

Performance of Health Professionals

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ABSTRACT

A nurse is a healthcare professional who is focused on caring for individuals, families, and communities, ensuring that they attain, maintain, or recover optimal health and functioning. Role of nurses in India is not limited to the provision of care only but in many hospitals across the country nurses are also performing the managerial duties such as indenting medications, maintaining stock and patient records, coordinating with the functioning of health team members etc. "Nursing is a profession in which the element of service to humanity is very strong and is characterized by distinctive traditions, skills, knowledge, values and qualities of a discipline. Articulating this value to the community is one of the challenges nursing faces as it evolves responding to very different practice environments". The purpose of the study is to examine Performance of health professionals. A sample of 300 Nurses was selected for the presents study. Nursing Performance Scale (Ward and Fetler, 1979) was administered on the sample. The data was subjected to THREE WAY ANOVA (between group factorial designs). Results clearly shows that the performance of nurses has been found varying significantly in relation to Sector (private & public), ward (Emergency & ICU) & experience. Performance of nurses can be enhanced by clearly communicating and organizing their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgment.

Keywords: *Performance, Health Professionals*

As one of the biggest wellbeing proficient gatherings, nurses assume an essential part in the conveyance of medicinal services administrations, affecting patient wellbeing and prosperity (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Tourangeau, 2005). A nurses is a human services proficient who is centered around administering to individuals, families, and groups, ensuring that they accomplish, keep up, or recover perfect wellbeing and working. Professional nurses are fit for reviewing, organizing, executing, and surveying care uninhibitedly of specialists and they give support from crucial triage to emergency surgery. In the present study performance of nurses is an end variable. The term performance suggests the output. In the event of attendants,

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the performance would be operationally measured in term of their risk taking behavior that yield in connection to give a second thought conveyance framework in treatment of patients. lee & ko (2010) found that Individual-level variables, including occupation position, years of experience, vocation status, self-adequacy and positive affectivity were decidedly related to nursing execution. Aggregate adequacy and the amount of in-organization get-togethers within units were quantifiably noteworthy gathering level variables. Gathering level variables decreased the omission contrasts in nursing execution. Various components impact medical attendants' execution.

World Health Organization (2000) defined that “The mission of nursing in society is to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that relate to the promotion and maintenance of health as well as to the prevention of ill health. Nursing also includes the planning and implementation of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying. Nursing is the provision of care for individuals, families and groups throughout the entire life-span – from conception to death. Nursing is both an art and a science that requires the understanding and application of the knowledge and skills specific to the discipline. It also draws attention on knowledge and techniques derived from the humanities and the physical social, medical and biological sciences.”

To oversee human services, medical attendants perform various and different errands that are not restricted to direct contact with the patient. Further, Nurses likewise perform exercises that don't oblige preparing, for example, housekeeping. Nursing errands have been classified into three categories: direct patient consideration, indirect patient consideration, and non-nursing assignments or task unrelated to nursing (Hobgood, Villani, & Quattlebaum, 2005). These errands have direct measures of performance.

Direct patient consideration:-

Direct patient consideration includes assignments performed at the bedside, such as setting up intravenous get to and overseeing solution (Hobgood et al., 2005). Studies showed that medical caretakers burned through 26% to 31% of their time on direct patient consideration (Hendrickson, Doddato, & Kovner, 1990, Hobgood et al. 2005 & Hollingsworth, Chisholm, Giles, Cordell, & Nelson, 1998).

Indirect patient consideration:-

Patient consideration is not constrained to nursing at the bedside. Circuitous patient consideration, which happens far from the bedside, additionally is vital. Aberrant patient consideration incorporates diagramming; get ready solutions, and arranging consideration

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(Hobgood et al., 2005). Studies demonstrated that medical attendants burned through 39% to 48% of their time on circuitous patient consideration. A lot of this time includes documentation and correspondence. Medical attendants spent a normal of 26% (territory = 24%–32%) of their time on correspondence and a normal of 23% (territory = 18%–27%) of their time on documentation (Wolf et al., 2006).

Non-nursing Tasks

Medical attendants likewise perform non-clinical exercises that can be performed by other staff. Non-nursing assignments incorporate hunting down gear or supplies (M = 5% of time; reach = 2%–11%; Wolf et al., 2006), and strolling (17% of time: Jydstrup & Gross, 1966). The measure of time spent on non-nursing assignments is vital in light of the fact that it is time not spent on patient observing. Attendants must keep up circumstance consciousness of a quiet's wellbeing status. In view of their comprehension of the tolerant's present wellbeing status and treatment arrangement and the average direction of disease, medical caretakers have the capacity to foresee the quiet's fleeting wellbeing needs and conform treatment in like manner. Be that as it may, to do as such, medical caretakers screen the patient after some time through direct (physical evaluation) and circuitous (outlining, inspecting research facility results) consideration forms.

METHODOLOGY

Objectives:

✓ To examine whether performance varies in relation to job related variables (Length of Experience, type of organization i.e., private & public & specialization of ward i.e., Emergency & ICU) of nurses.

✓

Hypothesis:

✓ There would be significant difference on performance between government and private hospital nurses.

✓ There would be significant difference on performance between Emergency and ICU ward nurses.

✓ There would be significant difference on performance between low, moderate and high experience nurses.

Sample:

The study conducted on 300 female nurses of age group between 25-40 years having a job experience of at least 2 years. The subjects were contacted individually at their work places to collect data and all of them filled up three Psychological tests. The sampling technique employed for this survey research was non-probability sampling, more specifically availability / convenience sampling.

Government Hospital nurses = 150 (75 Emergency Ward Nurses, 75 ICU Nurses)

Private Hospital Nurses = 150 (75 Emergency Ward Nurses, 75 ICU Nurses)

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Tools:

Nursing Performance Scale (Ward and Fetler, 1979):-

Nurses performance was measured with the Nursing performance scale by(Ward and Fetler, 1979). It is a self regulated instrument containing 52 items & four-point rating-scale, assesses nursing performance. The things are gathered into six execution subscales: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communications (IPR/C), and professional development. The original reliability of this instrument yielded alpha values ranging from a high of 0.98 for the professional development scale to a low of 0.84 for the leadership scale.

Procedure:

After completing the preliminary requirements of sample selection and tools selection, data collection was started. The appointments were pre-fixed with the nurses of different government and private hospitals. The purpose of the study was explained in detail to these nurses to make a rapport and collect information on selected scales and questionnaire with their consent. All the time of explaining about the purpose of the study, it was assured to maintain confidentiality of the information given by them. Necessary instructions to be followed were given in a submissive way, before filling up the scale/questionnaire etc.

Analyses:

The obtained data were subjected to statistical analyses using SPSS software for pertinent to research objective of the study. For the significance of mean differences of government and private sector employees, emergency and ICU ward nurses and on the bases of experience & the interaction effect of organization, type of ward and experience, (2×2×3) THREE WAY ANOVA (Between factorial group design) was undertaken.

RESULTS AND DISCUSSION

The study was also intended to assess the main as well as interactive effect of Sector (i.e., Public & Government), Ward (i.e., Emergency & ICU) and Experience (2 to 4 years, 5 to 7 years & 8 to so on) on overall Performance in health professionals i.e., Nurses. For this purpose (2×2×3) way ANOVA was done. The results are given in tables are described here under.

Table No. 1, Mean & Standard deviations for Private and Government sector nurse on performance scores

Variable	Private		Government	
	\bar{x} (Mean)	σ (SD)	\bar{x} (Mean)	σ (SD)
Optimism	182.85	3.34	166.13	7.46

The above results show that the mean values of performance was more in private than in public organization. This indicates that performance as perceived by the employees of private sector was more than the employees of public sector. The means of private and government sector

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nurses on performance are 182.85 & 166.13 respectively. The SD are 3.34 and 7.46 for private and government nurses, respectively. It shows that private sector nurses have better performance comparative to public sector nurses.

Table No. 2, Mean & Standard deviations of Emergency and ICU ward nurse on performance scores

Variable	Emergency		ICU	
	\bar{x} (Mean)	σ (SD)	\bar{x} (Mean)	σ (SD)
performance	171.21	10.86	178.55	7.48

Table 2 shows the mean comparison of emergency and ICU ward nurses on performance. The means of emergency and ICU ward nurses on performance are 171.21 & 178.55 respectively. The SD is 10.86 and 7.48 for emergency and ICU nurses, respectively. The above result depicts that there is significant difference between emergency and ICU ward nurses on their performance scores.

Table No. 3, Mean & Standard deviations of performance scores on the bases of experience of nurse

Variable	2 to 4 years		5 to 7 years		8 to so on	
	\bar{x} (Mean)	σ (SD)	\bar{x} (Mean)	σ (SD)	\bar{x} (Mean)	σ (SD)
performance	168.9	10.88	173.64	9.03	180.94	6.17

Tenure refers to the length of time for which the individual has worked for the organization. From the table no 3 it depicts that the mean of nurses who have experience 2 to 4 years on performance is 168.9, 5 to 7 years is 173.64 and for 8 to so on is 180.94. The SD are 10.88, 9.03 and 6.17 for 2 to 4 years, 5 to 7 years and 8 to so on, respectively. Results indicate that tenure is likely to have an impact on performance as experiences increases performance of nurses going to be better.

Table No. 4, Summary of 3- Way ANOVA with F- value and level of significance on Performance

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.
Sector	17966.34	1	17966.34	4.65	.001
Ward	53.10	1	53.10	13.76	.001
Experience	3270.47	2	1635.23	423.89	.001
Sector * experience	338.29	2	169.14	43.84	.001
Sector * ward	101.66	1	101.66	26.35	.001
experience * ward	95.97	2	47.99	12.44	.001
Sector * experience * ward	23.02	1	23.02	5.97	.015
With in groups	1114.851	289	3.85		

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The above table reveals that on the performance private sector nurses have a higher mean score of 182.85 and the government sector nurses have a lower mean score 166.13. The F value is 4.65 which is significant at .01 level. The mean score state that the private sector nurses have better performance than the government sector nurses. The core approach suggests that, although some basic similarities exist, but there are fundamental differences among the sectors for example private employees have incentives to manage organizational resources efficiently and effectively because good economic results will return in good rewards and incentives. On the other hand public employees are not sensitive to the efficient use of resources because their rewards are not dependent upon it. Public sector must reinforce their employee according to their work, their skills, and performance. A standout amongst the most critical things which expand the dedication level of private part workers is the inspiration that is given by their supervisor, director, or chief through timely feedback, execution based assessment and advancement, and authoritative equity and value. These motivational aspects clarify why workers from private division association are more dedicated to their associations when contrasted with their counterparts in public sector organizations. This result is in accordance with Saleem, Saba, Adnan (2012) who's finding suggest that suggest that self efficacy found to be significant predictor of organizational commitment and private sector employees have higher level of organizational commitment comparative to public sector employees. It was also observed in the above table that the mean score (171.21) emergency ward nurses is lower than the mean score of (178.55) ICU ward nurses. The F value is 423.8 which is significant at .01 level. This reveals that ICU ward nurses have better performance in term of leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/ communications (IPR/C), and professional development comparative to emergency ward nurses. It also depicts from the above table that the mean of nurses who have experience 2 to 4 years on performance is 168.9, 5 to 7 years is 173.64 and for 8 to so on is 180.94. The SD are 10.88, 9.03 and 6.17 for 2 to 4 years, 5 to 7 years and 8 to so on, respectively. Results show that performance improves with increase in industry/ organizational experience. A study by Altangere, Ruimei, Elahi & Dash (2015) has also revealed that "parameters of education, experience and salary per month are statistically significant and have positive impact on employees' performance but age, family size, no relaxation time giving to employees during working hours and work overload are statistically significant and have negative impact on employees' job performance". Goulet and Frank (2002) also report that private sector workers were the most committed ones while public sector employees have lowest levels of organizational commitment to their organizations.

The interactive effect between sector and experience on overall performance is highly significant at .01 levels. So the effect of one variable on dependent variable is as a result of acceleration of other variable. It means that sector and experience effect jointly on resilience. The F value for interaction of sector and ward, experience * ward and between Sector * experience * ward also highly significant as interactions are (F = 26.35), (F =12.44) & (F = 5.97) respectively. It means

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that sector and experience, experience * ward and between Sector * experience * ward effect together on overall performance of the nurses.

Table No. 5, Tukey post- hoc analysis of mean differences on performance between the low, moderate & high experience nurses.

Comparison Between	Mean	Mean Difference
Low Experience	168.9	-4.74*
Moderate Experience	173.64	
Moderate Experience	173.64	-7.30*
High Experience	180.94	
Low Experience	168.9	-12.04*
High Experience	180.94	

*p<0.05

To find out that which group is significantly differ from each other Tuckey post- hoc analysis was applied between performance score of low, moderate & high experienced nurses. The obtained values revealed that all possible combination between three means were significantly differ from each other. So this assures that the nurse's experience has its significant effect on performance.

Emphasis should be placed on effective supervision, empowerment, and a better reward system. Cultural diversity is a reality for most health organizations in India; therefore, they need to adopt effective human resources strategies that aim to improve commitment and retention of qualified workers, and build a high performance organizational culture based on empowerment, open communication, and appreciation of impact of national culture on work attitudes.

CONCLUSION

In nutshell, it can be concludes with practical strategies aimed at leveraging and developing employees' performance to help them better cope with workplace stress and prepare to take more risk even in adverse conditions. Nurses can enhance autonomy by clearly communicating and organizing their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgment. Describing expected behaviors involves communicating that nurses are expected and encouraged to make decisions about clinical patient care that are based on the science and art of nursing.

IMPLICATIONS

Time to time life skill workshop should be conducted in hospital setups where nurses are trained to take quick and effective decisions. As government hospitals have very heavy OPD's and OT's

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that result in high exhaustion also lead to low performance. So there should be moderate workload on them. Our findings also should be communicated to all the authorities or hospital setting (private & public) as to partially introduce better incentives, moderate workload and assignments to the nurses. Recruiters to give importance to work experience, it lays emphasis on the most basic human requirement of a suitable context to performance and Organizations should make proper work design and there should have efficient allocation of employees for proper job according to their skills.

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Conflict of Interests

The author declared no conflict of interests.

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