

CHAPTER 5

Conclusion, Implications, Limitations, and Recommendations

The purpose of this study was to develop a psychometrically appropriate Competency Assessment Scale for Head Nurses in Community Hospitals (CASHNCH). In these four parts, firstly, a conclusion is drawn from the study findings, secondly, the implications of the study findings are described, thirdly, the limitations of study, and fourthly, recommendations for further study are noted.

Conclusion

The purposes of this study were to develop a Competency Assessment Scale for Head Nurses of Community Hospitals in Thailand and to evaluate its psychometric properties. The process of instrument development is comprised of five steps based on the steps of DeVellis (2003) consisting of 1) determining the construct of the measure, 2) generating an item pool, 3) determining the format for measurement, 4) having the initial item pool reviewed by experts and pretesting the initial instrument, 5) administering items to a development sample and evaluate the items.

In the first step, the participants were nurse managers in 30-to -90 bed community hospitals who provided information for conceptual definition through individual interviews and focus group discussions including three nurse administrators as the directors of nursing service and one head nurse for individual interviews, and one nurse administrator as the director of nursing service and five head nurses for a focus group discussion. The qualitative method was used to explore the essential competencies for head nurses in community hospitals. The open-ended questionnaires were developed by the researcher, based on head nurse competency framework of TNC (2013), and reviewed by the dissertation advisory committee and three nursing experts. The conceptual definition of the essential competencies for a head nurse in community hospitals were based on competency framework of TNC

(2013), the reviewed literature, and the content analysis from qualitative approach. The framework consists of five domains: leadership, management, communication and relationship, professional ethics, and policy and healthcare environment.

In the second and third steps, the initial item pool was generated with 125 items for five domains which was reviewed by the dissertation advisory committees. The scale used a five-point Likert-type format to respond with the choice ranged from never done to always done.

In the fourth step, validating the items by the experts and pre-testing the initial instrument were performed. The content validity of initial scale was evaluated by six panel experts (I-CVI ranged from .83 to 1.00, and S-CVI = .94). After that, in pretesting, the scale with five domains and 55 items was reviewed by 30 head nurses in community hospitals, most of them commented that the scale was of an appropriate length, readable, and easy to follow. Furthermore, Cronbach's alpha coefficient of each domain ranged from .93 to .96 and the overall scale was .98 that concerned with the homogeneity of the items within a scale.

The final step, construct validity and psychometric properties were examined by exploratory factor analysis and contrast group approach. The 614 participants, who were head nurses in medium community hospital in four health regions based on a large sample, were administered in field testing. Exploratory factor analysis and principle component with direct oblimin rotation was used to extract major component. The final CASHNCH was composed of 5 components with 52 items, 69.89 % of the total variance, and more than .60 of communality of all items. The alpha coefficient of total scale was .98 and of five components ranged from .93 to .96, indicated internal consistency reliability of the overall scale. Seventy-six newly graduated nurses were administered in the contrast group test. The contrast group test verified the discriminative function of competency level of the CASHNCH between newly graduated nurses and head nurses in community hospitals.

Implications of the Findings

The results of this study yielded a description of competency framework for head nurses and developed a psychometrically sound instrument for measuring the competency of head nurse especially who works in 30-to -90 bed community hospital. They can be used in both nursing administration and nursing education.

Implications for Nursing Administration

The CASHNCH can be used for competency self-assessment and evaluation for competency development. Head nurses in community hospitals can use this CASHNCH to their competencies for their appropriate improvement. Moreover, it can be used to identify the essential competencies for head nurses to improve quality care and nursing management. This scale can be applied for nursing and human resource management, and performance evaluation. Nurse executives also can use the CASHNCH to plan for training needs and professional development. Moreover, staff nurse can utilize it for their preparation into the head nurse position, and self-improvement into higher level of their career paths.

Implications for Nursing Education

The CASHNCH provides a competency framework for head nurses in community hospitals, which can be used to design training programs for continuing education of head nurses in community hospitals. Moreover, it can be used in conjunction with a Master and Doctoral degree program in nursing administration.

Limitations

Limitations of this study are considered in the participants and scale development. Firstly, head nurses who are the sample in the study, work in 30- to 90-bed community hospitals (medium size) while some nurses from a bigger hospitals or some 90-bed community hospitals in medium size prepared to be large size community hospitals are faced with different contexts. Thus, some head nurses may differently demonstrate their competency from the others. Secondly, the results of

some items of the final a CASHNCH loaded on more than one factor which indicates the redundancy of items (Ferketich, 1991; Polit & Beck, 2008). Thus, they were considered for shortening or deleting. However, all items were retained for conceptual soundness. Finally, this study is limited for testing criterion-related validity because the existing scale is not available to be compared.

Recommendations for Further Studies

The CASHNCH provided strong validity and reliability. This scale needs more testing and should be developed for further study as follows:

1. The concept definition of the CASHNCH was derived from individual interviews, and focus group discussions that should be explored by a large number of nurse administrators in various context hospitals of further study in order to strength of concept.
2. This scale should be performed for scale development by this method in other groups of nurses.
3. Further validity of the scale, especially, confirmatory factor analysis in order to test the hypothesis or confirm its framework after using it for sometimes and the change occurrence.
4. The CASHNCH should be developed for peer and administrator to evaluate head nurses in order to develop a new scale format which is available for their evaluation.
5. Replicate the study for further examination as time passes and changes, and after using, it should be revised for current appropriate scale.