

Evaluation of Nurses' Administrative Role Performance at Primary Health Care Centers in Baghdad City

Basima J. Jassim, MSc

Instructor, Al-Kindy Medical College, University of Baghdad

Abstract- Objective(s): To evaluate nurses' administrative role performance at primary health care centers in Baghdad City.

Methodology: A descriptive design using the evaluation approach is carried throughout the present study for the period of January 2nd 2016 to June 3rd 2016. A nonprobability "purposive" sample of (100) nurse, who are working at the primary health care centers in Baghdad City, is selected for the purpose of the study. The sample is presenting (50) nurse of Al-Karkh Health Directorate and another (50) nurse of Al-Russafa Health Directorate.

An evaluation tool is constructed for the purpose of the present study. It is comprised of (68) item that evaluate nurses' administrative role performance in the primary health care centers. The tool is comprised of (2) parts; first, administrative aspect and developmental aspect.

Internal consistency reliability is determined through the application of split-half technique and computation of Cronbach alpha correlation coefficient of (0.93). Content validity is obtained through panel of (9) experts.

Data are collected through the use of the evaluation tool and the interview technique as means for data collection. Data are analyzed through the application of descriptive statistical data analysis approach of frequencies, percentages, mean of scores, total scores and Cronbach alpha correlation coefficient.

Results: The findings of the study reveal that the majority of these nurses have experienced low level of role performance relative to the administrative and developmental aspects of nurses' role performance.

Recommendations: The present study recommends that Well-structured education and training programs about nurses' administrative role performance in primary health care center can be presented to nurses in the primary health care facilities. Period evaluation for nurses' administrative role performance in the primary health care centers and further and a nation-wide research can be conducted on large sample size with different characteristics.

Index Terms- Evaluation, Nurses' Administrative Role Performance, Primary Health Care Centers

I. INTRODUCTION

Professional nurses play a vital role in the provision of health care globally. The performance of health care workers, including professional nurses, link closely to the productivity and quality of care provision within health care organizations⁽¹⁾.

Performance evaluation is defined as formal determination of an individual's job-related actions and their outcomes within a particular position or setting⁽²⁾. It is a method by which the job performance of an employee is documented and evaluated. Performance evaluation is a part of career development and consisted of regular reviews of employee performance within organizations⁽³⁾.

As synonym, performance appraisal is a process by which a manager or consultant (1) examines and evaluates an employee's work behavior by comparing it with preset standards, (2) documents the results of the comparison, and (3) uses the results to provide feedback to the employee to show where improvements are needed and why. Performance appraisals are employed to determine who needs what training, and who will be promoted, demoted, retained, or fired⁽²⁾.

Performance evaluation plays an important role in motivating staff to reach a higher level of performance, figuring out merit pay increases, promoting employees, and agreeing on training opportunities to develop new skills. Performance evaluations also help supervisors to understand their employee's goals and create a positive relationship built on trust which in turn improves the quality of care⁽⁴⁾.

Relative to the early stated facts, the present study attempts to evaluate nurses' administrative role performance at primary health care centers in Baghdad City. So, findings of the study may make significant contribution for the extension of nursing body of knowledge with respect to this area of interest. As a result, nurses' administrative role performance in the primary health care centers and the quality of care can be improved.

II. METHODOLOGY

A descriptive design using the evaluation approach is carried throughout the present study for the period of January 2nd 2016 to June 3rd 2016. A nonprobability "purposive" sample of (100) nurse, who are working at the primary health care centers in Baghdad City, is selected for the purpose of the study. The sample is presenting (50) nurse of Al-Karkh Health Directorate and another (50) nurse of Al-Russafa Health Directorate.

An evaluation tool is constructed for the purpose of the present study. It is comprised of (68) item that evaluate nurses' administrative role performance in the primary health care centers. The tool is comprised of (2) parts; first, administrative aspect which includes career tasks and responsibilities (11 item), professional performance (13 item), and personal traits (14 item) and second, Developmental aspect which includes shared vision (10 items), management practices (10 items), shared cultural standards (10 items). These items are rated on 3-level type Likert

scale and scored as (3) for always, (2) for sometimes, and (1) for never.

Internal consistency reliability is determined through the application of split-half technique and computation of Cronbach alpha correlation coefficient of (0.93) which is indicating that the tool is adequately reliable measure for the phenomenon underlying the present study. Content validity is obtained through panel of (9) experts in the field of nursing whose comments indicate that the evaluation tool is adequately valid measure.

Data are collected through the use of the evaluation tool and the interview technique as means for data collection. Data

are analyzed through the application of descriptive statistical data analysis approach of frequencies, percentages, mean of scores, total scores and Cronbach alpha correlation coefficient. Mean of scores of ≤ 1.67 is considered not significant, 1.68-2.33 is considered significant, and ≥ 2.34 is considered highly significant.

III. RESULTS

Table 1a. Role Performance of Career Tasks and Responsibilities

List	Aspect	Frequency	Percent
	Career Tasks and Responsibilities		
	Low (11-16.6)	100	100.0
	Total	100	100.0

Results out of this table depict that all of the nurses have experienced low role performance relative to career tasks and responsibilities (100.0%).

Table 1b. Mean of Scores for Items of Career Tasks and Responsibilities

List	Item	Always	Sometimes	Never	Mean of Scores	Sig.
		F	F	F		
1	Career Tasks and Responsibilities					
1.1	Abiding the formal uniform.	4	24	72	1.32	NS
1.2	Abiding formal appointments.	0	26	74	1.26	NS
1.3	Abiding work rules and regulations.	0	20	80	1.20	NS
1.4	Notifying any fault in machines and utilities that are used and related no nursing.	5	20	75	1.30	NS
1.5	Observing patients he/she is responsible for and reporting any abnormal signs and symptoms to his/her direct supervisor.	1	18	81	1.20	NS
1.6	Continuous documentation in reports and nursing records.	3	18	79	1.24	NS
1.7	Implementing different types of treatment according to physician's order.	0	20	80	1.20	NS
1.8	Abiding receiving and giving: 1. Patients 2. Reports and records 3. Machines and equipment.	3	21	76	1.27	NS
1.9	Following universal infection control measures in all of nursing actions.	2	33	65	1.37	NS
1.10	Continuous acquaintance about what is update in nursing.	6	42	52	1.54	NS
1.11	Attending training courses, seminars and conferences that he/she is nominated for.	9	45	46	1.63	NS

F= Frequency, Sig.= Level of significance, NS= Not significant

This table indicates that all mean of scores on items of career tasks and responsibilities are not significant.

Table 2a. Role Performance of Professional Performance

List	Aspect	Frequency	Percent
2	Professional Performance		
	Low (13-21)	92	92.0
	Moderate (22-30)	8	8.0
	Total	100	100

Results out of this table indicate that the majority of nurses have low level of performance of professional performance (92.0%).

Table 2b. Mean of Scores for Items of Professional Performance

List	Item	Always	Sometimes	Never	Mean of Scores	Sig.
		F	F	F		
2	Professional Performance					
2.1	Accuracy in work.	2	13	85	1.17	NS
2.2	Ability to time management and scheduling.	3	38	59	1.44	NS
2.3	Interesting in developing and advancing level of work.	2	31	67	1.35	NS
2.4	Ability to analyze and solve problems.	1	50	49	1.52	NS
2.5	Making creative and invention works.	15	52	33	1.82	S
2.6	Excellence and responding to work stress.	1	40	59	1.42	NS
2.7	Make use of and occupying proposed work time.	2	38	60	1.42	NS
2.8	Quickness and competence in accomplishing of the works assigned to him/her.	3	19	78	1.25	NS
2.9	Consultation and teamwork.	3	37	60	1.43	NS
2.10	Knowledge of job tasks.	0	22	78	1.22	NS
2.11	Organizing and arranging the workplace and maintain equipment and materials.	3	18	79	1.24	NS
2.12	Commitment to workplace.	1	15	84	1.17	NS
2.13	Comply with the instructions, procedures and implementation.	1	20	7	1.22	NS

F= Frequency, Sig.= Level of significance, NS= Not significant, S= Significant

Table 3a. Role Performance of Personal Traits

List	Aspect	Frequency	Percent
3	Personal Traits		
	Low (14-22.6)	100	91.0
	Total	100	100.0

Results of this table present that all nurses have performed low level of performance with regard to personal traits (100.0%).

Table 3b. Mean of Scores for Items of Personal Traits

List	Item	Always	Sometimes	Never	Mean Scores	of Sig.
		F	F	F		

3	Personal Traits					
3.1	Responding to physicians' directions.	1	16	83	1.18	NS
3.2	Treating patients kindly, softly and mercifully.	1	8	91	1.10	NS
3.3	Treating wisely with patient's relatives.	0	14	86	1.14	NS
3.4	Consistent with the rest of the staff and administrators.	3	35	62	1.41	NS
3.5	Communicate with the rest of the members of the group effectively and teamwork.	4	34	62	1.42	NS
3.6	Precision and care to appointments and do the work in a timely manner.	2	17	81	1.21	NS
3.7	Adapt to variables such as policies and new practices and emergency needs of patients.	3	36	61	1.42	NS
3.8	Decent appearance.	1	8	91	1.10	NS
3.9	Quality of work in general.	0	19	81	1.19	NS
3.10	Has an initiative and good disposition.	1	18	81	1.20	NS
3.11	Verbal and written communication skills.	1	28	71	1.30	NS
3.12	Good relationship with his direct supervisor and colleagues.	2	22	76	1.26	NS
3.13	Good dealing with public.	2	14	84	1.18	NS
3.14	Accept criticism and guidance.	9	34	57	1.52	NS

F= Frequency, Sig.= Level of significance, NS= Not significant

This table depicts that all mean of scores on items of personal traits are not significant (100.0%).

Table 4a. Role Performance of Shared Vision

List	Aspect	Frequency	Percent
4	Shared Vision		
	Low (10-16)	100	100.0
	Total	100	100.0

Results out of this table reveal that all nurses have experienced low role performance of shared vision (100.0%).

Table 4b. Mean of Scores on Items of Shared Vision

List	Item	Always	Sometimes	Never	Mean of Scores	Sig.
		F	F	F		
4	Shared Vision					
4.1	Nurses have a clear shared vision for the nature of work that they accomplish.	2	40	58	1.44	NS
4.2	A mutual understanding prevails among nurses.	2	46	52	1.50	NS
4.3	Nurses talk with a common language concerning work matters.	3	29	68	1.35	NS
4.4	Nurses are allowed to express their opinions about decisions related to their employment.	3	38	59	1.44	NS
4.5	Nurses have shared goals.	1	46	53	1.48	NS
4.6	Nurses exchange narration of success and creation stories in work.	4	42	54	1.50	NS
4.7	Nurses have shared perceptions about work.	2	36	62	1.40	NS
4.8	Nurses talk in shared concepts about work matters.	1	40	59	1.42	NS

4.9	Nurses have shared value system about work.	1	38	61	1.40	NS
4.10	Periodic meetings are held in which nurses express their opinions about work.	4	45	51	1.53	NS

F= Frequency, Sig.= Level of significance, NS= Not significant

This table presents that all mean of scores on items of shared vision are not significant.

Table 5a. Role Performance of Management Practices

List	Aspect	Frequency	Percent
5	Management Practices		
	Low (10-16)	80	80.0
	Moderate (17-27)	20	20.0
	Total	100	100

Results out of this table depict that more than the majority of the nurses have experienced low level of performance concerning management practices (80.0%).

Table 5b. Mean of Scores on Items of Management Practices

List	Item	Always	Sometimes	Never	Mean of Scores	Sig.
		F	F	F		
5	Management Practices					
5.1	Management interests in developing nurses through training.	11	47	42	1.69	S
5.2	Management keeps that the reports of performance made in a fair way.	7	43	50	1.57	NS
5.3	There is a clear determination for the tasks of each job.	8	32	60	1.48	NS
5.4	Management interests in providing the opportunities for continuing education to nurses.	12	47	41	1.71	S
5.5	Management interests in stimulating nurses for positive participation in achieving job goals.	7	42	51	1.56	NS
5.6	Providing training opportunities is a main focus of the management.	8	37	55	1.53	NS
5.7	Management interests in conveying best practices from one department to another.	9	35	56	1.53	NS
5.8	Nurses are awarded for training according to their knowledge capacities.	14	33	53	1.61	NS
5.9	Nurses are acknowledged about development plans related to work.	10	30	60	1.50	NS
5.10	Management interests in shifting nurses in a wide scope among different departments.	10	25	65	1.45	NS

F= Frequency, Sig.= Level of significance, NS= Not significant, S= Significant

This table reveals that all mean of scores on items of management practices are not significant. Except that the mean of scores on items (5.1 and 5.4) which is significant.

Table 6a. Role Performance of Shared Cultural Standards

List	Aspect	Frequency	Percent
6	Shared Cultural Standards		
	Low (6-9.33)	90	90.0
	Moderate (9.34-13.67)	10	10.0
	Total	100	100.0

Results out of this table depict that the majority of these nurses have experienced low level of performance concerning the shared cultural standards.

Table 6b. Mean of Scores on Items of Shared Cultural Standards

List	Item	Always	Sometimes	Never	Mean of Scores	Sig.
		F	F	F		
6	Shared Cultural Standards					
6.1	A chance is provided to me by the direct manager to identify the level of my achievement.	8	45	47	1.61	NS
6.2	My job allows me to use my personal appraisal for the method of work implementation.	6	40	54	1.52	NS
6.3	Mistakes are considered a source of learning.	2	20	78	1.24	NS
6.4	The employee accepts others' criticisms.	12	59	29	1.83	S
6.5	The employee is extroverted to new ideas and knowledge.	2	44	54	1.48	NS
6.6	Mistakes are confessed, discovered and corrected.	10	46	44	1.66	NS
6.7	New thoughts are assessed based on their quality whatever their source.	6	36	58	1.48	NS
6.8	Accidental mistakes of others are forgiven.	7	40	53	1.54	NS
6.9	Creation and renewal in work approaches are encouraged.	3	33	64	1.39	NS
6.10	My job tasks require a lot of development in knowledge.	1	18	81	1.20	NS

F= Frequency, Sig.= Level of Significance, NS= Not Significant, S= Significant

This table depicts that all mean of scores on items of shared cultural standards are not significant except, item (6.4) which is significant one.

Table 7. Overall Evaluation of Nurses' Role Performance

List	Overall Evaluation	Frequency	Percent
1	Administrative Aspect		
	Low (38-62.6)	97.37	97.37
	Moderate (62.7-88.2)	2.63	2.63
	Total	100	100.0
2	Developmental Aspect		
	Low (30-52.3)	90	90.0
	Moderate (52.4-75.6)	10	10.0
	Total	100	100.0

Results out of this table indicate that the majority of these nurses have low level of role performance relative of administrative and developmental aspects of role performance.

IV. DISCUSSION

Part I: Discussion of Nurses' Administrative Role Performance

Relative to Administrative Aspect

a. Career tasks and responsibilities

Analysis relative to career tasks and responsibilities reveals that all the nurses have experienced low level of role performance (100.0%) (Table 1a). Such performance has been obvious in the mean of scores for items of career tasks and responsibilities which are indicating non-significant ones for all items (Table 1b).

It has been reported in the literature that in order to have a truly effective performance management process that supports employee performance, development and success, that needs to get everyone involved. Having engaged and informed employees will ultimately result in higher participation rates and better quality performance management⁽⁵⁾.

Furthermore, employees have health and safety duties as well as employers. This reflects the fact that for good safety management it is essential for the employer and employees to work together⁽⁶⁾.

b. Professional performance

Regarding the analysis of professional performance, the findings of the study present that the majority of nurses have experienced low level of performance with respect to professional performance (92.0%)(Table 2a). Such performance has been noted in the mean of scores for items of professional performance which are all not significant, except item (2.3) which is significant one. This item is concerned with making and invention works (Table 2b).

It has been documented that nurses are responsible for keeping themselves up to date and maintaining competence in all areas of their practice. So, good nursing practice is related to knowledge, skills and performance⁽⁷⁾.

c. Personal traits

Analysis of nurses' role performance of personal traits indicates that all nurses have experienced low performance (100%) (Table 3a). Such low performance is manifested in the mean of scores for items of personal traits which are not significant (Table 3b).

Personality can be seen as the motor which drives behavior. It is consistent over time and across situations, and has been proven to predict our success at work⁽⁸⁾. In research studies that examine the relationship between personality traits and job performance, it has been reported that personality traits are found to have mediating effect on employees' job performance⁽⁹⁾⁽¹⁰⁾.

Part II: Discussion of Nurses' Administrative Role Performance

Relative to Developmental Aspect

a. Shared vision

Analysis of such performance has indicated that all nurses have experienced low role performance relative to shared vision (100%) (Table 4a). This performance has been noted through the non-significant mean of scores on items of shared vision (Table 4b).

A strong vision can provide direction to a team and positively impact on its ability to succeed. In a study that examines the impact of vision components (vision clarity and vision support) on a series of (9) innovations teams at three companies (Apple, IBM, HP), data are collected from (75) team members. The study finds out that vision clarity has a positive effect on team performance but unfortunately, vision support is not significantly related to team performance⁽¹¹⁾.

B. Management practices

The analysis of nurses' performance of management practices has presented that more than two thirds of them have experienced low level of performance (80.0%)(Table 5a). This low level of performance has been identified in the mean of scores on items of such practices which are not significant. Except two items of the management interests in developing nurses through training and that of the management interests in providing the opportunities for continuing education to nurses (Table 5b).

It has been stated in the literature that the success of management practices are firm-specific and these are affected by the prevailing institutional environment⁽¹²⁾. So, there is no doubt that management practices are linked to the productivity and performance of an organization⁽¹³⁾.

C. Shared cultural standards

The analysis of nurses' role performance regarding shared cultural standards reveals that the majority of these nurses have experienced low level of such performance (90.0%)(Table 6a). The low performance of these nurses is noted in the mean of scores on items of shared cultural standards which is not significant on all items, except that of item (6.4) which is significant and concerned with the employee's acceptance of others' criticisms (Table 6b).

Organizational culture defines the way employees complete tasks and interact with each other in an organization. The cultural paradigm comprises various beliefs, values, rituals and symbols that govern the operating style of the people within an organization. Corporate culture binds the workforce together and provides a direction for the company. In times of change, the biggest challenge for any organization may be to change its culture, as the employees are already accustomed to a certain way of doing things. Organizational cultures can have varying impacts on employee performance and motivation levels. Oftentimes, employees work harder to achieve organizational goals if they consider themselves to be part of the corporate culture. Different cultures operating in one company can also impact employee performance⁽¹⁴⁾.

Part III: Discussion of Overall Evaluation of Nurses' Administrative

Role Performance

Analysis of the overall evaluation of nurses' administrative role performance depicts that the majority of these nurses have experienced low level of performance relative to administrative aspect and developmental aspect (Table 7). This finding has emerged due to the fact that these nurses may not have the opportunity to be well educated about such performance. Also, they may not have the opportunity to acquire skills relative to the employment of the administrative role performance.

Performance evaluations, which provide employers with an opportunity to assess their employees' contributions to the organization, are essential to developing a powerful work team. Yet in some practices, physicians and practice managers put performance evaluations on the back burner, often because of the time involved and the difficulties of critiquing employees with whom they work closely. The benefits of performance evaluations outweigh these challenges, though. When done as part of a performance evaluation system that includes a standard evaluation form, standard performance measures, guidelines for delivering feedback, and disciplinary procedures, performance evaluations can enforce the acceptable boundaries of performance, promote staff recognition and effective communication and motivate individuals to do their best for themselves and the practice⁽¹⁵⁾.

Employee performance evaluations and progressive discipline go hand in hand as tools supervisors and managers can successfully use to correct behavior, motivate employees, and set employee goals. employee performance evaluations can help keep the worker and the company focused, avoid potential problems down the pike through increased communication, inspire and reward employees for their achievements, improve [employee morale](#), help arrive at decisions regarding compensation adjustment, and provide a [documented history](#) for succession planning or a legal defense for corrective [discipline](#) actions with [problem employees](#)⁽¹⁶⁾.

V. RECOMMENDATIONS

The present study recommends that:

1. Well-structured education and training programs about nurses' administrative role performance in primary health care center can be presented to nurses in the primary health care facilities.
2. All nurses should be presented with equal opportunities of training relative to their administrative role performance in the primary health care centers.
3. Period evaluation for nurses' administrative role performance in the primary health care centers.
4. Further and a nation-wide research can be conducted on large sample size with different characteristics.

REFERENCES

- [1] Awases, M.; Bezuidenhout, M. and Roos, J.: Factors Affecting the Performance of Professional Nurses in Namibia. AOSIS, 2016.
- [2] Business Dictionary (BD): Performance Evaluation, 2016. Available at: <http://www.businessdictionary.com/definition/performance-evaluation.html#ixzz4AWsc7m56>
<http://www.businessdictionary.com/definition/performance-appraisal.html#ixzz4AYMeq4Cz>
- [3] Wikipedia Foundation (WF): Performance Appraisal, 2016.
- [4] Alvear, J.: Manager's Guide to Performance Appraisals. California Health Care Foundation, 2006.
- [5] Strategic Talent Management (STM): Roles and Responsibilities in a Best Practice Performance Management Process. 2016.
- [6] The Education Union (TEU): Duties of Employees. Association of Teachers and Lecturers, London, 2016.
- [7] Royal College of Nursing (RCN): Develop and Maintain Your Professional Performance, London, 2016.
- [8] Bailey, S.: Can Personality Predict Performance? 2014.
- [9] Echchakoui, S.: Personality Traits and Performance: The Mediating Role of Adaptive Behavior in Call Centers. American Journal of Industrial and Business Management, 3, 2013, pp. 17-27.
- [10] Ahmad, J.; Ather, M. and Hussain, M.: Impact of Big Five Personality Traits on Job Performance: Organizational Commitment As A mediator, Portoroz, Slovenia International Conference, 2014.
- [11] Lynn, G. and Kalay, F.: The Effect of Vision and Role Clarity on Team Performance. Journal of Business, Economics and Finance, 4(3), 2015.
- [12] Edwards, T.; Battisti, G. and Neely, A.: Value Creation and the UK Economy: A review of Strategic Options. International Journal of Management Reviews, 5/6 (3/4), 2004, pp. 191-213.
- [13] Siebers, P.; Aickelin, U.; Battisti, G.; Celia, H.; Clegg, C.; Fu, X.; De Hoyos, R.; Iona, A.; Petrescu, A. and Peixoto, A.: Enhancing Productivity: The Role of Management Practices. School of Computer Science and IT, the University of Nottingham, 2008. Available at: uwe.aickelin@nottingham.ac.uk
- [14] Davoren, J.: Organizational Culture and Employee Performance. 2016.
- [15] Capko, J.: Five steps to a Performance Evaluation System. Family Practice Management, 10(3), 2003, pp. 43-48.
- [16] Business and Legal Resources (BLR): Performance Evaluations. 2016.

AUTHORS

First Author – Basima J. Jassim, MSc., Instructor, Al-Kindy Medical College, University of Baghdad