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Original Article

Competency-based management effects on satisfaction of nurses and patients

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ABSTRACT

Purpose: To evaluate the effect of competency-based management in improving nurse and patient satisfaction.

Methods: According to the competency-based management objectives and principles, 821 nurses were classified into different levels based on clear nurse qualifications and post responsibilities. According to the different levels of nursing staff and training plans with different emphases, the goal was for the nursing staff to gradually achieve the corresponding level. Targeted training programs for different levels of nurses were formulated to enable nurses to gradually increase their competency levels.

Results: After implementation of competency-based management, nurse job satisfaction and patient satisfaction increased significantly ($P < 0.01$). Additionally, the reported nurse job burnout decreased ($P < 0.01$).

Conclusion: Competency-based management can promote nurses' enthusiasm, reduce job burnout, improve job satisfaction, as well as improve patient satisfaction.

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1. Introduction

Competency is the ability of different people to be successful and efficient according to certain specifications and classification standards. Competency-based management is based on the function of work staffing, and corresponds to nursing

staff qualification and level [1]. Different nursing posts, illnesses, and treatment have different requirements for professional quality. According to different technical requirements in the corresponding ability of nurses, nursing management is a scientific model and an effective way to improve the quality of clinical nursing. Post classification of clinical nursing staff in developed Western countries have

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Table 1 – Characteristics of the nursing staff (n = 821) participating in the development and implementation of a competency-based management strategy.

Characteristic	n	Proportion, %
Sex	Male	19 2.31
	Female	802 97.69
Age, in years	<30	454 55.30
	≥30	367 44.70
Education	Secondary	29 3.53
	specialized school	
	Junior college	337 41.05
	Bachelor degree and above	455 55.42
Title	Nurse and below	606 73.81
	Nurse in charge	171 20.83
	Deputy director nurse and above	44 5.36
Work experience, in years	<3	140 17.05
	3–10	382 46.53
	>10	299 36.42

strict grading systems, and each post has distinct responsibilities, or job descriptions, which provide a good foundation for holistic nursing [2]. According to ability, nurses are endowed with different job functions to give full scope to their talents and the management efficiency. The purpose of this study was to evaluate competency-based management on nurse job satisfaction, as well as on patient satisfaction.

2. Materials and methods

2.1. Research objective

The total number of nurses who participated in the competency-based management of nursing staff beginning in 2011 June was 1020. Of these, 821 nurses participated in the distribution of competency-based structure. Nursing staff was divided into 5 levels, from N0 to N4. The nursing staff ranged in age from 20 to 55 years (mean, 28.12 ± 12.92). Other information is shown in Table 1.

2.2. Competency-based management methods

2.2.1. Goals and principles of setting competency-based structure for nurses

The goal of competency-based structure for nurses is to put the most appropriate nursing personnel in the best time slot and in the most need of a posting and to ease the contradiction between supply and demand of nursing manpower [3]. The principle of macro-management of nurses on the corresponding level is people-oriented, with the aim of providing a reasonable structure, similar to the micro-management situation, whereby the timing and posting of nursing staff balances the supply and demand, and meets the needs of a hospital's structure, including distribution of fields of expertise to match the distribution of diseases with respect to the nurses' rank and workload. A scientific calculation may be used to determine the target work hours of the nurses needed, with consideration for the different levels of nursing staff

Table 2 – Distribution of nursing grades in the general ward and ICU.

Nursing grade	General ward, n = 685		ICU, n = 136	
	n	Proportion, %	n	Proportion, %
N0	114	16.64	3	2.20
N1	171	24.96	39	28.68
N2	222	32.41	56	41.18
N3	175	25.55	35	25.74
N4	3	0.44	3	2.21

available, in order to maximize use of the nursing human resources while reducing the cost of nursing man power, enhancing the practice levels of nurses as they work and reducing the sense of competition among the available staff. Ultimately, this approach should help to establish a strong talent base for the development of holistic nursing care.

2.2.2. Division of nurses by competency and distribution of the competency structure

When the placement and workload of nurses was based on the core competency standard used in our hospital (i.e. the assignment of grades N0 to N4), 25% of nurses were N3 grade,

Table 3 – Qualifications of nurses corresponding to the various grades of competency.

Nursing grade	Qualifications
N0	Newly graduated nurses (within one year from schooling completion).
N1	Nurse for 1–3 years; passed new nurse training program examination stage N1 administered by the nursing department; completed department-level training and examinations; participated in the 360-degree performance appraisal.
N2	Nurse for longer than 3 years or an advanced nurse; completed department-level training and examinations; participated in the 360-degree performance appraisal.
N3	Nurse for 3–5 years, charge nurse, or deputy director; completed department-level training and examinations; participated in the 360-degree performance appraisal.
N4	Nurse for longer than 5 years, charge nurse, nurse, deputy director, or nursing director; above provincial-level nurse specialist qualifications; completed department-level exams and nursing theory, and underwent a comprehensive evaluation by the specialist management committee; passed all aspects of the examination.

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