



## BIRJAND TEACHING HOSPITALS NURSES' ATTITUDE TOWARDS PERSONAL DEVELOPMENT PLAN

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### ABSTRACT

Any nurse needs refreshing courses in order to promote his/her scientific and professional abilities. To this end, he/she should change simultaneous with scientific and technological advances. Personal development plan, PDP, serves as a tool for the continuous improvement of knowledge and professional skills. The implementation of PDP in organizations goes with several outcomes including: the identification of individuals' strengths, expanding and utilizing them, the identification of individuals' weaknesses, and formulating plans for eliminating them. This, in turn, results in organizational excellence in all dimensions. The aim of this study is to define Birjand teaching hospitals nurses' attitude towards PDP.

**Materials and Methods:** This is a descriptive study conducted on 153 nurses working in Birjand teaching hospitals from 2015 to 2016. Data was collected using a researcher-made questionnaire with two parts. The first part addressed demographic information and the second part covered items about the objectives of study in five fields: PDP identification, educational needs, implementation and HR capabilities, PDP implementation and PDP effectiveness.

**Results:** According to results, the mean scores of PDP identification, educational needs, implementation and HR capabilities, PDP implementation and PDP effectiveness items was  $16 \pm 0.3$ ,  $25.1 \pm 0.5$ ,  $18.8 \pm 0.3$ ,  $40.4 \pm 0.6$  and  $14.3 \pm 0.6$ , respectively. The mean score of whole questionnaire was  $114.8 \pm 1.6$ . In general, the attitude of the studied nurses towards PDP was in a moderate level.

**Conclusion:** Based on the obtained results, it is recommended to add to the number of nurses, to decrease their working hours and to improve PDP implementation capabilities in order to further benefit from PDP on the one hand and to decrease the barriers of participating in such programs on the other hand.

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### Introduction

Human resource, HR, is the core strategic resource of any organization/society [1]. Societies that can accurately and correctly conduct HR education programs will succeed in long-term. By investing in HR development, organizations promote their employees' knowledge, skill, ability and attitude. This enables them to survive in global competition [1]. Education is considered a main field of focus which creates and promotes knowledge and skill and improves HR attitude and performance. It serves as the main axis of HR development improving HR development index. This, in turn, directs whole country towards sustainable knowledge-based development and relevant indices [2]. HR education and improvement is an efficient and essential approach to retaining and benefiting from human capitals. The optimal use of HR, and relevant tools and capabilities,

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and the accurate administration of organizations are the products of PDP plans for employees [3]. The ever-increasing technological advances and the unprecedented growth of health management information necessitate educating and improving employees working in the healthcare sector [1]. HR plays a significant role in the evolution and advancement of healthcare and treatment fields and is considered as the pillar of any organization [4]. Different countries of the world have adopted different methods and tools to promote the quality of healthcare services. The main aim of any organizational education is to embed a new set of knowledge, skill and attitude in its employees [1]. As technology advances, the knowledge and awareness of healthcare sciences increases rapidly where nurses, as the powerful arm of healthcare system, play a vital role in the evolution and advancement of whole healthcare system [4]. As the most important staff of medical community, therefore, nurses need continuing education in order to acquire new knowledge and skills [5]. In nursing field, HR improvement is an important responsibility of nursing managers. This empowerment encapsulates activities which are executed to promote nurses' qualification and knowledge and to create new skills in them enabling them to provide better clinical services [4]. According to investigations, nurses provide the highest level of direct clinical services to patients and, therefore, play an undeniable role in promoting the quality of care and treatment services [6]. To this end, healthcare system may obtain the satisfaction of its clients by promoting the competence of its nurses [7]. By training the nurses of public health and psychological departments of The Health Ministry hospitals for 2 to 4 hours per week, Iran enforced on the Job training (OJT) courses in 1959-1960. This training was non-officially continued until the formation of the General Office of Nursing and Midwifery in The Health Ministry. This office has evaluated OJT training courses and executed them in hospitals through different methods till now. Unfortunately, despite the long history of the execution of OJT courses for nurses, the positive effects of such plans on nurses' professional outcomes, and in turn, the promotion of the quality of nursing services, are not evident so that such plans meet only a small part of their educational needs on the one hand and the quality of such plans are very weak on the other hand [1]. The Act of the Continuing Education of Iranian Medical Community was approved in 1996. According to the act, all over diploma nurses are obliged to participate in special OJT courses for promotion and valuation purposes. The certificate of the courses is a prerequisite for their assessment [5]. The main aim of continuing education for nurses is to promote the quality of nursing services. The effect of such educations on nurses' professional performance, especially in the field of healthcare services, is a challenge of continuing education plans for nurses. Different studies have assessed the effect of such plans on nurses' performance [8-12].

Unfortunately, despite the long history of continuing education plans for nurses, its positive effects on their professional performance and the promotion of the quality of nursing services are not evident. Although organizations bear considerable costs to organize continuing education in order to promote HR performance and productivity, according to studies, however, only a small fraction of learnt lessons is actually used in work environment. The results of Dori (2009) showed that participating in continuing education courses did not change nurses' performance [13]. Ford believes that in addition to having the ability of and impetus for acquiring new skills, the learner should be able to put the acquired skills into practice in order to make the education be effective. In other words, driving on effective learning road causes the learnt lessons to affect the knowledge, attitude and professional performance of learners and promotes their occupational performance [4]. An effective organizational education program consists of five stages: requirement assessment, setting objectives, designing education plans, teaching and assessing [1]. Therefore, the identification and prioritization of educational needs is the most essential stage of any educational plan. This is called needs assessment. If educational plans are designed and implemented based on accurately-performed need assessment, they will effectively eliminate organizational problems [7]. According to researches, organizing clients' educational needs-fit continuing education plans will more likely affect their behaviors and health outcomes [14]. The consistency between needs assessment and education, and the assurance of the quality of service was first expressed in 1989 [15]. Potter and Perry believe that comprehensive educational plans, which emphasize the learning needs of individuals, cut healthcare costs, promotes healthcare quality and help individuals achieve independency [7]. This is why the identification of the educational needs of active nurses is an important and effective step in the way of promoting their abilities. This necessitates a design with content selection, subject and method as the contents of it [16]. PDP is a tool for continuous development of professional knowledge and skills. As an applied instrument, PDP promotes and expands employees' knowledge and skills through the actively participation of supervisors and managers in continuing development programs, with the bilateral interaction of managers and supervisors as the most important feature of PDP. Adopting this approach in organizations will result in the identification of individuals' strengths, expanding and benefiting from such strengths, the identification of individuals' weaknesses, and formulating plans for eliminating them. This finally results in organizational excellence in all aspects. Everybody knows the importance of the promotion of the quality and any attempt for quality promotion should be based on the analysis of current conditions. The awareness of nurses' opinion about the problems of formulating such plans is one of the best ways for determining current condition. Unfortunately, no study has been conducted on this issue in Iran. Therefore, this study aims to determine the mean score of nurses' attitude towards PDP.

### **Materials and Methods**

This is a descriptive study where samples were selected by census. Data collection tool, i.e. the aforementioned questionnaire was first distributed between all nurses working in two teaching hospitals of Birjand (330 nurses) and was collected after 2 days. Inclusion criteria were all official, contractual, and company-employed nurses with a record exceeding 1 year. The

questionnaire was a researcher-made questionnaire with two parts. The first part covered nurses' demographic information (sex, age, education certificate, record, employment status, job center and time from the implementation of PDP) while the second part included items about study objectives in 5 fields: PDP identification (items 1-5), determination of educational needs (items 6-13), Implementation and HR capabilities (items 14-19 items), PDP implementation (items 20-31) and PDP effectiveness (items 32-35). Items were scored using Likert five-point scale (completely agree=5, agree=4, no idea=3, disagree=2 and completely disagree=1). The maximum scores of PDP identification, educational needs, implementation and HR capabilities, PDP implementation and PDP effectiveness were  $5 \times 5 = 25$ ,  $8 \times 5 = 40$ ,  $6 \times 5 = 30$ ,  $12 \times 5 = 60$  and  $4 \times 5 = 20$ , respectively and the maximum possible score of whole questionnaire was  $35 \times 5 = 175$ . Face validity was used to determine the validity of questionnaire. To this end, the questionnaire was sent to 5 members of scientific board and, then, the items were modified based on their opinions. The reliability of questionnaire was confirmed using Cronbach's alpha ( $\alpha = 93\%$ ). The researcher refers to all general and specialized medical clinics of the medical centers at various shifts with the coordination and introduction letter of the University of Medical Sciences in order to select the studied units in which all nurses working in the medical and educational centers were invited to participate in the research. The data were then collected through a questionnaire after their consent. Subsequently, data were analyzed by SPSS20 software.

**Results**

According to the results of this study, the majority of studied cases were female (81.2%) and the mean age of cases was  $34.3 \pm 0.5$ . Moreover, 46.1%, 18.2% and 16.2% of cases were official employed, contractual employed and company-employed with B.S. certificate as the most frequent education certificate (81.2%). The mean record of cases was  $10 \pm 0.5$  with a mean background of  $2.6 \pm 0.6$  years in PDP implementation. Of the studied cases, 53.8% and 44.8% were working in Valieasr and Imam Reza hospitals. The mean age and record of Imam Reza hospital nurses were lower than those of Valieasr hospital and the difference was significant ( $P < 0.001$ ). The mean score of PDP identification, educational needs, implementation and HR capabilities, PDP implementation and PDP effectiveness items was  $16 \pm 0.3$ ,  $25.1 \pm 0.5$ ,  $18.8 \pm 0.3$ ,  $40.4 \pm 0.6$  and  $14.3 \pm 0.6$ , respectively. The mean score of whole questionnaire was  $114.8 \pm 1.6$ . According to results, the attitude of the studied nurses towards PDP is in a moderate level (48.7%). The difference in the mean score of items following PDP implementation was significant between males and females ( $P = 0.032$ ). In addition, the difference in the mean scores of implementation capabilities ( $P < 0.002$ ), PDP effectiveness ( $P < 0.039$ ) and total score of nurses' attitude ( $P < 0.030$ ) was significant between hospitals.

**Table1:** comparison of mean and standard deviation of questionnaire items in terms of sex.

variables	sex		t-test	
	male	female	T statistic	P
identification	16.6 (0.9)	15.9 (0.3)	0.8	0.399
Educational needs	23.8 (1.4)	25.4 (0.5)	-1.2	0.208
Implementation and HR capabilities	17.8 (0.9)	19.0 (0.4)	-1.3	0.180
PDP implementation	37.4 (1.6)	41.0 (0.6)	-2.1	0.032
PDP effectiveness	13.7 (0.7)	14.4 (0.3)	-0.9	0.362
Total score of nurses' attitude	109.5 (4.7)	116.0 (1.7)	-1.4	0.137

**Table2:** comparison of mean and standard deviation of questionnaire items in terms of hospital

variables	hospital		t-test	
	Imam Reza	Valieasr	t statistic	P
PDP time	2.5 (0.09)	2.7 (0.09)	-1.1	0.238
PDP identification	16.0 (0.5)	16.1 (0.4)	-0.1	0.907
Educational needs	24.4 (0.8)	25.8 (0.6)	-1.3	0.192
Implementation and HR capabilities	17.6 (0.4)	19.9 (0.5)	-3.2	0.002
PDP implementation	39.2 (0.9)	41.4 (0.8)	-1.7	0.078
PDP effectiveness	13.6 (0.4)	14.8 (0.3)	-2.0	0.039
Total score of nurses' attitude	111.0 (2.7)	118.3 (2.0)	-2.2	0.030

## Discussion

The mean score of PDP identification, educational needs, implementation and HR capabilities, PDP implementation and PDP effectiveness items was  $16\pm 0.3$ ,  $25.1\pm 0.5$ ,  $18.8\pm 0.3$ ,  $40.4\pm 0.6$  and  $14.3\pm 0.6$ , respectively. The mean score of whole questionnaire was  $114.8\pm 1.6$ . The results indicate that the attitude of the studied nurses towards PDP is in a moderate level (48.7%).

PDP helps individuals identify their need for promoting professional knowledge and skills, using SWOT analysis, and consequently develop necessary plans for it. The empowerment of operational processes and HR, aiming at quality promotion, is the prerequisite of organizational development and evolution. The most important factor of such evolution is the behavioral maturity in individual and group levels. If it is directed in a scientific bed, it will lead to increased productivity. Both individuals and organization should endeavor to achieve and establish behavioral maturity. This means that individuals should be equipped with science, scientific spirit and rational arguments on the one hand and organizations should help the manifestation of ideal behaviors using appropriate instruments, such as teaching techniques associated with behavioral improvement, encouragement and punishment strategies and taking appropriate management styles, on the other hand. This, in turn, leads to the flourish of both individuals and organization. HR development has been converted to a kind of a mutual commitment and expectation and a bilateral task between individuals and organizations.

In a review study, Javad Farhangi evaluated the outcomes of formulating PDPs as the facilitator of individual development. His results showed that the development of knowledge and skill in the interested fields is a main stage of HR development process [17].

Various studies have evaluated other education styles for nurses and nursing students. However, no study was found on the effect of PDP on nurses and this is a limitation of this study. Therefore, future studies are recommended to evaluate other hospitals in other cities and to compare the results.

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