

Level of Competency of New Registered Nurses as Perceived by their Nursing Supervisors

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ABSTRACT

Nursing competency is one of the factors to be considered in assessing the performance of a nurse. It includes knowledge, skills and attitudes (KSA) which could lead to the achievement of the goals of the nurse to the patient. Assessing the competency for novices in the field of nursing was the focus of this study. Aside from their self-assessment, nursing supervisors also provided their own evaluation for these new registered nurses. After gathering data from selected hospitals in Laguna, the researchers had come up with their own conclusions. Both the supervisor and the new registered nurses gave a very satisfactory rating in their competency in terms of nursing process and in attitudes that foster critical thinking. Also, there was a significant difference in the assessment of the supervisor and staff nurses in the level of competency of new registered nurses. Lastly, there was no significant difference in the assessment of the respondents in the level of competency of new registered nurses when grouped according to gender and hospital category.

Keywords: competency, nurses, registered, supervisor, evaluation

INTRODUCTION

Nursing care is very vital in every health care facility. Several factors may affect the quality of nursing care provided by the hospital. Some of these are understaffing, poor working conditions and inadequate supplies and equipment. Despite all these problems, nurses are still expected to provide effective and quality care. They are not only accountable to their profession and institutions, but also to society as a whole. Promotion and prevention goals are integrated in every aspect of their duties. Provincial health office focuses on reorientation of roles and functions of health personnel including nurses. They give emphasis on the expected creativity and innovation the nurse must possess in the mentioned integration. Hospital nurses must be diligent enough to meet the high standards set for them (Joson, 2012).

Nursing competency is one of the factors to be considered in assessing the performance of a nurse. It includes knowledge, skills and attitudes (KSA) which could lead to the achievement of the goals of the nurse to the patient. Some studies point out that many nurses are incompetent, but other research opposes.

According to Mansibang (2008), nurses need to improve their clinical skills to be globally-competitive because of their inability to perform basic clinical procedures. New registered nurses need to gain more experience before they can perform better in other countries.

According to Thompson (2010), nurses always rely on standard practices, but do not use clinical judgment and critical thinking skills. However, according to Rhodes (2011), the image of nursing is changing. Images of angels in starched skirts and nursing caps eagerly awaiting guidance from physicians has long since been replaced by images of competent, independent men and women of diverse backgrounds.

Last 2011, the Professional Regulation Commission (PRC) announced that 22,760 out of 67,095 passed the Nurse Licensure Examination (NLE) given by the Board of Nursing (PRC, 2011). For the year 2012, only 16, 908 out of 49, 066 passed the board exam (PRC, 2012). Out of 39, 668 board passers, 42 new registered nurses working in Laguna were evaluated. Out of 43 hospitals in Laguna (4 primary, 26 secondary and 13 tertiary hospitals) (Health Facilities, 2008), 7 hospitals agreed to have the competency level of their novices assessed. Aside from the novices themselves, nursing supervisors would also be assessing their level of competency. However, although competency is

measured by the licensure exam, exposure to the workplace might pose a different arena for learning and enhancing the new registered nurses' skills. Since these registered nurses are novices in the field of professional nursing, their level of competency is interesting to look out for. Therefore, the researchers dwell into this study.

Review of Related Literature

Competency is the ability of the individual to do a task correctly (O'shea, 2007). In nursing, it includes knowledge and attitude in providing health care. This is very vital in nursing because this profession deals with saving lives of individuals. Nursing competency is one of the factors to be considered in assessing the performance of a nurse. It could affect every single part of his/her job. Nursing competency includes skills and knowledge which could lead to achievement of the goals of the nurse for the patient. Also, competency involves care that protects client from harm. Nurses need to anticipate sources of client injury, educate clients about hazards and implement measures to prevent injury. It must be the most important and best legal safeguard (Ramont et al., 2010).

Critical thinking is the disciplined, intellectual process of applying skillful reasoning as a guide to belief or action (Ennis et al., 2013). In nursing, critical thinking for clinical decision-making is the ability to think in a systematic and logical manner with openness to question and reflect on the reasoning process used to ensure safe nursing practice and quality care (Heaslip, 2008). When developed in the practitioner, it includes adherence to intellectual standards, proficiency in using reasoning, a commitment. It will develop and maintain intellectual traits of the mind and habits of thought and the competent use of thinking skills and abilities for sound clinical judgments and safe decision-making.

Nursing applies the nursing process as a competency when caring for a client. This nursing process is part of critical thinking. The nursing process consists of five steps: assessment, diagnosis, planning, implementation and evaluation. Its purpose is to diagnose and to treat the patient to actual or potential health problems. Moreover, critical thinking skills include reasoning and analysis (Kozier et al., 2008). The provision of effective and efficient care is the major goal in nursing and critical thinking is importance to achieve that goal. Nurses who possess critical thinking skills are more confident in their skills. It

also reduces errors and helps make appropriate decisions for interventions (Allen et al., 2004).

Competent nurses are skilled in all aspects of basic nursing and can meet their patient's healthcare needs through their cognitive, interpersonal and ethical skills. Nurses are also responsible for evaluating their own strengths and weaknesses so patient will receive holistic care. This self evaluation for nurses allows them to focus on many aspects and nuances of their performance in the clinical area. Moreover, assessing oneself helps in increasing awareness about job description to accomplish goals, assess progress and acquire professional development (Heathfield, 2013).

In addition, patients develop trust and respect for their nurses which could facilitate interpersonal relationships and good communication. Competent nursing practice results to development of sensitivity to common sources of patient's illness and then taking specific measures for its prevention (Kozier et al., 2008).

Public, health care agencies and physicians expect nurses to have clinical competence. Each and every areas of practice have different knowledge and skills for them to be competent. All areas of practice require that nurses apply and understand principles and techniques of asepsis, physical assessment, nursing process, spirituality and safety. Because all nurses hold their clients' lives in their hands, nurses should render a holistic care (Hood, 2010). Nurses also have to perform different activities in their working area where they are being overseen by a supervisor who will guide them, evaluate them and tell them what to do (Gilad & Khabia, 2005).

With many levels of nursing, nurses at each level should have a clear idea of scope of practice at their level, and responsibly perform to the maximum limit of that level. According to Quality and Safe Education for Nurses (QSEN, 2007), acquiring and demonstrating the values and attitudes of a professional are critical competencies for the new graduates. Underlying all skills is excellence in terms of command of "nursing knowledge". Competence is an absolute prerequisite for accountability. Nurses can never expect to contribute significantly in health care team if they do whatever they do in a mediocre way (Hood, 2010).

Competent nurses are critical thinkers. It is thought that disciplined, comprehensive, based on intellectual standards, and, as a result, well reasoned (Paul, 2008). Critical thinking is systematic, purposeful and disciplined thinking. It is focused on decisions on how to improve client's condition (Ennis et al.,

2013). Critical thinkers consider all aspects in the situation, imagine and explore alternatives; it also considers ethical principles and then makes informed decision (Perry & Potter, 2011).

Critical thinking is seen as both an attitude and an approach to ideas and decisions (Bucher & Melander, 2004). According to the National League for Nursing, "Critical thinking in nursing practice is a discipline specific, reflective reasoning process that guides a nurse in generating, implementing and evaluating approaches for dealing with client care and professional concerns." Nurses must be able to use critical thinking to solve client problems and make appropriate decisions. Critical thinking is also important to provide safe, competent and skillful nursing care. If nurses would only base their performance in school or books, they would not be effective practitioners. Circumstances like lack of resources force nurses to think and act and these instances turn decision making into complex process. Therefore, nurses must embrace the attitudes that could promote critical thinking and mastery (Kozier. et al., 2008).

According to Lemone, Lillis, Lynn and Taylor (2008), the nursing process is a systemic, patient centered, goal-oriented method of providing care that serves as a framework for nursing practice. There are five steps of the nursing process – assessing, diagnosing, outcome identification and planning, implementing and evaluating. It also describes several skills needed to promote the well being of the patient and concludes through documentation and reporting. These steps are parts of a whole, used to identify needs, to set priorities of care and to resolve potential of actual problems in health.

Assessment is the organized and continuous collection and communication of data, allows data analysis to identify needs and strengths of patients. During planning phase, the nurse and the client both identify expected outcomes of care and agree on nursing interventions necessary to meet these outcomes. The nurse implements the plan of care and documents patient's response. After implementation, the nurse and patient evaluate the effectiveness of the plan whether it should be continued, modified or terminated. The nursing process is the nursing practice in action. As the skills developed through this process are practiced, the nursing process becomes an important component of each nurse-patient interaction (Lemone et al., 2008).

Nursing process and critical thinking skills must be interrelated. According to Bentz & Ellis (2006), the nursing process is at its best when critical thinking is incorporated into it. If the nursing process would be performed efficiently with involved critical thinking, nursing care would be effective. In

assessment, critical thinking includes gathering and differentiating data. For the statement of nursing diagnosis or analysis, critical thinking is employed to cluster information, identify contributing factors and to recognize the need for referral to other health care members. Critical thinking is infused into planning phase when priorities for problems are being set, alternatives among interventions are being considered and rationales are being identified for selected interventions. In the implementation phase includes responding to unexpected results and recognizing effectiveness of care.

Critical thinking also leads to adaptation as the nurse proceeds to perform skill more effectively. Lastly, evaluation involves critical thinking through asking whether the intervention was effective in desired outcomes, whether more information is needed and whether one of the alternatives not chosen should be considered.

Critical thinking requires certain attitudes. These attitudes came from assumption that an individual has his own motivation to grow, develop and learn. There are traits that a critical thinker must possess: independence, courage, integrity, perseverance, confidence, fairness, responsibility and authority, discipline, creativity, humility and curiosity (Kozier et al., 2008).

Independence is the ability of the nurse to think for himself/herself. He/she must not base his/her decisions from any beliefs others possess, but they examine his/her own beliefs in accordance with evidences. Critical thinkers also have wide range of ideas so they can make their own judgments. They consider different methods of performing technical skills. Lastly, they are not easily persuaded by other's opinions, but they take their own responsibilities for their own views (Catalano, 2003 in Kozier et al., 2008).

Fair mindedness means not relying on one's personal, group bias or prejudice. Critical thinkers assess all views with same standards. This attitude helps the individual to weigh the pros and cons of the point of views before rejecting or accepting them. They are open-minded for the possibility that new evidence could be changed. The nurse listens to all opinions of all family members, young and old (Catalano, 2003 in Kozier et al., 2008).

Critical thinkers show perseverance as they provide quality nursing care to the patient. Perseverance is more evident in the planning process when the nurse constantly thinks about solutions to improve the patient's condition. This determination enables them to reevaluate concept and sort out related issues in spite of difficulties. Although nurses find a hard time in looking out for

appropriate interventions, they must always resist the temptation to give up (Kozier et al., 2008).

Risk taking often leads to advances in client care. Critical thinker is willing to take risk in different ways to solve problems. Willingness to take risk comes from experience with similar problems. In taking a risk, consider all options, analyze any potential danger to a client and then act in a well-reasoned, logical and thoughtful manner (Perry & Potter, 2011).

According to Kozier, Erb, Berman and Snyder (2008), a disciplined thinker misses few details and follows an orderly or systematic approach when making decisions or taking action. Being disciplined helps identify problems more accurately and to then select the most appropriate interventions.

Creativity is a motivator that helps to think of options and unique approaches. Critical thinker finds solution outside the standard routines of care while still keeping standards of practice that involves original thinking (Kozier et al., 2008).

Critical thinkers believe that well-reasoned thinking will lead to trustworthy conclusions. It cultivates an attitude of confidence in the reasoning process and examines emotion-laden arguments using the standards for evaluating thought (Kozier et al., 2008).

A critical thinker develops skill in both inductive reasoning and deductive reasoning. As the nurse gains greater awareness of the thinking process, more experience in improving such thinking, confidence in the process will grow (Kozier et al., 2008).

As a critical thinker, having a sense of curiosity motivates one to inquire further and to investigate a clinical situation so that all the information can be acquire to make a decision (Kozier et al., 2008).

Nurses face many dilemmas or problems in everyday clinical practice and everyone makes mistakes at times. Critical thinkers question and test their own knowledge and beliefs. A person of integrity is honest and willing to admit their mistakes or inconsistencies in his/her own behavior, ideas and beliefs. Personal integrity as a nurse builds trust from co-workers. A professional nurse always tries to follow the highest standards of practice (Kozier et al., 2008).

Critical thinker admits what they do not know and try to find knowledge they need to make proper decisions. It is important to admit any limitations in knowledge and skill, but it is common for a nurse to be an expert in one area of clinical practice but a novice in another area (Kozier et al., 2008).

According to Kozier, Erb, Berman and Synder (2008), a critical thinker must obtain information that correctly clarifies the cause of the problem and tests a solution that proved successful. Having solved a problem in one situation adds to a nurse's experience in practice and allows the nurse to apply that knowledge in future client situations. It involves evaluating the solution over time to make sure it is effective.

Decision-making is a product of critical thinking that focuses on problem resolution. Following a set of criteria helps nurses make thorough and thoughtful decision. To make a decision, an individual has to recognize and define the problem or situation. The person has to weight each option against a set of criteria, test possible options, consider consequences then make a final decision (Kozier et al., 2008).

According to Kozier, Erb, Berman and Snyder (2008), hospital types and categories affect staffing and amount of responsibilities of nurses. In secondary hospitals, patients usually require minimal care. On the other hand, tertiary hospitals specialize in consultative and advanced health care. Most of these hospitals are offering state of the art equipment and holistic approach that focuses not only on treating illness but also on wellness services and disease-prevention. Some studies also point out how gender affects the performance of nurses.

According to Facione and Giancarlo (2005), females tended to be more open-minded, and have more mature judgment than males so it does affect their critical thinking skills. On the contrary, Mohammadi, Heidari and Niry (2012) stated that male learners are better than females in critical thinking.

Theoretical Framework

The researchers utilized Ernestine Weidenbach's Prescriptive Theory. Her theory emphasizes that the effectiveness of nursing care will always depend on the nurse's purpose or commitment, judgment and decision-making. She believed in the importance of planning or setting goals in the nursing process. These plans will differ on every individual who needs holistic nursing care. However, some influencing factors also exist and must always be taken into account.

According to Alligord and Tomey (2008), the agent or the nurse is one of these factors. The nurse is characterized by personal attributes, capacities, capabilities, and most importantly, commitment and competence in nursing.

He/she must always be goal-directed and must always be open-minded for self-realization and improvement.

Weidenbach's Theory is applicable in the nursing practice nowadays. Since the theory points out how important commitment, planning, certain attitudes and competence are, it could guide nurses to improve their skills in the area. It will be implied especially to the new registered nurses who lack experience.

By synthesizing this theory, these new set of nurses will learn to identify their purpose, goals and responsibilities in providing nursing care. Improving their skills, gaining knowledge through their experiences and possessing required attitudes would increase the level of their competency.

Once their competency increased, the nursing care will be effective and the goals of the nurse will be achieved. Along the process, problems that could hinder goal achievement for the patient might occur. These problems could only be recognized and dealt with through nursing competency (knowledge, skills and attitudes).

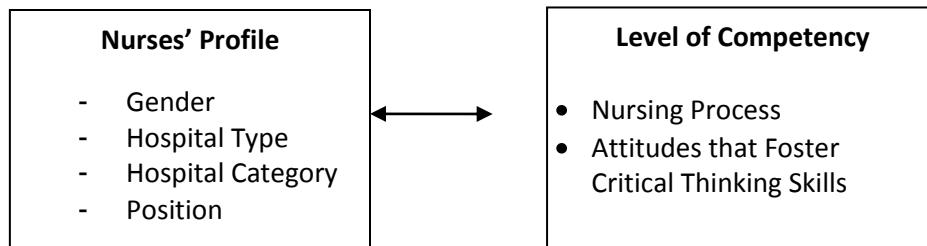


Figure 1. Conceptual Framework

Figure 1 illustrates the variables involved in this study. The nurses' profile is connected to the level of competency. It means that the profile of the staff nurses will affect the evaluation of the respondents. The level of competency represents the questionnaire content or the factors that they would be assessing. It contains two sections: one for the nursing process and one for critical thinking attitudes.

Statement of the Problem

In order to come up with results, the researchers aimed to answer the following questions:

1. What is the profile of the respondents in terms of: gender, hospital type, hospital category, and position?
2. What is the level of competency of new registered nurses based on self and supervisor's assessment?
3. Is there any significant difference in the level of competency between self and supervisor's assessment?
4. Is there any significant difference in the level of competency of nurses when grouped according to their profile?

METHOD

Research Design

The researchers used a descriptive method in this study. This descriptive type utilized their modified questionnaires. Descriptive method of research is an organized attempt to analyze and interpret the report of present status. It also includes all the studies that seek to present facts concerning the nature and status group of person, acts, condition or any phenomenon which was the point of study.

Research Locale

Laguna was the most accessible place for the researchers to conduct their survey. Out of fifty five (55) hospitals in Laguna, seven (7) hospitals from Laguna agreed to be part of the study. They also set criteria for the hospitals: (a) bed capacity, (b) tertiary and secondary level of hospital, (c) accessibility and (d) willingness to provide information. All hospitals had forty (40) and above bed capacity. Four (4) hospitals were from secondary level and three (3) from tertiary level.

The secondary hospitals were: Los Banos Doctors Hospital in Batong Malake, Los Banos, Laguna with 60 bed capacity, Panlalawigan Pagamutan ng Laguna in San Pablo City Laguna with 100 bed capacity and Sta. Rosa Community Hospital in Cattleya St. Subdivision, Sta. Rosa with 83 bed capacity and Pamana Medical Center in National Highway, Calamba, Laguna with 45 bed capacity. The hospitals from the tertiary level were San Pablo Colleges Medical Center in Brgy. San Rafael, San Pablo City Laguna with 118 bed capacity,

University of Perpetual Help Medical Center in Sto. Nino Binan Laguna with 150 bed capacity and Community General Hospital in C. Colago Ave., San Pablo City, Laguna with 99 bed capacity.

Respondents

There were two groups of respondents in this research, the nursing supervisors and new registered nurses. The respondents of this study were fourteen (14) nursing supervisors and forty-two (42) new registered nurses. Two (2) nursing supervisors and available new registered nurses under each nursing supervisor were given questionnaires. The criteria for the two sets of respondents were their availability and the areas they were assigned to. For the new registered nurses, their length of stay of more than six months and the year they graduated (2011 and 2012) were also part of their criteria. The respondents of the study were from medical ward and pediatric ward since patient interaction was more observed in these areas.

Sampling Technique

The researchers used convenience sampling technique which is a type of non-random sampling. Non-random convenience sampling technique is the process of selecting respondents based on a certain criteria. This sampling technique was a two-stage sampling. The first was for the selection of hospitals and the next was for the selection of the respondents. The criteria for the hospitals were more than forty-bed capacity; belonged to the secondary and tertiary hospital levels, nearer to the researchers' area and ability to provide accommodation with regards to data gathering for this study. For the respondents, criteria included their availability and the areas they were assigned to. The target respondents were the nursing supervisors and new registered nurses from batch 2010-2011 and 2011-2012. The respondents who were evaluated were trainees or regular nurses with at least six months experience working in the selected hospitals.

Data Gathering Instruments

The researchers gathered their data using their modified questionnaires. The questions were modified from Kozier & Erb's Fundamentals of Nursing. It consisted of three parts. Part I contained items about the new registered nurses' demographic data. This part was provided to the two groups of respondents, the nursing supervisors and the nurses. Part II and III contained

the main body of the questionnaire which dealt with the level of competency of registered nurses batch 2010-2011 and 2011-2012.

Part II obtained information about the level of nursing competency based on the nursing process: assessment, diagnosis, planning, intervention and evaluation. Lastly, Part III included questions for assessment of nursing competency based on critical thinking skills and attitudes.

The instruments were completed by the respondents on a paper-and-pencil-instrument (PAPI). The questionnaire was composed of close-ended questions which offered response options. The option which closely matches the appropriate answer had been selected by the respondents. List of possible answers were provided by the researchers to make data easier to administer and analyze. The questionnaire was pre-tested among nurses who were not part of the respondents.

After collating the data, it was treated statistically and had found to be with high validity because the computed Pearson value of 0.79 indicated high correlation and the instrument was considered valid.

Likert scale type was utilized in this study. This type of frequency scale is used for measuring attitudes or opinions. It contains fixed choice response format of poor, fair, satisfactory, very satisfactory and outstanding. The level of nursing competency was indicated by the respondents in a scale of 1-5, 1 as the lowest and 5 as the highest. Microsoft Excel was utilized in discussing the results and interpretation of the data gathered for this study.

Interpretation of the data was based on the following:

VALUE	LIMITS	DESCRIPTIVE EQUIVALENT
5	4.50-5.00	Outstanding (O)
4	3.50-4.49	Very Satisfactory (VS)
3	2.50-3.49	Satisfactory (S)
2	1.50-2.49	Fair (F)
1	1.00-1.49	Poor (P)

Data Gathering Procedure

Before the actual distribution of the survey questionnaires to the target respondents, the researchers asked permission from the chief nurses of the selected hospitals in Laguna, respectively in Pagamutang Panlalawigan ng Laguna, Pamana Medical Center, Los Banos Doctors Hospital, Sta. Rosa Community Hospital, Community General Hospital, San Pablo Colleges Medical

Center and University of Perpetual Help Medical through a letter indicating that the researchers would be conducting a research study.

After the approval from the medical directors, the survey questionnaires were given to the nursing supervisors and the nurses assigned to them. One nursing supervisor from each ward was asked to evaluate available registered nurses when the study was conducted. For each locale, two supervisors were selected. These respondents were asked to fill out the forms used in collecting information.

Statistical Treatment

The researchers utilized the following statistical techniques to ensure valid and reliable analysis and interpretation of data:

Frequency calculates how often values occur within a range of values. The data were collated and tabulated to determine frequency of responses, while percentage was used as a descriptive statistics to denote the proportion contributed by a part in a whole.

T-test is one of the most commonly used techniques for testing a hypothesis on the basis of a difference between sample means. The independent t-test determines the probability whether two populations are the same with respect to the variable tested. This test was used to determine whether there exists a significant difference on the effect of factors to participants when grouped according to demographics.

RESULTS AND DISCUSSION

This chapter presents the results and discussions related to the level of competency of new registered nurses as perceived by the nursing supervisors as well as the significant difference in the assessment of level of competency between the supervisor and self. It also includes significant difference in the assessment of the level of competency when nurses are grouped according to their profile.

I. Profile of the Respondents

1.1 Gender

The table shows the profile of the respondents according to gender. It is shown that 38 out of 56 or 67.9% of the respondents are female while 18 or 32.1% of the respondents are male.

Nursing education is always thought as a course for women; therefore, many female students are taking up this course so as expected in their place of work. There are many female nurses (Seymour, 2013).

Table 1. Profile of the Respondents According to Gender

Gender	Frequency	Percent
Male	18	32.1
Female	38	67.9
Total	56	100

1.2 Hospital Type

Table 2 illustrates the profile of the respondents in terms of hospital type where the respondents work. It is indicated in the table that 48 or 85.7% of the respondents working in private hospital while only 8 or 14.3% are in public hospital.

The findings implied that most new registered nurses preferred to work in private hospitals than in public hospitals. Those who opted to work in private hospitals are considering the better remuneration the private hospitals are offering as well as their exposure to the modern technology to the private hospitals (Ordinario, 2013).

Table 2. Profile of the Respondents According to Hospital Type they Work

Hospital Type	Frequency	Percent
Private	48	85.7
Government	8	14.3
Total	56	100

1.3 Hospital Category

Table 3 indicates the profile of the respondents in terms of hospital category where the respondents are presently working. It is shown that 32 out of 56 or 57.1% of the respondents are working in a secondary hospital while 24 or 42.9% are from the tertiary hospital.

Results show that many of the respondents were working in secondary hospitals. According to Stanton (2004), tertiary hospitals provide new medical technologies that lead to declining average length of hospital stay. As a result, tertiary hospitals do not require high nurse staffing level unlike in secondary hospitals.

Table 3. Profile of the Respondents According to Hospital Category

Hospital Category	Frequency	Percent
Secondary	32	57.1
Tertiary	24	42.9
Total	56	100

1.4 Position

Table 4 shows the profile of the respondents in terms of nurses' position in the hospital. It is shown that there are only 14 or 25% supervisors and 42 or 75% staff nurses. It implies that there are more staff nurses than nurse supervisor.

This is the usual practice in a hospital where there are only a few supervisors who oversee the staff nurses in every working area in the hospital. It is expected that there will only be few supervisor respondents because according to Gilad & Khabia (2005), the supervisor only acts as overseer to the number of staff nurses.

Table 4. Profile of the Respondents According to Position

Position	Frequency	Percent
Supervisor	14	25
Staff Nurses	42	75
Total	56	100

II. Level of Competency of New Registered Nurses Based on Supervisor and Self-Assessment

Nursing Process

Table 5 shows the level of competency of new registered nurses according to their assessment about themselves and according to their supervisors in terms of nursing process. The level of competency based on the nursing process was divided into categories such as assessment, planning, implementation and evaluation.

In terms of assessment, both the supervisor and the staff nurses have rated *very satisfactory*. However, the staff nurses rated themselves higher than the evaluation of the supervisor. The supervisors gave the highest rating on taking the vital signs (4.14). Similarly, the staff nurses also gave the highest rating on the same nursing procedure (4.38). On the other hand the lowest rating from the evaluation of the staff nurses was performing physical assessment (4.00). For the supervisors, formulating nursing diagnosis based on patient problem or need should receive the lowest rating (3.81).

In terms of planning, the supervisors gave the highest rating to prioritizing of client needs (3.90). On the other hand, staff nurses said that they were *very satisfactory* in encouraging the patient to participate in treatment regimen and prioritizing the needs of their clients (4.12). In general, both the staff nurses (4.07) and their supervisors (3.76) gave a *very satisfactory* rating for the new registered nurses. However, the self-evaluators gave a higher rating than their supervisors.

Table 5. Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Nursing Process

Indicators	Supervisor	Staff Nurses		
Assessment	WM	I	WM	I
1.1 Review the client chart	3.86	VS	4.21	VS
1.2 Take vital signs	4.14	VS	4.38	VS
1.3 Interview the client	3.90	VS	4.21	VS
1.4 Perform physical assessment	3.90	VS	4.00	VS
1.5 Prioritize data	3.88	VS	4.26	VS
1.6 Formulate nursing diagnosis based on patient problem/need	3.81	VS	4.14	VS
Over-all Weighted Mean	3.92	VS	4.20	VS
Planning				
2.1 Prioritize patient problems/needs	3.90	VS	4.12	VS
2.2 Develop a plan of care with the patient	3.76	VS	4.00	VS
2.3 Encourage the patient to participate in treatment regimen	3.74	VS	4.12	VS
2.4 Discuss the expected outcome of the plan of care	3.62	VS	4.02	VS
Over-all Weighted Mean	3.76	VS	4.07	VS
Implementation				
3.1 Carry out orders accurately	3.98	VS	4.24	VS
3.2 Provide client safety	4.12	VS	4.33	VS
3.3 Use effective communication technique to help client to his/her inner feelings, empathy, listening and acceptance	4.02	VS	4.17	VS
3.4 Respect the dignity and confidentiality of the patient	4.00	VS	4.19	VS
3.5 Develop trust to the patient	3.90	VS	4.29	VS

3.3 Select an appropriate nursing intervention	3.86	VS	4.17	VS
Over-all Weighted Mean	3.98	VS	4.23	VS
Evaluation				
4.1 Explain to the patient about his/her condition and what should be done	3.88	VS	4.17	VS
4.2 Visit the patient to check his/her condition	3.74	VS	4.24	VS
4.3 Reassess the patient	3.71	VS	4.24	VS
Over-all Weighted Mean	3.78	VS	4.21	VS

In terms of implementation, the staff nurses (4.23) and the supervisors (3.98) also had same ratings with regards to the level of competency of new registered nurses. Both of them regarded the staff nurses' performance as *very satisfactory*.

The supervisors and the staff nurses said that they were *very satisfactory* especially in providing safety to clients (4.12). The lowest value for the staff nurse rated themselves was the selecting an appropriate nursing intervention and the use of effective communication technique to help the client (4.17). On the other hand the supervisor's lowest value was the selecting an appropriate nursing intervention which means they both agreed to that indicator.

Although new registered nurses lack experience, they could still perform well by doing all of their responsibilities correctly. One of these nursing responsibilities is providing safety (Medigovich, 2012).

In terms of evaluation, the supervisors said that the new registered staff nurses were *very satisfactory* particularly in explaining to the patient about his/her condition and what should be done (3.88). On the other hand, the staff nurses rated themselves as *very satisfactory* especially in visiting the patient to check his/her condition and reassessing patients (4.24). In general, both group of respondents displayed *very satisfactory* as a result. Once nursing interventions are provided, nurses are still expected to evaluate their effectiveness. Both the staff and the nursing supervisor had the same lowest rating for the explaining to the patient about his/her condition and what should be done (4.17) (3.88) respectively. Meeting patient's needs and requests during evaluation phase is part of nursing competency (Medigovich, 2012).

Before going to her working place, the nurse must have developed nursing competency which includes skills and knowledge. Through this, nursing goals could be achieved (Ramont, Niedringhaus and Towle, 2010). According to the American Nurses Association (2013), the nurse must utilize the nursing process to deliver a holistic and patient-focused care. Very satisfactory nurses are nurses who could perform well, but with limitations. Their limitations are due to their lack of experience (Medigovich, 2012).

1.2 Attitudes that Foster Critical Thinking

Table 6.1 presents the level of competency of the new registered nurses assessed by the supervisor and the nurses themselves according to their attitude that foster critical thinking. In terms of independence, the supervisor said that the new registered nurses were *very satisfactory* (3.77) especially in providing the needs of patients efficiently even without doctor's orders (3.81). On the same manner, the staff nurses said that they were also *very satisfactory* (4.03) in this area especially in providing the needs of patients efficiently even without doctor's orders (4.07). Both the supervisor (3.74) and the staff (3.98) nurses had given the same rating. Both staff nurses and supervisors gave the lowest rating for considering different methods on performing nursing care (3.74) (3.98) respectively.

Table 6.1 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
1.1 Provides needs of patients efficiently even without doctor's orders	3.81	VS	4.07	VS
1.2 Avoids biases by not depending in one's belief, but by performing nursing action based on scientific basis	3.76	VS	4.05	VS
1.3 Considers different methods on performing nursing care	3.74	VS	3.98	VS
Over-all Weighted Mean	3.77	VS	4.03	VS

In terms of fair-mindedness, table shows that both the supervisors and the staff nurses had said that the new nurses are also *very satisfactory*, (3.72) and (3.88) respectively. Moreover, they also both gave the highest evaluation to assessment of nurses to all view- points with the same standards, (3.83) and (3.90) respectively. For the nursing supervisors not basing their judgment on personal or group bias and helping one to consider opposing points of view should receive the lowest rating (3.67). Also the staff nurses gave the lowest rating on the latter (3.83).

Table 6.2 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Fair-mindedness

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Fair – Mindedness The nurse				
2.1 Assesses all view points with the same standards	3.83	VS	3.9	VS
2.2 Not basing their judgment on personal or group bias or prejudice	3.67	VS	3.9	VS
2.3 Helps one to consider opposing points of view	3.67	VS	3.83	VS
Over-all Weighted Mean	3.72	VS	3.88	VS

In terms of responsibility and authority, the supervisors gave the highest evaluation to the reporting of the problems immediately of the nurses (3.95). Similarly, the nurses also gave highest rating on the same nursing procedure (4.05). Overall, the nurses and their supervisor had the same evaluation in this procedure; they both said that they were *very satisfactory* in performing such procedure. The staff's lowest rating for themselves is (3.90) while for the supervisor is (3.76) which means there are different perception for the said indicator.

Table 6.3 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Responsibility and Authority

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Responsibility and Authority The nurse				
3.1 Reports problems immediately	3.95	VS	4.12	VS
3.2 Follows the standards of practice in the institution	3.88	VS	3.9	VS
3.3 Spends extensive time trying to teach a client how to prevent occurrence of the problem	3.79	VS	4.05	VS
3.4 Sets the priority to develop a better care plan	3.76	VS	4.12	VS
Over-all Weighted Mean	3.85	VS	4.05	VS

In terms of intellect humility, the nurses regarded that they were *very satisfactory* in their willingness to seek information (4.05) which was also noticed by their supervisors who gave a higher rating (4. 19). Both the supervisors and staff nurses said that the new nurses performed in this area *very satisfactorily*. For the supervisors (4.00) and staff nurses (4.02) rethinking conclusions in light of new knowledge received the lowest rating. In addition staff nurses also gave the lowest rating in admitting what they do not know.

Table 6.4 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Intellect Humility

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Intellect Humility The nurse				
4.1 Is willing to seek new information	4.19	VS	4.05	VS
4.2 Is willing to admit what they do not know	4.12	VS	4.02	VS
4.3 Rethinks their conclusion in light of new knowledge	4	VS	4.02	VS
Over-all Weighted Mean	4.03	VS	4.03	VS

Moreover, in terms of risk taking, the supervisor and the nurses said that the nurses were *very satisfactory* in this area. The supervisors considered that they were more *satisfactory* in initiating research that has demonstrated that family presence can be accomplished (3.83). In the same manner, the nurses said that they were *very satisfactory* particularly in recognizing that beliefs could be sometimes false or misleading (4.14). But as a whole, they had the same assessment. The lowest rating of the staff nurse for themselves is initiates research that has demonstrated that family presence can be accomplished (4.00) while for the supervisor is (3.71) which is recognized that belief are sometimes false or misleading.

Table 6.5 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Risk Taking

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
5.1 Initiates research that has demonstrated that family presence can be accomplished	3.83	VS	4	VS
5.2 Is willing to consider and examine fairly one's own ideas or view	3.81	VS	4.1	VS
5.3 Recommends alternatives approaches to nursing care	3.74	VS	4.05	VS
5.4 Recognizes that belief are sometimes false or misleading	3.71	VS	4.14	VS
Over-all Weighted Mean	3.77	VS	4.07	VS

In terms of integrity, the nurses and the supervisors gave the same assessment to the performance of the new registered nurses. Both of them said that the nurses were *very satisfactory* in this area. Moreover, in terms of perseverance and confidence, same evaluation was also given by the two groups of respondents. On the other hand, they also have both low rating for they recognize when opinions conflict with clients opinion (3.76).

Table 6.6 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Integrity

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Integrity The nurse				
6.1 Does not compromise nursing standards/honesty in delivering nursing care.	3.86	VS	4.07	VS
6.2 Recognizes when opinions conflict with clients opinion	3.76	VS	4.14	VS
6.3 Decides how best to proceed to reach outcomes which will satisfy the nurse, patient and his family	3.76	VS	4.07	VS
Over-all Weighted Mean	3.79	VS	4.1	VS

In terms of perseverance, the staff nurse is confident to do the said indicator (4.05) while for the staff nurse the highest rating is *continues to address the issues or problems until it is resolved* (3.98) while the lowest rating given by the supervisor is (3.88) *shows perseverance in finding effective solutions to nursing problems*.

Table 6.7 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Perseverance

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Perseverance The nurse				
7.1 Continues to address the issues or problems until it is resolved	3.98	VS	4.05	VS
7.2 Shows perseverance in finding effective solutions to nursing problems	3.88	VS	4.05	VS
Over-all Weighted Mean	3.93	VS	4.05	VS

In terms of confidence, the highest rating of the nurse is *by introducing oneself to the patient given* with the rating of (4.33) which means staff nurse is more confident in giving introduction for the patient while for the supervisor the highest is (4.05) which is *does not lead the client to think that he is unable to*

perform care safely. On the other hand, the lowest rating of the nurse for themselves and the supervisor is *always prepared before performing the nursing care* (4.07) (3.79) respectively.

Table 6.8 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Confidence The nurse				
8.1 Does not lead the client to think that he is unable to perform care safely	4.05	VS	4.19	VS
8.2 Speaks to the client with conviction when beginning a treatment or procedure	3.93	VS	4.19	VS
8.3 Introduces oneself to the patient	3.88	VS	4.33	VS
8.4 Encourages client to ask questions	3.83	VS	4.14	VS
8.5 Always prepared before performing the nursing care	3.79	VS	4.07	VS
Over-all Weighted Mean	3.9	VS	4.19	VS

In terms of curiosity and creativity, the supervisors and the staff nurses regarded that the nurses' performance was *very satisfactory* especially in looking for different approaches if nursing interactions could not be working for patient. On the other hand, the lowest rating of the staff nurse to themselves is *values tradition but not afraid to examine traditions to be sure they are still valid* (4.19) while for the supervisor is (3.93) which means they have different perception for the said indicator.

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Table 6.9 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Curiosity and Creativity

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Curiosity The nurse				
9.1 Is filled with questions	3.93	VS	4.21	VS
9.2 Values tradition but not afraid to examine traditions to be sure they are still valid	3.95	VS	4.19	VS
Over-all Weighted Mean	3.94	VS	4.2	VS
Creativity The Nurse				
10.1 Looks for different approaches if nursing interactions are not working for patient	3.88	VS	4.1	VS
10.2 Involves clients family in adapting nursing approaches to care methods used at home	3.79	VS	3.98	VS
Over-all Weighted Mean	3.83	VS	4.04	VS

In terms of discipline, problem solving and decision making, both of supervisors and staff nurses were satisfied with the performance of nurses because both of them said that nurses' performance was *very satisfactory*.

In terms of problem solving, the highest rating of the staff nurse is *chooses the best one to implement* (4.12) while for the supervisor *obtains information that clarifies the nature of the problem* (3.81) on the other hand, the lowest indicator for the staff nurse is *suggest possible solutions* with a rating of (4.05) while for the supervisor *chooses the best one to implement* with a rating of (3.67).

Table 6.10 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Discipline

Indicators	Supervisor		Staff Nurses	
	WM	Int	WM	Int
Discipline The Nurse				
11.1 Uses scientific & practical based criteria for assessment & evaluation	3.79	VS	4	VS
11.2 Manages time effectively	3.71	VS	4.14	VS
Over-all Weighted Mean	3.83	VS	4.07	VS
Problem Solving The Nurse				
12.1 Obtains information that clarifies the nature of the problem	3.81	VS	4.07	VS
12.2 Suggests possible solutions	3.74	VS	4.05	VS
12.3 Chooses the best one to implement	3.67	VS	4.12	VS
Over-all Weighted Mean	3.74	VS	4.08	VS

In decision making, the highest rating by the staff nurse to themselves *seeks alternatives if interventions were not effective* (4.14) while for the supervisor *identifies the purpose of nursing interventions* with a rating of (3.90). On the other hand, the lowest rating of the staff to their self is the statement *sets criteria for his nursing care plans* (3.98) while the supervisor had the same lower rating for the said criteria (3.64).

Table 6.11 Level of Competency of Newly Registered Nurses as Assessed by the Supervisor and Self-Assessment-Attitudes that Foster Decision Making

Indicators	Decision Making	Supervisor		Staff Nurses	
		WM	Int	WM	Int
13.1	Identifies the purpose of nursing interventions	3.9	VS	4.02	VS
13.2	Implements plans	3.88	VS	4.12	VS
13.3	Evaluates the outcomes of interventions	3.86	VS	4.07	VS
13.4	Examines alternatives if interventions were not effective	3.83	VS	4	VS
13.5	Seeks alternatives if interventions were not effective	3.69	VS	4.14	VS
13.6	Weighs the criteria for nursing care plans	3.67	VS	4.02	VS
13.7	Sets the criteria for his nursing care plans	3.64	VS	3.98	VS
Over-all Weighted Mean		3.78	VS	4.06	VS

In general, in terms of rating, staff nurses evaluated themselves higher than their supervisors except for one indicator, intellect humility. In this area, the supervisor gave the staff nurses a higher evaluation than their self assessment twice. Based on the results, new registered nurses are willing to seek new information and to admit what they do not know. According to Tannery, Wessel, Epstein and Gadd (2007), clinical nurses usually rely on the other members of the team especially on their superiors. They usually use resources when they are uncertain of procedures and treatment. They seemed to be equally good with other nurses because their over-all performance was rated as very satisfactory. This indicates that they had learned a lot when they were having their hospital duties when they were student nurses. According to QSEN (2007), acquiring and demonstrating the values and attitudes of a professional are critical competencies for the new graduates.

III. Significant Difference in the Assessment of Level of Competency between the Supervisor and Staff

Table 7. Test of Significant Differences in the Assessment of the Level of Competency of the Supervisors and Staff

Variable	Df	Computed T-value	Critical T-value	Interpretation	Decision
Differences in Assessment According to Nursing Process	6	4.91	2.45	Significant	H_0 rejected
Differences in Assessment According to Attitude that Foster Critical Thinking	24	6.85	2.06	Significant	H_0 rejected

Level of Significance 0.05 – Two Tailed

In terms of the assessment of level of competency based on nursing process, the computed T-test value of 4.91 is greater than the critical value of 2.45 at 6 degrees of freedom with 0.05 level of significance. The result suggests that the null hypothesis of no differences is rejected. Therefore, there is significant difference in the assessment of the supervisors and the staff nurses but the interpretations for both assessments were the same, it was *very satisfactory*.

Being a new registered nurse is not an excuse not to be competent. Before going to work, a nurse must be competent because he/she was already trained during his/her college years to become competent (Purvis, 2012). To have critical thinking is one of the characteristics that are desired to be developed among new registered nurses (Giancarlo & Facione, 2005).

In terms of the assessment of the level of competency based on the attitudes that foster critical thinking, it is indicated that computed t-value of 6.85 is greater than the critical value of 2.06 with 24 degrees of freedom and 0.05 level of significance. The result suggests that there is significant difference

in the assessment of the two groups of respondents. The null hypothesis was rejected.

As indicated in Table 6, there is a significant difference between their assessments. Although, there is discrepancy in the numerical rating, verbal interpretations were the same that is *very satisfactory*.

According to Paul (2008), critical thinking is thought that disciplined, comprehensive, based on intellectual standards, and, as a result, well reasoned. The mentioned attributes are possessed by the staff nurses as indicated by the evaluation in their performance.

IV. Significant Difference in the Assessment of the Level of Competency When Nurses are Grouped according to their Gender and Hospital Category

Table 8 presents the test of significant difference in the assessment of the respondents when grouped according to gender and hospital category. In terms of gender, it is shown that the computed T-test value of 0.19 is less than the critical value of 2.014 with 32 degrees of freedom at a 0.05 level of significance. The result implies that there is no significant difference in their assessment; therefore, the null hypothesis of no significant difference is accepted.

Table 8. Test of Significant Differences in the Assessment of the Level of Competency when Grouped According to Gender and Hospital Category

Variable	Df	Computed T-value	Critical T-value	Interpretation	Decision
Differences in Competency According to Gender	32	0.19	2.04	Not Significant	Ho accepted
Differences in Competency According to Hospital Category	32	1.68	2.04	Not Significant	Ho accepted

Level of Significance 0.05 – Two Tailed

The assessments of both the male and female respondents were the same. They all thought that their performance is *very satisfactory*. However, regardless of their gender, they should still perform better and be competent in their field (Seymour, 2013).

Likewise, in terms of hospital category, the computed T-test value of 1.68 is less than the critical value of 2.014 with 32 degrees of freedom at 0.05 level of significance. It signified that new registered nurses in secondary hospital performed equally with new registered nurses in tertiary hospital. They both performed *very satisfactory*.

The results indicate that the new registered nurses were both *very satisfactory* and were able to do their utmost ability to perform well. At that very little span of time in their work place, they were able to perform well. Although, according to Kozier & Erb (2008), nurses face many dilemmas or problems in everyday clinical practice, and everyone makes mistakes at times, still, they manage to do well.

CONCLUSIONS

Based on the gathered data, the following conclusions were drawn:

1. Thirty-eight out of 56 or 67.9% of the respondents were female while 18 or 32.1% of the respondents were male which indicated that majority of the respondents were female. Most new registered nurses preferred to work in private and secondary hospitals than in public and tertiary hospitals.
2. Both the supervisor and the new registered nurses gave a very satisfactory rating in their competency in terms of nursing process and in attitudes that foster critical thinking.
3. There was significant difference in the assessment of the supervisor and staff nurses in the level of competency of new registered nurses.
4. There was no significant difference in the assessment of the respondents in the level of competency of new registered nurses when grouped according to gender and hospital category.

RECOMMENDATIONS

Based on the conclusions drawn, the following are the recommendations:

1. Direct supervision should be sustained for a period of six months, or a lesser time period if agreed upon by the newly licensed nurse and the supervising nurse. Competence to perform without direct supervision should be mutually determined by the newly licensed nurse and the supervising nurse and should be demonstrated and supported by documentation.
2. Nurses should maintain and/or improve an effective nursing care across the clinical setting to be competent enough and perform specific tasks required in their nursing role.
3. For future researchers, same study could be conducted utilizing a larger population.
4. The nursing management should develop, implement and evaluate unit and service performance improvement efforts.
5. The management should promote a forum for the development, discussion and implementation within the hospital interdepartmental and intradepartmental performance improvement efforts.

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