Self-Confidence and Barriers on Nursing Competency among Novice Nurses in Bangladesh

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ABSTRACT

Introduction: Measuring competence is becoming an important aspect of new nurses (Hengstberger-Sims et al., 2008). Professional nurses should have in an expected level of nursing competence to demonstrate efficiency that is coordinated and has confidence in his/ her actions (Benner, 1984). Most of the nurses were not confident in managing and providing care for patients (Song and Yang, 2016). Thus, the aim of this study was to identify the self-confidence and Barriers on nursing competency among novice nurses in Bangladesh.

Methods: A descriptive correlational study was conducted at two tertiary and one university level hospital in Bangladesh. A total of 237 novice nurses were randomly selected from DMCH, SBMCH, and BSMMU in Bangladesh. After obtained clearance from IRB of NIANER and permission of concerned hospital authority a self-administered questionnaire was used for data collection. The questionnaire was consisted of four parts: the DDQ; NCPQ; NCPCCQ; and perceived barriers questions.

Data Analysis: Collected data were analyzed by using SPSS (version 22). A descriptive statistics such as frequency, percentage, mean and standard deviation was used to describe the sample characteristics, and self-confidence and perceived barrier data on nursing competence among novice nurses. Pearson correlation coefficient was used to describe the relationship among the variables.

Results: Study found that novice nurses had obtained moderate level of self-confidence on nursing competence of patient centered care (NCPCC) (M = 62.21, SD = 7.53) and self-confidence on nursing competence of professionalism (NCP) (M = 121.57, SD = 12.51) respectively. Novice nurses also identified the barriers to developing nursing competence among novice nurses. A significant positive correlation was found between self-confidence on NCPCC and NCP (r = 0.67, p<0.000), NCPCC and perceived barriers (r = 0.15, p < 0.05). However a non-significant correlation was found between perceived barriers and NCP (r = 0.034, p >0.05).

Conclusion: Novice nurses were moderately self-confident regarding NCP and NCPCC respectively. A significant positive correlation was found between NCPCC and NCP, and between NCPCC and perceived barriers. It means that higher the novice nurses self-confidence level on NCP higher the self-confidence level on NCPCC, and higher the self-confidence level on NCP higher the perceived barriers to develop nursing competence among novice nurses. Preceptorship and/Internship program may be suggested to enhance the self confidence level of nursing competence among novice nurses. Further study is recommended for wide range of nursing competence.

Key wards: *Nursing Competency, Professionalism, Patient-centered care, Self-Confidence*

BACKGROUND AND SIGNIFICANCE OF THE STUDY

Professional competence is a fundamental requirement in nursing practice. Public has a right to expect nurses to demonstrate competence throughout their careers (ANA 2006). Confidence is an integral part of being a successful nurse. Nurses who are satisfied with their work and with the conditions under which care is provided are more likely to provide quality care based on set standard of nursing practice. On the other hand, nurses' dissatisfaction may negatively affect their self-confidence and the quality of care they provided in the hospitals.

Competency standards are the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/ or superior performance in a profession/occupational area (ANMC, 2006). The nurse is individually responsible and accountable for maintaining competence. Assurance of competence is the shared responsibility of the profession, regulatory bodies, employers, individual nurses, and other key stakeholders.

The ANA's Nursing's Social Policy Statement (2003) and Nursing: Scope and Standards of Practice (2004) state that: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in

the care of individuals, families, communities, and populations." Therefore, the primary purpose for ensuring competence is the protection of the public (ANA, 2003). A secondary purpose for ensuring competence is the advancement of the profession through the professional development of nurses.

The Institute of Medicine (IOM, 2003), defined professional competence as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and community being served." Thus, an individual nurse who demonstrates competence at an expected level of performance in practice should include knowledge, skills, abilities, and judgments.

Banner treated newly appointed nurses as "advanced beginner" who needs guidance during their nursing practice. Professional nurses should have in an expected level of nursing competence to demonstrate efficiency that is coordinated and has confidence in his/her actions (Benner, 1984). A number of nurses are continuously appointed as the need of hospitals in Bangladesh. Thus, measuring competence is becoming an important aspect of new nurses (Hengstberger-Sims et al., 2008).

Self-confidence is an important predictor for success in professional roles, job satisfaction, and career longevity. Confidence in one's ability to effectively carry out a task within a specific situation is an important aspect of nursing practice. Nurses self-confidence may impact on their self–satisfaction of perform their professional roles. Satisfying clinical competence is the predictors to providing quality care in clinical setting while the improving the satisfactions of clinical practice of nursing. Whereas previous study revealed that most of the nurses were not confident in providing and managing care for patients (Song and Yang, 2016).Competence is still a controversial issue in health care settings in many developing countries. This affects many aspects of the nursing profession, including education, practice and management. Although a number of research and discussion papers have explored the issue, in particular the meaning and assessment of nursing competence. To date a little research in Bangladesh has conducted to explore nursing competence among nurses who are responsible to provide competent care to people in general who need health care. Thus, this study aims to identify the self-confidence of nursing competency of professionalism and patient-centered care among novice nurses in Bangladesh.

OBJECTIVES OF THE STUDY

General Objectives
The aim of this study was to assess the level of self-confidence on nursing competency and to identify the perceived barriers in developing nursing competency among novice nurses in Bangladesh.

Specific Objective
1) To assess the level of self-confidence on nursing competence of professionalism (NCP) among novice nurses in Bangladesh
2) To assess the level of self-confidence on nursing competence of patient-centered care (NCPCC) among novice nurses in Bangladesh
3) To identify the perceived barrier towards development of nursing competence among novice nurses in Bangladesh.
4) To investigate the relationship among self-confidence of NCP and NCPCC, and perceived barriers among novice nurses in Bangladesh.

METHODS

Design: This was a descriptive correlational study designed to identify the self-confidence of nursing competence and perceived barriers of nursing competence among novice nurses in Bangladesh.

Data Collection Instrument: A set of structured native Bengali version questionnaire was used to collect data from novice nurses in Bangladesh. The instrument consists of four parts:

Part 1: The Demographic Data Questionnaire (DDQ): included 17 items such as age, gender, religion, marital status, education and service experience, attending in internship program, professional training and overall satisfaction to nursing education and overall satisfaction to be a professional nurse etc.

Part 2: Nurses' Self-Confidence on Nursing Competence of Professionalism Questionnaire (NC-NCPQ): included 29 items expected to respond with 5 point rating scale ranged from 1 to 5 ("Strongly Disagree" to "Strongly Agree").

Part 3: Nurses' Self-Confidence on Nursing Competence of Patient-Centered Care Questionnaire (NC-NCPCCQ): included 15 items expected to respond with 5 point rating scale ranged from 1 to 5 ("Strongly Disagree" to "Strongly Agree").

Part 4: Perceived Barriers to Development of Nursing Competence Questionnaire: included 33 items expected to respond with 3 options ("Yes", "No", "Not Sure").

Validity and Reliability of the Instrument: The instrument was validated by a panel of experts. The experts were the personnel who have scientific knowledge and skills on conducting nursing research, development of nursing research instrument, and the use of research findings in to nursing practice in the field of nursing education, nursing practice and nursing administration. Most of them were selected from Yonsei University College of Nursing, South Korea and NIANER Bangladesh. The expert team was evaluated the content validity of the instrument whether it was sufficiently relevant and/or adequately measured the variables in the study. The Cronbach's alpha coefficient reliability yields .91 scores for part 2, 3, and 4 of the instrument. This was an acceptable internal consistency reliability score for new instrument (Polit & Beck 2012).

Sample and Sampling: This study used a simple random sampling technique to reach the enough number of samples. Based on hospital administrative record the entire novice nurses (newly appointed RNs) DMCH, SBMCH, and BSMMU were listed. According to sample eligible criteria a total of 240 novice nurses were equally invited from both public (DMCH and SBMCH) and privet hospital (BSMMU) to join in this project. Finally 237 were returned after filled up the questionnaire. Among them 123 were from public hospitals and 114 from private hospitals. During recruiting the sample of this study following inclusion and exclusion criteria was followed:

Inclusion criteria: The inclusion criteria was the novice nurses who were: newly appointed within the year of 2016-17; currently working at DMCH, SBMCH and BSMMU; and got registration form Bangladesh Nursing and Midwifery Council (BNMC) in Bangladesh.

Exclusion criteria: The exclusion criteria was the novice nurses who were: seriously ill or psychologically unstable to communicate to this study; in leave or long term vacation; and/or display unwillingness to join this study.

Sample size: The sample size was estimated by using "G" power analysis. Researcher was use level of significance (α) of 0.05, expected power 0.80 (1- β) and medium effect size 0.30 (γ). Estimated sample size was 143 + (20% for dropout/ attrition sample).

Data Collection: Data was collected after obtaining proper approval from IRB at NIANER and concerned authority of DMCH, SBMCH and BSMMU. Researchers themselves collected data using a self-administered structured questionnaire. With the permission and cooperation of nursing superintendents and nursing officers there was a gathering of each hospital in a meeting room for data collection. After self-introduction of research team and the research objective was introduced then researchers distributed questionnaire to individual participant with a clear instruction. It was returned back and checked carefully for its completeness. Prior to data collection written and verbal consent was taken from the individual participants.

Ethical Consideration: The research proposal was submitted to obtain ethical clearance from IRB NIANER. Permission for data collection was obtained from the Directors and the Nursing Superintendents of three concerned organization. Before data collection the objectives and procedures of the study was explained to the Directors and the Nursing Superintendents as well as individual participant of this study. The participants then received a further brief explanation of the study. They were also informed that they had the right to stop or discontinue for any reason without penalty at any time. A coding system was used to identify the participants and the organizations under this study. Participants were assured of the anonymity and confidentiality of all information that they provided, and that such information would be used only for the purposes of this study.

Data Analysis: Collected data were analyzed by using computer software. A descriptive statistics such as frequency, percentage, mean and standard deviation was used to describe the sample characteristics, and self-confidence and perceived barrier data on nursing competence among novice nurses. Pearson correlation coefficient was used to describe the relationship among variables.

RESULTS

The results of this study is organized and presented based on the study objectives. The study results organized as: 1) Demographic Characteristics of Nurses; 2) Nurses' Self-Confidence on Nursing Competence of Professionalism (NCP); 3) Top Highest and Top Lowest agreement to Self-Confidence of NCP; 4) Nurses' Self-Confidence on Nursing Competence of Patient-Centered-Care (NCPCC); 5) Top Highest and Top Lowest agreement to Self-Confidence of NCPCC; 6) Top Ten Perceived Barriers on Nursing Competence; and 7) Relationship between Self-Confidence of NCP and PCC and Perceived Barriers among novice nurses.

Table 1: Demographic Characteristics of Novice Nurses (N 237).

Variable	n	%	Mean (SD)
Gender			
Male	31	13.1	
Female	206	86.9	
Age			26.96 ±2.381
Marital Status:			
Single	72	30.4	
Married	164	69.2	
Others	1	.4	
Monthly Income			27778.74 ± 1213.568
Current Work Place			
DMCH	73	30.8	
SBMCH	50	21.1	
BSMMU	114	48.1	
Professional Education			
Diploma in Nursing	179	75.5	
B Sc in Nursing	49	20.7	
M Sc in Nursing/MPH	9	3.8	
Satisfied with the Nursing Education and Training			
Satisfied	194	81.8	
Not Satisfied	43	18.2	
Attend in Nurse Internship Program			
Yes	124	52.3	
No	113	47.7	
Duration of Internship			
1 Year	14	5.8	
6 Months	21	8.9	
3 months	80	33.8	
Less than 3 months	9	3.8	
Not Applicable	113	47.7	
Supervised during Internship			
Yes	27	11.4	
No	97	40.9	
Not Applicable	113	47.7	
Supervisor Responsible			
Clinical Instructor/Preceptor	56	23.6	
Nursing Supervisor	35	14.8	
Head Nurse	11	4.6	

Variable	n	%	Mean (SD)
SSN	18	7.6	
Others	4	1.7	
Not Applicable	113	47.7	
Received Job Orientation Training			
Yes	96	40.5	
No	141	59.5	
Clinical Experience in Current Nursing Job			$2.1 \pm .305$
Less than 1 year	10	4.2	
1-2 years	215	90.7	
More than 2years (limited to 3 years)	12	5.1	
Clinical Experience other than Current Nursing Job			
Yes	178	75.1	
No	59	24.9	
Received any Professional Training			
Yes	108	45.6	
No	129	54.4	
Duration of Professional Training Received			
Long- term	18	7.6	
Short-term	90	38.0	
Not Applicable	129	54.4	
Satisfy to be a Professional Nurse			
Satisfied	22	9.3	
Not Satisfied	215	90.7	

Table 1 shows the demographic characteristics of novice nurses in this study. Among them majority (86.9%) of nurses were female and only 13.1% were male. Their mean age was 26.96, SD 2.38. Majority (69.2%) of the nurses was married, and 30.4% was single. Their monthly income was mean TK 27779/-(SD 1214/-). Nurses were currently working at BSMMU 49%, DMCH 31% and SBMCH 21%, respectively. Majority (75.5%) of the nurse's educational qualification was Diploma in nursing, 20.7% B Sc in Nursing, and only 3.8% was Masters/MPH qualified. Majority (81.8%) of the nurses was satisfied, whereas 18.2% did not satisfied with the nursing education and training. A number of nurses (52.3%) attended in nurse internship program but 47.7% did not. Among them, the duration of internship programs were: 33.8% was 3 months, 8.9% was 6 months, 5.9% was 1 year and 3.8% was less than 3 months. During the internship program only 11.4% was under supervision, but 40.9% did not. The responsible supervisors were: clinical instructor/preceptor 23.6%, nursing supervisor 14.8%, senior staff nurses 7.6%, head nurse 4.6%, and 1.7% was others. As a newly appointed nurse only 40.5% received job orientation training whereas majority (59.5%) of them did not. Majority (90.7%) of the study participants' clinical experience in current nursing job was 1-2 years, mean 2.1 years (SD.305). In the other hand most (75.1%) of the novice nurses have clinical experience other than current nursing job, rest of them (24.9%) did not. A large number (54.4%) of nurses did not received any professional training, whereas 38% received short term training, and only 7.6% received long term. Majority (90.7%) of the novice nurses was not satisfied to be a professional nurse, and only 9.3% was satisfied anyway.

Table 2. Distribution of Novice Nurses' Self-Confidence on NCP (N = 237).

Items	Strongly Disagree n (%)	Disagree n (%)	Neither Disagree Nor Agree n (%)	Agree n (%)	Strongly Agree n (%)
	1	2	3	4	5
Internalize that nursing is a vital profession in the society	1 (.4)	1 (.4)	9 (3.8)	38 (16.0)	188 (79.3)
Take responsibility of my actions during patient care	-	3 (1.3)	7 (3.0)	46 (19.4)	181 (76.4)
Identify and apply respectful relationship with the patient	2 (.8)	3 (1.3)	7 (3.0)	58 (24.5)	168 (70.5)
Identify and apply respectful relationship with co-workers	2 (.8)	3 (1.3)	8 (3.4)	58 (24.5)	166 (70.0)
Internalize that a professional nurse should be a good role model for nursing students	1 (.4)	3 (1.3)	8 (3.4)	67 (28.3)	158 (66.7)
Evaluate my own skills during patient care	1 (.4)	3 (1.3)	8 (3.4)	69 (29.1)	156 (65.8)
Internalize that a professional nurse should systematically read professional journal	1 (.4)	3 (1.3)	11 (4.6)	72 (30.4)	150 (63.3)
Internalize that a professional nurse should regularly attend in professional meeting and conference	4 (1.7)	3 (1.3)	10 (4.2)	74 (31.2)	146 (61.6)
Internalize the legal and ethical issues related to nursing practice	-	3 (1.3)	10 (4.2)	78 (23.9)	146 (61.6)
Internalize the needs and involve in continuing nursing education	1 (.4)	1 (.4)	8 (3.4)	93 (39.2)	134 (56.5)
Identify values and apply obligation to protect the confidentiality of the patient	5 (2.1)	5 (2.1)	10 (4.2)	84 (35.4)	133 (56.1)
Evaluate self-development in interaction with health care team	-	5 (2.1)	10 (4.2)	96 (40.5)	126 (53.2)
Identify and apply fairly organized treatment to colleagues	4 (1.7)	3 (1.3)	10 (4.2)	97 (40.9)	123 (51.9)
Identify and values the beneficence of client, families and organization	6 (2.5)	7 (3.0)	15 (6.3)	89 (37.6)	120 (50.6)
Internalize and involve in professional developmental activities	1 (.4)	3 (1.3)	8 (3.4)	111 (46.8)	114 (48.1)
Assess and develop plan of my own work	4 (1.7)	8 (3.4)	19 (8.0)	93 (39.2)	113 (47.7)
Identify and apply fairly organized treatment to client and families	12 (5.1)	11 (4.6)	15 (6.3)	87 (36.7)	112 (47.3)
Internalize the violator of professional standard face fairly severe penalty	4 (1.7)	7 (3.0)	18 (7.6)	98 (41.4)	110 (46.6)
Internalize that a professional nurse should have a clear line between personal and professional life	8 (3.4)	11 (4.6)	19 (8.0)	89 (37.6)	110 (46.4)
Identify and apply the values on human dignity and human rights	3 (1.3)	15 (6.3)	12 (5.1)	100 (42.2)	107 (45.1)
Evaluate self-development in interaction with multidisciplinary team	4 (1.7)	6 (2.5)	12 (5.1)	108 (45.6)	107 (45.1)
Identify and demonstrate the nursing skills in teamwork	2 (.8)	8 (3.4)	13 (5.5)	120 (50.6)	94 (39.7)

Items	Strongly Disagree n (%)	Disagree n (%)	Neither Disagree Nor Agree n (%)	Agree n (%)	Strongly Agree n (%)
	1	2	3	4	5
Use own personality and aspire professional relationships as a nursing personnel in the health care team	10 (4.2)	9 (3.8)	15 (6.3)	110 (46.4)	93 (39.2)
Identify and apply the companionship and cooperation in teamwork	4 (1.7)	2 (.8)	5 (2.1)	135 (57.0)	91 (38.4)
Identify and apply networking and communication within team work	5 (2.1)	3 (1.3)	13 (5.5)	128 (54.0)	88 (37.1)
Identify and apply principles of autonomy of human	4 (1.7)	14 (5.9)	23 (9.7)	127 (53.6)	69 (29.1)
Identify and apply self-determination of human	8 (3.4)	17 (7.2)	32 (13.5)	114 (48.1)	66 (27.8)
Identify and apply the restriction of autonomy	6 (2.5)	20 (8.4)	19 (8.0)	128 (54.0)	64 (27.0)
Represent the client and nursing profession in various teams	30 (12.7)	18 (7.6)	28 (11.8)	104 (43.9)	57 (24.1)
Total Mean = 121.57(±12.51)					

Table 2 shows the nurses' self-confidence on nursing competence of professionalism (NCP). The novice nurses' self-confidence on NCP revealed the total mean score 121.57, and SD 12.51. Among them nurses are strongly agree to: internalize that nursing is a vital profession in the society (79.3%), take responsibility of my actions during patient care (76.4%), identify and apply respectful relationship with the patient (70.5%), identify and apply respectful relationship with co-workers (70%), internalize that a professional nurse should be a good role model for nursing students (66.7%), evaluate own skills during patient care (65.8%), internalize that a professional nurse should systematically read professional journal (63.3%), internalize that a professional nurse should regularly attend in professional meeting and conference; and internalize the legal and ethical issues related to nursing practice (61.6%), internalize the needs and involve in continuing nursing education (56.5%), identify values and apply obligation to protect the confidentiality of the patient (56.1%), evaluate self-development in interaction with health care team (53.2%), identify and apply fairly organized treatment to colleagues (51.9%), identify and values the beneficence of client, families and organization (50.6%), internalize and involve in professional developmental activities (48.1%), assess and develop plan of my own work (47.7), identify and apply fairly organized treatment to client and families (47.3%), internalize the violator of professional standard face fairly severe penalty (46.6%), internalize that a professional nurse should have a clear line between personal and professional life (46.4%), identify and apply the values on human dignity and human rights (45.1%), evaluate self-development in interaction with multidisciplinary team (45.1%), identify and demonstrate the nursing skills in teamwork (39.7%), use own personality and aspire professional relationships as a nursing personnel in the health care team (39.2%), identify and apply the companionship and cooperation in teamwork (38.4%), identify and apply networking and communication within team work (37.1%), identify and apply principles of autonomy of human (29.1%), identify and apply self-determination of human (27.8%), identify and apply the restriction of autonomy (27%), and represent the client and nursing profession in various teams (24.1%), respectively.

Table 3. Top Highest and Top Lowest agreement to Self-Confidence of NCP (N = 237).

Items	Agree to Strongly Agree	
Top Highest Self-Confidence on NCP	n	%
Internalize the needs and involve in continuing nursing education Take responsibility of my actions during patient care	227	96.0
Internalize that nursing is a vital profession in the society Identify and apply the companionship and cooperation in teamwork Identify and apply respectful relationship with the patient Identify and apply networking and communication within team work	226	95.2
Identify and apply respectful relationship with co-workers Internalize that a professional nurse should be a good role model for nursing students Evaluate my own skills during patient care Internalize and involve in professional developmental activities	225	95.0
Internalize the legal and ethical issues related to nursing practice	224	94.5
Internalize that a professional nurse should systematically read professional journal Evaluate self-development in interaction with health care team	222	94.0
Top Lowest Self-Confidence on NCP	n	%
Identify and apply fairly organized treatment to client and families	119	50.2
Represent the client and nursing profession in various teams	161	67.9
Identify and apply the restriction of autonomy	192	81.0
Identify and apply principles of autonomy of human	196	82.7
Use own personality and aspire professional relationships as a nursing personnel in the health care team	203	85.6

Table 4. Distribution of Nurses' Self-Confidence on NCPCC (N = 237).

Items	Strongly Disagree n (%)	Disagree n (%)	Neither Disagree Nor Agree n (%)	Agree n (%)	Strongly Agree n (%)
	1	2	3	4	5
Identify and values the patients' health factors	2 (.8)	1 (.4)	7 (3.0)	97 (40.9)	130 (54.9)
Identify and values the special features of client status in health care	1 (.4)	6 (2.5)	3 (1.3)	104 (43.9)	123 (51.9)
Effectively communicate with ancillary personnel for patient care such as: physicians, other nurses, and other health care team members	1 (.4)	8 (3.4)	7 (3.0)	108 (45.6)	113 (47.7)
Encouraging patient and family to take responsibility for managing patient's condition as much as possible	1 (.4)	8 (3.4)	7 (3.0)	108 (45.6)	113 (47.7)
Effectively communicate with patient and family members about patients diagnosis, condition, prognosis, and treatment plan	3 (1.3)	5 (2.1)	12 (5.1)	108 (45.6)	109 (46.0)
Identify and values the patients' situational factors	2 (.8)	4 (1.7)	17 (7.2)	119 (50.2)	95 (40.1)
Encounter patient and family as active participant in their own care	3 (1.3)	11 (4.6)	12 (5.1)	119 (50.2)	92 (38.8)
Identify and utilize the clients' experiential knowledge in the care of their health and illness	6 (2.5)	11 (4.6)	15 (6.3)	124 (52.3)	81 (34.2)

Items	Strongly Disagree n (%)	Disagree n (%)	Neither Disagree Nor Agree n (%)	Agree n (%)	Strongly Agree n (%)
	1	2	3	4	5
Identify and values the patients' personal factors	12 (5.1)	14 (5.9)	26 (11.0)	106 (44.7)	79 (33.3)
Identify and value the rights and participation of client in choosing and developing care plan for their own care	9 (3.8)	9 (3.8)	27 (11.4)	119 (50.2)	73 (30.8)
Encouraging patient and family to see themselves as part of the care team	8 (3.4)	11 (4.6)	21 (8.9)	125 (52.7)	72 (30.4)
Identify and value the patient's strengths that influences of health and illness (such as- level of understanding, coping etc.)	26 (11.0)	19 (8.0)	27 (11.4)	103 (43.5)	62 (26.2)
Identify and evaluate client's resources and support them in the planning, implementations and evaluate their care	26 (11.0)	19 (8.0)	27 (11.4)	103 (43.5)	62 (26.2)
Identify and values the individual, family and community as a client	12 (5.1)	28 (11.8)	27 (11.4)	109 (46.0)	61 (25.7)
Identify and values the patient/family/community member's expertise concerning their life	9 (3.8)	19 (8.0)	24 (10.1)	135 (57.0)	50 (21.1)
Total Mean = 62.21 (±7.53)					

Table 4 shows the nurses' self-confidence on nursing competence of patient-centered-care (NCPCC). The novice nurses' self-confidence on NCPCC revealed the total mean score 62.21, and SD 7.53. Among them nurses are strongly agree to: identify and values the patients' health factors (54.9%), identify and values the special features of client status in health care (51.9%), effectively communicate with ancillary personnel for patient care such as: physicians, other nurses, and other health care team members; and encouraging patient and family take responsibility for managing patient's condition as much as possible (47.7%), effectively communicate with patient and family members about patients diagnosis, condition, prognosis, and treatment plan (46%), identify and values the patients' situational factors (40.1%), Encounter patient and family as active participant in their own care (38.8%), identify and utilize the clients' experiential knowledge in the care of their health and illness (34.2%), identify and values the patients' personal factors (33.3%), identify and value the rights and participation of client in choosing and developing care plan for their own care (30.8%), encouraging patient and family to see themselves as part of the care team (30.4%), identify and value the patient's strengths that influences of health and illness such as- level of understanding, coping etc; and identify and evaluate client's resources and support them in the planning, implementations and evaluate their care (26.2%), identify and values the individual, family and community as a client (25.7%), and identify and values the patient/ family/ community member's expertise concerning their life (21.1%), respectively.

Table 5. Top Highest and Top Lowest Agreement to Self-Confidence of NCPCC (N = 237).

Items	Agree to Strongly Agree	
Top Highest Self-Confidence on NCPCC	n	%
Identify and values the patients' health factors Identify and values the special features of client status in health care	227	95.70
Effectively communicate with ancillary personnel for patient care such as: physicians, other nurses, and other health care team members Encouraging patient and family take responsibility for managing patient's condition as much as possible	221	93.20
Effectively communicate with patient and family members about patients diagnosis, condition, prognosis, and treatment plan	217	91.56

Identify and values the patients' situational factors	214	90.20
Encounter patient and family as active participant in their own care	211	89.00

Top Lowest Self-Confidence on NCPCC	n	%
Identify and evaluate client's resources and support them in the planning, implementations and evaluate their care Identify and value the patient's strengths that influences of health and illness (such as-level of understanding, coping etc.)	165	69.62
Identify and values the individual, family and community as a client	170	71.72
Identify and values the patients' personal factors	185	78.050
Identify and values the patient/family/community member's expertise concerning their life		
Identify and value the rights and participation of client in choosing and developing care plan for their own care	192	81.01
Encouraging patient and family to see themselves as part of the care team	197	83.12

Table 6. Top Ten Perceived Barriers on Development of Nursing Competence among Nurses (N 237).

Rank Order of Perceived Barriers	n	%
1. Absence of Specialized Training	199	84.0
2. Insufficient Logistic Support	196	82.6
3. Insufficient Manpower	195	82.3
4. Absence of Leadership Inappropriate Staffing	191	80.6
5. Communication System	189	79.7
6. Follow up after Getting Training Social Acceptance	186	78.5
7. Work Based Education (Specialty)	183	77.2
8. Arrangement of Professional Meeting	182	76.8
9. Continuing Nursing Education	181	76.4
10. Absence of Role Model	180	75.9

Table 6 shows the top ten ranking barriers to development of nursing competence among nurses. Among them the top most barriers (84%) is the absence of specialized training of nurses, the second ranking barriers (82.6%) is the insufficient logistic support, the third ranking barriers (82.3%) is insufficient manpower, the fourth ranking barriers (80.6%) are absence of leadership; and insufficient staffing, the fifth ranking barriers (79.7%) is the communication system, the sixth ranking barriers (78,5%) are follow up after getting training; and social acceptance of nurses, the seventh ranking barriers (77.2%) is work based education (specialty) of nurses, the eighth ranking barriers (76.8%) is arrangement of professional meeting for nurses, the ninth ranking barriers (76.4%) is continuing nursing education, and the tenth ranking barriers (75.9%) is absence of role model in nursing, respectively.

Table 7: Relationship between Self-Confidence of NCP and PCC and Perceived Barriers among Novice Nurses' (N = 237).

Variable	NCPCC	NCP	Perceived Barriers
NCPCC	1		
NCP	.666** (.000)	1	
Perceived Barriers	.147* (.024)	.034 (.604)	1

**p<.01, *p<.05

Table 7 shows the relationship between novice nurses' self-confidence of professionalism and patient-centered care and perceived barriers. According to findings there were strongly positive correlation found between NCPCC and NCP (r = .666, p < .000), and between NCPCC and perceived barriers (r = .147, p < .05), respectively. However there was a non-significant relationship found between NCP and perceived barriers (r = .034, p > .05). It means that higher the novice nurses self-confidence level on NCP higher the self-confidence level on NCPCC and higher the NCPCC higher the perceived Barriers among novice nurses.

CONCLUSION AND RECOMMENDATIONS

In conclusion, novice nurses were moderately self-confident regarding NCP and PCC respectively. However there is a significant positive correlation found between PCC and NCP and between PCC and Barriers. It means that higher the novice nurses self-confidence level on NCP higher the Novice nurses self confidence level on PCC. Identified barriers also correlated with novice nurses self-confidence on PCC. Preceptorship and/Internship program may be recommended to enhance the self confidence level of nursing competence among novice nurses.

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