FACTORS ASSOCIATED WITH THE COMPETENCIES OF STAFF IN MALAYSIAN NURSING HOMES

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Abstract

This paper aims to determine the factors associated to the competencies of staff in Nursing Homes Malaysia. A survey using self-administered questionnaires was conducted that involved 28 items. Pearson Chi-Square, χ^2 test was applied in this study. The analysis proved that there is a relationship between the competencies of staff with all three factors, which are *People, Programme,* and *Process.* The most significant item for *people* is "the supervisor help in list the marketable skills of staff" (p-value<0.001, χ^2 = 44.043). However, the analysis indicated that "supervisor inform potential organisational changes to the staff" do not have a significant relationship with competencies of staff for the *people* factor (p-value>0.05, χ^2 = 16.793). All items under *programme* have significant relationship with the competencies of staff. Though, for the *programme* factor, it showed that items such as "training programme that depends on the Nursing Homes policy"; "ease the pressure of work to give chance in practising new skill"; and "staff who applied the training programme on job are given preference in managing Nursing Homes" have the most significant relationships with the competencies of staff (p-value<0.001, χ^2 = 41.381, 37.589, 35.533). As for the *process* factor, all items have a significant relationship with competencies of staff. Therefore, all items in the *process* factor showed that "process is important to ensure the best quality services"; "process implemented for continuous improvement towards staff competencies"; "engagement in a continuous process"; and "the comprehensive staff competencies practice derive from a process" have the most significant relationship with competency level (p-value<0.001, χ^2 = 28.774, 38.181, 41.067, 35.750). This study is an initial phase in developing a Theoretical Framework for Staff Competencies in Nursing Homes Malaysia.

Keywords: Competencies, Malaysia, Nursing Homes and Survey

1. Introduction

The Nursing Homes (NH) society change development is currently compensating for improvement. A push to fundamentally change the NH is by conveying occupants coordinated care and enabling staff. The development has advanced quickly in the previous years, developing from little grassroots development to a quickly growing governmentally supported activity today (Kane, et al., 2010).

For instance, NH in the United States is in the throes of progress and their administration accentuation has moved to individual focused arranging; strengthening of front line staff with the goal that they can enable inhabitants and boost every occupant's separately characterised personal satisfaction, individual self rule, and day by day working (Burgio, et al., 2010).

Moreover, as NH stock wears out and is being replaced, numerous NH associations are outlining physical plants and insides to back the new standard (Kalisch, et al., 2010). Numerous state authorising powers have indicated wonderful openness to affirming new outlines through waivers or differences of regulation. This is also through the use of new result based outline models to suit the need and necessity living in NH (Cherry, et al., 2007).

For decades, traditional NH in the United States have been organised into nursing units for the residents that are each are managed by their own staffs (Jones, 2008). A nursing station is situated for easy eye contact in all directions tended to dominate the area (Diamond, 2012). In addition, hospital-like-light and control installations are attached to the dividers behind inhabitants' beds. Shared washing and shower territories are brought together in the units (Zinn, et al., 2008). Every nursing unit has a tendency to have a restorative region that is frequently observed by the staff and medical caretaker. Most importantly, the new NH are progressively planned as spots for inhabitants to experience their lives instead of spots to a great extent composed for proficient and safe administration conveyance (Fagan, et al., 2007).

2. of Staff in Nursing Homes

NH is a nursing administration provider, with a group of expert attendants that gives a complete scope of nursing administrations (Dimant, 2008). This incorporates therapeutic consideration, general nursing, illness and twisted administration and physiotherapy, recovery, consultancy and direction. Furthermore, it is argued that NH is established on the premise of enhancing and supporting the personal satisfaction for the debilitated, impaired, and elderly in the solace and commonality of the understanding's home surroundings (Zinn, et al., 2008). Moreover, NH is one of only a handful few home care associations that has the labour, versatility, ability, assets and commitment to give 24 hours consideration to patients (Beck, et al., 2007).

Over the years, NH has built a strong committed and caring group of nursing experts to give the required nursing administrations, as well as information and enthusiasm to help and support patients' families (Campbell, 2009). Home care nursing is the procurement of nursing consideration to intense, chronically sick and well customers of all ages in their homes. NH coordinates group wellbeing nursing rule and emphasizes on wellbeing advancement and on ecological, psychosocial, financial, social and individual wellbeing variables influencing an individual's and family's wellbeing status (Burgio, et al., 2010). On the other hand, NH also serves purchaser requiring more medicinal administrations than those accessible through home care, helped living, and different choices.

Progressively, NH is utilised to supplement and provide consideration alternatives, including help living, healing centre and home administer to transient recovery (Cumbey & Alexander, 2010). In operating NH, the leadership and skills of a qualified nurse as well as medical attendant is vital. The qualified nurses and medical attendants in NH management is required in decision making that includes planning, organising, coordinating, budgeting, and reporting (Robbins, et al., 2007). However, NH deals with the issue of inadequate staff and poor skills (Bostick, et al., 2006; Castle, 2008; Spilsbury, et al., 2011). Therefore, this study is implemented to determine the factors that associated with the competencies of staff in Nursing Homes Malaysia.

3. Methods

A self-administered questionnaire is given to 67 respondents in Nursing Homes in Klang Valley that includes nurses and medical attendants. The questionnaires include these items: (a) gender; (b) age; (c) job position; (d) salary; (e) education level; (f) work duration (g) *people* (seven items concerning supervisor and organisation management that presumed to influence staff competencies), (h) *programme* (seven items concerning training and programme

presumed to influence staff competencies), (i) *process* (seven items concerning process and procedure presumed to influence staff competencies), and (j) level of competencies. There are 28 items involved and the responses for each item are obtained by using 5-point Likert scale.

Statistical Analysis

In this study, the relationship between *people, programme*, and *process* towards competencies of staff in NH Malaysia is identified. Hence, to justify the relationship between two variables and ultimately no normality assumption, Chi-Square test of association is applied (Daniel, 1990). The statistical significance is tested using the Pearson Chi-Square and the p-value<0.05 is determined to be statistically significant.

Table 1: Demographic Factors of NH Staff (n=67)

Variable	N (Frequency, %)	Variable	N (Frequency, %)

Gender
    Male
    Female
	9 (13.4)
	58 (86.6)
		Salary
		    <RM1000
		    RM1001-RM 2000
		    RM2001-RM 3000
		    RM3001-RM 4000
		     >RM 4001
			20 (29.9)
			30 (44.8)
			11 (16.4)
			4 (6.0)
			2 (3.0)

Age
    20-29 years old
    30-39 years old
    40-49 years old
    >50 years old
	52 (77.6)
	10 (14.9)
	4 (6.1)
	1 (1.5)
		Education Level
		    ≤Diploma
		    ≥Degree
			41 (61.2)
			26 (38.8)

Job Position
    Nurse
    Medical Attendant
	24 (35.8)
	43 (64.2)
		Work Duration
		    <1 year
		    2-5 years
		    6-10 years
		    >10 years
			17 (25.4)
			42 (62.7)
			5 (7.5)
			3 (4.5)

n=Number of Respondents

All the respondents comprise of twenty four nurses (35.8%) and forty three medical attendants (64.2%) that includes nine male respondents (13.4%) and majority of them are female (86.6%). Most of them are fresh graduates and lack of experience in this field. Majority of them are from the age range between 20 to 29 years old (77.6%). Then, it is followed with age range between 30 to 39 years old which is ten respondents (14.9%), 40 to 49 years old, four respondents (6.1%) and only one respondent (1.5%) is over 50 years old.

In addition, most of the respondents have less than 5 years working experience (88.1%). The staff that has experience over 10 years is three respondents (4.5%) which is only the minority of them. The salary range among the staff is shown by Table 1. Majority of the staff with salary below than RM2000 is 74.7%. Then it is follow by range between RM2001 to RM3000 with eleven respondents (16.4%) and RM3001 to RM4000 with four respondents (6.0%). Finally the salary range of RM4001 is reported for two respondents (3.0%). Staff with Diploma Qualification is forty one respondents (61.2%) and with Degree Qualification is 38.8% or twenty six respondents.

4. Results

Table 2 presents the association test of the *people* items. All the items are significant and are related to the competencies of staff in NH. However, only the statement "potential organisational changes information" is not significant (p-value>0.05). In addition, "supervisor always help in list marketable skills" is strong significant to the staff competencies (p-value<0.001).

There is a moderate significant relationship between competencies of staff and the statements "supervisor helps to make job more interesting"; "supervisor inform the current staff performance"; "supervisor encourage the staff to elicit feedback from others"; "supervisor list the marketable skills of the staff"; "supervisor articulates career related values"; and "supervisor always discuss career goals of the staff in NH" (p-value<0.05) (Table 2). However, based on the findings, there is no significant relationship between competencies of staff and the statement "supervisor informs the staff about potential organisational changes that may affect staff career plans in NH".

Table 3 presents the association test of *programme* items and competencies of staff. All the items are significant and are related to the competencies of staff. There is a strong significant relationship between competencies of staff and "training programme that organised parallel with NH policy"; "enough chance to practice new skills"; and "staff who applied new skills from training programme are given preference to manage NH" (p-value <0.001). There is also a moderate significant relationship between the competencies of staff and "training programme that organised by NH to all staff", "organisation has full-fledge training department with professionals", "organisation support the use of skills learned in training", and "programme available on the job to support training in managing NH" (p-value<0.05).

Table 2: Association Test of *People* and Competencies of Staff (n=67)

Items	Pearson Chi-Square value	p-value	
Helps to make job more interesting	23.996	0.004	*
Inform potential organisational changes	16.793	0.052	NS
Inform the current staff performance	17.471	0.042	*
Encourage to elicit feedback from others	29.599	0.001	*
List marketable skills	44.043	0.000	**
Articulate career related values	15.741	0.015	*
Discuss career goals	22.681	0.007	*

Note:*p-value<0.05, **p-value<0.001; N.S is Not significant; Pearson Chi-Square test

Table 3: Association Test of *Programme* and Competencies of Staff (n=67)

Items	Pearson Chi-Square value	p-value	
Training programme applicable to all staff	18.777	0.027	*
Training programme depend to the NH policy	41.381	0.000	**
Organisation has full-fledge training department with professionals	18.068	0.006	*
Support the use of skills learned in training	26.177	0.002	*
Ease the pressure of work to give chance in practising new skill	37.589	0.000	**
Programme available on the job to support training in managing NH	28.479	0.001	*
Staff who applied the training programme on job are given preference in managing NH	35.533	0.000	**

Note:*p-value<0.05, **p-value<0.001; N.S is Not significant; Pearson Chi-Square test

Table 4 presents the association test of *process* items and competencies of staff. There is a strong significant relationship between competencies of staff and "process is important to ensure the best quality services"; "process implemented for continuous improvement towards staff development"; "engagement in a continuous process"; and "the comprehensive staff development practices derive from a process" (p-value<0.001). In addition, there is also significant relationship between competencies of staff and "if process in managing NH were clearly defined"; "process affects the interpretation of job perspectives"; and "staff need to participate in an ongoing process of staff development" (p-value<0.05).

Table 4: Association Test of *Process* and Competencies of Staff (n=67)

Items	Pearson Chi-Square value	p-value	
Process in managing NH were clearly defined	25.307	0.003	*
Process is important to ensure the best quality services	28.774	0.000	**
Process affects interpretation of job perspectives	20.599	0.015	*
Process implemented for continuous improvement towards competencies of staff	38.181	0.000	**
Engagement in a continuous process	41.067	0.000	**
All staff need to participate in an ongoing process of competencies of staff	17.471	0.008	*
The comprehensive staff development practices derive from a process	35.750	0.000	**

Note:*p-value<0.05, **p-value<0.001; N.S is Not significant; Pearson Chi-Square test

Table 5: Raw Score of Competencies of Staff (n=67)

	Nurses Mean ± S D	Medical Attendants Mean ± S D	p-value
Competencies of Staff	4.050 ± 0.759	3.88 ± 0.851	NS

Note:*p-value<0.05, **p-value<0.001; N.S is Not significant; Mann-Whitney U test

Table 5 presents the raw score obtained for competencies of staff between two groups of staff; nurses and medical attendants. There is no significant difference between nurses and medical attendants in the score obtained. However, the raw score for competencies of staff is slightly higher for nurses (4.050 ± 0.759) when compared to medical attendants (3.88 ± 0.851).

Discussions

People

Assorted qualities can be depicted as a mosaic of *people* who bring a mixed bag of foundations, styles, points of view, values and convictions as advantages for the organisations and associations with which they collaborate (Weiner & Ronch, 2011). In this study, it has been proved that good relationship between *people* (supervisor and staff) gives the implication and strong relationship to competencies of staff. Manager or supervisor as a coach leads to an engagement and motivation of the staff. This factor also strengthens the relationship among them, such as trust and shared values, which finally lead to the success of the organisation as well as increase staff performance in the organisation (Ladyshewsky, 2010).

Programme

All *program*mes connected with distinguished potential expert staff applicants, recognising the competitors who are the best fit for both the occupation and the establishment. It gives frameworks and exercises intended to guarantee that individual staff stays in the association (Harrington, et al., 2010). This study provides evidence that all items in the *programmes* are significantly associated to the competencies of staff. It is also demonstrated that *programmes*

are crucial to build up and keep up the conditions needed for powerful execution administration (Stone, et al., 2012).

Process

Staff ought to create execution arranged and participated in a persistent *process* of driving and inspiring staff individuals (Simmons, et al., 2012). This study found that a well-documented *process* is associated to the competencies of staff since all the items under consideration are significant. Practice guidelines and specific *process* have become immensely important and more prominent as a key metric of quality health care. Consequently, practitioners need to understand well what the *process* and guidelines are. They must know how they can use the guidelines to improve care and make them more efficient in their field (Rosenfeld, et al., 2013).

Competencies of Staff

Competencies of staff regularly allude to several different terms, like administration training, proceeding with expert instruction, and numerous structures expertise (Braun, 2010). Competency models have been used in several different fields; skill assessment, recruitment, and staff development (Rowe, 1995; Liu, et al., 2007). This study employs the competencies of staff in order to evaluate competencies of staff in NH Malaysia. Previous researchers have stated that competency is a benchmark and outlines for core foundation and function in professional development (Fouad, et al., 2009). The raw score of competencies of staff between the nurses and medical attendants in NH Malaysia shows slightly high for nurses compared to medical attendants. As reported by previous researchers, nurses in NH have significantly more and sufficient knowledge in handling related situations. Nurses in NH also experienced more physical and emotional strain. Nevertheless, nurses in NH have strong mental energy, high work satisfaction, and work-related exhaustion (Hasson & Arnetz, 2008).

5. Conclusion

In summary, on the basis of the findings of this study, it is concluded that all the statements are related and associated with the competencies of staff. Only the statement "information of potential organisational changes" item is not associated to the competencies of staff in NH Malaysia. There is no significant difference of competencies of staff between nurses and medical attendants. The factors that are shown to be significantly associated with the competencies of staff are summarised as *people, programme*, and *process*. This study is an initial phase in developing a Theoretical Framework for Staff Competencies in Nursing Homes Malaysia.

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