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**PUBLI PERCEPTIONS, ATTITUDES AND
EXPECTATIONS TOWARD NURSES'
COMPETENCE IN JOHOR**

BY

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ABSTRACT

Competence is a complex multidimensional phenomenon. Nurses demonstrate competence nursing care that leads to patients' perspective of care and satisfaction. Nurses' competency is substantially very important to ensure the quality of care giving to the patient. The aim of this study was to determine the public perception, attitudes, and expectation towards nurses' competence in the provision of nursing care in Johor. A cross sectional survey on public (n = 154) in Johor was done using a self-administered structured questionnaire. Data was analyzed using the Statistical Package Social Science (SPSS) software version 18.0. From the finding, there is a slightly positive perception and attitude from the public towards nurses' competencies in Johor. The public also shows high expectations towards nursing competencies. Besides, this study highlighted that the older participant score higher in the attitudes towards nurses' competence compared with the younger respondents. While the lower educated group show higher expectation towards nurses' competence. Regarding ethnicity, Indians have highest expectation towards nurses' competencies, followed by Malay, while Chinese has lesser expectation towards nurses' competencies. Using Pearson correlation, researcher found that there was a significant association between public's attitudes and their perception towards nurses' competencies. There was also a significant finding that there was an association between public's perceptions and their expectations towards nurses' competencies in Johor. This study provided the basis for further research on public perception, attitudes, and expectations towards nurses' competencies.

ABSTRAK

Kompetensi adalah satu fenomena yang kompleks dan multidimensi. Penjagaan jururawat yang kompeten membawa perspektif dan kepuasan pesakit dalam penjagaan. Kompetensi jururawat adalah sangat penting untuk memastikan kualiti penjagaan yang diberi kepada pesakit. Tujuan kajian ini adalah untuk menentukan persepsi, sikap, dan ekspektasi orang awam terhadap jururawat di Johor. Satu tinjauan orang awam di Johor ($n = 154$) telah dijalankan dengan soal-selidik. Data dianalisis dengan menggunakan Statistik Paket Sains Sosial (SPSS) versi software 18.0. Hasil daripada kajian ini, persepsi dan sikap orang awam di Johor terhadap kompetensi jururawat adalah positif. Selain itu, orang awam juga menunjukkan ekspektasi yang tinggi terhadap kompetensi kejururawatan. Kajian ini juga melaporkan bahawa kumpulan responden yang berumur lebih tua membawa sikap yang lebih positif terhadap kompetensi jururawat berbanding dengan responden yang lebih muda. Manakala, kumpulan yang berpendidikan rendah menunjukkan ekspektasi yang lebih tinggi terhadap kompetensi jururawat. Ethnic, india menunjukkan ekspektasi yang tertinggi terhadap kompetensi jururawat, diikuti oleh kaum Melayu, manakala Cina menunjukkan ekspektasi yang rendah terhadap jururawat. Dengan menggunakan kolerasi Pearson, penyelidik mendapati bahawa terdapat hubungan antara sikap orang awam dengan persepsi mereka terhadap kompetensi jururawat. Selain ini, kajian ini terdapat menunjukkan perhubungan di antara persepsi awam dengan ekspektasi mereka terhadap kompetensi jururawat di Johor. Hasil kajian ini boleh digunakan sebagai asas penyelidikan yang lebih lanjut mengenai persepsi, sikap, dan ekspektasi orang awam terhadap kompetensi jururawat.

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TABLE OF CONTENT

ABSTRACT.....	i
ABSTRAK	ii
DECLARATION	iii
CERTIFICATE.....	iv
ACKNOWLEDGEMENT.....	v
TABLE OF CONTENT.....	vii
LIST OF TABLES.....	x
LIST OF FIGURES.....	x
CHAPTER 1 INTRODUCTION	1
1.1 Introduction	1
1.2 Background of the Study	2
1.3 Rationale for the Study	4
1.4 Problem Statement.....	6
1.5 Purpose of the Study.....	6
1.6 Aims of the Study	7
1.6.1 General Objective	7
1.6.2 Specific Objectives	8
1.7 Research Questions.....	8
1.8 Research Hypothesis.....	9
1.9 Operational Definition of Key terms	9
1.10 Justification for, and Significance of the Study.....	10
CHAPTER 2 LITERATURE REVIEW	12
2.1 Introduction	12
2.2 Nursing Competencies.....	12
2.2.1 Classification and Domains towards Nurses' Competency	14
2.2.2 Code of Professional Conduct for Nurses Registered with the Nursing Board Malaysia	16

2.3	Patient's Perception of Nurses and Expectation Towards Healthcare and Nursing Competencies.....	17
2.4	Conceptual Framework.....	19
CHAPTER 3	METHODOLOGY & METHODS	22
3.1	Research Design	22
3.2	Population and Setting.....	22
3.3	Sample	22
3.3.1	<i>Sample Size</i>	22
3.3.2	<i>Sampling Method</i>	23
3.3.2.1	Inclusion Criteria.....	24
3.3.2.2	Exclusion Criteria.....	24
3.4	Instrumentation.....	24
3.4.1	<i>Instrument</i>	25
3.4.2	<i>Measurement of Variables</i>	25
3.4.3	<i>Translation of Instrument</i>	26
3.4.4	<i>Issue of Rigor, Validity and Reliability of the Data Collection Instrument</i>	26
3.5	Ethical Considerations.....	28
3.6	Data Collection Methods.....	29
3.7	Data Analysis.....	30
CHAPTER 4	RESULTS.....	32
4.1	Socio-demographic Data	32
4.2	Public's Overall Attitudes towards Nurses' Competencies.....	34
4.3	Public's Perception and Expectation Towards Nurses' Competencies	35
4.4	Association Between Public's Perception, Attitude And Expectation On Nurses' Competencies.	38

4.5	Association Between Demographic Factors With Perception, Attitude, and Expectation Towards Nurses' Competence	39
CHAPTER 5	DISCUSSION.....	44
5.1	Summary of Main Finding	44
5.2	Discussion.....	45
5.2.1	Public's Perception, Attitudes, And Expectation towards Nurses Competencies	45
5.2.2	Association Between Public's Perception, Attitude and Expectation on Nurses' Competencies	46
5.2.3	Socio- Demographic Factors.....	47
5.3	Strengths and Limitations	48
5.4	Recommendations	49
5.4.1	<i>Nursing Practice</i>	49
5.4.2	<i>Nursing Education</i>	49
5.4.3	<i>Nursing Research</i>	50
5.5	Contribution to the Theory Development.....	50
5.6	Conclusion.....	50
REFERENCES.....		52
APPENDIX 1 - NURSING BOARD MALAYSIA CODE OF PROFESSIONAL CONDUCT FOR NURSES FIRST EDITION APRIL 1998		57
APPENDIX 2 - SAMPLE SIZE CALCULATION.....		62
APPENDIX 3 - RESEARCH INFORMATION FOR PARTICIPANTS		63
LAMPIRAN 3 - MAKLUMAT KAJIAN BAGI PESERTA		66
APPENDIX 4 - QUESTIONNAIRE		70
LAMPIRAN 4 - SOAL SELIDIK.....		74
APPENDIX 5 – PARTICIPANTS' CONSENT FORM.....		78
LAMPIRAN 5 - BORANG KEIZINAN PESERTA.....		79
APPENDIX 6 – ETHICAL APPROVAL LETTER.....		80

LIST OF TABLES

Table 3.1	Number of population 2010 (Department of statistics Malaysia).....	23
Table 3.2	Cronbach's alpha reliability coefficient of the overall questionnaire for as a measure of its internal consistency	28
Table 4.1	Socio-demographic characteristics among public respondents (n = 54) ..	33
Table 4.2	Public's attitudes towards nurses' competencies (n = 154)	34
Table 4.3	Public's perceptions and expectation towards nurses' competence (n = 154)	36
Table 4.4	Association between public's perception, attitude and expectation towards nurses' competencies.....	38
Table 4.5	Association between socio-demographic factors with perception, attitude, and expectation towards nurses' competence	39
Table 4.6	Association between socio-demographic factors with 5 perception domains toward nurses' competence	41
Table 4.7	Mean between ethnicity and expectation (n = 154).....	42
Table 4.8	Mean between highest education level and expectation	43

LIST OF FIGURES

Figure 2.1	Synergy Model for Patient Care (AACN, 1990).....	21
Figure 3.1	Flow chart of data collection.....	30
Figure 4.1	Public's attitudes towards nurses' competencies (n = 154)	34
Figure 4.2	Public's perceptions towards nurses' competencies (n = 154)	36
Figure 4.3	Overall public's expectation towards nurses' competencies (n = 154).....	37

CHAPTER 1 INTRODUCTION

1.1 Introduction

Competence is a complex multidimensional phenomenon (Altranais, 2005) whereby the registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's license to practice, educational preparation, relevant legislation, standards and professional code of conduct and practice, and context of care (ANMC, 2005) that leads to patients' perspective of care and satisfaction. Competence is considered an essential component of being a nurse (Calman, 2006) and interest in competence is an international phenomenon. However, there is still a paucity of empirical research that investigates nurses' competencies from the patient's perspective, attitudes and expectation. As demonstrated in the previous chapter, professional views about nursing competence have been well documented (Cowan *et al.*, 2005; Watson *et al.*, 2002)

Although much information is available on nurses' skills and competency, and information is available on patients' opinion on satisfaction of care, little information is available on public perceptions, attitudes and expectation toward nurses' competencies in providing care for patients in Malaysia. This proposal outlines the background to a quantitative study into the public perceptions, attitudes and expectations towards nurses' competencies in caring for patients in Johor. This proposal will includes the background of this study, the rationale, aims and purpose to conduct this study, and the intended outcomes, methodology and methods of the study.

1.2 Background of the Study

The issue about global shortage of qualified nurses represents a challenge in both developed and developing country (Buchan & Calman, 2004; Cowan, Wilson-Barnett, Norman, & Murrells, 2008) including Malaysia. Malaysia has 75,000 registered nurses in the public and private sector. The demands of nurses increasing due to the rapid progression in the healthcare sector in Malaysia. Through modern education, nursing is different from the past. Nursing training focuses on developing the unique qualities of nurses included caring, well-disciplined, motivated and equipped with critical thinking skills. In other words, the training are to produce the competence nurse (Watson, Stimpson, Topping, & Porock, 2002).

Modern nursing with a developed structure of education, training and practice started in the early 19th century during the Crimean war led by Florence Nightingale from the United Kingdom. Mohamed's case study on evaluation of the personal professional development course in a nursing programme reported that nurses in Malaysia were still in the traditional role of a subordinate (Mohamed, 2006). They are mostly inadequately prepared and thus unable to work independently and cooperate with other health care provides (Mohamed, 2006).

Nowadays, nurses are not working as feeding and washing the patient in hospitals. The public at large failed to understand that the nurses' actions involve more than nurturing, and they are not just role as a physician's handmaiden (Rhodes, Morris, & Lazenby, 2011).

As specified by the Malaysian Nursing Board, nursing contributes to the health and welfare of society through the protection, promotion and restoration of health; the prevention of illness, and the alleviation of suffering in the care of individuals, families and communities. In carrying out the above responsibilities, the nursing profession strives to safeguard the interest of society by ensuring that its practitioners abide by a code of professional conduct. Every registered nurse has a moral obligation to adhere to the profession's code of conduct. It offers guidelines for professional behaviour and practice and can be used as a standard against which complaints of professional misconduct are considered. It complements the Nurses' Act and Regulations, 1985

This means that the registered nurse must demonstrate competence in the provision of nursing care as specified by the board to practice, educational preparation, relevant legislation, standards and codes, and context of care. The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care

The state Johor was chosen because the researcher is from Johor. The researcher believes that this allows convenient and flexibility to conduct the study during the semester break. Second, there is no study that investigates on the public's perspective on nurses' competent to date, hence Johor was selected as the first setting to tailor this preliminary study. Third, nursing sector in Malaysia is under the Ministry of Health. The Nursing Board was responsible for licensing, accreditation, curriculum standard and qualification standard. Meanwhile the training unit is responsible for staff development and curriculum development for nursing education of the Ministry of

Health personnel. Although for other hospitals, including tertiary teaching hospitals like Hospital Universiti Sains Malaysia (HUSM), Universiti Kebangsaan Medical Center (UKMCC) and other private colleges, they are responsible for their own curriculum. The curriculum must be certified by the Nursing Board of the Ministry of Health, Malaysia. Finally, all diploma and undergraduate nursing students trained in Malaysia are required to pass the examination set by the Malaysian Nursing Board Council (Lembaga Jururawat Malaysia). To further justify the reason to do this research in Johor, all these practicing nurses are mandatory to renew their licenses annually. Hence, this will not affect the manner of public perspective towards nurses' competent as all these nurses prior to practice had undergone examination set by the Lembaga Jururawat Malaysia (LJM).

1.3 Rationale for the Study

There is no doubt that nursing is a profession with the essential ingredients of autonomy and accountability. It is true that the nursing profession demands more responsibilities than the past when the principle of a nurse was just to provide care and comfort. Today, a nurse is a client advocate, educator and manager. But little attention has been drawn to assess the real public perception about nurses' competence. Although the patients seem to know better (than the past) about health care and demand more knowledge on their treatment options (Kubler - Ross, 1969), it is obvious that no common man thinks or does any analysis of a nurse until he needs one or is in a situation where he/she interacts with a nurse as in case of a hospital admission. Thus, there is little scope of the public staying updated on the professional developments in nursing practice. Hence, to the public, nursing is caring for someone

in distress. They know that a caring nurse can give comfort and solace to someone in need. The public perceive a nurse as just someone who assists the doctor during and after treatment of the illness; including assisting the patient in keeping up his/her personal hygiene, giving the medications as prescribed by the doctor, dressing the wounds when there is a need ensuring the welfare of the patient. There are also people both male and female who are of the view that men have no business working in the field of nursing due to lack of capacity to care compared to a woman.

Nurses' competency is substantially very important to ensure the quality of care giving to the patient. There are many definition of "competency", however, most of the definition are from the professional views towards it. Further, there are only few study done to clarify nurses' competence from the patient's perspective (Calman, 2006).

To date little attention has been devoted to investigate the public perceptions and attitude towards nurses' competency in Malaysia. Further, there is no study on this subject in Johor being conducted. Public views regarding nurses' competency can provide subjective data on this topic. In addition, nursing training and education and health care policy makers can implement strategies and program that focus on providing holistic care that encompasses competencies in nursing care. Thus, this led the researcher to undertake this study.

1.4 Problem Statement

Since the 21st century, Malaysia has been experiencing rapid industrial and economical expansion. This also brings an acute development in the health care system. To meet the fast changing and demanding health sector requirement of this modern century, the modern nurses are moving beyond the subservient nursing role to meet the challenge and their expanded and extended role (Mohamed, 2006).

Nurses nowadays are not the physician's handmaiden who just action depends on the physician's order. Nurses need to gain and maintain the respect of the public to emphasize the tangible benefits of nurses, beyond that of caring (Rhodes *et al.*, 2011). Rhodes (2011, pg. 2) argued that "nurses have failed to help the public understand that nurses' action involve more than nurturing". Nursing has move from task and include assessing, surveying the risk, identifying client goals, planning independent actions, and prioritizing care. Following the transition of nurse preparation to the higher education sector, the need to attenuate the tension of interests between employer and educator arose. While the competency-based approach has the potential to fulfil this, the application of competence to nursing is controversial and little of consensus on definition (Cowan, Norman, & Coopamah, 2005)

1.5 Purpose of the Study

Patient satisfaction with nurses' competency is an indicator of quality care. It is important to note that care should be tailored to suit patient's educational background, cultural orientation and level of comprehension. Despite public perception of what the

job actually entails, there is a paucity of study that investigates on the magnitude of public perception, attitude and expectation towards nurses' competence in the provision of nursing care

1.6 Aims of the Study

It can be argued that the potential to simultaneously increase patients' satisfaction is nurses' competence in the provision of care. Evidence pertaining to nurses' competence from the public is needed and may help in gaining better recognition of the nursing profession national and internationally. Competence cannot be considered to be of a quality unless publics said so. In the health care delivery, nurses' interactions with patients can produce both positive and negative patient perception with nurses' competence in the provision of care. Because of the curiosity regarding what public's had of nurses, this study aimed to uncover the public's perception, attitudes and expectation about nurses' competence in Johor by using a quantitative approach.

1.6.1 General Objective

To determine the public perception, attitudes, and expectation towards nurses' competence in the provision of nursing care in Johor.

1.6.2 *Specific Objectives*

- a) To determine the relationship of public perception and attitude towards nursing competency in Johor.
- b) To determine the relationship of public perception and expectation towards nursing competency in Johor.
- c) To identify the influence of selected socio-demographic (gender, ethnicity, educational level, monthly income) on public perception, attitude and expectation towards nursing competency in Johor.

1.7 *Research Questions*

- a) What are the public's perception, attitude, and expectation towards nurses' competency in Johor?
- b) To what extend is the nurse competency in providing care?
- c) To what extend is the nurse competency in meeting patient's needs?
- d) How nurses' competency is viewed by public in Johor?
- e) Is there any relationship between public's perception and their attitude?
- f) Is there any relationship between public's perception and their expectation in Johor?
- g) Are the socio-demographic (gender, ethnicity, educational level, monthly income) influence the public perception, attitude and expectation towards nursing competency in caring for patients?

1.8 Research Hypothesis

- Hypothesis 1: There is no association between public's perception and their expectation towards nurses' competence. ($H_0 \neq H_A$)
- Hypothesis 2: There is no association between public's attitude and their expectation towards nurses' competence. ($H_0 \neq H_A$)
- Hypothesis 3: There is no association between selected socio-demographic data (gender, ethnic, educational level, monthly income) and public's perception towards nursing competence in caring patients ($H_0 \neq H_A$)

1.9 Operational Definition of Key terms

The following key terms are highly contested notions. Some terms are the subject of ongoing debate about their theoretical construction, meanings and applications in practice. Therefore, it is necessary to give definitions of the way the terms are used in the context of this proposal.

- Perception - An idea, a belief or an image a person have, as a result of how the person see or understand something (Hornby, 2004).

- Attitude - Attitude is referred to as the opinion and feeling that a person usually has about something or the way that a person behaves towards someone or a situation (Skinner, 2009).
- Expectation - A strong belief about the way something should happen or how it should be behaved (Hornby, 2004).
- Competence - The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area (ANMC, 2005).

1.10 Justification for, and Significance of the Study

Undertaking this study is significant as it provides more accurate pictures of the public perception, attitude and expectation of nurses' competency by investigating the impact of the relationship between them. McAllister (1998) noted a world-wide preoccupation with competencies and competency standards, which are variations of credentialing where the establishment by professions of self-regulatory processes to determine and acknowledge a nurse has demonstrated competence to practice. Further, there is a public's lack of understanding of the full scope of nursing roles.

A competent nurse needs to meet the consumer expectation to fulfill the occupational standard (Eraut, 1994). Because the image of nursing has been a long-standing problem for nurses, an indication of the overall effectiveness of various individual and

group efforts to change the public's image of nursing over the last several years was often critique, hence leads to this study to investigate the public's perception, attitudes and expectation in regards to nurses' competency in Johor. The outcome of this study can give a better understanding pertaining to the public concept towards nurses' competency, and their view towards the current quality of nursing care in Malaysia. Hence, this study offered constructive measures to improve public perception of nurses' competency; and ultimately raising recognition of nurses' competency standard in providing care.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

As in all research study, it is common practice to conduct a review of the literature on the topic to expand upon the reasons behind selecting a particular research question, and critically evaluated previous research. The ultimate goal of research is to identify all studies that provide evidence of a particular intervention, to critique the quality of each study, and to synthesize all of the studies providing evidence of the effectiveness of a particular intervention. It is also important to locate and include previous evidenced-based papers that have examined the evidence of a particular intervention, because the conclusions of these authors are highly relevant (Burns & Grove, 2009).

The following sections of this literature review are presented under the major headings of nursing competency, classification and domains towards nurses' competency, the consumer's (patient's) views and perceptions of nurses and expectation towards healthcare. In this chapter, the conceptual framework that informs this study will be discussed in this chapter.

2.2 Nursing Competencies

Nursing competence usually refer to the ability of performing a personal skill that developed through professional nurse training courses, with a desired outcome (Dunn, Lawson, Robertson, Underwood, Clark, Valentine *et al.*, 2000). Competency can be

referred as a group of broad abilities and practical skills that might be changes when the environment changes (Tzeng, 2004).

Clinical competence is not unique to nursing. The concept for the competence assessment was originated in North America as an alternative test for intelligence for some jobs (Defloor, Hecke, Verhaeghe, Gobert, Darras, & Grypdonck, 2006). The notion of competence is now firmly established in nursing, but there are only little consensus in literature on what is actually the “nursing competence” means (*Cowan et al.*, 2005). Competence is just a nebulous concept which defined by different people in different ways (*Watson et al.*, 2002). Short (1984) explain that competence is usually refer to quality possessed by someone without specifying all that they can do in a given set of circumstances. However, the definitions of competence have become synonymous leading to further confusion between competence and performance, and also other concept such as capability and expertise(*Watson et al.*, 2002).

According to Watson, the discussion of competence should be complete with the reference to occupational standards. Instead of specifying what a person is deemed competent to do, occupational standards specify what the public can expect from a practitioner (*Watson et al.*, 2002). The occupational standard is defined as the level of performance required for the successful achievement of work expectation (Storey, 1998; *Watson et al.*, 2002). All professionals should have public statements about what their qualified members are competent to do and what people can reasonably expect from them (Eraut, 1994).

As proposed by Bradshaw (1997), each registered nurse is responsible and personally accountable for his or her own action. Therefore, to maintain and improve of competency can ensure that their acts and also their omissions that lie within their sphere of responsibility are not detrimental to the interest, condition or safety of the patients (Bradshaw, 1997). Competency is considered as an essential component of being a nurse. Studies indicated that there are many definitions about nurses' competency due to too much professional freedom in defining it. It can be argued that there are no agreed consensus by which nurse can judge what they know (Bradshaw, 2000; Cowan *et al.*, 2005).

2.2.1 Classification and Domains towards Nurses' Competency

There are many types of classification towards nurses' competency. Some past studies classified nursing competency into patient care process, interpersonal relationship, teamwork, communication, planning and evaluation, teaching and coordination, professional development, research, and the management and leadership (Tzeng, 2004).

Altranais (2000) classified five domains in nursing competency. The domains are professional/ethical practice, holistic approaches and integration of knowledge, interpersonal relationship, organisation and management of care, and the personal and professional development (Altranais, 2000).

Tzeng's (2004) study on new nurse graduates' understanding of competence identified eight concepts of competence. The competency concepts were safe practice, limited independence, utilization of resources, management of time and workload, ethical practice, performance of clinical skills, knowledge, and evolving were note (Tzeng, 2004).

Many of the literature relation to clinical competence appear confusing and contradictory. Too many definitions to the term "clinical competence" were noted and over-defined rather than ill-defines. Some of the article describes competence based on a behavioural outcome, while some of it described competence broader and more holistic (Defloor *et al.*, 2006; Meretoja, 2004). According to McMullan et al.(2003), there are three approaches to describe competence. There are the behavioural or performance approach, the generic approach and the holistic approach (McMullan, Endacott, Gray, Jasper, Miller, Scoles et al., 2003). The behavioural or performance-based approach defined competence as something a person is or should be able to do. It is mainly focus on performance rather than the knowledge, and concerned more with what people can do rather than with how much they know, and what they know (McMullan *et al.*, 2003).

The generic approach of competence, defined as "broad clusters of abilities which are conceptually linked". This approach concentrates on general attributes and the expert performance. These attributes such as knowledge or critical thinking capacity, provide basis for transferable or more specific attributes. However, in this approach, context is ignored and it is assumed that these general attributes can be applied to different

situations; and in whatever the circumstances, competent practitioners will perform well (McMullan *et al.*, 2003).

The holistic approach of competence is an integrated approach to competence, combining the general underlying attributes of the practitioner with the context in which these attributes might be applied, rather than ignoring this context as in the generic approach (McMullan *et al.*, 2003). As a competence nurse, being able to perform skills is not enough. The tasks must be carried out by people who are capable of contextualizing care by respecting the client's own values, cultural beliefs and approaches to health and ill-health (Defloor *et al.*, 2006). Performance of clinical task is one of the important domains in the nursing competencies, but, the ability to combine knowledge, attitudes and appropriate psychomotor skills are substantially important domains. This include includes awareness of ethics and values, reflective practice, context-specific knowledge and skills, and incorporates the therapeutic caring relationship as well (Defloor *et al.*, 2006).

2.2.2 Code of Professional Conduct for Nurses Registered with the Nursing Board Malaysia

In Malaysia, the nurses profession strives to safeguard the interest of society by ensuring its practitioners abide by a code of professional conduct. Every registered nurse has a moral obligation to adhere to the profession's code of conduct. It offers guidelines for professional behavior and practice and can be used as a standard against which complaints of professional misconduct are considered (Nursing Board

Malaysia, 1998). The complete core of Professional conduct for nurses registered can refer to the Appendix 1.

2.3 Patient's Perception of Nurses and Expectation Towards Healthcare and Nursing Competencies

Nursing literature in Western countries suggests that the public image of nurses is more or less stereotyped and communicates negative images of nurses. Society is found to respect the traditional nursing role of caring, which involves helping others and a lot of hands-on work (Hemsley-Brown & Forskett, 1999; Power, 2001) and to understand that becoming a nurse requires a university degree (Tang, Duffield, Choucair, Chen, Creegan, Mak *et al.*, 1999). However, traditional images such as nurses being subservient to medical professionals still exist due to the nursing stereotyping.

As argued by Takase (2005), nursing stereotypes are products of this simplistic classification system in a human's cognitive framework. Rather than examining each individual nurse's characteristics, public tend to classify nurses into a group of people who possess virtue and modesty, and refers nurses as angels and or doctors' handmaidens. The public image of nurses has been of great concern to the nursing profession. This image views nursing as a female occupation with nurses having little power over their practice (Takase, 2005).

Researchers claim that the stereotypical public image of nursing could constrain nursing practice. For instance, nursing skills may be underutilised and the health care environment may not adequately reward nurses for their performance. There has also been a concern that the constraints arising from the stereotypical public image of nursing may adversely affect nurses' work behaviour (Takase, 2005).

One other factor contributing to the negative images of nurses stems from nursing history and its role. Early nurses evolved from religious orders, which placed nurses in a subservient position to male priests and physicians, and attributed to their public image as ministering angels in Western countries (Colliere, 1986). Moreover, many of the early nurses came from a low socio-economic class up until the late 19th century (Bridge, 1990). These factors contributed to constraining nurses to be identified as the handmaidens of physicians who came from an upper social class (Giampietro & Schluton-Elwell, 1990).

According to researchers, nurses live in a complex world. Within the professional milieu, nurses are exposed to a professional culture wherein they internalise their professional self-image, and are encouraged to value and engage in professional autonomous practice (Hemsley-Brown & For-skett, 1999). Within society, nursing is often still viewed as a woman's occupation, which involves a subordinate role to physicians and a lack of autonomous practice (Hemsley-Brown & For-skett, 1999; Rossiter, Bidewell, & Chan, 1998; Tang *et al.*, 1999). Takase concluded that the function of the stereotype, described that traditional and stereotyped public images of nursing may influence the public's expectations and treatments toward nurses in ways

that constrain nurses to traditional subordinate forms of practice in the health care (Takase, 2005).

The literature has highlighted the overall public images of nurses, which are persistently characterised as being subservient, powerless, and feminine regardless of the different research locations, various studies approaches and limitations. The literature also indicates that there is little variety in the public images of nurses, such as how nurses in different clinical specialties are perceived differently by the public. This public's tendency to perceive nurses as all the same is consistent with an attribute of stereotyping, which leads people to see a target group as homogeneous and apply individual characteristics to all other group members (Crawford, Sherman, & Hamilton, 2002).

Annelie's (2010) study on the general South African public's perception of the image of nurses reported that current shortage of nurses was obvious. The profession is generally portrayed extremely negatively in the open press with the image of public was poor patient outcomes.

2.4 Conceptual Framework

The aims of this proposal were to investigate public's perception, attitudes and expectation of nurses' competencies in Malaysia. This chapter introduces a conceptual model that guides the literature review and lays the foundation for the study hypotheses. Conceptual model is important because it can illuminate what is

essential or relevant to a discipline (Curley, 2004). To inform this study the conceptual model based on the Synergy Model was used.

The Synergy Model for Patient Care, developed by the American Association of Critical Care Nurses in the United States (AACN, 1990) was selected because the model has been adopted by the faculty and integrated into the undergraduate and graduate nursing curriculums. The core concept of the Synergy Model is the needs or characteristics of patients and families influence the characteristics or competencies of the nurse. Synergy results when the needs and characteristics of a patient, clinical unit or system match those of the nurse. This model is chosen because it can link patient's perceptions, attitudes and expectation to nurse competencies. The evidence that are presented may supports the idea that model for professional nursing practice, and thus can lead to improved patient outcomes. When it is utilized as a professional model of care, the synergy model provides a framework that defines the nurse's relationship with the patient, other nurses, and the health care system. The model can also facilitate the evolution of a common language for nurses in identifying and communicating the needs of patients. It provides a viable mean for delineating the role of professional nurses in directly impacting the outcomes of patients and ultimately the overall success of health care organizations. The synergy model is an excellent framework to organize the work of patient care throughout the health care system (Kerfoot & Cox, 2005).

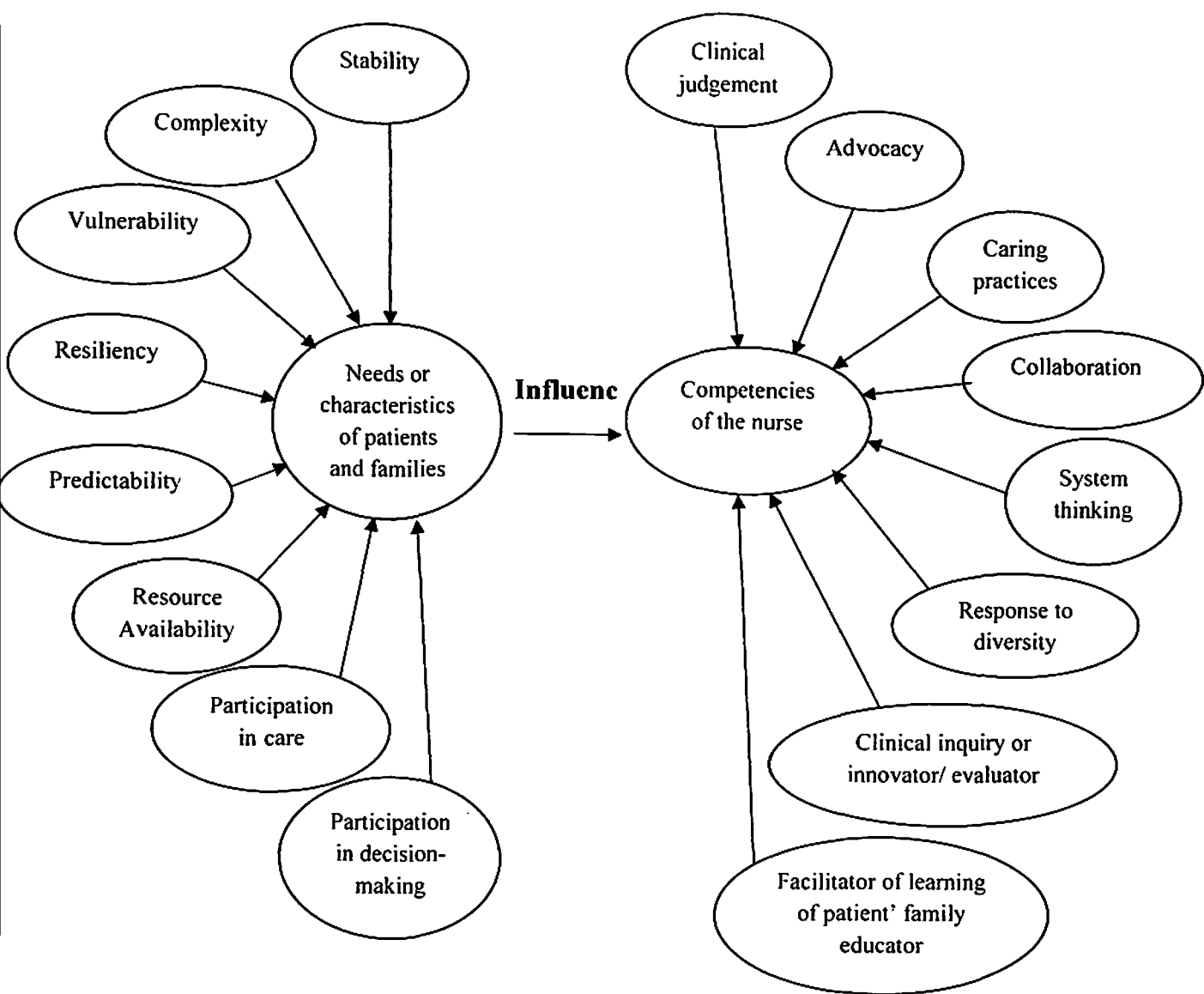


Figure 2.1 Synergy Model for Patient Care (AACN, 1990)

CHAPTER 3 METHODOLOGY & METHODS

3.1 Research Design

Cross-sectional study design was used in this study. This design is chosen because it is the simplest variety of descriptive that can be conducted on representative samples of a population (Burns & Grove, 2009). It provides descriptive data on the entire population under study at one specific point in time.

3.2 Population and Setting

The population of this study consists of public from Johor.

3.3 Sample

Multi-racial publics residing in Johor

3.3.1 Sample Size

To estimate the accuracy of a sample (sampling error) while determine the representatives and parameter of the sample , the Raosoft Sample Size Calculator (Raosoft, 2004) was used. The sample size required for an approximately 14, 962,754 of population in Johor who aged 20 to 60 years. There are 10 administrative districts in Johor (Batu Pahat, Johor Bharu, Kluang, Kota Tinggi, Mersing, Muar, Pontian,

Segamat, Kualaipjaya, and Ledang). Only 4 of it are involved in the research sample. There are Batu Pahat, Johor Bharu, Kluang, and Muar.

Table 3.1 Number of population 2010 (Department of statistics Malaysia)

<i>Administrative district in Johor</i>	<i>Population</i>
Batu Pahat	394,623
Johor Bharu	1,345,191
Kluang	288,357
Muar	236,960

From a total of 2,265,131 of populations for this 4 places, with an accuracy level of 0.95 with a confidence interval and a margin error of 5%, the sample size required is 385 (Appendix 2). To make the dropout rate for this study, $\pm 10\%$ of the calculated sample size is added. Hence, the required sample recruited for this study was within the range of 346 to 424 participants.

While the sample size calculated was approximately within this range of 346 to 424 publics, only 154 completed the questionnaire.

3.3.2 Sampling Method

Convenience sampling was used in this study. Convenience sampling is a non-probability sampling technique. Convenience sampling was selected because the

questionnaire was distributed to the public because of their convenient accessibility and proximity to the researcher.

3.3.2.1 Inclusion Criteria

Subjects were eligible for inclusion in the study if they:

- Aged 18 years or over
- Able to understand and respond verbally either in Malay language or English
- Willing to participate

3.3.2.2 Exclusion Criteria

Subjects were excluded in the study if they:

- Had not approached with nurses
- Not living in Johor for the last 10 years

3.4 Instrumentation

This study is a quantitative study involving the used of a survey questionnaire. According to Milne (1999), questionnaire is relatively quick to collect information and the responders that gather are more standardized and tend to be fairly structured (Milne, 1999). The use of questionnaire can elicits the same information from every subject (Polit & Beck, 2004). Besides, it also can eliminates the effect of researcher over the subject (Moore & Price, 2004) and reduce the risk of researcher's bias