



**Arab American University**  
**Faculty of Graduate Studies**

**Evaluation of Clinical Competence and its  
Related Factors among Emergency Nurses in  
Palestinian Hospitals**

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**This thesis was submitted in partial fulfillment of the  
requirements for the master's degree in Emergency**

**Nursing**

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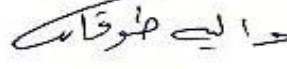
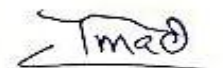
## Approval form

### Evaluation of Clinical Competence and its Related Factors among Emergency Nurses in Palestinian Hospitals

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## DECLARATION

I declare that the thesis was submitted for a master's degree and has not been submitted to another hospital for a higher degree. The work presented in this thesis is based on my own effort.

Student Name: Diya Amarneh

Signature: 

Date: 31 September 2021

## **DEDICATION**

“I dedicate this work to the Almighty Allah for preserving my life”, to my parents, wife, family and to everyone who supports me in my life. And many thanks to whom give me power, love, and confident to carry on. Finally, I dedicate this work to myself in order to achieve my dreams.”

May you always find the strength to book for a better tomorrow.

## **ACKNOWLEDGMENT S**

“First and foremost, we are grateful to "Allah" for the good health and wellbeing, and for the strength and help, he has given to us to complete this study”.

“I would like to express my sincere thanks to Dr. Basma Salameh, for providing me with all of the necessary facilities for this research. I am extremely thankful and indebted to her for sharing her expertise with me, many thanks for her valuable guidance and encouragement extended to me”.

“I take this opportunity to express my gratitude to my parents, wife, and family for the express encouragement, support and attention”.

## ABSTRACT

**Introduction:** Nurses are responsible to provide primary care for approximately millions of patients, and emergency nurses serve as frontline in providing care for mild to severe critical ill patient. The major aim of the study is to assess and evaluate clinical competence and its related factors among emergency nurses in Palestinian hospitals.

**Methods:** In cross sectional descriptive study, 200 participant of emergency nurses who work in governmental and privet Palestinian hospitals. Tow research tools were used in the study: nursing competence scale adopted from the study conducted by Meretoja et al. based on Benner's theory at 2004, and Job satisfaction questionnaire: The questionnaire was adopted from the study conducted at 1997 by Macdonald and MacIntyr. The research tools contain two major parts: the first part is about demographic data, the second one is about nursing competence scale and job satisfaction scale. Data were analyzed by SPSS using the Pearson correlation coefficient, t-test and ANOVA test.

**Results:** the results showed that only 33(19.4%) of the participants were at good clinical level and no one in very good level, and the highest proportion of good level 60 (35.3%) was helping role while the lowest one 38 (22.4%) was ensuring quality. Also, the results showed there was statistically a significant difference between mean of clinical competence scores and job satisfaction ( $P<0.05$ ).

**Conclusion:** Emergency nurses play a major role in health care because they work in front line and they are the first people who deal with any health catastrophe, so improving their clinical competency will lead to powerful quality of care that provided for patients.

**ABBREVIATION**

<b>Abbreviation</b>	<b>Explanation</b>
SPSS	Statistical Package for Social Sciences
ANOVA	Analysis of Variance
t-test	t student statistical test
AAUP	Arab American University Palestine
ED	Emergency department
M	Mean
SD	Standard deviation
RN	Registered nurses
NCS	Nurse competence scale

## TABLE OF CONTENTS

DECLARATION	II
DEDICATION	III
ACKNOWLEDGMENT S	IV
ABSTRACT	V
ABBREVIATION	VI
TABLE’S LIST	IX
FIGURE’S LIST	X
Chapter One	1
Introduction	1
<b>1.1 Background</b>	1
<b>1.2 Problem statement:</b>	2
<b>1.3 Significant of the study</b>	3
<b>1.4 Justification of the Study:</b>	3
<b>1.5 Study objectives:</b>	4
<b>1.6 Research Questions:</b>	4
<b>1.7 Conceptual and operational definitions:</b>	5
<b>1.8 Study variables</b>	6
<b>1.9 Chapter Summary</b>	6
Chapter Two	8
LITERATURE REVIEW	8
<b>2.1 Introduction:</b>	8
<b>2.2 Definition of key terms:</b>	9
<b>2.3 Previous studies</b>	10
<b>2.4 Future research:</b>	16
<b>2.5 Chapter summary</b>	16
Chapter Three	17
METHODOLOGY	17
<b>3.1 Introduction:</b>	17
<b>3.2 Study design:</b>	17
<b>3.3 Site and settings:</b>	17
<b>3.4 Study population and sampling method:</b>	17

<b>3.5 Inclusion and exclusion criteria:</b>	<b>18</b>
<b>3.6 Ethical consideration:</b>	<b>19</b>
<b>3.7 Data collection:</b>	<b>19</b>
<b>3.8 Study Instruments:</b>	<b>19</b>
<b>3.9 Validity and reliability:</b>	<b>20</b>
<b>3.10 Pilot study:</b>	<b>21</b>
<b>3.11 Data analysis:</b>	<b>22</b>
Chapter Four	<b>23</b>
Results	<b>23</b>
<b>4.1 Introduction</b>	<b>23</b>
<b>4.2 Participants' Characteristics</b>	<b>24</b>
<b>4.3 Testing research questions</b>	<b>25</b>
Chapter Five	<b>40</b>
Discussion	<b>40</b>
<b>5.1 Introduction</b>	<b>40</b>
<b>5.2 Discussion</b>	<b>41</b>
<b>5.3 Summary:</b>	<b>44</b>
<b>5.4 Limitations of the study</b>	<b>45</b>
<b>5.5 Conclusion:</b>	<b>45</b>
<b>5.6 Recommendation</b>	<b>46</b>
Chapter Six	<b>47</b>
References	<b>47</b>
Appendices	<b>53</b>

## TABLE'S LIST

<b>NO</b>	<b>Table</b>	<b>Page</b>
Table 4-1	Demographic characteristics of the participants (N=170)	24
Table 4-2	Distribution of Clinical Competence level of the participants (N=170)	26
Table 4-3	The differences between clinical competency and gender of emergency departments' nurses in West Bank hospitals (N=170)	26
Table 4-4	The differences between clinical competency and marital status of emergency departments' nurses in West Bank hospitals (N=170)	28
Table 4-5	The differences between clinical competency and hospital type (N=170)	29
Table 4-6	The differences between clinical competency and educational level of emergency departments' nurses in West Bank hospitals (N=170)	31
Table 4-7	Relationship between clinical competency and age and experience of emergency departments' nurses in West Bank hospitals (N=170)	33
Table 4-8	Predictors of clinical competence of emergency departments nurses in West Bank hospitals (N=170)	34
Table 4-9	Distribution of nurses' job satisfaction level among emergency departments' nurses in West Bank hospitals (N=170)	35
Table 4-10	Distribution of nurses' job satisfaction among emergency departments' nurses in West Bank hospitals (N=170)	35
Table 4-11	Relationship between job satisfaction and demographic characteristics of emergency departments' nurses in West Bank hospitals (N=170)	36
Table 4-12	The differences between clinical competency and job satisfaction level of emergency departments' nurses in West Bank hospitals (N=170)	38

**FIGURE'S LIST**

<b>No</b>	<b>Figures</b>	<b>Page</b>
Figure 4-1	Distribution of the participants according to type of hospital  (N=170)	25

## **Chapter One**

### **Introduction**

#### **1.1 Background**

Nurses are responsible to provide primary care for approximately millions of patients who are admitted to the hospital care units each year as results of injury or disease (Smith, 2012). Nurse's care provided for patient originates from previous knowledge and skills acquired through academic learning or training. For that, these factors influence nurse's competency in the future. According to the Institute of Medicine large number of patients die every year because medical and health care errors. Errors that originate from health care provider ranged from the ten top causes of death in the world. So, the nurse's competence considered one of its major factors needs to move to a top priority in research studies (Smith, 2012).

Nurses need to integrate their personal characteristics, socio-demographic factors with their knowledge and skills to practice in effective and safely manner in designated role and position (Dickerson and Chappell (2016). In clinical practice, nurses are required and should be able to implement and apply their skills, knowledge and personal characteristics to each situation and adapt their skills and knowledge to the circumstances that face them in clinical practice (Takase, 2011).

Competency in general do not has unified definition. In the context on nursing, the competency is the tool to measure the nurse's performance by combination the nurse's skills, knowledge, and using critical thinking and integrate them into their practice (American Nurses Association 2015). The competency means the ability of nurses to use their skills, clinical judgment, critical reasoning, and their personal

characteristics as intelligence, loyalty...etc. in daily life practice (Emergency Nurses Association 2011).

Emergency nurses serve as frontline in providing care for mild to severe critical ill patient, contact with patient 24 hours for that, they should provide care for patients on time and in cost-effective manner (Shoqirat, 2014). They are exposed to frequent situational changes which may affect their competence level, job satisfaction and increase number of emergency nurse's burnout (Lowe. 2010).

In current research study we will need to assess and identify emergency nurses' gap in skills and knowledge and other factors that may lead to decline level of competency among emergency nurses at Palestinian hospital

### **1.2 Problem Statement:**

Emergency nurses' competence has effect on the satisfaction of ER nurses and quality of care provided for emergency patient. And several research studies investigated level of nurse competence among nurses in various nursing settings (Flinkman et al, 2016). limited studies exist in the literature assess nurse competence in the emergency department, such as self-assessment of nurse's competence, levels of emergency nurse competence, effect of competence level on emergency nurses job satisfaction. This limitation in the research literature warrants the need to investigate and measure competence level and job satisfaction for RNs working in the emergency department in Palestinian hospitals.

### **1.3 Significant of the Study**

These studies investigate and measure competence level and related factors to it and job satisfaction for registered nurses working in emergency departments at Palestinian hospitals and provides the basis for recommendations at the academic level and working site level for enhancing nurse's competence level and promote nurses for self-assessed competence level. Limited studies about this topic warrant further studies to investigate and measure the nurse competence level in emergency department at Palestinian hospitals. Furthermore, As the main argument to explain the importance of this research, the current study literature, and the study recommendations for using it as a clear and effective approach and reference for investigating and assessing clinical nurse competence in other settings that was rarely studied and presented.

### **1.4 Justification of the Study:**

The study was conducted to motivate nurses and managers who are working in the emergency department in the governmental hospitals to measure their competency and job satisfaction. Because the nurses facing trouble in continuing education power their skills and enhance their abilities due to covid-19 disaster and economic country status, continuous self-competency assessment help nurses in knowing the weakening points in their clinical personality and their job as a result they can solve it as soon as possible. By doing this in continuous manner will enhance nurse's productivity, outcome, and power their clinical personality, also will enhance the best quality of nursing care provided for patients and increase job satisfaction for nurses.

### **1.5 Study Objectives:**

#### **General Objectives of the Study:**

The purpose of the current study is to evaluate the competence level among nurses working in the emergency department at Palestinian hospitals.

#### **Secondary and Specific Objectives:**

1. Determine which areas in the study sample have the highest and lowest level of competency?
2. Determine the relationship between nurse's competency level and their job satisfaction.
3. Determine the relationship between nursing personal characteristics and level of competency.
4. Determine Predictors of clinical competence of emergency departments' nurses in Palestinian hospitals.

### **1.6 Research Questions:**

1. What is the level of clinical competence among emergency departments' nurses in Palestinian hospitals?
2. What is the relationship between clinical competence and demographic characteristics of emergency departments' nurses in Palestinian hospitals?
3. What is the level of job satisfaction among emergency departments' nurses in Palestinian hospitals?

4. What are the Predictors of clinical competence of emergency departments' nurses in Palestinian hospitals?
5. What is the relationship between job satisfaction and demographic characteristics of emergency departments' nurses in Palestinian hospitals?
6. What is the relationship between clinical competence and job satisfaction level of emergency departments' nurses in Palestinian hospitals?

### **1.7 Conceptual and Operational Definitions:**

#### **1.7.1 Clinical Competency:**

Conceptual definition: Its group of skills, attitudes, and knowledge that are important for practice the work in effectively and safely manner without direct observation and supervision. (Nursing & Midwifery Council, 2010).

Operational definition: clinical competency measured by using competency scale that measure level of competency for nurses, the level of competency measured by using VAS Visual analogue scale. Whereas (0-25) low competency, (>25-50) rather good, (>50-75) good, and (>75-100) very good.

#### **1.7.2 Job Satisfaction:**

Conceptual definition: Workers conviction with their job, wither they love the different aspects or the nature of their work. Also, its worker consciousness and sensation about their job. (Thompson, 2012).

Operational definition: job satisfaction very important for workers and it's measured by using job satisfaction scale that measured the level of agreement and disagreement for nurses at their job.

### **1.8 Study Variables**

The following is an explanation of the dependent and independent study variables included in our study.

#### **The Independents Variables Were:**

1. Experience years
2. Age
3. Gender
4. Socio-demographic
5. Job satisfaction
6. Educational level

#### **The Dependent Variables Were:**

- 1- Competency
- 2- Job Satisfaction

### **1.9 Chapter Summary**

This chapter presented an overview on emergency nurses' competency and their job satisfaction. Although there are many studies related to the study topic, the lack studies in emergency department in Palestine create an opportunity to measure emergency nurse's competency at Palestinian hospitals. This study aimed to assess the competence level among nurses working in the emergency department at Palestinian hospitals, and the relationship between level of competency and job-satisfaction. This study gives a basic understanding of emergency nurse's competency and their job

satisfaction. Research question of this study guided for measurement of emergency nurse's competency. Objectives of the study influence on the research process and practice. The significant of nurse's competency has impact on research and practice also may extend to worker outside nursing profession.

## **Chapter Two**

### **Literature Review**

#### **2.1 Introduction:**

This chapter briefly introduces the emergency nurse's competency level, their personal characteristics, and their job satisfaction. Also, it insists for further development in necessary knowledge and clinical skills for safe nursing care and quality for patient. The problem identified both in emergency nursing and existing literature presents the need to measure the emergency nursing competence and its relationship to job satisfaction. The main study purpose and research questions are to assess the competence level among nurses working in the emergency department. Clinical competence is the first step in nursing requirements and each nurse should have it in clinical settings, because the competence play an important role in providing the best health care service. (Karami, 2017).

The clinical competence of nurses working in emergency department has considered a topic of interest. According to the previous studies which found the clinical competence has a significant relationship with self-efficacy and job satisfaction (Mirlashari, 2016). Therefore, continuous measurement and evaluation of emergency nurses' clinical competence and its relationship to the external factors such as education level...etc., and internal factors as nurses working position, is an important factor and purpose that should be considered by all hospitals.

## **2.2 Definition of Key Terms:**

### **Competency:**

Competency defined as: Group of skills and person characteristics that enable, enhance and improve the person performance of job, the competence composed of knowledge, attitude and skills that are needed for success at work standard and the competence can be developed and enhanced through experience, training, and the extent of the person ability to adapt and learn. Also, the competence is group of traits, skills, behaviors and experience that can be grouped to power individuals' competency and to improve their activities and performance in all aspects of the life. (Maaleki, Ali 9 April, 2018)).

### **Clinical Competency**

Clinical competency defined as: Critical issue for patients care and clear understanding for it playing a major role in nursing education and discipline. Its force to provide the best care for patient and ability to accurate assess and critically think through the options of care by using evidence base practice. Also, it's able the staff for applying meta-cognitive judgment and top of thinking through understanding self and applicable knowledge while incorporating the personal traits or feature such as clear communication, time management and delegation in clinical practice (Meehan, 2016).

### **Competencies Self-Assessment:**

Self-assessment of clinical competencies defined as: The process of looking at person traits by using tools called (competence assessment tools) to determine and assess the important aspect to one identity and whether the individual has the ability to perform specific tasks in a clinical setting (Sedikides (1993). Self-assessment enhances

people power to seek more knowledge to confirm ambiguous self -concept and build on previous concepts and information. (Trope, (1986), Sedikides (1993).

### **Job Satisfaction:**

Job Satisfaction defined as: Interesting and positive emotional state resulting from the parson's evaluation for their job experience. Locke (1976). Also, it's the extent the individual satisfied with his or her job. Spector (1997). Job satisfaction is one of the great factors for medical staff specially for nurses, because most of health care services provided by nurses, so nurses job satisfaction plays a major role in success or failure the health care organization and the quality of care provided for patients in that organization. (Heydari A, et al. 2013).

### **2.3 Previous Studies**

A cross sectional study was conducted by (Lakanmaa, et al, 2015) that reviewed competence self-assessment and elements related to it for nurses who are working in ICU. The results showed that most of nurses 67.5% rated their competence as excellent, 32.3% rated their competence as good level, while 0.2% of critical nurses rated their competence as moderate. The high level of competence gave by ICU nurses was related to the behaviors, nursing principals and value and rated as excellent level, while years of experience of nurses rated as a poorest level compared to education level and skills practice for ICU nurses that rated as good level.

A cross-sectional descriptive design conducted by (Min, et al, 2015) that reviewed the association between three factors (communication competence, self-efficacy, and job satisfaction) for nurses who working in emergency care unit in Korean. The results showed that the communication competence and self-efficacy

obtain a significant score that was above median value when compared to the degree of job satisfaction that achieved lower result (85.45) that was below median value score of (90).

A cross sectional study conducted by (Mirlashari, et al, 2016) that reviewed the factors that affect to the clinical competency of nurses who are working in the NICU. The results showed that team affinity, communication, association, using the thought process and research methods in the work have a strong relationship with clinical competency of nurses. While, staff training, observe and track the patients have a weak association with clinical competency for nurses in NICU. And according to the study there was important factors (such as working extra time and hours, academics and clinical courses, status of nurses in the hospital (full time, part time) et al.... should be taken into consideration during evaluating the clinical competency of nurses working in NICU.

A descriptive study conducted by (Elina, et al, 2017) which compared the level of clinical competence for emergency nursing who are using self-assessment and evaluation methods which used by head nurses for nursing clinical competence. The study revealed that nurses assessed their clinical competence at a higher level of their head nurse's evaluation ( $P < 0.05$ ). According to the results, using more than one assessment methods for the evaluation of clinical competency will give more accurate information about the clinical competency of nurses. Furthermore, the evaluation done by head nurses will help nurses to be more aware about their competency strengths and weaknesses in the clinical area. Moreover, nurse's self-assessment for their clinical competency drives them to be more conscious and aware on their own clinical competency.

An Exploratory Factor Analysis Study conducted by (Atefeh, et al, 2017) that reviewed the indicators for clinical competency assessment (as communication, clinical skills, personality characteristics and scientific and technical skills) and its priority of viewpoint of emergency nurses. The results showed that competency can be used as background for nurses learning and practices in emergency care unit.

A systematic study conducted by (Ichsan, et al, 2018) that reviewed the circumstances and factors that affect the nurse's competence process. The results showed that the competence process is not limited method but it's a developmental and continuous process of enhancing the education level, practice, behavior and skills. But the competency affected by various factors such as education level, years of experience, thinking process (critical thinking), and demographic factors. Competency development is significantly influenced by educational degree and experience of work. Almost more than 40 % of participants indicated that competence development influenced by personal factors such as age, gender, knowledge, feeling, responsibility... etc.

A cross-sectional study was conducted by (Azam, et al, 2018) that reviewed the measurement of competency and factors that affect it among intensive care unit nurses. The results showed that the clinical competence for nurses who are working in ICU according to NCS was at level very good ( $76.14 \pm 1.59$ ) and applying the clinical competency in ICU was at good level ( $70.38 \pm 15.25$ ). Furthermore, the study found that there is no statistically significant difference between clinical competence in relation to age, education level and work experience. These results give importance to evaluate the clinical competence and motivate nurses to apply their clinical competency in practice.

A cross sectional study conducted by (Khadijeh, et al, 2019) that reviewed the aspects and elements of work and clinical competence between nurses who are working in university hospitals. The results showed that 66.1 % of nurses have high level of clinical competence, and there is strong correlation between clinical competence and civil status (single, married), job kind (permanent, temporary employee), and shifts classification (day, night). According to the study nurses who are married, have a permanent contract, and who are working during day hours have a positive and strong relationship with clinical competence. And regarding to the job factors there are positive and strong relationship between competency of nurses, age, years of experience in the unit and nurses' wages ( $P = 0.001$ ). While there are a negative association ( $P=0.004$ ) between working hours each month and competency of nurses.

A descriptive quantitative study conducted by (Nurcan, et al, 2020) that reviewed the association between nurse's competency and their behaviors in medical mistakes. The results showed that the nurses have simple level of competency and the relationship between competency and their behaviors and attitudes in medical mistakes was strong. The results showed that according to the NCS (nurse competence scale) the work role for nurses play a major role in increase competency level and has the highest score in NCS ( $48.76 \pm 6.83$ ), while according to Medical Errors Attitude scale, the results were closed to each other, means all of nurses has the same medical errors through their work experience and the significant mean score was ( $3.94 \pm 0.35$ ). Thus, improving nurse's competency level will increase their awareness and alertness in medical errors and the percent of medical errors will have dropped if nurse's competency level improved.

A descriptive cross-sectional quantitative study conducted by (Victoria, et al, 2020) that reviewed competency self-assessment of nurses and comparing rating of clinical competency between emergency nurses and GNS who are working at emergency department. The results of the study showed that in general participants in the study have good competency related to the performance of the procedure at the emergency department. Furthermore, most of emergency nurses have drop level in management because of frequently changing situation while they are having excellent score in competency related to work load. (Median score of 83.3%. median score of 57.9% respectively). Furthermore, emergency nurses view themselves more competent than GNS in four domains (workload, giving and monitoring medical intervention, helping and cooperative role and control and management of frequently situational changing).

A descriptive cross-sectional conducted by (Behjat, et al, 2020) that reviewed new nurses' self-assessment for clinical competency. The study results revealed that more than 53 % of participants rated their competency as medium level. The most rated of clinical competency related to legal competency (ethical practice) and the lowest one was critical thinking in research domain and coaching competency.

A quantitative no experimental research design combined of instrumental case study and cross-sectional study conducted by (Matthew, et al, 2020), that assessed the competence of nurses who are working in the emergency care unite. The results showed that there were a strong association between personal background factors such as age, gender, educational level nursing clinical expertise... etc., and competence level among emergency nurses.

A systematic review and meta-analysis conducted by (Mohammad, et al, 2013) that reviewed the level of work gratification for nurses who are working in Iran. The results showed that there are adverse association between nurse's work satisfaction and their age. Work contentment in Iran was predestined at 51.9 (CI = 51.1-52.8). According to this study the more nurses satisfied with their current or working circumstances have the less intention to leave their work compared with nurses who were unsatisfied with their work.

A descriptive cross-sectional quantitative conducted by (Suárez, et al, 2017) that reviewed the relationship of job satisfaction among nurses, physician and administrative staff who working at emergency department with the demographic and professional characteristics of these emergency staff. The results showed that the physicians and nurses have less professional competency than administrative staff because the first two groups have a high level of work-related stress and pressure ( $p < 0.001$ ). The administrative staff were more satisfied than the first two groups (physicians and nurses ( $3.42 \pm 0.32$  vs.  $2.87 \pm 0.42$  and  $3.06 \pm 0.36$ , respectively) because they are faced less pressure and stress at their work.

A cross sectional study conducted by (Mohammad, et al, 2018) that reviewed the association between employed nurse's competency level and contentedness in job, nurses collapse, burnout and secondary level of traumatic stress. The results showed that there is a strong relationship between clinical competence and job satisfaction while the association between clinical competency and burnout and traumatic stress has opposite effect.

## **2.4 Future Research:**

The authorship of literature related to investigating emergency nursing competence and their job satisfaction offers many recommendations for further studies. Most of suggestions in the existing studies include measuring the correlation among self-assessment and level of emergency nursing competence, effect of competence on job satisfaction and using nursing competence scale for self and head nurse's evaluation for emergency nursing competence.

## **2.5 Chapter Summary**

This chapter discussed the concept of clinical competence in general and in specific among emergency nurses and their personal characteristics and their job satisfaction, the troubles that facing nursing profession and gap in the research urge the need for this study to measure emergency nurse's competence and their job satisfaction. The research questions and the purpose of the study articulated to measure emergency nursing competence and their job satisfaction.

According to the previous studies there are positive and strong relationship between work experience, education level and age with competency level and job satisfaction. The competency level for emergency nurses according to most of the previous studies was moderate, and need further research for detect the weakness points that decrease level of competency and treat it for improve the level of competency and provide the best health care for patients. This chapter shows suggestions and recommendations for further research chances particularly to investigating emergency nursing competency and its relationship to job satisfaction.

## **Chapter Three**

### **Methodology**

#### **3.1 Introduction:**

This chapter reviews the method that are used for the selection of the study design, sample characteristics, sampling method, inclusion and exclusion criteria, validity and reliability of the tool, analysis approaches and ethical consideration.

#### **3.2 Study Design:**

The study design was quantitative, cross-sectional descriptive study. Data was collected by self-administered questionnaire and online questionnaire. The study was conducted during the period between March-May (2021).

#### **3.3 Site and Settings:**

The study was conducted at the Palestinian hospitals that located in middle and north of west bank, which includes all nurses who are working at the emergency department and was undergoing to the study.

There are nine governmental hospitals at the middle and north of west bank and five private hospitals at middle of the west bank.

#### **3.4 Study Population and Sampling Method:**

The study participants were all emergency nurses working at the selected Palestinian governmental hospitals and all of emergency nurses working at the private hospitals at middle of the west bank.

According to the Palestinian ministry of health, the total number of emergency nurses who are working at Palestinian governmental hospitals that are located at the

north and the middle of the west bank almost equal 150 and the number of emergency nurses who are working at the middle of the private hospitals was almost equal 50.

At 2018-2019 according to the statistics results of Palestinian Ministry of health each emergency nurse sees 5165 patients in one year.

Sample size was composed of all registered nurses working at emergency department in the targeted hospitals. The sample size was depending on response rate of nurses (Number of nurses who participated in the study) working in the emergency department. Based on Raosoft online sample calculator the minimal sample size will be 132. The total sample size was 170 with response rate 85%

### **3.5 Inclusion and Exclusion Criteria:**

**The Inclusion Criteria:** The inclusion criteria set for sample selection as follows:

1. All diploma nurses who are working at emergency department in Palestinian hospitals.
2. All Registered nurses who are working at emergency department in Palestinian hospitals.
3. Registered nurses who were willing to participate in the study.

**Exclusion:** The exclusion criteria set for sample selection as follows:

1. Student nurses
2. Nurses' volunteers.
3. Part time nurses.
4. Nurses working outside the emergency department.

### **3.6 Ethical Consideration:**

Ethical approval was obtained from Arab American University Ethical committee and from the Palestinian Ministry of health (MOH) to conduct the study in the Palestinian hospitals. Arabic consent will be read to each participant verbally during distribute printed questioner and online questioner will be Readable by participant himself who will fill it. Names are not required during participation in the study. The consent form emphasis that the data will be collected in anonymous manner and nobody can identify the information of any participant. The participation is voluntary and privacy and confidentiality of data is ensured. Data will be used for research goals only and the participants can withdraw from the study any time.

### **3.7 Data collection:**

The approval for data collection was obtained from Arab American University Ethical committee and from the Palestinian Ministry of health (MOH) to conduct the study in the Palestinian hospitals.

Data collection begun between mid of March 2021 and mid of May 2021. where in first month data collected from middle of west bank and in the second month data collected from north of west bank. Data collected from intended nurses by using online and printed questioner.

### **3.8 Study Instruments:**

The questionnaire was composed of three parts included in (Appendices):

1. The first part is demographic data developed by the researcher which includes (age, gender, level of education, marital status, and type of hospital and years of experience).

2. Nurse Competence Scale (NCS), permission was granted from the researcher. The questionnaire measures the following domains (areas): “Helping role, teaching–coaching, diagnostic functions, managing situations, Therapeutic interventions, Ensuring quality and Work role”.

The questioner is used for NCS measured level of competency for nurses by using VAS (visual analogue scale) that divided the level of competency for four components, where (0-25) for low competency, (>25–50) for rather good, (>50-75) for good level and (>75-100) for very good level. And the frequencies with which individual items are used in clinical practice (0) not applicable in my work; 1, used very seldom; 2, used occasionally and 3, used very often in my work.

3. Job Satisfaction scale.

The questioner used for job satisfaction measured the level of agreement and disagreement, whereas the frequency in the clinical practice (1) strongly disagrees, (2) disagree, (3) do not agree, (4) agree, (5) strongly agree.

### **3.9 Validity and Reliability:**

#### **Validity:**

Nurse Competence Scale (NCS), permission was granted from the researcher. The NCS was designed by Meretoja et al. based on Benner's theory at 2004. This scale consists of 73 items and 7 subscales include Helping role, teaching–coaching, diagnostic functions, managing situations, Therapeutic interventions, Ensuring quality and Work role”.

The questionnaire translated to Arabic language by certified center called languages developmental center and then sent to the 7 experts, 5 of them holding PhD in nursing and the other two Emergency clinical nurse specialists to check the validity and wording of the phrases. The experts made their comments, and then modifications were done accordingly.

User agreement was signed with the MAPI Research Institute (Lyon, France) to translate the tool into Arabic language.

Job satisfaction questionnaire: The questionnaire consists 10 items and was adopted from the study conducted at 1997 by Macdonald and MacIntyr, but was translated into Arabic and sent to five experts to check the validity and wording of the phrases. The experts made their comments and the researcher made a modification.

### **Reliability:**

The reliability of the quantitative tool is defined as "a major criterion for assessing its quality and adequacy".

The reliability of the instrument was estimated in this study using the Cronbach alpha coefficient (Cronbach alpha).

### **3.10 Pilot Study:**

A pilot study was conducted on 10% almost equal 20 nurses of the emergency nurses from the same setting and was excluded from the study. The purpose of the pilot study is to test if there are any potential or confusing variables and they will be excluded from the actual study. Cleaning data will be performed to control errors or missing data.

### **3.11 Data Analysis:**

In this study, statistical analysis of the collected data was analyzed using the statistical package for the social science (SPSS) version using the Pearson correlation coefficient, t-test and ANOVA test --. SPSS is a software package will be used for conducting statistical analysis, manipulating data and generating tables and graphs by using descriptive and inferential statistics such as frequency tables, relative frequencies, graphically illustrated by using bar charts. Means and standard deviations were used to summarize data. Furthermore, t-test and ANOVA test will be used to test correlation between variables and multiple regression was used

## Chapter Four

### Results

#### 4.1 Introduction

This chapter deals with the data collected for analysis. The statistical method allowed the investigator to deduce, analyze, coordinate, measure, evaluate and convey the numerical information. The aim of data analysis is to provide answers to questions about the study. The data analysis strategy comes directly from the question, the design and the data collection process and the level of measurement of the data. This chapter edits, tabulates, analyzes and interprets the data collected.

This chapter expresses the findings concerning to assess the competence level among nurses working in the emergency department at Palestinian hospitals. Statistical analyses were directed to explore research questions:

1. What is the level of clinical competence among emergency departments' nurses in Palestinian hospitals?
2. What is the relationship between clinical competence and demographic characteristics of emergency departments' nurses in Palestinian hospitals?
3. What is the level of job satisfaction among emergency departments' nurses in Palestinian hospitals?
4. What are the Predictors of clinical competence of emergency departments' nurses in Palestinian hospitals?
5. What is the relationship between job satisfaction and demographic characteristics of emergency departments' nurses in Palestinian hospitals?
6. What is the relationship between clinical competence and job satisfaction level of emergency departments' nurses in Palestinian hospitals?

## 4.2 Participants' Characteristics

The findings revealed that the mean age of nurses was 29.16 (SD= 5.6) years. With regard to gender, the majority 102(60.0%) were males. Also, proportion 79 (46.5%) was single or married among the participants. The majority of the participants 112 (65.9%) have bachelor's degree. Further, the average years of the participants experience was 5.49 (SD=4.505), as seen in table (4-1).

**Table 4-1: Demographic Characteristics of the Participants (N=170)**

Characteristics		M (SD)	N (%)
Age		29.16(5.568)	
Gender	Male		102(60.0)
	Female		68(40.0)
Marital status	Single		79(46.5)
	Married		79(46.5)
	Widowed		3(1.8)
	Divorced		9(5.3)
Educational level	Diploma Degree		26(15.3)
	Bachelor's Degree.		112(65.9)
	High Diploma Degree		17(10.0)
	Master Degree		15(8.8)
Experience		5.49 (4.505)	

*M= Mean, SD= standard deviation*

Also, the analysis revealed that more than half of the participants 102 (60.0%) working in governmental hospitals, as seen in figure (4-1).

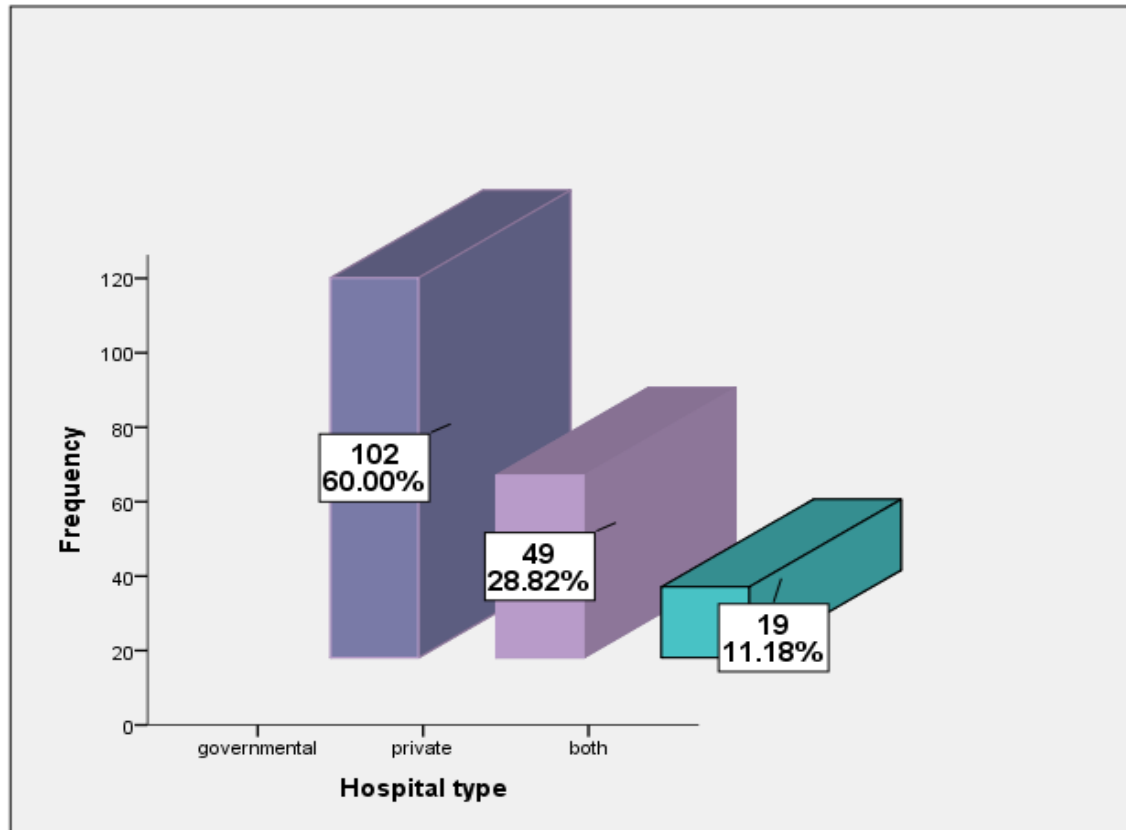


Figure 4-1: Distribution of the participants according to type of hospital (N=170)

### 4.3 Testing Research Questions

#### 4.3.1. Clinical competence among emergency departments' nurses

##### **Research Question 1: What is the Level of Clinical Competence Among Emergency Departments' Nurses in West Bank Hospitals?**

The analysis revealed that only 33(19.4%) of the participants were at good clinical Competence level and no one in very good level. Also, all domains of clinical competence level revealed no one in very good level. The highest proportion of good level 60 (35.3%) was helping role while the lowest one 38 (22.4%) was ensuring quality, as seen in table (4-2).

**Table 4-2: Distribution of Clinical Competence Level of the Participants (N=170)**

Variable	Competence level			
	Low n (%)	Rather good n (%)	Good n (%)	Very good n (%)
<b>Clinical Competence</b>	12(7.1)	125(73.5)	33(19.4)	0 (0.0)
<b>Helping role</b>	19 (11.2)	91(53.5)	60(35.3)	0 (0.0)
<b>Teaching-coaching</b>	18(10.6)	111(65.3)	41(24.1)	0 (0.0)
<b>Diagnostic functions</b>	19(11.2)	97(57.1)	54(31.8)	0 (0.0)
<b>Managing situations</b>	15(8.8)	100(58.8)	55(32.4)	0 (0.0)
<b>Therapeutic interventions</b>	20(11.8)	109(64.1)	41(24.1)	0 (0.0)
<b>Ensuring quality</b>	27 (15.9)	105 (61.8)	38 (22.4)	0 (0.0)
<b>Work role</b>	12 (7.1)	119 (70.0)	39 (22.9)	0 (0.0)

**Research Question 2: What Is The Relationship Between Clinical Competence and Demographic Characteristics of Emergency Departments' Nurses in West Bank Hospitals?**

The t test was performed to assess significant differences between mean of clinical competence scores and the gender. The analysis revealed that there was no statistically significant difference between mean of clinical competence scores and the gender ( $P > 0.05$ ). Also, there was no statistically significant differences between all means of clinical competence domains scores and gender ( $P > 0.05$ ), as seen in table 4-3.

**Table 4-3: The Differences Between Clinical Competency and Gender of Emergency Departments' Nurses in West Bank Hospitals (N=170)**

Variable	Gender	N	M	SD	t test	P-value
<b>Clinical Competence</b>	Male	102	42.7918	9.48779	.368	.713
	Female	68	42.2188	10.59138		
<b>Helping role</b>	Male	102	43.2367	11.86586	-.069	.945
	Female	68	43.3634	11.49065		
<b>Teaching-</b>	Male	102	42.5435	10.85631	.413	.680

Variable	Gender	N	M	SD	t test	P-value
coaching	Female	68	41.8208	11.66858		
Diagnostic functions	Male	102	42.5644	12.00735	-.638	.524
	Female	68	43.7416	11.45105		
Managing situations	Male	102	45.2586	10.04471	.888	.376
	Female	68	43.7077	12.64044		
Therapeutic interventions	Male	102	41.9755	10.31037	.391	.696
	Female	68	41.2912	12.38070		
Ensuring quality	Male	102	40.9706	11.09471	.943	.347
	Female	68	39.1765	13.58567		
Work role	Male	102	42.8870	9.90196	.309	.758
	Female	68	42.3932	10.63809		

*M= Mean; SD= Standard deviation.*

One-way ANOVA test was performed to assess the significant difference between mean of clinical competence scores and marital status. The analysis revealed that there was statistically a significant difference between of clinical competence scores and marital status ( $P < 0.05$ ). The highest mean scores of clinical competencies ( $45.5 \pm 6.9$ ) were illustrated among married nurses. Also, there was significant differences between mean of clinical competence domains (Helping role, Teaching-coaching, managing situations, Therapeutic interventions, Work role) scores and marital status ( $P < 0.05$ ). However, there were no significant differences between mean of clinical competence domains (Diagnostic functions, ensuring quality) and marital status, as seen in table 4-4.

**Table 4-4: The Differences Between Clinical Competency and Marital Status of Emergency Departments' Nurses in West Bank Hospitals (N=170)**

<b>Variable</b>		<b>N</b>	<b>M</b>	<b>SD</b>	<b>F test</b>	<b>P-value</b>
<b>Clinical Competence</b>	Single	79	39.4796	11.24564	5.364	.002
	Married	79	45.5259	6.90931		
	Widowed	3	45.4018	3.15682		
	Divorced	9	42.6667	13.89458		
<b>Helping role</b>	Single	79	40.8553	12.30271	3.381	.020
	Married	79	46.2604	10.14110		
	Widowed	3	38.0952	11.85054		
	Divorced	9	40.2698	14.27829		
<b>Teaching-coaching</b>	Single	79	38.7563	11.91908	5.713	.001
	Married	79	45.7951	8.60583		
	Widowed	3	43.6875	7.14826		
	Divorced	9	41.4028	16.27054		
<b>Diagnostic functions</b>	Single	79	40.7342	13.09684	2.030	.112
	Married	79	44.8861	9.41686		
	Widowed	3	48.9048	4.69549		
	Divorced	9	45.0317	16.71685		
<b>Managing situations</b>	Single	79	40.7516	12.61567	6.624	.000
	Married	79	47.8829	7.77525		
	Widowed	3	50.0000	6.06218		
	Divorced	9	48.4861	13.90277		
<b>Therapeutic interventions</b>	Single	79	38.2810	12.60330	4.955	.003
	Married	79	44.6557	8.30668		
	Widowed	3	45.2333	2.12211		
	Divorced	9	44.6222	13.76987		

Variable		N	M	SD	F test	P-value
<b>Ensuring quality</b>	Single	79	38.3565	12.47150	1.457	.228
	Married	79	41.5949	11.61284		
	Widowed	3	47.5556	4.22076		
	Divorced	9	42.6852	14.15869		
<b>Work role</b>	Single	79	39.5696	11.78315	5.958	.001
	Married	79	45.9714	6.81249		
	Widowed	3	45.7193	3.94924		
	Divorced	9	40.2573	12.81459		

*M= Mean; SD= Standard deviation.*

According to hospital type, the analysis revealed that there was statistically a significant difference between mean of clinical competence scores and hospital type ( $P < 0.05$ ). The highest mean scores of clinical competences ( $45.2 \pm 7.4$ ) were illustrated among nurses in private hospitals. Also, there was significant differences between mean of clinical competence domains (Helping role, Teaching-coaching, Diagnostic functions, Therapeutic interventions, ensuring quality) scores and hospital type ( $P < 0.05$ ). However, there were no significant differences between mean of clinical competence domains (Managing situations, Work role) and hospital type, as seen in table 4-5.

**Table 4-5: The Differences Between Clinical Competency and Hospital Type**

(N=170)

Variable		N	M	SD	F test	P-value
<b>Competency</b>	governmental	102	40.9365	10.82965	3.570	.030
	Private	49	45.2035	7.40834		

Variable		N	M	SD	F test	P-value
	Both	19	44.4816	9.00575		
<b>Helping role</b>	governmental	102	41.6106	12.90403	3.172	.044
	Private	49	44.9504	8.69067		
	Both	19	48.0000	9.94475		
<b>Teaching-coaching</b>	governmental	102	40.1752	12.37156	4.843	.009
	Private	49	45.9145	7.76750		
	Both	19	43.9770	9.24705		
<b>Diagnostic functions</b>	governmental	102	41.1317	12.10182	3.433	.035
	Private	49	45.9125	10.56764		
	Both	19	45.8346	11.37101		
<b>Managing situations</b>	governmental	102	43.2610	12.42482	2.006	.138
	Private	49	46.9286	7.72859		
	Both	19	46.1250	10.65193		
<b>Therapeutic interventions</b>	governmental	102	39.5990	12.06724	4.733	.010
	Private	49	44.8122	8.57911		
	Both	19	44.9684	9.59607		
<b>Ensuring quality</b>	governmental	102	37.7958	13.55665	5.858	.003
	Private	49	44.6735	7.95197		
	Both	19	42.0439	9.71346		
<b>Work role</b>	governmental	102	41.9742	10.97314	.715	.491
	Private	49	44.0838	8.61108		
	Both	19	42.9335	9.50438		

*M= Mean; SD= Standard deviation.*

According to education level, the analysis revealed that there wasn't statistically a significant difference between mean of clinical competence scores and educational level ( $P < 0.05$ ). Also, there weren't significant differences between mean of clinical

competence domains (Helping role, Teaching-coaching, Diagnostic functions, Therapeutic interventions, Work role, Ensuring quality) scores and educational level ( $P > 0.05$ ). However, there was significant difference between mean of clinical competence domains (Managing situations,) and educational level ( $P < 0.05$ ), as seen in table 4-6.

**Table 4-6: The Differences Between Clinical Competency and Educational Level of Emergency Departments' Nurses in West Bank Hospitals (N=170)**

Variable		N	M	SD	F test	P-value
<b>Clinical Competence</b>	Diploma	26	38.9852	11.89496	2.262	.083
	Bachelor	112	42.9190	9.48128		
	High Diploma	17	46.6720	7.41867		
	Master	15	41.4447	10.59707		
<b>Helping role</b>	Diploma	26	41.0220	13.21438	.948	.419
	Bachelor	112	43.3967	11.64680		
	High Diploma	17	47.0084	9.40697		
	Master	15	42.1810	11.46696		
<b>Teaching-coaching</b>	Diploma	26	38.4928	13.41295	2.366	.073
	Bachelor	112	42.6116	10.71087		
	High Diploma	17	47.2831	9.43585		
	Master	15	40.4083	10.44671		
<b>Diagnostic functions</b>	Diploma	26	40.1484	13.51290	1.134	.337
	Bachelor	112	43.5128	11.20478		
	High Diploma	17	46.1345	11.21047		
	Master	15	40.9619	13.15388		
<b>Managing situations</b>	Diploma	26	38.8798	13.34370	3.088	.029
	Bachelor	112	45.9096	10.78698		

Variable		N	M	SD	F test	P-value
	High Diploma	17	46.2059	6.48058		
	Master	15	43.3500	11.47952		
<b>Therapeutic interventions</b>	Diploma	26	37.2423	13.78533	2.087	.104
	Bachelor	112	42.1920	10.75116		
	High Diploma	17	45.3000	7.54346		
	Master	15	41.6933	11.24414		
<b>Ensuring quality</b>	Diploma	26	37.1603	15.85465	1.159	.327
	Bachelor	112	40.5476	11.35562		
	High Diploma	17	43.9804	9.32196		
	Master	15	39.1889	13.17523		
<b>Work role</b>	Diploma	26	39.7591	11.32030	2.340	.075
	Bachelor	112	42.6555	9.92802		
	High Diploma	17	48.0000	8.52999		
	Master	15	42.0035	10.27014		

*M= Mean; SD= Standard deviation.*

Pearson correlation was performed to assess the significant difference between mean of clinical competence scores and age of nurses. The analysis revealed that their significant relationship between mean of clinical competence scores and age ( $P < 0.05$ ). Also, there were significant differences between mean of clinical competence domains scores and age of nurses ( $P < 0.05$ , as seen in table 4-7).

According the relationship between mean of clinical competence scores and experience of nurses, the analysis revealed that their significant relationship between mean of clinical competence scores and experience ( $P < 0.05$ ). Also, there was

significant relationship between mean of clinical competence domains scores and experience of nurses ( $P < 0.05$ ), as seen in table 4-7.

**Table 4-7: Relationship Between Clinical Competency and Age and Experience of Emergency Departments' Nurses in West Bank Hospitals (N=170)**

Variable	Age	Experience
Clinical Competence	.298**	.319**
Helping role	.182*	.189*
Teaching-coaching	.271**	.288**
Diagnostic functions	.222**	.250**
Managing situations	.335**	.317**
Therapeutic interventions	.289**	.299**
Ensuring quality	.187*	.239**
Work role	.302**	.334**

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

### **Research Question 3: What are the Predictors of Clinical Competence of Emergency Departments' Nurses in West Bank Hospitals?**

The third research question was to determine the predictors of clinical competence of emergency departments' nurses in West Bank hospitals. All assumptions were met for multiple regressions.

Concerning the clinical competence predictors, the variables that entered the model as predictors were demographic data in addition to job satisfaction. The full model that included all mentioned predictors of clinical competence was statistically significant ( $F(6, 163) = 27.913, p < 0.001; R = 0.712, R^2 = 0.507, Adjusted R^2 = 0.489$ ). This indicated that 50.7% of the variance in clinical competence was explained by the

whole model. The results showed that job satisfaction was the significant predictor of clinical competence ( $p < 0.001$ ), as seen in table 4-8.

**Table 4-8: Predictors of Clinical Competence of Emergency Departments Nurses in West Bank Hospitals (N=170)**

Predictors for clinical competence	B	Beta	T	P-value	95.0% CI	
					Lower	Upper
Age / years	.108	.061	.502	.616	-.317	.533
Gender	- 1.393	-.069	-1.213	.227	-3.661	.875
Marital Status	.755	.058	.957	.340	-.804	2.314
Experience in ER/ years	.228	.103	.860	.391	-.295	.750
Educational level	.289	.022	.405	.686	-1.123	1.702
Satisfaction	5.739	.647	11.396	.000	4.744	6.733

$R = 0.712$

$R^2 = 0.507$

$Adjusted R^2 = 0.489$

#### 4.3.2. Nurses' Job Satisfaction Among Emergency Departments' Nurses

##### Research Question 4: What is the Level of Job Satisfaction Level Among Emergency Departments' Nurses in West Bank Hospitals?

The analysis revealed that 87(51.2%) of participants reported that they were very high job satisfaction. However, the analysis revealed that more than one quarter of the participants 45 (26.5%) reported that they were very low job satisfaction, as seen in table (4-9).

**Table 4-9: Distribution of Nurses' Job Satisfaction Level Among Emergency Departments' Nurses in West Bank Hospitals (N=170)**

Job Satisfaction level	Frequency	Percent
Very low	45	26.5
Low	15	8.8
Average	11	6.5
High	12	7.1
Very high	87	51.2
Total	170	100.0

The analysis revealed that 36.5% of nurses reported that they were strongly agree that they receive recognition for a job well done and feel good about their job. Also, 33.5% of them were strongly agreed that they feel close to the people at work. In addition, 32.9% of nurses reported that they were strongly agree feel good about working at this company or believing management is concerned about me, as seen in table (4-10).

**Table 4-10: Distribution of Nurses' Job Satisfaction Among Emergency Departments' Nurses West Bank Hospitals (N=170)**

		Strongly disagree	Disagree	Average	Agree	Strongly agree
		n (%)	n (%)	n (%)	n (%)	n (%)
1	I receive recognition for a job well done	8 (4.7)	30(17.6)	28(16.5)	42(24.7)	62(36.5)
2	I feel close to the people at work	6(3.5)	23(13.5)	31(18.2)	53(31.2)	57(33.5)
3	I feel good about working at this company	9(5.3)	25(14.7)	29(17.1)	51(30.0)	56(32.9)
4	I feel secure about my job	15(8.8)	23(13.5)	31(18.2)	55(32.4)	46(27.1)
5	I believe management is concerned about me	17(10.0)	27(15.9)	31(18.2)	39(22.9)	56(32.9)

		Strongly disagree	Disagree	Average	Agree	Strongly agree
		n (%)	n (%)	n (%)	n (%)	n (%)
6	On the whole, I believe work is good or my physical health	10(5.9)	35(20.6)	29(17.1)	52(30.6)	44(25.9)
7	My wages are good	15(8.8)	26(15.3)	27(15.9)	53(31.2)	49(28.8)
8	All my talents and skills are used at work	69(3.5)	29(17.1)	26(15.3)	57(33.5)	52(30.6)
9	I get along with supervisor	11(6.5)	30(17.6)	25(14.7)	53(31.2)	51(30.0)
10	I feel good about my job	13(7.6)	28(16.5)	26(15.3)	41(24.1)	62(36.5)

**Research Question 5: What is The Relationship Between Job Satisfaction and Demographic Characteristics of Emergency Departments' Nurses in West Bank Hospitals?**

The analysis revealed that there was statistically a significant difference between job satisfaction mean scores and demographic characteristics (age, marital status, experience) ( $P < 0.05$ ). However, there was no significant differences between mean of job satisfaction scores and each of gender, hospital type, and educational level ( $P > 0.05$ ), as seen in table 4-11.

**Table 4-11: Relationship Between Job Satisfaction and Demographic Characteristics of Emergency Departments' Nurses In West Bank Hospitals (N=170)**

		N	M	SD	Statistical test	P-value
<b>Gender</b>	Male	102	3.5441	1.11795	t =1.220	.224
	Female	68	3.7574	1.11346		
<b>Marital</b>	Single	79	3.3848	1.26957	F=3.170	.026

		N	M	SD	Statistical test	P-value
<b>status</b>	Married	79	3.9013	.90928		
	Widowed	3	3.1000	.78102		
	Divorced	9	3.5667	1.01735		
<b>Hospital type</b>	Governmental	102	3.5853	1.15265	F=.204	.816
	Private	49	3.6857	1.10586		
	Both	19	3.7211	.99308		
<b>Education level</b>	Diploma	26	3.4308	1.32779	F=1.028	.382
	Bachelor	112	3.6071	1.06718		
	High Diploma	17	4.0294	1.17408		
	Master	15	3.6867	1.02669		
<b>Age</b>					r =0.167*	.029
<b>Experience</b>					r =202**	.008

Note: F=One way ANOVA; t= Independent t test; r=Pearson Correlation

\*Correlation is significant at the 0.05 level (2-tailed).

\*\*Correlation is significant at the 0.05 level (2-tailed).

#### 4.3.3 Relationship Between Clinical Competence and Job Satisfaction Level

##### Research Question 6: What Is The Relationship Between Clinical Competence and Job Satisfaction Level of Emergency Departments' Nurses in West Bank Hospitals?

One-way ANOVA test was performed to assess the significant difference between mean of clinical competence scores and job satisfaction level. The analysis revealed that there was statistically a significant difference between mean of clinical competence scores and job satisfaction ( $P < 0.05$ ). The highest mean scores of clinical competencies ( $44.3 \pm 6.8$ ) were illustrated among high level job satisfaction. Also, there

was significant differences between mean of clinical competence domains (Helping role, Teaching-coaching, managing situations, Therapeutic interventions, Work role, Diagnostic functions, ensuring quality) scores and job satisfaction level ( $P < 0.05$ ), as seen in table 4-12.

**Table 4-12: The Differences Between Clinical Competency and Job Satisfaction Level of Emergency Departments' Nurses in West Bank Hospitals (N=170)**

Variable		N	M	SD	F test	P. Value
<b>Clinical Competence</b>	very low	45	33.2925	9.84422	25.749	0.001
	Low	15	38.8055	11.33699		
	Average	11	43.3213	5.80525		
	High	12	44.3333	6.77795		
<b>Helping role</b>	very low	45	34.8540	10.76772	13.850	0.001
	Low	15	38.8571	14.64248		
	Average	11	42.3896	9.76418		
	High	12	44.1071	11.92169		
<b>Teaching-coaching</b>	very low	45	32.3861	10.43270	21.109	0.001
	Low	15	38.2792	13.39059		
	average	11	43.7841	9.24440		
	high	12	44.6719	10.18390		
<b>Diagnostic functions</b>	very low	45	32.8095	12.13025	22.334	0.001
	Low	15	39.7429	13.19082		
	average	11	44.8571	8.02954		
	high	12	39.8810	11.62635		
<b>Managing situations</b>	very low	45	36.5306	12.35841	12.654	0.001
	Low	15	40.2750	13.74409		
	average	11	48.9091	7.60963		
	high	12	48.5313	8.81020		

<b>Variable</b>		<b>N</b>	<b>M</b>	<b>SD</b>	<b>F test</b>	<b>P. Value</b>
<b>Therapeutic interventions</b>	very low	45	32.2978	11.20354	19.007	0.001
	Low	15	37.4067	11.38028		
	average	11	42.9545	7.75182		
	high	12	43.9083	8.02025		
<b>Ensuring quality</b>	very low	45	31.3259	13.34228	16.374	0.001
	Low	15	36.5222	14.61420		
	average	11	35.3182	11.11667		
	high	12	40.1944	6.40069		
<b>Work role</b>	very low	45	33.4398	10.83288	22.255	0.001
	Low	15	39.7228	11.75969		
	average	11	43.0766	6.63172		
	high	12	45.5351	7.44877		

*M= Mean; SD= Standard deviation; F=One way ANOVA*

## **Chapter Five**

### **Discussion**

#### **5.1 Introduction**

The present study was undertaken to evaluate the clinical competency and related factors among emergency nurses who are working at Palestinian hospitals. There were six research questions to guide this study. The first question is what is the level of clinical competence among emergency departments' nurses in West Bank hospitals? The second one is what's the relationship between clinical competence and demographic characteristics of emergency departments' nurses in West Bank hospitals? The third question is what are the Predictors of clinical competence of emergency departments' nurses in Palestinian hospitals? The fourth one is what's the level of job satisfaction among emergency departments' nurses in West Bank hospitals? The fourth question is about the relationship between job satisfaction and demographic characteristics of emergency departments' nurses in West Bank hospitals? The last question is what is the relationship between clinical competence and job satisfaction level of emergency departments' nurses in West Bank hospitals? This chapter reviews the comparison between the results of this study and the previous studies by answering the research questions, as the critique of these results from the researcher's point of view.

## 5.2 Discussion

Most of nurses working at emergency department are young males and their mean ages are 29.16 years. Most of them are single and married; the percent of married and single nurses is almost equal. In Palestine most of hospitals employees are young nurses who are work in emergency department because they can tolerate high work pressure and they are able to deal with any change in any situation they face.

The answer of the first question according to the findings of this study is, no one of emergency nurses has a high level of clinical competency and most of them have a quit good clinical competency while 33.19 % of them have a good level of clinical competency. Those nurses, who have a good level, succeed in helping role and they have a significant level while they have low level in ensuring quality. Also, because of the major role that the nurses play in the hospital in general, and because of the interest in improving the quality of nurses, that will lead to enhancing the level of nurse's competency and improving the quality of care. These results supported by the study conducted by (Nurcan, et al, 2020) that reviewed the association between nurse's competency and their behaviors in medical mistakes, also they are supported by the study conducted by (Victoria, et al, 2020) that reviewed competency self-assessment of nurses and comparing rating of clinical competency between emergency nurses and general nurses who are working at emergency department.

The second question is related to the association between clinical competency and demographic characteristics of emergency nurses in West Bank hospitals. According to the results of the study, there is no significant relationship between gender and mean of clinical competency. While there is a significant difference between most of clinical competency domains and marital status, and according to the study results

married nurses have high level of clinical competency in most of clinical competency domains as (Helping role, Teaching-coaching, managing situations, Therapeutic interventions, Work role) when be compared with other ER nurses but in other domains there was no significant difference between them. According to the type of hospitals, nurses who are working in the private hospitals have high clinical competency when they are compared to other emergency nurses especially in clinical competency domains (Helping role, Teaching-coaching, Diagnostic functions, Therapeutic interventions, Ensuring quality). This means that there is a significant difference between mean of clinical competence in governmental hospitals and private hospitals. While according to other domains such as managing situation and work role were high in nurses who are working at the governmental hospitals because there is high load in the emergency department at the governmental hospitals and each nurse should know his work role and how to deal with the different situations they face. So that they can provide the best care for patients as possible as they can. According to the educational level, there is a significant difference between education level and managing situation while there is no significant difference between educational level and other clinical competency domains. According to the findings of the study, there is a significant difference between age, experience and mean of clinical competency. These results supported by the study conducted by (Khadijeh, et al, 2019), that reviewed the aspects and elements of work and clinical competence between nurses who are working in university hospitals. Also, these results are supported by the study conducted by (Matthew, et al, 2020), that evaluate the competency level for nurses who are working in the emergency care unit. While the study conducted by (Riitta, et al, 2015) and the study conducted by (Azam, et al, 2018) are not compatible with the study results because their results showed that the

experience years and the education level are associated with a low level of clinical competency.

The answer of the third question, which is related to the predictor of clinical competence for emergency nurses in the west bank, is that the job satisfaction is the significant predictor of clinical competency. This means that competent nurses are not necessary to be satisfied in their job. While, most of satisfied nurses in their job will be or will try to be competent. This is because most of emergency nurses may be competent but not satisfied in the nature of the work and they may think that they are disserved more in their job while most of satisfied nurses will do all of things to power their clinical competency to maintain their position at the work. In our country, most of emergency nurses have a Bachelor degree and around 15 % of them have a master degree and high diploma degree but they are not satisfied in their salary, they are not satisfied in their position and they think that they disserve more and more at their work.

According to the fourth question, there is a significant relationship between job satisfaction, marital status (single and married in the same level) and experience. While there are no significant differences between mean of job satisfaction scores and each of gender, hospital type, and educational level. But this results not compatible strongly with the study conducted by (Matthew, et al, 2020) that assessed the competence of nurses who working in the emergency care unites.

The answer of the last question in this study is that, there is a significant difference mean between clinical competency and job satisfaction. And according to the study results, there is a highest mean score among emergency nurses who are highly satisfied in their job. Seeking the hospitals to give the nurses their job description

according to the educational level and experience will motivate the nurses, increase the level of satisfaction and it will push them to do all their effort for achieving the best clinical competency level. After that, the quality of care will be improved and it will lead to dramatic changes in health sector because nurses play a major role in health care (Ayalew, et al, 2019). These results are supported by the study conducted by (Mohammad, et al, 2018) that reviewed the relationship between employed nurse's competency level and job satisfaction, nurses collapse, burnout and secondary level of traumatic stress.

### **5.3 Summary:**

Because the clinical competency is developmental process (Benner 1984, Smith 2012), in my opinion, the interest in improving communication skills among team will motivate nurses for improving their educational level and using research methods and thought process. Also, decreasing the number of night shifts will improve the level of competency and satisfaction in our country (Khadijeh, et al, 2019). In addition, Palestinians are under occupation and they suffer from difficult economic conditions so; the interest in improving the salary for nurses will achieve dramatic changes in improving their competency and their job satisfaction.

Additionally, motivating the nurses to make self-assessment for their competency will drive them to be more aware of their clinical competency and it will push them to develop their competency level which is in turn, will improve the quality of care provided for patients. (Riitta, et al, 2015).

#### **5.4 Limitations of the Study**

This research study done in the last year of the master study in the university and this period was full of duties and obligations. Also, during this period our country faced covid-19 pandemic so, this was the main reason that limits the mobility from region to another and because of the rapid changes in the country situations regarding to the covid-19 pandemic and the need for collection data in a short time, this itself affected the data collection in a short time.

#### **5.5 Conclusion:**

Emergency nurses play a major role in health care because they work in the front line and they are the first people who deal with any health catastrophes so, improving their clinical competency by empower the nurses with educational programs and workshops will empower the patient care and the quality of care provided for patients (Amiri, Khademian, & Nikandish, 2018).

According to the previous research, demographic characteristics such as education level, years of experience, age, and gender, and marital status, classification of work permanent or temporary, types of shift and work hours have different effects on job satisfaction and clinical competency.

According to the study results, demographic characteristics such as education level, years of experience, and marital status have strong relationship with clinical competency. The result of the study indicates that the level of competency for emergency nurses is high while the level of competency in the previous studies was medium.

## **5.6 Recommendation**

1. Conduct further studies to investigate the effect of simulation technology in improving clinical competency.
2. Conduct qualitative study to measure the clinical competency for emergency nurses who are working in the Palestinian hospitals.
3. Encourage policy makers for a continuous measure competency level for emergency nurses and encourage them to develop their clinical competency.

## Chapter Six

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## **Appendices**

التاريخ 28/12/2020

حضرة د. امل أبو عوض المحترمة / مدير عام التعليم الصحي في وزارة الصحة الفلسطينية  
تحية طيبة وبعد،

**الموضوع: "تسهيل مهمة بحث لطلاب كلية التمريض"**

تهديكم الجامعة العربية الأمريكية أطيب تحياتها ....

إشارةً إلى الموضوع اعلاه ، وتماشيا مع سياسة دائرة التمريض في كلية العلوم الطبية المساندة / الجامعة العربية الأمريكية المتعلقة بتعزيز التعاون بين المؤسسات ووزارة الصحة الفلسطينية الموقرة بإتاحة فرص الإثراء العلمي للطلبة والخريجين في المؤسسات الوطنية وإسهاما في تنمية قدراتهم وخبراتهم، نرجو من حضرتكم التكرم بالإيعاز للجهات المعنية لتسهيل مهمة الطالب ضياء عمارنة في الدراسات العليا حسب المجموعة المبينة أدناه لاستكمال بحثه العلمي بعنوان: "تقييم الكفاءة السريرية والعوامل المرتبطة بها لدى ممرضى الطوارئ" في مستشفيات وزارة الصحة - وذلك لأغراض البحث العلمي حيث سيكون الهدف من الدراسة: "قياس مستوى الكفاءات السريرية وعلاقتها في الرضى والوظيفي لدى ممرضين الطوارئ." عن طريق استمارة يتم تعبئتها إلكترونيا من قبل الممرضين والممرضات في مستشفيات وزارة الصحة على أن تبدأ مهمتهم البحثية يوم الجمعة بتاريخ ٢٠٢١/١/١ وتنتهي يوم الاحد بتاريخ ٢٠١٩/٠٢/٢٨ تحت إشراف مدرس المادة (الدكتورة بسمة سلامة)، وذلك كما يلي:

كما أود التنويه بأن الطالب ضياء باسم عمارنة سوف يقوموا بجمع الاستمارات من تمرريض الطوارئ وتعبئتها إلكترونيا وذلك بعد الحصول على موافقة رسمية من حضرتكم وأيضا نتعهد بعدم ذكر أسماء المستشفيات او انها تابعة لوزارة الصحة في حال تم نشر البحث

مع فائق الشكر والتقدير ...

أ.د.عبد الرحمن أبو ليبيده  
عميد كلية الدراسات العليا

التاريخ 28/12/2020

حضرة د. امل أبو عوض المحترمة / مدير عام التعليم الصحي في وزارة الصحة الفلسطينية

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطلاب كلية التمريض"

تهديكم الجامعة العربية الأمريكية أطيب تحياتها ....

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مع فائق الشكر والتقدير ...

أ.د. عبد الرحمن أبو ليبيده  
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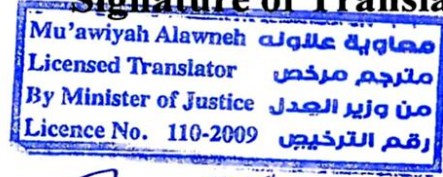
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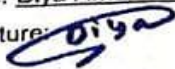
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**Appendix 1**  
**Nursing Competence Scale—English Language Version**

SN	Item	Level of competence 0 for very low level and 100 for very high level of competence	The frequency with which individual items are actually used in clinical practice (0) not applicable in my work; 1, used very seldom; 2, used occasionally and 3, used very often in my work.
	<b>Helping role</b>	(0) _____ (100)	0    1    2    3
1	Planning patient care according to individual needs	(0) _____ (100)	0    1    2    3
2	Supporting patients' coping strategies	(0) _____ (100)	0    1    2    3
3	Evaluating critically own philosophy in nursing	(0) _____ (100)	0    1    2    3
4	Modifying the care plan according to individual needs	(0) _____ (100)	0    1    2    3
5	Utilizing nursing research findings in relationships with patients	(0) _____ (100)	0    1    2    3
6	Developing the treatment culture of my unit	(0) _____ (100)	0    1    2    3
7	Decision-making guided by ethical values	(0) _____ (100)	0    1    2    3
	<b>Teaching-coaching</b>		
8	Mapping out patient education needs carefully	(0) _____ (100)	0    1    2    3
9	Finding optimal timing for patient education	(0) _____ (100)	0    1    2    3
10	Mastering the content of patient education	(0) _____ (100)	0    1    2    3
11	Providing individualized patient education	(0) _____ (100)	0    1    2    3
12	Co-ordinating patient education	(0) _____ (100)	0    1    2    3
13	Able to recognize family members' needs for guidance	(0) _____ (100)	0    1    2    3
14	Acting autonomously in guiding family members	(0) _____ (100)	0    1    2    3
15	Taking student nurse's level of skill acquisition into account in mentoring	(0) _____ (100)	0    1    2    3
16	Supporting student nurses in attaining goals	(0) _____ (100)	0    1    2    3
17	Evaluating patient education outcome together with patient	(0) _____ (100)	0    1    2    3
18	Evaluating patient education outcomes with family	(0) _____ (100)	0    1    2    3
19	Evaluating patient education outcome with care team	(0) _____ (100)	0    1    2    3
20	Taking active steps to maintain and improve my professional skills	(0) _____ (100)	0    1    2    3
21	Developing patient education in my unit	(0) _____ (100)	0    1    2    3
22	Developing orientation programs for new nurses	(0) _____ (100)	0    1    2    3

SN	Item	Level of competence 0 for very low level and 100 for very high level of competence	The frequency with which individual items are actually used in clinical practice (0) not applicable in my work; 1, used very seldom; 2, used occasionally and 3, used very often in my work.
	in my Unit		
23	Coaching others in duties within my responsibility area	(0) _____ (100)	0 1 2 3
	<b>Diagnostic functions</b>		
24	Analyzing patient's well-being from many perspectives	(0) _____ (100)	0 1 2 3
25	Able to identify patient's need for emotional support	(0) _____ (100)	0 1 2 3
26	Able to identify family members' need for emotional support	(0) _____ (100)	0 1 2 3
27	Arranging expert help for patient when needed	(0) _____ (100)	0 1 2 3
28	Coaching other staff members in patient observation skills	(0) _____ (100)	0 1 2 3
29	Coaching other staff members in use of diagnostic equipment	(0) _____ (100)	0 1 2 3
30	Developing documentation of patient care	(0) _____ (100)	0 1 2 3
	<b>Managing situations</b>		
31	Able to recognize situations posing a threat to life early	(0) _____ (100)	0 1 2 3
31	Prioritizing my activities flexibly according to changing situations	(0) _____ (100)	0 1 2 3
33	Acting appropriately in life-threatening situations	(0) _____ (100)	0 1 2 3
34	Arranging debriefing sessions for the care team when needed	(0) _____ (100)	0 1 2 3
35	Coaching other team members in mastering rapidly changing situations	(0) _____ (100)	0 1 2 3
36	Planning care consistently with resources available	(0) _____ (100)	0 1 2 3
37	Keeping nursing care equipment in good condition	(0) _____ (100)	0 1 2 3
38	Promoting flexible team cooperation in rapidly changing situations	(0) _____ (100)	0 1 2 3
	<b>Therapeutic interventions</b>	(0) _____ (100)	0 1 2 3
39	Planning own activities flexibly according to clinical situation	(0) _____ (100)	0 1 2 3

SN	Item	Level of competence 0 for very low level and 100 for very high level of competence	The frequency with which individual items are actually used in clinical practice (0) not applicable in my work; 1, used very seldom; 2, used occasionally and 3, used very often in my work.
40	Making decisions concerning patient care taking the particular situation into account	(0) _____ (100)	0 1 2 3
41	Co-ordinating multidisciplinary team's nursing activities	(0) _____ (100)	0 1 2 3
42	Coaching the care team in performance of nursing interventions	(0) _____ (100)	0 1 2 3
43	Updating written guidelines for care	(0) _____ (100)	0 1 2 3
44	Providing consultation for the care team	(0) _____ (100)	0 1 2 3
45	Utilizing research findings in nursing interventions	(0) _____ (100)	0 1 2 3
46	Evaluating systematically patient care outcomes	(0) _____ (100)	0 1 2 3
47	Incorporating relevant knowledge to provide optimal care	(0) _____ (100)	0 1 2 3
48	Contributing to further development of multidisciplinary clinical paths	(0) _____ (100)	0 1 2 3
	<b>Ensuring quality</b>		
49	Committed to my organization's care philosophy	(0) _____ (100)	0 1 2 3
50	Able to identify areas in patient care needing further development and research	(0) _____ (100)	0 1 2 3
51	Evaluating critically my unit's care philosophy	(0) _____ (100)	0 1 2 3
52	Evaluating systematically patients' satisfaction with care	(0) _____ (100)	0 1 2 3
53	Utilizing research findings in further development of patient care	(0) _____ (100)	0 1 2 3
54	Making proposals concerning further development and research	(0) _____ (100)	0 1 2 3
	<b>Work role</b>		
55	Able to recognize colleagues' need for support and help	(0) _____ (100)	0 1 2 3
56	Aware of the limits of my own resources	(0) _____ (100)	0 1 2 3
57	Professional identity serves as resource in nursing	(0) _____ (100)	0 1 2 3
58	Acting responsibly in terms of limited financial resources	(0) _____ (100)	0 1 2 3
59	Familiar with my organization's policy concerning division of labour and co-ordination of duties	(0) _____ (100)	0 1 2 3

SN	Item	Level of competence 0 for very low level and 100 for very high level of competence	The frequency with which individual items are actually used in clinical practice (0) not applicable in my work; 1, used very seldom; 2, used occasionally and 3, used very often in my work.
60	Co-ordinating student nurse mentoring in the unit	(0) _____ (100)	0 1 2 3
61	Mentoring novices and advanced beginners	(0) _____ (100)	0 1 2 3
62	Providing expertise for the care team	(0) _____ (100)	0 1 2 3
63	Acting autonomously	(0) _____ (100)	0 1 2 3
64	Guiding staff members to duties corresponding to their skill levels	(0) _____ (100)	0 1 2 3
65	Incorporating new knowledge to optimize patient care	(0) _____ (100)	0 1 2 3
66	Ensuring smooth flow of care in the unit by delegating tasks	(0) _____ (100)	0 1 2 3
67	Taking care of myself in terms of not depleting my mental and physical resources	(0) _____ (100)	0 1 2 3
68	Utilizing information technology in my work	(0) _____ (100)	0 1 2 3
69	Co-ordinating patient's overall care	(0) _____ (100)	0 1 2 3
70	Orchestrating the whole situation when needed	(0) _____ (100)	0 1 2 3
71	Giving feedback to colleagues in a constructive way	(0) _____ (100)	0 1 2 3
72	Developing patient care in multidisciplinary teams	(0) _____ (100)	0 1 2 3
73	Developing work environment	(0) _____ (100)	0 1 2 3

## Job Satisfaction Scale

For each statement, please circle the number that indicates your degree of agreement.

		Strongly disagree	disagree	Don't agree	Agree	Strongly agree
1	I receive recognition for a job well done	1	2	3	4	5
2	I feel close to the people at work	1	2	3	4	5
3	I feel good about working at this company	1	2	3	4	5
4	I feel secure about my job	1	2	3	4	5
5	I believe management is concerned about me	1	2	3	4	5
6	On the whole, I believe work is good or my physical health is good	1	2	3	4	5
7	My wages are good	1	2	3	4	5
8	All my talents and skills are used at work	1	2	3	4	5
9	I get along with my supervisor	1	2	3	4	5
10	I feel good about my job	1	2	3	4	5

## الملخص

**المقدمة:** الممرضين هم المسؤولين عن تقديم الرعاية الأولية الى ما يقارب الملاين من المرضى، كما يشكل ممرضين الطوارئ الخط الأمامي في تقديم الرعاية للمرضى المصابين بحالات طفيفة الى المرضى المصابين بحالات حرجة. كما أن الهدف الأساسي من الدراسة هو تقييم الكفاءة الإكلينيكية والعوامل المرتبطة بها بين الممرضين الذين يعملون في المستشفيات الفلسطينية في قسم الطوارئ.

**منهاج البحث العلمي:** دراسة وصفية مقطعية و أجريت على مائتين ممرض ممن يعملون في قسم الطوارئ. في هذه الدراسة تم استخدام أداتين بحث علمي: الأولى مقياس الكفاءة التمريضية التي أخذت من الدراسة التي أجراها ميريتوجا عام 2004 والثانية مقياس الرضى الوظيفي التي أخذت من الدراسة التي أجراها ماكدونالد وماكلنتير عام 1997. الاستبيان يحتوي على ثلاثة أجزاء رئيسية: الجزء الأول حول البيانات الديموغرافية والجزء الثاني حول مقياس الكفاءة التمريضية ، والجزء الثالث حول مقياس الرضا الوظيفي. تم تحليل البيانات باستخدام برنامج التحليل الاحصائي باستخدام معامل الارتباط بيرسون t واختبار أنوفا.

**النتائج:** أظهرت النتائج أن فقط 33% من المشاركين كانوا في حالة إكلينيكية جيدة ولم يكن أحد في مستوى جيد جداً وأعلى نسبة كانت في المستوى الجيد 60% وهي الدور المساعد بينما كانت النسبة الأدنى ضمان الجودة، كما أظهرت النتائج وجود فروق ذات دلالة إحصائية بين متوسط درجات الكفاءة الإكلينيكية والرضا الوظيفي باحتمالية أقل من 0.05.

**الخلاصة:** يلعب الممرضين الذين يعملون في قسم الطوارئ دوراً رئيسياً في الرعاية الصحية لأنهم يعملون في الخطوط الأمامية وهم أول من يتعامل مع أي كارثة صحية، لذلك فإن تحسين كفاءتهم السريرية سيؤدي إلى تعزيز جودة الرعاية المقدمة للمرضى.