Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

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Abstract

This study addressed the perception of nurses about the newly qualified baccalaureate nurses' competency in Jos University Teaching Hospital. The motivation for the study arose as a result of the consistent and repeated stereotypes held by hospital-based trained nurses about University trained nurses' technical competencies. The available evidence was not sufficient to establish this position hence the need to carry out a study on hospital-based nurses' perception. The study was quantitative, cross-sectional and non-experimental in nature. The setting of the study was Jos University Teaching Hospital. Approval from the gate keepers was sought, and the informed consent of the respondents was equally obtained. Questionnaire was used to elicit the responses of the study population Convenience sampling approach was employed in distributing the copies of the questionnaire. Data collected was analyzed using frequencies and percentages. Results showed that majority (69.3%) of the respondents affirmed the competencies of the baccalaureate nurses. Non-conducive work environment, arrogance were implicated as perceived factors that could weigh against their competencies while greater consensus was achieved as to the positive influence of nature of their training, duration of the training and autonomy.

Keywords: *Baccalaureate Nurses; Competence; Hospital-Based Trained Nurses; Jos University Teaching Hospital*

Introduction

Nursing is one of the frontline professions in the health care delivery system. It is fast responding to global challenges in health care. Nurses and Midwives account for nearly 50% of the global workforce number. The changes in technology and health care demand places substantial pressure on nurses toward meeting the needs of the populace. The complexity in nurses' role required the shift from hospital based training to University based nursing education aimed at achieving competence. [1] posit that competence in the context of nursing practice entails nurses capability to act, and ability to synthesize skills, knowledge, attitudes and values. The quest for transforming nursing practice in Nigeria links theory with practice, in the context of the skills and knowledge needed by nurses to be fit for future healthcare deliver in relation to the constant breakthrough in science and technology. In Nigeria, as elsewhere, there is a council that is saddled with the responsibility of ensuring that nurses comply with the constantly shifting competencies requirements in the profession. There are designed frameworks to help students meet the requirements of the Nursing and Midwifery Council of Nigeria required standards expected of a professional nurse; essential skills clusters and other relevant competencies. The Council is mandated by Law to regulate the standards of Nursing and Midwifery Education and Practice in Nigeria and to review such standards from time to time to meet the changing health needs of the society. Baccalaureate nurses are expected to demonstrate those attributes upon been

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

02

engaged. Baccalaureate education encompasses a liberal education which confers the privileges of the skills, critical thinking, effective communication, collaboration with others, appreciation of diversity, and integration required to practice nursing [2]. Their scope of practice becomes broadened as their understanding of political, economic, cultural and social issues becomes enhanced. Society watches out for the difference they intend exhibit owing to their conviction about baccalaureate nurses' education being their service beneficiaries. Mutual suspicion exists between Diploma and baccalaureate nurses hence lack of adequate support or mentorship needed for the latter to adjust their work environment. Negative staff nurses attitudes have been found to constitute most powerful barriers to graduate nurses' support [3]. Questions have been raised about the clinical competence of the new graduates especially in the areas of clinical/technical skill, critical thinking, interaction/communication, and overall readiness for practice [4]. There is a little research in this area of interest [3]. It is not clear how the staff nurses perceive the competence of graduate or baccalaureate nurses especially the new ones. The staff nurses working in Jos University Teaching Hospital (JUTH) are just having their debut work relationship with a large number of graduate nurses at one time. Their influx into the clinical area is expected to change the face of practice as new set of norms and values are created hence the need for this study.

Objectives

- To determine the staff nurses perceptions of newly qualified baccalaureate nurses' competency in the Jos University Teaching Hospital (JUTH)
- To determine the perceived factors that influence their competency.

Material and Methods

This was a descriptive, cross-sectional, quantitative study aimed at examining the perception of staff nurses about the new baccalaureate nurses in the expected competency areas. Massachusetts core competency model was used in determining the competency area, and in guiding the direction of the study. The following parameters on which the staff nurses' perceptions were measured are as follows: patient centered care, professionalism, leadership, system based practice, informatics and technology, communication, teamwork and collaboration, safety, quality improvement, and evidence-based practice. The study setting was Jos University Teaching Hospital (JUTH). JUTH is a health institution established for the purpose of training, and research in health-related issues and fields. It is located in Jos. It serves as both the headquarters of Jos North Local Government, and the capital of Plateau State. Jos city has a population of about 900,000 residents (NPC, 2006). The city is located on the Jos Plateau at an elevation of about 1,238 meters and 4,062 feet high above the sea level. The hospital is compartmentalized along different specialty areas. Nurses with, at least, five years working experience were selected for the study as this would enable them to have a good grasp of baccalaureate nurses' competence, which, invariably, will shape their perception consequent upon which nurses in the following units were included the study: Accident and Emergency, Medical, Surgical, Orthopedic, Gynecological, Pediatric, and Ear, Nose and Throat. A sample of 225 nurses was drawn for the study. The instrument had two segments. The socio-demographic segment profiled the participants while the second section consisted of items measuring perception. Massachusetts core competency typology provided a scaffold for those items. Questionnaire was pre-tested using participants with similar attributes in a different setting outcome of which was used to address the inherent deficiencies. In addition, the instrument was peer-reviewed, and the suggestions were incorporated. Ethics considerations were factored in by collecting ethics clearance from the Research Committee of the setting used. Second, the gatekeepers' permission was sought in order to gain access to the participants. Study respondents were reached using convenience sampling technique. They were sensitized to the ethical issues associated with research. Their cooperation and consent was gained consequent upon understanding those issues. All the selected respondents (225) filled and returned all the copies thereby creating a response rate of 100%. The questionnaire copies were subject to proper data management from which its analysis was done [5].

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

03

Results

Age Range	F	%
20 - 24	22.5	10
25 - 29	49.5	22
30 - 34	58.5	26
35 - 39	36	16
40 years and above	58.5	26
Total	225	100
Gender	F	%
Male	67.5	30
Female	157.5	70
Total	225	100
Religion	F	%
Christianity	202.5	90
Islam	22.5	10
Others	/	/
Total	225	100
Marital Status		
Single	78.6	35
Married	135	60
Divorced	4.5	2
Widowed	6.75	3
Total	225	100
Years of Service	F	%
0 - 4	20.3	9
5 - 9	47.3	21
10 - 14	24.8	11
15 - 19	101	45
20 years and above	31	14
Total	225	100
Designation	F	%
NO II	9	4
NO I	42.8	19
SNO	29.3	13
PNO	78.8	35
CNO	38.3	17
ADNS	27	12
Total	225	100
Qualification	F	%
RN	56.3	25
RM	11.3	5
RN/RM	54	24
BNSc	92.3	41
Others	11.3	5
Total	225	100

Table 1: Socio - demographic profile.

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

04

Table 1 reveals the socio-demographic profile of the respondents. Female nurses (70%), male counterparts represent 30%. Twenty six percent each fall within age range of 30 34 and 40 and above while the lowest (10%) was found within 20 - 24 age category. The religion profile shows that 90% are Christians while the remaining 10% are Muslims. Fourteen percent fall within 20 years and above in the aspect of occupational experience. Majority (41%) are baccalaureate nurses, 24% are dual qualified, RN (25%), RM (5%), and others not specified (5%) constitute the rest. In the aspect of designation, PNO constitute 35%, NOs (23%), SNOs (13%), CNO (17%), and ADNS (12%).

S/No	Item	SD	D	N	A	SA	Total
	Patient-centred care						
A	Ability to demonstrate cognitive, affective, and psychomotor nursing skills when delivering patient care	6	7	7	60	20	100%
B	Ability to provide priority-based nursing care to individuals and families	5	8	20	45	22	100%
C	Ability to demonstrate caring practices toward patient and significant others	2	12	10	50	26	100%
D	Ability to provide patient-centred care with sensitivity and respect for the diversity of human experience	2	10	16	57	15	100%
E	Ability to initiates treatments to relieve pain and suffering in light of patient values, preferences, and expressed needs	2	10	16	61	11	100%
A	Ability to demonstrate accountability for own nursing practice	2	10	14	55	19	100%
B	Ability to seek ways to advocate for nursing's role, professional autonomy, accountability and self-regulation	4	12	22	40	22	100%
C	Understands the history and philosophy of the nursing profession	4	8	17	48	23	100%
D	Advocates for the role of the professional nurse as a member of the interdisciplinary healthcare team	4	10	14	54	18	100%
E	Promotes an maintain a positive image of nursing interdisciplinary healthcare	2	12	14	58	14	100%
A	Ability to use systematic approaches in problem solving	8	6	16	52	18	100%
B	Ability to integrates leadership skills of systems thinking, communications and facilitating change in meeting patient care need	4	11	22	46	17	100%
C	Participate in change process to improve patient care, the work environment and patient and staff satisfaction	4	14	21	36	25	100%
D	Ability to act as a champion for healthcare consumers and quality outcome	2	16	20	34	28	100%
E	Ability to demonstrates purposeful, informed, outcome-oriented thinking	6	16	22	43	13	100%
A	Ability to plan, organize and deliver patient care in the context of the work unit	16	2	17	43	22	100%
B	Seeks to solve problems encountered at the point of care	0	12	28	34	26	100%
C	Makes management aware of clinical and work unit problems encountered in daily practice	0	10	22	52	16	100%
D	Ability to practice cost effective care and resource allocation than does not compromise quality of care	0	12	22	52	14	100%
E	Ability o assist patients and families in dealing with work unit and health care system complexities	0	9	21	49	21	100%

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

05

	Informatics and technology						
A	Ability to seek education about how information is managed in the care settings	0	7	6	56	31	100%
B	Ability to seek education about how information is managed in the care settings	5	6	26	46	17	100%
C	Ability to demonstrates proficiency in basic computer skills related to personnel management, education and desktop software	2	8	20	43	27	100%
D	Ability to use data from nursing and all relevant sources including technology to inform the delivery of care	4	8	23	41	24	100%
E	Ability to utilize electronic communication strategies - Electronic Health Record (E.H.R)	4	7	23	49	17	100%
	Communication						
A	Ability to use clear, concise, and effective written, electronic and verbal communication	2	8	24	52	14	100%
B	Ability to use clear, concise, and effective written, electronic and verbal communication	4	2	24	53	17	100%
C	Ability to choose the right setting and time to initiate conversation	0	7	26	54	13	100%
D	Actively listens to comments, concerns and questions	0	9	21	56	14	100%
E	Ability to distinguish between effective and ineffective communication with patients and families	1	6	16	35	42	100%
	Teamwork and collaboration						
A	Acts with honesty and integrity when working with patients, families and team members	2	8	20	56	14	100%
B	Acts with honesty and integrity when working with patients, families and team members	0	10	18	48	24	100%
C	Ability to demonstrate self-awareness of strengths and limitations as a team member	4	6	12	57	21	100%
D	Ability to integrates the contributions of others in assist patients and families to achieve health goals	0	12	14	56	18	100%
E	Ability to assume the role of team members or leader(s) base on the situation	4	14	16	49	17	100%
	Safety						
I	Ability to demonstrate effective use of technology and standardized practices that support self-practice	10	7	16	46	21	100%
Ii	Ability to demonstrate effective use of technology and standardized practices that support self-practice	4	8	22	42	24	100%
Iii	Ability to communicates observations or concerns related to hazards and errors involving patients, families and healthcare team	2	12	21	41	24	100%
Iv	Participates in analysing errors and designing systems improvement	2	6	30	42	20	100%
V	Ability to use established safety resources for professional development and to focus attention on assuring safety practice	0	14	16	46	24	100%
A	They actively seek information about quality improvement in the care setting from relevant institutional and regulatory sources	2	6	22	48	22	100%

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

06

B	They actively seek information about quality improvement in the care setting from relevant institutional and regulatory sources	3	8	31	42	16	100%
C	They participate in the use of quality improvement model and tools to make processes for care interdependent and explicit	4	8	20	62	6	100%
D	They participate in the use of quality improvement tools to assess performance and identify gaps between local and best practices	5	3	17	56	19	100%
E	They participate in the use of quality improvement practices and implement changes in the delivery of care with consideration for populations-based health-care	4	8	14	58	16	100%
A	They understand the use of best practice and evidence at the patient level and clinical level	2	11	16	57	14	100%
B	They understand the use of best practice and evidence at the patient level and clinical level	11	4	16	44	25	100%
C	They follow the guidelines and requirements pertaining to human subject protection for conducting research	5	6	14	52	23	100%
D	They participate in the development of clinical questions for potential research	11	4	11	52	22	100%
E	They use current evidence and clinical experience to decide when to modify clinical practice	2	12	16	53	17	100%
	They facilitate integration if new evidence into standards of practice, policies and nursing practice guidelines						

Table 2: Perception about BNSc Nurses' Performance in the following Competency areas.

The table 2 above reveals that responses on the aggregates of the competency areas. The parameters under each competency was measured using a-5 point Likert Scale. The data show that a substantial amount responses were inclined toward agree and strongly agree indicating positive perception of baccalaureate nurses on the competency areas indicated. Implicit in this findings is the appreciation of the significance of baccalaureate nursing which ensures clinical and interpersonal competence which is anchored on sound theoretical foundation in contrast to apprenticeship/skill acquisition model.

Perceived factors that influence their competency

S/No	Perceived factors that affects their competency	SD	D	N	A	SA	Total
A	Non-conducive working environment	16	11	12	42	19	100%
B	Nature of training	12	25	4	44	15	100%
C	Arrogance	12	23	6	42	17	100%
D	Autonomy	2	21	10	54	13	100%
E	Duration of training	14	28	16	34	8	100%

Table 3

Table 3 reveals the findings on the factors that mediate the perception of staff nurses on competence of baccalaureate nurses in the clinical settings. Respondents agreed that non-conducive environment conducive environment may militate against competence of the baccalaureate nurses, while they were equally affirmative on the critical role of nature of training and duration of training as an impetus

Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

07

for autonomy of practice. They were also rated high in the area of arrogance. The import of this is that baccalaureate nurses are haughty as perceived by their RN colleagues.

Discussion

The research finding indicate that among the ten competencies of nursing practice BNSc graduate were rated high in the areas of patient-centered care, professionalism, communication, safety and quality improvement. This is consistent with the findings of [6] in a study at University of Western Cape about the perception of professional nurses on newly qualified professional nurses' competency and the factors influencing competency among 34 experienced professional nurses working in selected private hospitals. The study revealed that newly qualified BNSc nurses were perceived to be highly competent in clinical care, leadership and interpersonal relation, legal/ethical and professional development. Nevertheless, this study is inconsistent with a study conducted by [7] in UK who reviewed literature on newly qualified BNSc nurses' preparedness for practice indicated that there was significant gap between theories and practice, and ward managers' expectation of newly qualified BNSc nurses. This result is also in congruence with the outcome of a study [8] in which a appreciable number of baccalaureate nursing perceived themselves as clinically competent. In a related study [9], the mean score of professional values as indicated by staff nurses was high. Perception about competency by graduate nursing students in Eastern University aligns with the findings of this study [10]. The result of the study on competence in nursing skills as indicated by new graduate nurses were not at variance with the findings of this study. The respondents had a conviction that they were competent in some of the nursing skills [11].

The study equally revealed that perceived factors such as non-conducive working environment can affect the competence of baccalaureate nurses. Nature of training has positive influence on them. Autonomy of practice was equally perceived to influence their competence. Findings from the study by [6] lend credence to these assertions.

Conclusion

The expediency inherent in this study is inviolable as the outcome has revealed the very essence of the shift in nursing education. The staff nurses who have yet to attain this level of education have demonstrated that baccalaureate nursing practice has gained ascendancy over the extant form of practice which is broad based and holistic extending from basic clinical activities to higher forms of intellectual functioning. The findings have demonstrated that this new form of practice was a function of the contemporary contextual realities.

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Hospital-Based Trained Nurses Perception of Baccalaureate Nurses Competence at the Jos University Teaching Hospital, Plateau State, Nigeria

08

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