution. However, due to management approval and mandated guidelines, the nursing service department can no longer change their decisions in terms of what they implement. Good thing that the head of the nursing service administration is continually providing proper staff management proposal which is for approval.

In terms area of assignment, majority of the respondents who were evaluated are from Floor 3 (25.71%). Most of the subjects are assigned in medical-surgical ward and pediatric ward based on years of experience which is 1 – 3 years. Novice and advance beginner nurses should be well equipped in terms of skills and knowledge in order to advance to the next level of proficiency. That is why the area of assignment will help them accumulate what they need to enhance as a practitioner (Benner, 2009). Nurses who are employed in the institution are given a chance to rotate and experience a different role, environment and work load every three months. The basis of area rotation as mandated by their superiors every three months is to help these nurses gain more experience and be oriented on the area of assignment.

**Table 1**  
**Profile of the Subjects**  
**n = 70**

<b>Profiles</b>	<b>Frequency</b>	<b>Percentage, %</b>
<b>Age</b>		
21 – 25	46	65.71
26 – 35	24	34.29
<b>Sex</b>		
Male	18	25.71
Female	52	74.29
<b>Civil Status</b>		
Single	64	91.43
Married	6	8.57
<b>Highest Educational Level</b>		
BSN – RN	63	90.00
BSN – RN with Master's units	6	8.57
With Master's degree	1	1.43
<b>Years of Work Experience</b>		
Less than a year	24	34.29
1 – 3 years	35	50.00
4 – 6 years	9	12.86
7 years or more	2	2.86
<b>Average Duty Hours in a Week</b>		
36 – 40	50	71.43
41 – 45	20	28.57
<b>Average Patient Load</b>		
1 – 4 patients	15	21.43
5 – 8 patients	1	1.43
9 – 12 patients	54	77.14
<b>Area of Assignment</b>		
Emergency Room	7	10.00
Intensive care Unit	7	10.00
Neonatal Intensive Care Unit	7	10.00
Operating Room	9	12.86
Obstetrics and Gynecology Ward	7	10.00
Floor 2	15	21.43
Floor 3	18	25.71

## **II. Level of Work Performance of Staff Nurses**

Table 2 displays the summary table results of the Level of work performance of staff nurses. The data appears that the staff nurses are very high in terms of interpretation with a grand mean of 3.46 as perceived by the patients and significant others/next of kin.

The findings reveal that these staff nurses have obtained necessary skills in performing the tasks. The findings are also attributed by the fact that the level of work performance indicators are routine nursing activities during the time they took their college in nursing. Another compelling reason could be their exposure on patients and showing attentive care which is usually obvious for staff nurses have been demonstrated well.

The indicator of level of work performance which is the assessment of patient obtained the highest mean of 3.47 if we look at it closely compared to other indicators. This implies that nurses would do assessment all the time if they work on their eight to twelve hour duty schedule. Assessment is very important before he or she could proceed to the next nursing process which is planning for patient care since this is the crucial part of their nursing action as it gets started.



The indicator of level of work performance which is planning for patient care obtained the lowest among the highest mean as it obtained a result of 3.43. This indicator is not too far from the highest mean indicator which is the assessment of patient. This imply that planning as a crucial indicator is being left behind by these nurses in implementing their nursing process. They should know the implication and importance of this kind of indicator so that when they advance to their interventions, they will be guided accordingly because of a well planned activity was created.

In a study conducted by Mc Neese-Smith (2000) on job stages of entry, mastery and disengagement among nurses found out that nurses in the entry stage seek to identify with the expectation of their new job. If they receive support from their supervisors and develop realistic goals, they move into the mastery stage. In the mastery level, the focus is on accomplishment and professional growth. At some point while in this stage, nurses begin to perceive themselves as experts.

Most of the staff nurses who were evaluated in terms of level of work performance are novice and advanced beginner with less than a year going to 3 years of experience. There are serious difficulties faced by these two stages of proficiency in nursing

entering that workforce. It shows that these staff nurses are feel anxious when they enter an organization. New rules, regulations, policies and procedures are introduced. These new nurses worry about how they will remember all the new information, much less follow it. They feel inadequate compared with more experienced nurses, and they are concerned about how well they will get along with their co-workers (Douglass, 1992). Orientation programs are designed to provide the information a new employee needs to function comfortably and effectively within an organization. Orientation explains who, when, where, and why specific to an agency.

Learning behaviors in different health care organization can have very different approaches especially to new employee orientation and education. Heidenthal (2003) describe that orientation is the key component of the transition between being a novice nurse and becoming a first-time manager of patients. It is important to establish what the organization offers during the orientation.

**Table 2**  
**Level of Work Performance of Staff Nurses**

<b>Assessment of Patients</b>	<b>Mean</b>	<b>SD</b>	<b>Interpretation</b>
1. He/She gather enough data about the patient and families, including strengths and deficits	3.50	0.65	Very high
2. There is sufficient depth and breadth in the data I gather.	3.41	0.55	Very high
3. He/She listen closely to the patient and attend to what is being said.	3.57	0.55	Very high
4. He/She regularly use available resources for information about the patients	3.44	0.61	Very high
5. He/She recognize problems quickly so that they did not become worse through inattention.	3.47	0.61	Very high
6. He/She recognize physiologic, social, and psychological problems.	3.40	0.57	Very high
7. His/Her assessment is free from personal biases and viewpoints.	3.53	0.50	Very high
8. He /She separate relevant from irrelevant data.	3.40	0.52	Very high
<b>Mean</b>	<b>3.47</b>	<b>0.45</b>	<b>Very high</b>
<b>Planning for Patient Care</b>			
1. He/She routinely seek more information on which to base decisions about patient care.	3.41	0.63	Very high
2. His/Her assumptions are correct.	3.40	0.57	Very high
3. He/She include the patient in decision making whenever possible.	3.50	0.56	Very high
4. He/She consult with others on the health care team when planning.	3.40	0.65	Very high
5. His/Her written plans are clear, concise and reasonable to carry out.	3.46	0.50	Very high
6. He/She take into account the realities of the situation when planning care.	3.47	0.50	Very high
7. His/Her plans for care sound and appropriate to the individual patient.	3.46	0.50	Very high
8. He/She employ principles from the biologic and social sciences in planning.	3.31	0.58	Very high
9. He/She consider all alternatives.	3.41	0.55	Very high
<b>Mean</b>	<b>3.43</b>	<b>0.45</b>	<b>Very high</b>
<b>Intervention</b>			
1. His/Her work is organized and finished on time.	3.46	0.58	Very high
2. He/She maintain optimum safe working habits.	3.47	0.61	Very high
3. He/She perform technical skills in an efficient and safe manner.	3.50	0.56	Very high
4. He/She communicate clearly and effectively with patients and family.	3.54	0.56	Very high
5. He/She use therapeutic communication techniques appropriately and effectively.	3.46	0.53	Very high
6. He/She use teaching approaches appropriate to the individual patient and family.	3.43	0.55	Very high
7. He/She keep accurate and complete written record.	3.51	0.56	Very high
8. He/She perform administrative tasks that are considered his/her responsibilities. (Planning for laboratory test, requesting supplies needed)	3.39	0.62	Very high
9. He/She make the effort to learn about new techniques and procedures.	3.44	0.53	Very high
10. He/She functions as a team player.	3.44	0.58	Very high
11. He/She incorporate critical thinking into all of his/her activities.	3.43	0.58	Very high
<b>Mean</b>	<b>3.46</b>	<b>0.45</b>	<b>Very high</b>
<b>Evaluation</b>			
1. He/She routinely evaluate the effectiveness of the nursing care that he/she give.	3.51	0.53	Very high
2. He/She effectively assist in evaluation of the patient's response to medical care and to ordered therapies.	3.53	0.56	Very high
3. He/She encourage the patient to participate in evaluating both the process and the outcomes of care.	3.53	0.56	Very high
4. He/She evaluated all aspects of care fair-mindedly.	3.50	0.53	Very high
<b>Mean</b>	<b>3.52</b>	<b>0.48</b>	<b>Very high</b>
<b>Grand Mean</b>	<b>3.46</b>	<b>0.41</b>	<b>Very high</b>

**Legend:**

<b>Parameter Limits</b>	<b>Interpretation</b>
3.26 - 4.00	Very High
2.51 - 3.25	High
1.76 - 2.50	Low
1.00 - 1.75	Very Low

### **III. Level of Attitude of Staff Nurses**

Table 3 shows the level of attitude of staff nurses. As shown in table 3, the statements that obtained response categories of always were almost all of the indicators of the statements. However, the top statement that got the highest mean was: He/She treats patients with respect (3.71) in which patient must be given the due respect always in order to ensure cooperation. The attitude of the nurses is high on this aspects and the need of commendation for possessing good attitude. Being respectful is a value that could bridge the gap between a nurse and patient relationship. If this type of value is being practice all through out the nursing care of the patients period of hospitalization, it would be easier to provide quality care because of the cooperation and participation of the respected individual.

The Statement that are still considered Very High in interpretation but got the lowest mean were: He/She is sensitive to the needs of the patients (3.47). The attitude of the nurses based on the mean as ranked from highest to lowest is the least result. There is a need to always practice being open for comments and suggestions to allow in the improvement of care and also promoting the best interest of the patient. Being sensitive to others

is a value that a nurse should learn because it has an implication on how you grow up with values and character. It is important that being sensitive to feelings and concerns of an individual are the best way that he or she could identify the necessities of these patients and how they could reach out to their needs.

Summing all of the mean ratings, it obtained an average weighted mean of 3.58 with response category of always and interpreted as very high attitude. It is where a need to further enhance more of the attitude of these staff nurses in providing holistic care and the commitment to their duties and responsibilities being a staff nurse. Enhancing is one way of training these nurses through seminars and continuous learning process conducted by their department so that they will instill enough knowledge and abilities in their entire career.

Nursing is being looked upon with high value and abilities in providing patient care as a noble profession. The profession is being looked forward by the community as a calling which is highly respected. Nurses are labeled with proper decorum and highly respected individual. If these nurses have lapses in obtaining such values, this could somehow destruct the fundamental pillars of what is being observed. Thus, obtaining a proper value is vital in

terms of dealing with people and patients.

The Functional Approach to the Study of Attitudes by Katz outlined the basic notion of the approach, that people hold attitudes towards objects, events, issues and behavior for various reasons. That is, attitudes fulfill functions for the individual, such as maximizing rewards, expressing one's values, etc. He went on to specify four basic functions that an attitude may perform for an individual as to utilitarian, value-expressive, ego-defensive and knowledge and presented a summary of conditions under which the various functions might be aroused and another set of conditions conducive to the change of attitudes serving the four functions (Hurlock, 2003).

**Table 3**  
**Level of Attitude of Staff Nurses**

<b>STATEMENTS</b>	<b>Mean</b>	<b>SD</b>	<b>Interpretation</b>
1. He/She is sensitive to the needs of the patients.	3.47	0.61	Very high
2. He/She is very accommodating to the patient.	3.66	0.48	Very high
3. He/She is patient and persistent in doing his/her task towards the patient.	3.56	0.56	Very high
4. He/She comes on duty on time or punctual.	3.57	0.58	Very high
5. He/She is honest and possesses integrity in dealing with patients.	3.61	0.55	Very high
6. He/She is kind and open for comments and suggestions with regards to the patients.	3.56	0.56	Very high
7. He/She is a good role model because of his/her good ideas.	3.50	0.58	Very high
8. He/She values respect and integration of values in dealing with people and patients.	3.61	0.49	Very high
9. He/She is flexible and dynamic to changes that would be for good of the patient.	3.54	0.61	Very high
10. He/She inspires the patient towards promotion of health.	3.53	0.61	Very high
11. He/She approaches patients in a diplomatic way and with respect	3.63	0.49	Very high
12. He/She practices fairness and sound judgment in dealing with the patient.	3.53	0.56	Very high
13. He/She possesses good personality traits.	3.64	0.51	Very high
14. He/She treats patients with respect.	3.71	0.49	Very high
15. He/She is caring and treats each patient as different from the others.	3.57	0.60	Very high
<b>Mean</b>	<b>3.58</b>	<b>0.44</b>	<b>Very high</b>

**Legend:**

<b>Parameter Limits</b>	<b>Interpretation</b>
3.26 – 4.00	Very High
2.51 – 3.25	High
1.76 – 2.50	Low
1.00 – 1.75	Very Low

#### **IV. Relationship Between Profile and Level of Work Performance**

Table 4.1.1 – 4.1.8 presents the relationship between the profile and level of work performance of staff nurses. As presented in table 4.1.1 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (4.713); Planning for Patients (10.14); Intervention (7.97); and Evaluation (7.91). The computed P-value for the following indicators are as follows: Assessment of Patients (0.94); Planning for Patients (0.51); Intervention (0.92); and evaluation (0.24). All of its null hypothesis indicators were accepted which means to say that there is no significant relationship between age and level of work performance.

As presented in table 4.1.2 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (15.35); Planning for Patients (12.66); Intervention (14.59); and Evaluation (3.68). The computed P-value for the following indicators are as follows: Assessment of Patients (0.16); Planning for Patients (0.31); Intervention (0.48); and evaluation (0.72). All of its null hypothesis indicators were accepted. Therefore, there is no significant relationship between sex and level of work performance.

As presented in table 4.1.3 the computed Chi-squared for the



following indicators are as follows: Assessment of Patients (9.40); Planning for Patients (10.15); Intervention (11.68); and Evaluation (1.54). The computed P-value for the following indicators are as follows: Assessment of Patients (0.58); Planning for Patients (0.51); Intervention (0.70); and evaluation (0.95). All of its null hypothesis indicators were accepted. Hence, there is no significant relationship between civil status and level of work performance.

As presented in table 4.1.4 The computed Chi-squared for Assessment of Patients (17.87) as well as Intervention (17.46) with a P-value of Assessment of Patients (0.73) as well as Intervention (0.96) have shown a result of a null hypothesis that should be accepted hence there is no significant relationship between highest educational level indicators: assessment and intervention from that of the level of work performance. On the other hand, the computed Chi-squared for Planning of patients (40.76) as well as Evaluation (22.61) with a P-value of Planning of patients (0.009) as well as Evaluation (0.031) have shown a result of a null hypothesis that should be rejected hence there is a significant relationship between highest educational level indicator: planning for patients and evaluation from that of the level of work performance. Planning of Patient care and highest educational level

could have some factor such as BSN-RN attainment are intended for novice nurses. These nurses needs more experiences through continuing education in order to promote proper planning in nursing care. Their lack of experience could interrupt their ability to provide proper planning as their nursing action. Evaluation on the other hand in contrast to the highest educational level could simply imply the lack of critical thinking of these nurses who are majority of which are BSN-RN graduates, thus they are highly encourage to take special seminars or continue educational process to obtain a mastery of the indicator.

As presented in table 4.1.5 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (31.31); Intervention (48.95); and Evaluation (13.68). The computed P-value for the following indicators are as follows: Assessment of Patients (0.51); Intervention (0.31); and evaluation (0.74). All of its null hypothesis indicators were accepted. Therefore, there is no significant relationship between years of work experience and level of work performance. On the other hand, computed Chi-squared for Planning for Patients (58.34) and P-value (0.004) have shown a rejection of null hypothesis concluding an interpretation for years of work experience indicator which is planning for patients has a

significant relationship with the level of work performance. Work with 1-3 years experience have a significant relationship of planning for patients. These nurses under this bracket have less work experience and are continuously learning on their career. With the interpretation of significantly rejected hypothesis, recommendations such as workshop associated with the nursing process is recommendable. Thus, less experience of work is a factor that should be guided and monitored to avoid errors and provide safe quality nursing care.

As presented in table 4.1.6 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (11.98); Planning for Patients (16.79); Intervention (21.33); and Evaluation (5.88). The computed P-value for the following indicators are as follows: Assessment of Patients (0.36); Planning for Patients (0.11); Intervention (0.12); and evaluation (0.43). All of its null hypothesis indicators were accepted. Therefore, there is no significant relationship between average duty hours per week and level of work performance.

As presented in table 4.1.7 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (19.76); Planning for Patients (20.17); Intervention (26.49); and Evaluation

(5.87). The computed P-value for the following indicators are as follows: Assessment of Patients (0.59); Planning for Patients (0.57); Intervention (0.65); and evaluation (0.92). All of its null hypothesis indicators were accepted. Therefore, there is no significant relationship between average patient load and level of work performance.

As presented in table 4.1.8 the computed Chi-squared for the following indicators are as follows: Assessment of Patients (83.66); Planning for Patients (79.76); Intervention (96.27); and Evaluation (39.63). The computed P-value for the following indicators are as follows: Assessment of Patients (0.07); Planning for Patients (0.11); Intervention (0.30); and evaluation (0.31). All of its null hypothesis indicators were accepted. Therefore, there is no significant relationship between area of work and level of work performance.

The data reveals that among the profile correlated in the study, the profile on highest educational level with indicator planning for patients and evaluation as well as profile on years on experience with indicator of planning for patients are significantly related. As years go by, nurses could realize that they need to have experience and continuing education through taking master's

degree and advance to doctorate program. In this way, they are fully equipped in achieving their desire of being expert to their own field ([www. contemporarynurse.com](http://www.contemporarynurse.com)). Thus, highest educational level could greatly affect in rendering appropriate care. Likewise, the years of experience also affects the clinical work performance of a nurse.

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**Table 4**  
**Relationship Between Profile and Level of Work Performance**

**4.1.1 Age**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	4.713	0.944	Do not Reject Ho	Not Significant
Planning for Patients	10.144	0.518	Do not Reject Ho	Not Significant
Intervention	7.977	0.925	Do not Reject Ho	Not Significant
Evaluation	7.910	0.245	Do not Reject Ho	Not Significant

**4.1.2 Sex**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	15.358	0.167	Do not Reject Ho	Not Significant
Planning for Patients	12.663	0.316	Do not Reject Ho	Not Significant
Intervention	14.592	0.481	Do not Reject Ho	Not Significant
Evaluation	3.682	0.720	Do not Reject Ho	Not Significant

**4.1.3 Civil Status**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	9.403	0.585	Do not Reject Ho	Not Significant
Planning for Patients	10.157	0.516	Do not Reject Ho	Not Significant
Intervention	11.689	0.702	Do not Reject Ho	Not Significant
Evaluation	1.545	0.956	Do not Reject Ho	Not Significant

**4.1.4 Highest Educational Level**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	17.874	0.713	Do not Reject Ho	Not Significant
Planning for Patients	40.761	<b>0.009**</b>	<b>Reject Ho</b>	<b>Significant</b>
Intervention	17.464	0.967	Do not Reject Ho	Not Significant
Evaluation	22.613	<b>0.031*</b>	<b>Reject Ho</b>	<b>Significant</b>

**4.1.5 Years of Work Experience**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	31.313	0.515	Do not Reject Ho	Not Significant
Planning for Patients	58.341	<b>0.004**</b>	<b>Reject Ho</b>	<b>Significant</b>
Intervention	48.952	0.317	Do not Reject Ho	Not Significant
Evaluation	13.686	0.749	Do not Reject Ho	Not Significant

**4.1.6 Average Duty Hours per Week**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	11.982	0.365	Do not Reject Ho	Not Significant
Planning for Patients	16.791	0.114	Do not Reject Ho	Not Significant
Intervention	21.335	0.126	Do not Reject Ho	Not Significant
Evaluation	5.882	0.437	Do not Reject Ho	Not Significant

**4.1.7 Average Patient Load**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	19.761	0.598	Do not Reject Ho	Not Significant
Planning for Patients	20.171	0.572	Do not Reject Ho	Not Significant
Intervention	26.496	0.650	Do not Reject Ho	Not Significant
Evaluation	5.879	0.922	Do not Reject Ho	Not Significant

**4.1.8 Area of Work**

Indicators	Chi-squared	p-value	Decision on Ho	Interpretation
Assessment of Patients	83.661	0.070	Do not Reject Ho	Not Significant
Planning for Patients	79.767	0.119	Do not Reject Ho	Not Significant
Intervention	96.279	0.306	Do not Reject Ho	Not Significant
Evaluation	39.637	0.311	Do not Reject Ho	Not Significant

## **V. Relationship Between Profile and Level of Attitude**

Table 5 shows the relationship between profile and level of attitude. As shown in table 5, in terms of age and level of attitude, it obtained a computed Chi-squared of 16.96 which accepts the hypothesis that there is no significant relationship between age and attitude.

In terms of gender and level of attitude, it obtained a computed Chi-squared of 23.26 which means the acceptance of null hypothesis. The findings implied that there is no significant relationship between sex and attitude.

In terms of civil status and level of attitude, it obtained a computed Chi-squared 33.84 which means the acceptance of the hypothesis. The findings implied that there is no significant relationship between civil status and attitude.

In terms of highest educational attainment and level of attitude, it obtained a Chi-squared 46.48 which means the acceptance of hypothesis. The findings implied that there is no significant relationship between highest educational attainment and attitude.

In terms of years of experience and level of attitude, it

obtained a computed Chi-squared of 66.54 which means that acceptance of the hypothesis. The findings implied that there is no significant relationship between years of experience and attitude.

In terms of duty hours per week and level of attitude, it obtained a computed Chi-squared of 11.21 which means that acceptance of the hypothesis. The findings implied that there is no significant relationship between duty hours per week and attitude.

In terms of average patient load and level of attitude, it obtained a computed Chi-squared of 12.94 which means that acceptance of the hypothesis. The findings implied that there is no significant relationship between average patient load and attitude.

In terms of area of assignment and level of attitude, it obtained a computed Chi-squared of 94.58 which means the acceptance of null hypothesis. The findings implied that there is no significant relationship between area of assignment and attitude.

The findings revealed that there is no significant relationship on the profile of age, sex, civil status, highest educational attainment, year of experience, duty hours per week, average patient load and area of assignment to the level of attitude of staff nurses.



**Table 5**  
**Relationship Between Profile and Level of attitude**

<b>Profiles</b>	<b>Chi-squared</b>	<b>p-value</b>	<b>Decision on Ho</b>	<b>Interpretation</b>
Age	16.964	0.526	Do not Reject Ho	Not Significant
Sex	23.367	0.177	Do not Reject Ho	Not Significant
Civil Status	33.845	0.163	Do not Reject Ho	Not Significant
Highest Educational Level	46.481	0.113	Do not Reject Ho	Not Significant
Years of Experience	66.542	0.117	Do not Reject Ho	Not Significant
Duty hours per week	11.216	0.885	Do not Reject Ho	Not Significant
Average Patient Load	12.946	1.000	Do not Reject Ho	Not Significant
Area of Assignment	94.584	0.818	Do not Reject Ho	Not Significant

## **VI. Relationship Between Level of Work Performance and Level of Attitude**

Table 6 shows whether there is a significant relationship between level of work performance and level of attitude. As shown in table 6, it obtained Pearson-r statistic of 0.744 and a P-value of 0.00 which rejected the hypothesis and implied significant relationship. The performance of the staff nurses is affected by the level of attitude. The positive attitude of the staff nurses result to good performance since they are highly motivated. On the contrary, if the staff nurses have negative attitude it will result to poor performance (Donnel, 2005).

From the facts presented, it reveals that level of attitude is significantly related to the level of work performance of these nurses in a tertiary level hospital. In other words, the higher is the level of attitude; the better is the work performance. The result of the study strongly affirms the authors George and Jones (2006) who claimed that even with all the most attractive consequences or reinforces hinging on high performance, people are not going to be motivated if they do not think that they actually perform at a high level. Similarly, when people control their own behavior, they are likely to set for themselves difficult goals that will lead to

outstanding accomplishments only if they think they have the capability to reach those goals. Thus, attitude influences self-motivation both when managers provide reinforcement and when workers themselves provide it. The greater the level of attitude, the greater is the motivation and work performance.

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**Table 6**  
**Relationship Between Level of Work Performance**  
**and Level of Attitude**

<b>Variables</b>	<b>Pearson-R</b>	<b>Degree of correlation</b>	<b>P - value</b>	<b>Decision on Ho</b>	<b>Interpretation</b>
Level of Work Performance vs. Level of Attitude	0.744	High correlation	<b>0.000**</b>	<b>Reject Ho</b>	<b>Significant</b>

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## **PROPOSED PERFORMANCE COMPETENCY GUIDE**

IJSER  
By  
R

**Adriel Arman V. Pizarra, R.N.**

## **Rationale**

Success is best measured in terms of the performance of the staff nurses. Staff nurses need to be properly motivated in order to be productive and efficient thus contributing to the welfare of the organization. On the basis of the findings, it was found out that the staff nurses have very good performance. It is where there is a need to maintain the performance of the staff nurses. Good attitude influences performance. It is important for staff nurses to have good attitude in order to yield positive outcome or result in the process. It should not be taken for granted but given emphasis as to its performance.

It is also necessary to come up with strategies that places emphasis on competent performance in a clinical setting to render nurses safe to practice. At the same time there is equally important need to examine nurses' knowledge base for the profession into which they are being socialized and inducted. This evaluate the effectiveness of nurses' performance, providing an opportunity to set goals, clarify expectations, reinforce a job well done initiate change, and foster healthy working relationship among the supervisors and employees. This system is crucial of managing outcomes of care and continues quality improvement.

### **Objectives:**

The following are the objectives of the performance competency guide:

- 1.) to motivate the staff nurses to improve their performance.
- 2.) to ensure competency and efficiency in the performance of their duties and responsibilities.
- 3.) to develop positive attitude in their performance thus fostering quality care.

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## PERFORMANCE COMPETENCY GUIDE

Competencies are the state or quality of being adequately or well qualified to perform a task. A person gains competency through education, training, experience and natural abilities.

### Components of Competency:

The competencies are observable or measurable skills, knowledge and abilities.

The KSAs (Knowledge, Skills and Attitude) must distinguish between superior and other performers.



### Attitude and Performance

There are a variety of definitions for attitude; most seem to center around the notion that it involves measuring people, issues, objects, etc. along a dimension ranging from positive to negative. These measurements have two components: 1) cognitive and 2) affective.



The beliefs and values are combined with their cognitive component; thus, two components: affective and cognitive give them a long range of persistent measurements for dealing with the world.



While a person may have the competency to perform a task, that does not mean he or she will have the desire (attitude) to do so correctly. In other words, competencies give them the ability to perform, while attitudes give them the desire to perform. Attitudes change with various events in a person's life. These emotional changes also vary in length of time.

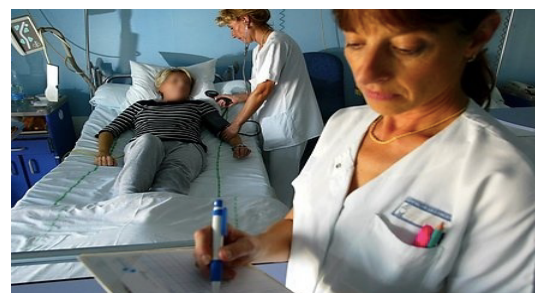
## Methods Used for Changing Attitude in Performance Interventions

There are four main methods used for changing attitudes in performance interventions:

**1.) Exposure Effect:** This technique uses simple experiences to start the attitude formation by exposing a person to a concept, object, or person a number of times. And normally this is done through positive experiences as negative experiences require disgust, pain, or fear. For example, if we want a person to display a smile, then the employee's peers, supervisors and leaders, need to display real smiles.



**2.) Reinforcement:** This concept is based upon classical and operant conditioning. Classical conditioning is involuntary reflexes, while operant conditioning is based upon voluntary behavior. For



example, we use classical conditioning by making classrooms attractive and non-threatening. While operant conditional is based upon premise that people repeat a behavior that has desirable results, for example, when a learner produces a genuine smile, then a compliment prize, grade, etc. is given.

### 3.) Persuasive Communication:



This technique is based upon three main characteristics: source, message and people.

- 3a. The source - how believable and likable you are.
- 3b. The message - content and style.
- 3c. Individual - educational level, other attitudes.

To go back to their simple example, they might show pictures of employees using their smiles in the course of their duties. They might also include some real experiences in how their genuine interest produces a memorable experience.

### 4.) Changing Viewpoints

Although discussions mainly work through their cognitive side, they have to remember that almost everything they do is based upon their emotions. Epictetus wrote, "Men are disturbed not by things but by the views which they take of them." So they might start a discussion by asking how their feelings are linked to their thoughts. A simple example for training client service might be to

ask them what feelings and thoughts produce a smile? How are these feelings and thoughts interconnected? Next ask them to take a viewpoint that they are happy when working with clients. Ask them what their feelings and thoughts would be. Finally, have them do a role play of working with a customer with this new viewpoint.



## Performance Improvement

### Three Level Framework

		Performance Dimensions		
		Goals	Design	Management
Levels of Performance	Organization	Strategy, operating plans, and metrics	Organization structure and overall business model	Performance review practices and management culture
	Process	Customer and business requirements	Process design, systems design, and workspace design.	Process ownership, process management, and continuous improvement
	Performer	Job specifications, performance metrics, and individual development plans	Job roles and responsibilities, skill requirements, procedures, tools, and training	Performance feedback, consequences, coaching, and support

According to Rummler and Brache (1998) there are three levels in an Organization:

**1.) Organizational Level** - strategic, design or structure, and deployment of resources.

**2.) Process Level** - process improvement and reengineering intervention.

**3.) Job or Performer Level** - coaching, performance management, and training interventions.

The Three Performance Needs that must be met at each of the Three Levels are:

1.) Goals - specific standards or expectations that customers have for products or services.

2.) Design - configurations that enables goals to be met efficiently.

3.) Management - practices that ensure goals are up-to-date and are achieved.

### **Feelings and Performance**

Feeling is largely thought to be a mapping of a particular body state by the mind in which a mental image is formed. Thus, feeling, in essence, is an idea. In turn, that idea resides within the person.

This "mapping" of the body is composed of sensory feelings, called "affects", that are directly evoked by specific inputs from the internal self and or external environment. They include such evaluative experiences as hunger, thirst, pain and sweetness (Johnston, 1999).

Feelings are not neutral, but rather hedonic in that they are either positive or negative, such as pleasantness or unpleasantness.

Unlike emotions, such as pride or anger, they occur in the absence of any complex cognitive process.

### **Benner's Competency Level**



### **Stage 1: The Novice**

Beginners have had no experience of the situations in which they are expected to perform.

Novice are taught rules to help them perform.

The rules are context free and independent of specific cases; hence the rules tend to be applied universally.

The rule-governed behavior typical of the novice is extremely limited and inflexible. As such, novice have no "life experience" in the application of rules. "Just tell me what I need to do and I'll do it".

### **Stage 2: The Advance Beginner**

Advance beginners are those who can demonstrate marginally acceptable performance, those who have coped with enough real situations to note, or to have pointed out to them by a mentor, the recurring meaningful situational components.

These components require prior experience in actual situations for recognition.

Principles to guide actions begin to be formulated. The principles are based on experience.

### **Stage 3: The Competent**

Competence, typified by the nurse who has been on the job in the same or similar situation two or three years, develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware.

For the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract analytic contemplation of the problem. The conscious, deliberate planning that is a characteristic of this skill level helps achieve efficiency and organization. The competent nurse lacks the speed and flexibility of the proficient nurse but does not have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The competent person does not yet have enough experience to recognize a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

#### **Stage 4: The Proficient**

The proficient performer perceives situations as a whole rather than in terms of chopped up parts or aspects, and performance is guided by maxims. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient nurse's decision making; it becomes less labored because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. The proficient nurse uses maxims as guides which would reflect that would appear to the competent or novice performer as unintelligible nuances of the situation; they can mean one thing at one time and quite another thing later. Once one has a deep understanding of the situation overall.

The maxim provides direction as to what must be taken into account. Maxim reflects nuances of the situation.

## **Stage 5: The Expert**

The expert performer no longer relies on an analytic principle to connect her or his understanding of the situation to an appropriate action.

The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnosis and solutions.

The expert operates from a deep understanding of the total situation. The chess master, for instance, when asked why he or she made a particularly masterful move, will just say: "Because it felt right; it looked good."

The expert performer no longer aware of features and rules; his/her performance becomes fluid and flexible and highly proficient. This is not to say that the expert never uses analytic tools.

Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviors are not occurring as expected.

When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problem solving.

### **CHAPTER III**

## **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

Chapter III deals with the summary of findings, draws the conclusions and offers the recommendations.

### **Summary of Findings**

The following are important findings of the study: profile of the subject revealed that there is an equal distribution of the subjects in terms of age that ranges from 21 - 25 and 26 - 35 years of age, mostly are females, single, college graduate and working for 1 - 3 years. The work performance of staff nurses is very high. The level of attitude of staff nurses is very high. Significant relationship revealed: There is no significant relationship between age, sex, civil status, average duty hours per week, average patient load and area of work based on the four indicators which are as follows: 1) assessment of patient, 2) planning for patients 3) Intervention and 4) Evaluation with the work performance. The two indicators for highest educational level which are the assessment of patients and intervention together with the three indicators of years of work experience which are assessment of patients, intervention and evaluation have no significant



relationship with work performance. There is no significant relationship between age, sex, civil status, highest educational level, years of work experience, average duty hours per week, average patient load and area of work with the level of attitude. There is a significant relationship between the two indicators of highest educational level which are the planning for patients and evaluation and one indicator of years of work experience which is planning for patients with the work performance. There is a significant relationship between work performance and level of attitude of staff nurses. Performance competency guide are made to maintain the performance of staff nurses.

### **Conclusions**

From the findings presented in the study, a conclusion is drawn that the level of attitude of staff nurses has a significant influence on their work performance in the delivery of care. Attitude then is everything.

This is supported by the theory of Benner. Benner's theory changed the professions' understanding of what it means to be an expert, placing this designation not on the nurse with the most highly paid or most prestigious position, but on the nurse who provide the most exquisite nursing care. The work performance can

only be determined by consensual validation of expert judges and assessment of the outcomes of the situation.

### **Recommendations**

The following recommendations are offered based on the findings and the condensation:

- 1.) The proposed recommendations competency guide should be disseminated.
- 2.) Work performance of staff nurses should be evaluated regularly.
- 3.) Resource persons should be invited to speak more about attitude and work performance of staff nurses.
- 4.) More references such as journals, books and the like that pertains to attitude and work performance of staff nurses should be available in the nurses' room.
- 5.) Trainings should be conducted among staff nurses with regards to competency.
- 6.) A work performance and level of attitude tool should be produced for evaluation quarterly

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**APPENDICES**

**Appendix A**  
**LETTER TO THE MEDICAL DIRECTOR**

January 5, 2017

**DR. CELESTE C. CABAUG, M.D.**

Medical Director  
Sacred Heart Hospital  
Urgello Street, Cebu City

Thru:

**MRS. MICHELLE B. YU, RN, MAN, DM**

Chief Nurse  
Sacred Heart Hospital  
Urgello Street, Cebu City

Dear DR. CABAUG:

Greetings of Peace!

I' am a Master of Arts in Nursing student from Southwestern University Phinma of the Graduate School would like to ask permission from your humble office to conduct my study; among staff nurses as evaluated by their patients or significant others in a form questionnaire.

This is in connection, in partial fulfillment for my Thesis writing which entitled LEVEL OF WORK PERFORMANCE AND LEVEL OF ATTITUDES OF STAFF NURSES IN A TERTIARY PRIVATE HOSPITAL. Please be assured that all information given will be treated with utmost confidentiality.

Hoping for a positive response on this letter. Thank you.

Sincerely yours,

**Adriel Arman V. Pizarra, RN**

Researcher

NOTED:

**Mrs. Risa P. Chua, RN, MAN, Ed.D**

Research Adviser

**Mr. Anthony Joseph C. Mercado, RN, MAN**

Dean – College of Nursing

## Appendix B RESEARCH TOOL

**Part I.** The following will determine the profile of the respondents.

**DIRECTIONS:** Answer the following questions by placing a check mark (✓) on the space provided.

### 1. AGE

21-25 years old

36-50 years old

26-35 years old

51 years old & above

### 2. SEX

Male

Female

### 3. CIVIL STATUS

Single

Separated

Married

Widow/Widower

### 4. EDUCATIONAL ATTAINMENT

BSN-RN

with Doctorate Units

BSN-RN with Masters Unit

Doctorate Degree

with Master's Degree

### 5. YEARS OF WORK EXPERIENCE

less than a year

4-6 years

1- 3 years

7 years and above

### 6. AVERAGE DUTY HOURS IN A WEEK

30-35 Hours

36-40 Hours

41-45 hours

46-50 Hours

### 7. AVERAGE PATIENT LOAD

1-4 patient/patients

5-8 patients

9-12 patients

13 or more

### 8. AREA OF ASSIGNMENT

Emergency Room

OB & Gyne Ward

Intensive Care Unit

Floor 2

Neonatal Intensive Care Unit

Floor 3

Operating Room



**Part II.** The following statements will determine the work performance of the staff nurses in a private tertiary hospital.

**Instruction:** Please indicate your response by putting a check mark (✓) on the space provided after each statement.

**Legend for Rating Guide:**

4 – Strongly Agree (you agree with no doubt at all)

3 – Agree (you agree with some doubt)

2 – Disagree (you disagree with some doubt)

1 – Strongly Disagree (you disagree with no doubt at all)

<b>Assessment of Patients</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. He/She gather enough data about the patient and families, including strengths and deficits				
2. There is sufficient depth and breadth in the data I gather.				
3. He/She listen closely to the patient and attend to what is being said.				
4. He/She regularly use available resources for information about the patients				
5. He/She recognize problems quickly so that they did not become worse through inattention.				
6. He/She recognize physiologic, social, and psychological problems.				
7. His/Her assessment is free from personal biases and viewpoints.				
8. He /She separate relevant from irrelevant data.				
<b>Planning for Patient Care</b>				
1. He/She routinely seek more information on which to base decisions about patient care.				
2. His/Her assumptions are correct.				
3. He/She include the patient in decision making whenever possible.				
4. He/She consult with others consult with others on the health care team when planning.				
5. His/Her written plans are clear, concise and reasonable to carry out.				

6. He/She take into account the realities of the situation when planning care.				
7. His/Her plans for care sound and appropriate to the individual patient.				
8. He/She employ principles from the biologic and social sciences in planning.				
9. He/She consider all alternatives.				
<b>Intervention</b>				
1. His/Her work is organized and finished on time.				
2. He/She maintain optimum safe working habits.				
3. He/She perform technical skills in an efficient and safe manner.				
4. He/She communicate clearly and effectively with patients and family.				
5. He/She use therapeutic communication techniques appropriately and effectively.				
6. He/She use teaching approaches appropriate to the individual patient and family.				
7. He/She keep accurate and complete written record.				
8. He/She perform administrative tasks that are considered his/her responsibilities. (Planning for laboratory test, requesting supplies needed)				
9. He/She make the effort to learn about new techniques and procedures.				
10. He/She functions as a team player.				
11. He/She incorporate critical thinking into all of his/her activities.				
<b>Evaluation</b>				
1. He/She routinely evaluate the effectiveness of the nursing care that he/she give.				
2. He/She effectively assist in evaluation of the patient's response to medical care and to ordered therapies.				
3. He/She encourage the patient to participate in evaluating both the process and the outcomes of care.				
4. He/She evaluated all aspects of care fairly.				

**Part III.** The following statements will determine the level of attitude of the staff nurses in a private tertiary hospital.

**Instruction:** Please indicate your response by putting a check mark (✓) on the space provided after each statement.

**Legend for Rating Guide:**

4 – Strongly Agree (you agree with no doubt at all)

3 – Agree (you agree with some doubt)

2 – Disagree (you disagree with some doubt)

1 – Strongly Disagree (you disagree with no doubt at all)

<b>STATEMENTS</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. He/She is sensitive to the needs of the patients.				
2. He/She is very accommodating to the patient.				
3. He/She is patient and persistent in doing his/her task towards the patient.				
4. He/She comes on duty on time or punctual.				
5. He/She is honest and possesses integrity in dealing with patients.				
6. He/She is kind and open for comments and suggestions with regards to the patients.				
7. He/She is a good role model because of his/her good ideas.				
8. He/She values respect and integration of values in dealing with people and patients.				
9. He/She is flexible and dynamic to changes that would be for good of the patient.				
10. He/She inspires the patient towards prom health				
11. He/She approaches patients in a diplomatic way and with respect				
12. He/She practices fairness and sound judgment in dealing with the patient.				
13. He/She possesses good personality traits.				
14. He/She treats patients with respect.				
15. He/She is caring and treats each patient as different from the others.				

## **CURRICULUM VITAE**

### **Personal Data:**

Name : Adriel Arman Varquez Pizarra

Address : Tisa II, Cebu City, Philippines

Birthdate : April 12, 1988

Birthplace : Chong Hua Hospital (Cebu)

Civil Status : Single

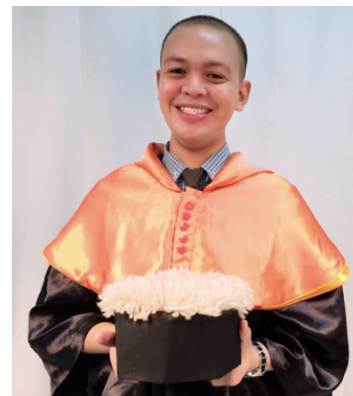
Sex : Male

Religion : Roman Catholic

Citizenship : Filipino

Father's Name : Armando Aljecera Pizarra

Mother's Name : Rebecca Alcantara Varquez



### **RELATED LEARNING EXPERIENCE SUMMARY**

**School Year:** June 2007- February 2009

#### **Affiliated Hospitals:**

- Vicente Sotto Memorial Medical Center (VSMMC)
- Perpetual Succor Hospital (PSH)
- Eversely Child's Sanitarium Hospital (ECSH)
- Saint Anthony Mother and Child Hospital (SAMCH)
- Cebu City Medical Center (CCMC)
- Severo Verallo Memorial District Hospital – Bogó, Cebu
- Balamban District Hospital – Balamban, Cebu

### **EDUCATIONAL SUMMARY**

#### **Post Graduate Level:**

Southwestern University PHINMA, Urgello Street, Cebu City, Philippines II March 2017

- With Master's Degree; Master of Arts in Nursing Major in Nursing Service Administration

#### **College Level:**

University of San Carlos, Talamban, Cebu City, Philippines II

March 2009

- Bachelor of Science in Nursing (BSN)
- Final Grade: 1.64 (Consistent Dean's Lister)
- Graduated with Honors: Cum Laude

### **Secondary Level:**

University of San Carlos – North Campus, Gen. Max., Cebu City, Philippines II 2005

### **Primary Level:**

University of San Carlos – South Campus, P.del Rosario Ext., Cebu City, Phils. II 2000

## **EDUCATIONAL ACHIEVEMENTS**

- Chosen as one of the student nurses in our batch to be endorsed into internship program after thorough selection process.
- Successfully completed training in team building, effective decision making and time management.
- Successfully attended seminars during our Nursing Management and Leadership Course for school year 2008-2009.
- Nominated for Clinical Excellence in Hospital Nursing on the 5<sup>th</sup> day of April 2009.
- Awardee of Clinical Excellence in Community Health Nursing on the 5<sup>th</sup> day of April 2009.
- Having completed the prescribed Course of Instruction for the Related Learning Experience, a component of the Bachelor of Science in Nursing Program with an Outstanding Performance in Community Health Nursing on the 5<sup>th</sup> day of April 2009.
- Consistent Dean's Lister SY: 2005-2009
- Graduated with honors: Cum Laude
- Successful Passer of the November 2009 Nursing Licensure Exam.

## **KEY SKILLS AND COMPETENCIES**

- Patient and Relative Education
- Patient Support/Advocate
- Case Organization
- Patient Evaluation
- Quality and Permanence of Care
- Simple to Complex Medication Administration
- Expertise in nurse training
- Excellent in staff management
- Always on time and never late with a proven record of attendance and punctuality.
- Having lots of initiative and able to work autonomously without constant supervision.
- Comprehensive knowledge of Microsoft Office and other software used in hospitals.
- Always having an innovative and energetic manner along with a cheerful disposition.

## **PROFESSIONAL REGISTRATION AND MEMBERSHIP**

- Philippines Nurses Association II March 2009 – Present

## **CAREER HISTORY**

- **Nurse Training Officer**  
(Southwestern University Medical Center)  
March 2017 – Present
- **Part Time Faculty Member in the College of Nursing**  
(Southwestern University Phinma) June 2016 – Present
- **Senior Staff Nurse (Emergency Department)**  
(Southwestern University Medical Center)  
May 2013 – March 2017
- **Registered Nurse Trainee**  
(Southwestern University Medical Center)  
May 2012 – April 2013
- **Marketing Consultant (Author Solutions Inc.)**  
February 2012 – April 2012
- **Team Lead (Teleperformance)**  
February 2010 – January 2012
- **Sales Executive (Teleperformance)**

December 2009 – February 2010

## **CREDENTIALS**

- **I.V Training Program in Accordance with the Standards of the Association of Nursing Service Administration of the Philippines**
  - Southwestern University Medical Center II Cebu City, Philippines  
August 3, August 4, and August 5, 2012  
Renewed Date: May 2017
  
- **Cardiopulmonary Resuscitation Pro for the Professional Rescuer accredited by American Safety and Health Institute (Basic Life Support)**
  - Center for Professional Enhancement II Cebu City, Philippines  
September 15, 2012  
Renewed Date: August 2014 and August 2016
  
- **Basic Cardiac Rhythm and Introduction to Advance Cardiac Life Support**
  - Center for Professional Enhancement II Cebu City, Philippines  
September 16, 2012  
Renewed Date: August 2014 and August 2016
  
- **Basic Skills Development in Phlebotomy**
  - Center for Professional Enhancement II Cebu City, Philippines  
September 23, 2012
  
- **Completed the cognitive and skill evaluation of Basic Life Support and Advance Cardiac Life Support Course by Philippine Heart Association together with Philippines College of Cardiology and National Expanded Council on Cardiopulmonary Resuscitation.**
  - Southwestern University PHINMA II Cebu City,

Philippines  
July 17 to July 18, 2015

- **13<sup>th</sup> Chemotherapy and Biotherapy Provider Training Course**
  - Mactan Argao Hall, Summit Circle Fuente Osmeña II  
Cebu City, Philippines  
March 25 to March 27, 2014
  
- **Certified Lecturer of Lactation Management and Enhancement Training**
  - Southwestern University Medical Center II Cebu City,  
Philippines  
November 16 – November 18, 2015  
August 17 – August 19, 2016
  
- **Team Leader of the Code Red Management and Emergency Department's Disaster Management**
  - Appointed by the Nursing Service Department of  
Sacred Heart Hospital in conducting monthly lectures  
on code red management situations, simultaneous  
mock codes and potential disaster scenarios.  
September 2016 – Present
  
- **Participant of the medical mission entitled No Scalpel Vasectomy International Inc.**
  - Southwestern University Medical Center II Cebu City,  
Philippines  
March 1, 2016
  
- **Participant of the seminar entitled Culture Diversity: Global Representative of Filipino Nurses.**
  - Southwestern University Medical Center II Cebu City,  
Philippines  
July 14, 2016
  
- **Participant of the seminar entitled Medico-Legal Issues.**
  - Southwestern University Medical Center II Cebu City,  
Philippines  
August 9, 2016



- **Participant of the seminar entitled Patient's Safety Seminar and Workshop.**
  - Southwestern University Medical Center II Cebu City, Philippines  
August 15, 2016
  
- **Participant of the seminar entitled Pulmonary Tuberculosis and Updates.**
  - Southwestern University Medical Center II Cebu City, Philippines  
September 21, 2016
  
- **Participant of the 29<sup>th</sup> Regional Annual Convention of Association of Nursing Service Administrators of the Philippines Inc.**
  - Bayfront Hotel II Cebu City, Philippines  
November 11, 2016
  
- **Completed the Team Lead (Supervisory) Program for BPO leaders with the following courses:**
  - Developing Lasting Personal Effectiveness (DLPE);  
Influencing Performance through Effective Coaching (IPEC); Customer Focus in Action (CFIA)  
November 2011