Core Competencies of Beginning Staff Nurses: A Basis for Staff Development Training Program

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Abstract—The research utilized quantitative descriptive survey method in which data is analyzed through descriptive manual statistics such as percentage and frequency distribution; calculated Weighted Mean; and t-test following statistical technique standard score of 4.20 as the guidelines for the Quality Management systems developed by the ISO. A purposive sample of 30 BeSNs and 17 Head Nurses (HNs) employees from an ISO-accredited tertiary private hospital in Manila completed the evaluation survey. The results revealed that there is significant difference between the self-evaluation of BeSNs and (HN) evaluation. The three (3) out of eleven (11) areas of core competencies such as Health Education, Research, and Professional and Personal Development, is found to have the priority needs program having on its weak level. Eight (8) areas of core competency are identified with degree of association between BeSNs’ self evaluation and HNs’ evaluation. Hence, innovative Core Competency Evaluation and Competency-based Staff Development Training, a shared cognition-inspired program is developed relevant to nursing educational experiences of novice nurses.

Index Terms—core competencies, novice nurses, nurses evaluation, staff development training program, shared cognition model

I. INTRODUCTION

A. Background of the Study

Nursing, as an integral part of health care system, had its own unique distinction among other disciplines. No doubt, it is one of the most treasured innovative applied sciences today. Nursing scope of practice has undergone tremendous changes over the past 50 years. Many changes in health care industry include setting for health care shifting from hospital and institution-based setting to school or community-based care. These changes in nursing practices also dictated changes in nursing education.

Competence is a learning outcome for which most hospital or institution-based must assume responsibility. The lamentable fact is that not all institutions are committed to fulfilling their philosophy and mission statements. Some are focused more on its financial survival by reaping profits from oppressed and depressed ill patients. Unfortunate fresh graduates are exploited rather than be trained to be competent, committed and caring professionals in some training-based hospitals. This drastically mislead to the problem of declining quality healthcare professional services.

Though, nowadays, there is a growing global consensus that majority of the world’s health care systems are in various critical situations. Rapidly shifting socio-demographic trends, migration for better pay, and the upsurge of more lucrative career opportunities outside hospitals are fast draining healthcare personnel nurses moving to and from developing countries.

In the Philippines, the myriad of problems besetting the nursing sector are more glaringly evident by the steadily declining Nurses working in such institutions have increased workload leading to too tied-up patient responsibilities. Most hospital institutions are in a freeze hiring status due to cost-cutting system; bulk of staff nurses resignation, but rendered no replacement. The challenges faced by raw nurses include inadequate nurse-patient ratios, insufficient nursing skills training and ward orientation. The substandard educational preparation of staff nurses even weakens the level of nursing competencies in the country.

Competency-based curriculum is by-word unheard decades ago in the Philippine Nursing Practice and Education, but is today pushing for an oriented competency-based Bachelor of Science in Nursing (BSN) curriculum. In the Philippines, the regulatory body in charge of nursing education and practice has responded to the changes in health care industry by retro-fitting nursing practice and education to meet the present day demands. The response of the Board of Nursing (BON) to the ever-changing demands in health care settings and global expectations in nursing practice and curriculum, the creation of Core Competency Standards for Nursing Practice serves as a unifying framework for nursing education, regulation and practice in the Philippines.

“Core competencies have special qualities. They exemplify excellence, provide competitive advantage and have the effect of bringing the organization better than average degree of success over a long term [1].” The importance of continuing education is to be recognized as a fundamental need for nurses in the Philippines in order to keep pace with the rapid changes, enhance standard scope of practice, and ultimately promote quality delivery of health care to the public. A proposed Staff Development Training Program for Beginning Staff Nurses based on study results and evaluation of core
competencies is essential if they are to start, develop, and maintain professional nursing competence and awareness; which can lead and contribute to improvement of holistic patient care.

B. Literature Review

1) Core competencies in nursing

The eleven (11) identified core competency areas include the following: Safe and Quality Care, Management of Environment and Resources, Health Education, Legal Responsibility, Ethico-moral Responsibility, Personal and Professional Development, Quality Improvement, Research, Record Management, Communication, and Collaboration and Teamwork [2].

Safe and Quality Nursing Care pertains to the nurse’s ability to demonstrate knowledge based on the health or illness status of the client, provide sound decision-making, promote safety and comfort of clients, set priorities in care based on needs, ensure continuity of care, administer medication and other therapeutics, utilize nursing process as a framework in performing comprehensive and systematic assessment; formulate plan of care in collaboration with patient and other members of the health care team, implement planned nursing care to achieve identified outcomes, evaluate progress toward expected outcomes, and respond to the urgency of a patient’s conditions.

Management of Resources and Environment refers to the nurse’s ability to organize work to facilitate patient care; utilize resources to support patient care, ensure functioning of resources, check proper functioning of equipments, and maintain a safe environment. The nurse leader and manager, confronted by the exodus of nurses, needs to have the skill of managing a very important resource in the health care organization - the nurse.

Health Education is the ability of the nurse to assess the learning needs of the patient; develop health education based on the assessed and anticipated needs; develop learning materials to health education; implement health education plan; and evaluate the outcomes of health education. Client education has been a standard for professional practice. In the Unites States, the Joint Commission on Accreditation of Health Care Organizations (JCAHO) has established standards for client education within the hospitals [3].

Legal Responsibilities involves the nurse’s adherence to practices in accordance with the nursing law and related legislation including contracts, informed consent, etc. and to local and national organizational policies and procedures.

Ethico-Moral Responsibilities involves the nurse’s respect for the right of individuals and groups; acceptance of the responsibility and accountability for own decisions and actions; and adherence to international and national code of ethics for nurses.

Personal and Professional Development refer to the nurse’s ability to identify his/her own learning needs; pursue continuing education; get involved in professional organization; project the professional image of a nurse; possess a positive attitude towards change and criticisms; and perform functions according to professional standard.

Article VI of the Philippine Law of 2002 (RA 9173), has stipulated under Section 28 that nurse is required to maintain competency by continual learning through continuing professional development in any recognized professional nursing organization [4].

Quality Improvement refers to the nurse’s capability to gather data for quality improvement; participate in nursing audits and rounds; identify and report variances; and recommend solutions to identified problems.

Research refers to the nurse’s skills in data gathering using different methodologies; formulating recommendations for implementation; application of research findings in nursing practice; and dissemination of results of research findings. ICN firmly believes that nursing research is central to quality cost-effective nursing practice. Research in nursing is providing the basis for the development of what ICN calls evidence-based nursing. ICN has developed a number of strategies designed to support and encourage national nurses associations such as the Philippine Nurse Association, efforts to engage in research ICN promotes opportunities for nurses to publish in international journals and facilitates access to researches [5,6].

Record Management refers to the nurse’s ability to maintain accurate and updated documentation of patient care; record outcome of patient care; and observe legal imperatives in record keeping. Nurses are responsible for accurate, complete and timely documentation and reporting or record management. As an instrument of continuous client care and as a legal document, the client record should contain all pertinent assessments, planning, interventions and evaluations for the client [7].

Communication pertains to the nurse’s ability to establish rapport with clients; listen attentively to client’s queries and requests; identify verbal and non-verbal clues; utilize formal and informal channels; respond to the needs of individual/group/community; and use appropriate technology to facilitate communication.

Collaboration and Teamwork pertains to the nurse’s capacity to establish collaborative relationships with colleagues and other members of the health team; and communicate plan of care with others members of the health team. It is emphasized that the “focus and benefits of collaboration could lead one to think that collaboration is a good approach to patient care, leading organizations, educating future health professionals and conducting health care research”. However this practice is rare, and added that effective collaboration is dependent on the context of a person’s own frame of mind and it might be influenced in time [8].

2) Competency-based staff development

A professional nursing staff should always grow in knowledge. It is impossible to remain knowledgeable of current medical and nursing practice trends without ongoing education. The nurse manager is responsible for making learning opportunities available so that staff remains competent in their practice. This involves planning in-service programs, sending staff to continuing education classes and professional conferences, and having staff present case studies or practice issues during...
staff meetings. Staff members are responsible for pursuing educational opportunities when they know that their competencies are lacking [9].

C. Research Problem

The study is focused on determining the level of core competencies of Beginning Staff Nurses presently employed at the private tertiary hospital in Manila. Specifically, answer the following questions:

1. What is the level of competency of the Beginning Staff Nurse based on their self-evaluation in terms of the 11 Nursing Core Competencies; such as,
   - Safety and Quality Nursing are
   - Management of Resources and Environment
   - Health Education
   - Legal Responsibility
   - Ethico-Moral Responsibility
   - Personal and Professional Development
   - Quality Improvement
   - Research
   - Records Management
   - Communication
   - Collaboration and Teamwork

2. What is the level of competency of the Beginning Staff Nurse in terms of the 11 nursing core competencies based on the evaluation of their Head Nurse?

3. Is there a significant difference between the self-evaluation of Beginning Staff Nurses and their Head Nurses’ evaluation of their level of competence?

4. Based on the results of the evaluation, what are the areas of strengths and weakness of core competencies according to:
   - Beginning staff nurse’s self-evaluation
   - Head nurses’ evaluation

5. Based on the results of the evaluation, what staff development training programs can be developed from the weak areas of core competencies?

D. Conceptual Framework

The conceptual framework that is used build upon Eleven (11) Key Areas of Core Competencies and Behavioral Indicators formulated by the Association of Deans of Philippine Colleges of Nurses (ADPCN) and approved by the Philippine Board of Nursing and the Philippine Profession Regulation Commission (PRC) in the evaluation of the competent nurses. The framework of this study is strengthened by the Conceptual Outcome Performance Assessment Model (COPA). Competency Outcome Performance Assessment (COPA) model provides a framework for assessing the full range of core competencies essential for nursing practice. These include psychometrically sound techniques for assessment across psychomotor, cognitive and affective domains in all specialty content areas of nursing education [10].

Fig. 1–Conceptual Paradigm, represents the contents and the process of the study. It identifies the interrelated stages which consider the basic concepts of Core Competency Evaluation and Identification of the Beginning Staff Nurses’ needs for Staff Development Training Program.

The center box shows the first step in the process of evaluation of the Beginning Staff Nurses utilizing the adapted 11 areas of core competencies of the Board of Nursing in the Philippines. The arrows from the left and right boxes pertain to the significant difference of the BSNs’ Self-evaluation and Head Nurses’ evaluation. From the center, an arrow leading to the box which contains the step involving the identification of strong and weak areas of core competencies. The consequent lower box rules out a proposal for a Staff Development Training Program based from the weak areas identified as results of the study. The feedback mechanism represented by the broken arrows in the figure connects each process box counter validates the findings of the study. Feedback in the form of open suggestions and comments, keeps the system in achieving negative entropy.

E. Hypothesis

Ho: There is no significant difference between the self-evaluation of beginning staff nurses and their head nurses’ evaluation on their level of competence.

F. Scope and Delimitation

This study identified the level of the Core Competencies of Beginning Staff Nurses limited to maximum of 6 months hospital experience. This is done through the administration of a self-evaluation instrument to the Beginning Staff Nurses and their Head Nurses’ evaluation and the proposed Staff Development Training Program.

The following limitation is set in the course of the undertaking:

1. The study is conducted in the tertiary ISO-accredited private hospital in Manila. Specifically, Nursing Service Administration department has allowed conduct of the study to the following major areas:
   - Medical and Surgical Wards
   - Obstetric and Pediatric Wards
   - Emergency Room Unit
2. The respondents of the study is composed of 30 registered nurses, classified as Beginning Staff Nurses (BeSN) with a maximum of 6 months experience and 17 Head Nurses with minimum of 6 months experience as head nurse.

3. The results of the study is viewed in the context of the responses of private tertiary hospitals' nursing staff who is being asked to voluntarily participate in the study which differs from that of nurses in rural areas, or nurses in public or non tertiary larger or smaller hospitals.

4. The Proposed Staff Development Training Program is based on the perception of the nurses on the weak areas identified from 11 areas of core competencies for beginning staff nurses intertwined with the concepts of Competency Outcome Performance Assessment (COPA). Hence, the skills, knowledge and attitude acquired through nursing experience and perceptual awareness that beginning staff nurses develop as decision makers may be applicable to other research setting.

II. RESEARCH DESIGN AND METHODOLOGY

A. Research Design

The quantitative descriptive survey research design is used in this study in order to obtain data about evaluation of the beginning staff nurses in 11 areas of core competencies with respect to the current status of their levels. A survey is designed to obtain information about the prevalence, distribution, and interrelations of variables within a population [11]. The research compares the characteristics of groups according to some selected variables as it is being evaluated also by head nurses, and its main purpose is to determine the difference without determining the cause [12].

B. Population Sample and Sampling Technique

Non-randomized purposive sampling is used wherein respondents have chosen based on predefined criteria to ensure accurate results. This type of sampling is based on the assumptions that the researcher or the chosen expert has enough knowledge about the population of interest to select specific subject of the study [13].

The criteria used in picking the sample of staff nurses are the following:

1. Beginning staff nurses who have worked for at least six (6) months in different areas of hospital settings.
2. Presently employed in the selected tertiary hospital.
3. Have the willingness to participate in the study.

For the head nurses who will evaluate the staff nurses, the following are the established criteria:

1. Had a direct supervision to the beginning staff nurses.
2. At least had six (6) months experience as a head nurse.
3. Have the willingness to participate in the study.

C. Tool or Instrumentation

The instrumentation of study made use of adopted modified survey-type evaluation questionnaire which contains indicators from the Nursing Core Competencies formulated by the ADPCN and Philippine Board of Nursing (BON) [14]. To establish content validity and reliability of instrument, the tool is submitted to five (5) expert nursing educators with doctorate degrees and supervisory experience in clinical practice to evaluate the items for clarity and appropriateness and majority accepted it with few modifications.

A 5 (five)-point Likert scale is used as rating scale of the instrument. It consists of several declarative statements expressing a viewpoint on a topic. The respondents were asked to indicate the degree to which they agree or disagree with the opinion expressed in the scale; and choose one numerical value for each item.

The competency evaluation tool involved an analysis of the specific content, aims, objective of core competency assessment, development of a specific conceptual framework for the questionnaire, based on the analysis of the purpose, aims and objectives of the competency evaluation. The conceptual framework in this study ensured the logical development of the tool and that it systematically covers the area of interest in the competency evaluation.

With the conceptual framework in place, tool is created through development of items and scales for the questionnaire into new measures and those that already exist in the literature. For greater validity, the tool is tailored and items are made into specific purposes of the competency evaluation. It is further reviewed and revised in collaboration with expert personnel so that only appropriate items are included. To identify misunderstandings or ambiguities in written items, as well as generate ideas for new items, Pretest is conducted with small sample of typical respondents. The tool is then presented in a professional manner, with a cover letter introducing the questionnaire to the respondent. The survey is answered up to 15 minutes by each respondent.

D. Ethical Consideration

Prior to data gathering of the study, participants' informed consent and ethical committee approval are being secured along with permit from the officials of ISO-accredited tertiary private hospital through formal letter of request, and is granted through courtesy call and response letter one week prior to its submission in order to promote privacy, confidentiality, and protection of human subject as an area of interest.

Actual data gathering began right after the pre-testing of instruments and after revision of the research proposal is finalized. The research questionnaire is distributed to the respondents through facilitative effort of the Supervisors, Nursing Directress and Administrative Director of the private tertiary hospital. The author spent two weeks from the time of questionnaire distribution up to the period of collection, which obtained 47 out of 47 distributed questionnaires that represents 100% return rate.

E. Data Collection

The survey questionnaire is being answered by the Beginning Staff Nurses and the Head Nurse by entering the appropriate number point from the scale of 5-1 with the corresponding descriptive value to show what extent someone is exhibiting an acceptable behavior.
III. **ANALYSIS OF RESULTS AND DISCUSSION**

This section sought to answer the significant differences between the self-evaluation of Beginning Staff Nurses and their Head Nurses evaluation using their respective computation formulas; the strength and weak areas in the core competencies are identified; and what training program for the beginning staff nurses can be developed based on the results of the study.

A. **Statistical Treatment of Data**

The survey is evaluated by the Beginning Staff Nurses (BeSN) and Head Nurses (HN) using the Likert Scale or by entering the appropriate number point from the scale of 5-1 with the following descriptive value:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Range of Weighted Means</th>
<th>Response</th>
<th>Level of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4.20-5.00</td>
<td>Always performs it at all times; 100%</td>
<td>Very high (VH)</td>
</tr>
<tr>
<td>4</td>
<td>3.40-4.19</td>
<td>Occasionally performs it 7-8 times out of 10 occasions; 80%</td>
<td>High (H)</td>
</tr>
<tr>
<td>3</td>
<td>2.60-3.39</td>
<td>Sometimes performs it 4-6 times out of 10 occasions; 50%</td>
<td>Average (A)</td>
</tr>
<tr>
<td>2</td>
<td>1.80-2.59</td>
<td>Seldom performs it 1-3 times out 10 occasions; 20%</td>
<td>Low (L)</td>
</tr>
<tr>
<td>1</td>
<td>1.00-1.79</td>
<td>Never performs it all; 0%</td>
<td>Very low (VL)</td>
</tr>
</tbody>
</table>

The Table I shows scale for analysis and interpretation of the Level of Core Competencies of the Beginning Staff Nurses and Head Nurses evaluation in terms of the 11 Nursing Core Competencies.

<table>
<thead>
<tr>
<th>Range of Weighted Mean</th>
<th>Descriptive Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥4.20</td>
<td>Strength</td>
</tr>
<tr>
<td>&lt;4.20</td>
<td>Weak</td>
</tr>
</tbody>
</table>

The Table II sets baseline from the numerical value listed and is used to identify the strength and weak areas of evaluation of core competencies for beginning staff nurses.

All numerical values above or equal to 4.20 indicate strength category; while all numerical values below 4.20 as weak areas, based on the concepts of the International Organization for Standardization:

2. ISO 9000 stated that “quality is meeting customer requirements 100% all the time delivering error-free products and services doing the right all the time, the first time all the time” [15].

The Table III findings revealed that there are eight areas of strengths according to the Beginning Staff Nurses’ evaluation with a weighted mean more than or equal to 4.2. These are: Safety and Quality Nursing Care with value of 4.47 (Very High); Management of Resources and Environment with value of 4.21 (Very High); Legal Responsibility 4.66 (Very High); Ethico-Moral Responsibility with value of 4.66 (Very High);
Quality Improvement with value of 4.31 (Very High); Records Management with value of 4.41 (Very High); Communication with value of 4.39 (Very High); and Collaboration and Teamwork with value of 4.43 (Very High).

The three weak areas of competency are Health Education with value of 3.59 (High); Research with value of 3.44 (High); and, Personal and Professional Development with a value of 4.01 (High).

The nine areas of strengths according to the Head Nurses’ evaluation with a weighted mean more than or equal to 4.2 are: Safety and Quality Nursing Care with value of 4.57 (Very High); Management of Resources and Environment with value of 4.42 (Very High); Legal Responsibility with value of 4.68 (Very High); Ethico-Moral Responsibility with value of 4.22 (Very High); Professional Development with value of 4.37 (Very High); Quality Improvement with value of 4.27 (Very High); Records Management with value of 4.23 (Very High); Communication with value of 4.46 (Very High); and, Collaboration and Teamwork with value of 4.29 (Very High).

The two weak areas according to the Head Nurses’ evaluation with a weighted mean of less than 4.2 are: Health education with a value of 3.59 (High) and, research with a value of 3.66 (High).

According to the above results, the Head Nurses have identified nine strong areas of competencies compared to the Beginning Staff Nurses evaluation. The similar identified areas of strength are Safe and Quality Care; Legal Responsibilities, and Ethico-Moral Responsibilities; Management of Resources and Environment; Quality Improvement; Record Management; Communication and Collaboration and Teamwork.

However, the results produced level of competencies which can be considered weak, although these have ‘high’ to ‘average’ rates based on descriptive values raised in this study. These fields should be considered given emphasis for the formulation of a training program. Analogous high levels of areas of competency are: Personal and Professional Development, Health Education and Research.

Using the formula of t-test, statistical method, tested at p value 0.05 level of significance, to compute for sample respondents of > 30, it is tested between the two means [16], identifying the significant difference as to the Level of Competency of Beginning Staff Nurses and Head Nurses in terms of the 11 Nursing Core Competencies.

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>t-value</th>
<th>p-value</th>
<th>Df</th>
<th>Decision</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary 1 through 42</td>
<td>0.017</td>
<td>.021</td>
<td>46</td>
<td>Reject null hypothesis</td>
<td>There is a significant difference between the two means</td>
</tr>
</tbody>
</table>

It is stated that if the “p” value is less than the 0.05 level of significance, reject the null hypothesis. But, if the ‘p value is greater than the tabular value, accept the null hypothesis [17].

From the above table, since the obtained value of “t” is equal to 0.017, which is less than required value of “p-value” tested at 0.05 level of significance; obtained “p-value” 0.021 is of significant difference between the two means, X1 > X2. The two (X) means reflected difference on their level of competency evaluation. Therefore, the null hypothesis is rejected as “there is significant difference on the Level of Core Competencies evaluation between Beginning Staff Nurse and Head Nurses.

IV. SUMMARY AND CONCLUSION

Based on the significant findings of the study, the following conclusions are generated:

1. There are eight identified weak areas and three areas of strength of core competencies of Beginning Staff Nurses based on their self-evaluation. Their Head Nurses’ evaluation determined two weak areas and nine areas of strength.

2. The null hypothesis that is raised in this study and tested at 0.05 level of significance is rejected. There is a significant difference in the level of competency between the Beginning Staff Nurses’ and their Head Nurses’ evaluation. This necessitates establishing a comprehensive Staff Development Training Program based on the areas identified as weak (those with high comparative ratings between BeSNs and HNs). The staff development training program components include shared cognition strategies and relevant topics that contains concept of competencies with weak ratings.

3. The evaluation of core competencies of BeSNs successfully identified the above weak areas based on ISO standards. Information generated from the core competency evaluation is relevant in light of the trends toward accountability and continuous quality improvement in nursing practice as nursing develops and promotes professional practice programs, it also makes implicit promises to patients about the skills, competent nurses will demonstrate in their practice.

4. Many studies have explored the relationship between the nurses and continuing education and discovered that management topics are often included. The main core competency needs of BeSNs identified in this study are supported by literatures citing the mandatory, comprehensive and up to date training needs of the beginning nurses.

5. Finally, the findings in this study prove and support the importance of continuing education on competent patient care from novice nurses; a challenge for both the beginning and professional nurses should meet.
V. RECOMMENDATIONS

The core competency evaluation for beginning staff nurses is not merely the solution or answer to the growing issues of staff nurses shortage, and incompetent staff nurses, and declining quality of safe patient care. It is one aspect of the complex dimensions of healthcare systems.

The attainment of globally competitive, self-reliant, and skilled staff nurses is a shared responsibility between employer, registered nurses and regulatory agencies.

The following recommendations are hereby suggested:

1. The nurse must be aware of the need for continued professional learning and must assume personal responsibility for currency of knowledge and skills.

2. The administration of the hospitals should carry out the requirements of the Department of Health and other accrediting bodies to ensure the ongoing competencies of staff nurses. The responsibility of the employer is to resolve the influence of massive expenditure cutback and containment strategies pursued by many health care networks and facilities on the ability of the beginning staff nurses to be competent practitioners.

3. The Board of Nursing should be supported by the government to develop program, positively implement and evaluate continuing competency requirement to assure adherence of nurses to the optimum standards. There should be a link in the role of monitoring and evaluating the system/employer’s ability to support new and practicing registered nurses in maintaining their continuing competence by giving constructive feedback.

4. There should be a specific competence measurement, guidelines or evaluation in finding out the difference and core similarities of evaluating competence of a nurse at different period during their career in nursing i.e., 1-3 months, greater than 1 year, 3-5 years, 10 years, 15-20 years and etc.

5. Future researchers can conduct similar studies in other private and government hospitals with the inclusion of patients/clients to draw evaluation based on the core competencies actually rendered to them by registered nurses. These variables are arranged on the periphery of tools, methods, and competencies, for beginning staff nurses.

6. The tool used in this study, can be improved further by including key performance indicators or key result areas that will consider the application of knowledge and skills and provide basis in the approach of measuring core competency with the consideration on appropriate expenditure of time and cost.

7. Healthcare organizations should recognize the value of spending the necessary time and money on preventing service failures. An excellent way to do it is to invest in staff training development. Recommended training programs may be patterned or adopted from the one proposed in this study for beginning staff nurses.

8. Staff Development Training Programs towards quality patient care could be developed to help nurses achieve a sense of accomplishment and receive recognition for personal knowledge and skills. Head nurses should be encouraged to share their knowledge with their subordinate co-workers at departmental meetings and educational programs. Nurses could be encouraged to develop units or work group educational programs, sharing information with colleagues on research, through latest media or by the use of computer software instructional programs.

9. Evidence based practice, guided practice, role play, videos and other instructional materials are various methods that should be utilized to enhance staff development and improve patient education in every institution, when proper caring of personal health is understood by saving more lives is also equivalent to lessening healthcare costs and liability expenditures, and decrease in demand for exhaustion of Nurses Manpower, both here and abroad, in response to shortage or incompetent staff nurses.

10. Nurses’ core competency learning needs are dynamic and on-going; constant re-appraisal is required. The educators must continuously seek the perceptions of the learning needs of beginning staff nurses, which can be used as basis for planning educational program offerings, involving staff nurses’ personal and professional career development, as well as competent patient care and client satisfaction.

The proposed Staff Development Training Program is established based on the findings of the study which is the determination of core competency weak areas of BeSNs’ self evaluation and their HNs’ evaluation. The training program includes series of staff training activities and strategies related to the thrust of the study to be undertaken to enhance their level of core competencies.

The Fig. 2 below presents as framework for the Staff Development Training Program design adopted and modified from Cannon–Bowers and Salas (2001) [18]-[21]. This identifies 3 variables that are important in the staff development training strategies: a shared cognition tools, methods, and competencies, for beginning staff nurses. These variables are arranged on the periphery of the figure, which is an inverted triangle with tools and methods at the top and competencies at the bottom.
Tools are used to identify training content. Methods are used to educate and coach the trainees or the BeSNs. Finally, the competencies are the content being communicated to the trainees or the BeSNs. When used together as represented in the center of the figure, all of the variables and strategies are shown to interact.

This program is “human-centered” shared cognition-inspired design that contains the elements of nursing core competencies focusing on the identified weak areas of core competency of Beginning Staff Nurses based on their self-evaluation and their Head Nurses’ evaluation. Moreover, this integrated Staff Development Training program is designed to:

- Orient staff nurses to their responsibilities specific to their department and/or position.
- Enhance the capabilities of the participants to manage different situations that will affect patient condition
- Provide participants with an understanding of how patients and families experience adverse outcomes.
- Help the trainees differentiate the causes of disappointing outcomes and to distinguish how each must be reacted to with other members in the healthcare team.

The following topics are outlined as the focus of the Proposed Staff Development Training Program:

Part I. Core Competency Strategies Orientation
Part II. Health Education & Skills Training Program
Part III. Research & Publication Program
Part IV. Personal and Professional Building Program

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REFERENCES


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