



ความเป็นวิชาชีพและการปฏิบัติงานของพยาบาลในโรงพยาบาลทั่วไป
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Professionalism and Job Performance Among Nurses in General Hospitals,
Mandalay Region, The Republic of the Union of Myanmar

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บทคัดย่อ

ความเป็นวิชาชีพและการปฏิบัติงานของพยาบาลเป็นองค์ประกอบสำคัญในการให้การพยาบาลกับผู้ป่วย และอาจมีผลต่อคุณภาพของการให้การพยาบาล การศึกษาเชิงพรรณนาหาความสัมพันธ์ครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับของความเป็นวิชาชีพและการปฏิบัติงาน ความสัมพันธ์ระหว่างความเป็นวิชาชีพและการปฏิบัติงานตามบทบาทหน้าที่และการปฏิบัติงานตามบริบทในพยาบาลโรงพยาบาลทั่วไปในเขตมันตะเลย์ สาธารณรัฐแห่งสหภาพเมียนมาร์ กลุ่มตัวอย่างของการศึกษานี้คือพยาบาล 263 คนที่ทำงานในโรงพยาบาลทั่วไป 5 แห่งในเขตมันตะเลย์ เครื่องมือที่ใช้ในการศึกษาวิจัยในครั้งนี้ได้แก่ แบบวัดระดับความเป็นวิชาชีพของฮอล ซึ่งปรับปรุงโดยสนิเชค (1972) และ แบบวัดระดับการปฏิบัติงานของพยาบาลฉบับย่อของกรีนสเลด (2008) การวิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนาและสัมประสิทธิ์สหสัมพันธ์แบบอันดับของเพียร์สัน

ผลการวิจัยพบว่าระดับของความเป็นวิชาชีพในพยาบาลอยู่ในระดับปานกลาง ($\bar{x}=85.76$, $SD=7.75$), ระดับของการปฏิบัติงานตามบทบาทหน้าที่และการปฏิบัติงานตามบริบทในพยาบาลอยู่ในระดับปานกลาง ($\bar{x}=48.75$, $SD=12.08$, $\bar{x}=51.38$, $SD=13.50$) และ ยังพบความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญระหว่างความเป็นวิชาชีพและการปฏิบัติงานตามบทบาทหน้าที่ ($r=0.361$, $p<0.01$) และการปฏิบัติงานตามบริบทในพยาบาล ($r=0.324$, $p<0.01$)

ผลการวิจัยเหล่านี้สามารถนำไปใช้ในการพัฒนากลยุทธ์การปรับปรุงความเป็นวิชาชีพและผลการปฏิบัติงานซึ่งมีอิทธิพลต่อคุณภาพการดูแล

คำสำคัญ: ความเป็นวิชาชีพ การปฏิบัติงาน พยาบาล

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Abstract

Professionalism and job performance of nurses are important components in providing care to patients and can effect on quality of nursing care. This descriptive correlational study aimed to examine the level of professionalism and job performance and to examine the relationship between professionalism and task performance and contextual performance among nurses in general hospitals in Mandalay Region, the Republic of the Union of Myanmar. The sample was 263 nurses working in five general hospitals in Mandalay Region. The research instruments used in this study were Hall's Professional Scale revised by Snizek (1972) and Shortened Nursing Performance Scale developed by Greenslade (2008). Data were analyzed by using descriptive statistics and Pearson's product-moment correlation coefficient.

The results of this study showed the level of professionalism among nurses was at a moderate level ($\bar{x}=85.76$, $SD=7.75$), the levels of task performance and contextual performance among nurses were at moderate levels ($\bar{x}=48.75$, $SD=12.08$, $\bar{x}=51.38$, $SD=13.50$). It was found that there was a statistically significant positive relationship between professionalism and task performance ($r=0.361$, $p<0.01$) and contextual performance ($r=0.324$, $p<0.01$) among nurses.

These results could be used to develop strategies to improve professionalism and job performance that influence on quality of care.

Key Words: Professionalism, Job Performance, Nurse

Background and Significance

The healthcare sector is constantly undergoing major changes affected by several issues, such as social, consumer-related, governmental, technological and economic pressures. These changes will influence the nature of healthcare organizations (Zakari, Al Khamis, & Hamadi, 2010). Demand for health care is increasing all over the world to achieve higher quality of living. Due to its important effect on providing quality care as an essential part of health care delivery (Kitson, 1997), nurse performance is recognized as an integral part in the provision of quality health care (Greenslade & Jimmieson, 2007). Thus, nursing performance is a vital component of patient care (Safei, 2011). Job performance is defined as those behaviors

performed by nurses that contribute directly to the organization's technical core. The first domain of job performance is task performance, which includes those activities that are typically recognized as part of a workers job, and the second domain is contextual performance, which includes those behaviors that maintain the broader social environment in which the technical core must function. The three dimensions for task performance are social support, information provision, and technical care. The three dimensions for contextual performance are interpersonal support, job task support, and organizational support (Greenslade, 2008).

The individual level of professionalism in nursing affects nursing performance. Professionalism has been found to be associated



with job performance in various occupations (Kadarisman, 2011; Kelly & Hickey, 2012). Professionalism is the degree of commitment by individuals to the values and behavioral characteristics of a specific career identity. Hall identified five attitudinal attributes of professionalism: 1) use of professional organizations as a major reference, 2) belief in public service, 3) self regulation, 4) a sense of calling to the field, and 5) autonomy (Hall, 1968). Evaluating professionalism and job performance is necessary because of the rapid changes in the healthcare sector. Professionalism in nursing is the most important factor for nurses' performance (Wynd, 2003). A higher level of professionalism is important to enhance performance in the nursing profession.

In Myanmar, the health care system has been changing according to upgrading the political and administrative systems of the country. The Ministry of Health has tried to implement the National Health Plan (NHP) using various strategies by restructuring and upgrading hospitals, opening new specialist hospitals, and recruiting new nurses to enhance the quality of care provided to the population (Ministry of Health, 2013). One of the most prominent issues associated with providing services is nursing performance because of the many challenges in the nursing working environment in Myanmar. The situations of the existing professionalism and job performance have been mentioned above and there was an urgent need to conduct examining the relationship between professionalism and job performance among nurses in general hospitals in Myanmar.

Objectives

A descriptive correlational design aimed to examine the levels of professionalism and job performance including task performance and

contextual performance. The relationships between professionalism and task performance as well as between professionalism and contextual performance were examined among nurses in general hospitals in Mandalay Region, the Republic of the Union of Myanmar.

Conceptual Framework

The conceptual framework of this study is based on Hall's Professional Model (Hall, 1968) and the Job Performance Model developed by Greenslade (2008). Professionalism has five attitudinal attributes of professionalism: 1) use of professional organizations as a major reference, 2) belief in public service, 3) self regulation, 4) a sense of calling to the field, and 5) autonomy (Hall, 1968).

Job performance has task performance and contextual performance. The dimensions for task performance are technical care, information provision, and social support. The dimensions for contextual performance of nurses are interpersonal support, job-task support, and organizational support (Greenslade, 2008).

It is expected that attitudinal attributes of professionalism the way employees view their work influence performance. There is a connection between attitudes and behaviors in one's profession, and attitudes of a professional play a significant role in carrying out of their duties, and employees' job performance.

Methodology

A descriptive correlational design was used to examine the levels of professionalism and job performance and to determine the relationship between professionalism and job performance among nurses in general hospitals in Mandalay Region, the Republic of the Union of Myanmar.



Population and Sample

The target population of this study included 671 nurses who had been working for at least one year in these five general hospitals in Mandalay Region including Meikhtila General Hospital, Pyin Oo Lwin General Hospital, Kyauk-Sae General Hospital, Mandalay 300-Bedded Teaching Hospital, and Mandalay General Hospital. The study subjects were selected by using proportional stratified random sampling. In accordance with the formula of Yamane (1973), the sample size in this study was 251. Considering the possible loss of subjects, 20 % of the sample size (50 nurses) was added, so the total sample size was 301 nurses.

Research Instruments

Nurses were given the questionnaires comprising the demographic data form developed by researcher, the Hall's Professionalism Scale revised by Snizek (1972), and the Shortened Nursing Performance Scale developed by Greenslade (2008). The demographic data form consisted of question items regarding gender, age, marital status, job position, educational level, working unit and number of years working as a nurse. The Hall's Professionalism Scale measures five dimensions: 1) use of professional organizations as a major reference, 2) belief in public service, 3) self regulation, 4) a sense of calling to the field, and 5) autonomy. Each dimension had five items on a 1 to 5 rating scale with both positive and negative questions. In this questionnaire, there were eleven negative questions and fourteen positive questions. For negative items, reverse score was used, and total score could range from 25 to 125. Overall reliability of the scale has been reported as 0.78 (Snizek, 1972).

The Shortened Nursing Performance Scale developed by Greenslade (2008) had 25 items

(11 for task performance and 14 for contextual performance). There were three dimensions of task performance: 1) social support, 2) information provision, and 3) technical care. The three dimensions for contextual performance were 1) interpersonal support, 2) job-task support and 3) organizational support. These items were rated on 7-point Likert scales ranging from *not at all* 1) to *a great deal* (7) for contextual performance and from *poor* (1) to *excellent* (7) for task performance. The total score of task performance could range from 11 to 77, and the total score of contextual performance also could range from 14 to 98. The Cronbach's coefficient alpha for the reliability of task performance and contextual performance were .90 and .90 respectively (Greenslade, 2008).

Ethical Consideration

Prior to implementation of the study, the approvals were received from the Research Ethics Review Committee of the Faculty of Nursing Chiang Mai University and the Research and Ethical Committee of University of Nursing, Mandalay. Permission from the Ministry of Health and Medical Superintendents of the five general hospitals was obtained. All subjects were informed about the purposes and methods of the study. The participants were reassured that their responses would be kept confidential and their identities not revealed on research reports and publications of the study. Information letters that explained the details about the study and consent forms were completed and signed by all of the subjects.

Data collection

Data were collected from April to May, 2014. After receiving permission from the Ministry of Health, the researcher met with the Medical

subjects demographic characteristics, the level of professionalism, task performance, and contextual performance. The relationships between professionalism, task performance, and contextual performance, inferential statistics were employed using Pearson's product-moment correlation at a significance level of $p < 0.05$.

Results

The majority (97.71 %) of the subjects were female with an average age of 32.25 years old, 68.4% were single, and 55.1% had received a diploma degree in nursing. Fifty-seven percent of the subjects were in staff nurse positions with the average years of working experience at 7.21 years. 47.14 % had between 1-5 years of work experience whereas 24.71% of the nurses had between 6-10 years of work experience (Table 1).

Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	6	2.28
Female	257	97.72
Age (years) (= 32.25, SD = 6.66, range = 21 – 50)		
21-30	119	45.25
31-40	112	42.58
41-50	32	12.17
Marital Status		
Married	83	31.56
Single	180	68.44
Educational Level		
Diploma in Nursing	145	55.13
Bachelor Degree in Nursing	118	44.87
Current job position		
Trained Nurse	113	42.97
Staff Nurse	150	57.03



Characteristics	Frequency (n)	Percentage (%)
Working unit		
Medical	35	13.31
Surgical	62	23.57
* Others	166	63.12
Number of years working as a nurse (\bar{x} =7.21, SD=5.61, range= 1-20)		
1-5	124	47.15
6-10	65	24.71
11-15	39	14.83
16-20	35	13.31

Note: * Others include orthopedic unit, obstetrics and gynecology unit, eye medical unit and surgical unit, cardiac medical unit and surgical unit, renal medical unit, and renal surgical unit, liver unit, neuro medical unit, and neuro surgical unit, gastrointestinal unit, operation theatre, chest medical unit and chest surgical unit, skin care unit, dental unit, intensive care unit, and isolation unit.

The level of professionalism among nurses (Table 2).
was at a moderate level (\bar{x} = 85.76, SD = 7.75)

Table 2 Range, mode, mean, standard deviation and level of professionalism, task performance and contextual performance of subjects (n = 263)

Professionalism	Actual range	Mode	Mean	SD	Level
Overall professionalism	65.00-108.00	84.00	85.76	7.75	Moderate
Social support	5.00-28.00	12.00	14.55	4.70	Moderate
Information provision	7.00-28.00	12.00	18.56	5.71	Moderate
Technical care	7.00-21.00	18.00	15.63	3.85	High
Overall task performance	23.00-77.00	53.00	48.75	12.08	Moderate
Interpersonal support	4.00-28.00	12.00	16.35	4.62	Moderate
Job- task support	5.00-32.00	13.00	15.32	5.27	Moderate
Organizational support	7.00-34.00	18.00	19.71	5.55	Moderate
Overall contextual performance	18.00-91.00	46.00	51.38	13.50	Moderate

The overall level of task performance among nurses was at a moderate level (\bar{x} = 48.75, SD = 12.08) (Table 2). Among the three dimensions of task performance, social support (\bar{x} = 14.55, SD =

4.70), information provision (\bar{x} = 18.56, SD = 5.71) were at moderate levels among the nurses. A high level of technical care was found among the nurses (\bar{x} = 15.63,

The overall level of contextual performance among nurses was at a moderate level (\bar{x} = 51.38, SD = 13.50) (Table 2). The three dimensions of contextual performance - interpersonal support (\bar{x} = 16.35, SD = 4.62), job-task support (\bar{x} = 15.32, SD = 5.27), and organizational support (\bar{x} = 19.71, SD = 5.55) were all found at moderate levels.

	Professionalism
	r
Task performance	0.361**
Contextual performance	0.324**

Discussion

The result of this study showed that overall professionalism among nurses in general hospitals in Mandalay Region, the Republic of the Union of Myanmar was at a moderate level (\bar{x} = 85.76, SD = 7.75) (Table 2). This finding was inconsistent with previous study among certified-nurse midwives (CNMs) who were members of the American College by Hampton and Hampton (2000) who used the same instrument. It is also inconsistent with studies among Korean American registered nurses employed in the United States (Kim-Godwin, Baek, and Wynd, 2010) and nurse managers and bedside nurses in Saudi Arabia (Zakari, Al Khamis and Hamadi, 2010). A high level of professionalism was reported among certified-nurse midwives (CNMs) and among Korean American registered nurses. Zakari et al. (2010) reported a low level of professionalism in Saudi Arabia. This might due to the different health care system, environment, resources, and personal

There were statistically significant moderate positive relationship between professionalism and task performance ($r = 0.361$, $p < 0.01$) and between professionalism and contextual performance ($r = 0.324$, $p < 0.01$) among nurses (Table 3).

Furthermore, Myanmar health care system has been changing along with the upgrading of the political and administrative systems of the country. It was somewhat believed that the health care organization(s) supported the nursing profession in the opportunities for continuing education for nurses. The Ministry of Health has implemented the National Health Policy to produce sufficient and efficient human resources for health locally by increasing the numbers of student nurses accepted (Ministry of Health, 2013). Nurses in Myanmar have almost no chance to read professional journals. They could not learn further by reading many books and journals because there is only one nursing and midwife journal in Myanmar. Nursing organizations in Myanmar cannot provide adequate resources to nurses to promote career development (Nwe, 1997). Most nurses are also not interested in reading professional journals (Maung, 2011). The finding of this study also showed that only a few



nurses could systematically read the professional journals for professional development.

In general hospitals, nursing superintendents, matrons, and ward sisters usually encourage their staff to develop their professional skills and praise them verbally and recognize when they perform effectively and efficiently. There are so many restricted activities in participation of the hospital (Hla, 2006). Some nurses change their career due to no longer believe in the nursing profession. This professionalism of nurses in general hospitals was at a moderate level.

The results of this study showed that the levels of task performance (\bar{x} = 48.75, SD = 12.08) and contextual performance (\bar{x} = 51.38, SD = 13.50) (Table 2) among nurses in general hospitals were at moderate levels. According to the results from Ke (2012) who used the same instrument to examine the level of job performance in Yunnan Province in China, in which the mean scores of task performance and contextual performance were at moderate levels. While Fathimath's study (2012) conducted in the Maldives using the same instrument, showed results of task performance at a high level where as the result of contextual performance indicated a moderate level also. As the study among nurses, supervisors, and patients in Queensland by Greenslade and Jimmieson (2011) demonstrated similar results as Fathimath. Accordance with previous studies among Jordanian nurses by Mrayyan and Al-Fauori (2008) and among professional nurses in China by Yuxiu (2010) who reported the level of job performance was at a moderate level. Possible explanation would be the strengthen task behaviors in nursing organizations by giving continuous nursing education, special courses, and setting up the specific job descriptions. Health organizations in

Myanmar have given more attention to enhancing quality of care by implementing various strategies in recent years (Ministry of Health, 2013).

Moreover the results of this study indicated that there was a statistically significant moderate positive relationship between professionalism and task performance ($r = 0.361, p < 0.01$) (Table 3) as well as between professionalism and contextual performance ($r = 0.324, p < 0.01$) (Table 3) among nurses. The subjects perceived higher level of professionalism and the higher level of job performance. According to Çelik & Hisar (2012), the individual level of professionalism in nursing also affects clinical practices and enhances nursing performance. Nursing professionalism is the basis for nurses to behave in their job. Hall (1968) explained that attitudinal attributes of professionalism influence individual performance. The findings of this study also could be explained in the view of the current situation of nurses' roles in Myanmar. Most nurses in Myanmar have suffered from a lack of support and a lack of power (Hla, 2002) to participate in extra activities. Additionally, general hospitals in this study were providing tertiary care and were usually crowded with patients, causing high workload and inflexible working hours.

Conclusions and Implications

The results of this study showed the levels of professionalism, task performance, and contextual performance among nurses were at a moderate level. There was significant positive relationship between professionalism and task performance, as well as between professionalism and contextual performance among nurses.

The findings of this study highlight information for nurse administrators and managers who seek to develop professionalism in improving job



performance in the hospital setting. They may apply these findings in their unit for better performance in providing quality service in their organization. Nurse managers can use strategies to reduce nurses' workload and variety of interruptions in daily work in order to have time to provide emotional support. Nurse administrators can create work motivation, thereby affecting voluntary participation in activities.

Recommendations

Further studies should to explore the factors related to professionalism and job performance among nurses in Myanmar, to replicate this study in other regions of Myanmar or other types of hospitals to make strategies for providing quality care, and to study the effects of professionalism on organizational outcomes.

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