CHAPTER - V

DISCUSSION

The present study is aimed to identify health professionals (physicians, nurse administrators and nurse educators) and nurses (Self evaluation) perception of nurses’ performance on PELCE roles. Nursing roles and administrative responsibilities have changed over the last 20 years, but little empirical data exist related to specific role changes. The instrument for measuring PELCE roles was developed mainly based on roles and criteria, drawn from those recommended by meridian system of nursing philosophy. From nursing philosophical statements, five primary roles were identified as practitioner, educator, leader, communicator and evaluator. In order to adopt appropriate approaches or methods for measurement of activities, pentagonal roles were identified. The objectives of this study were:

I. Healthcare Professionals’ Perception of Nurses’ Performance on PELCE roles

1. To measure and provide empirical evidence regarding the healthcare professionals’ perception of nurses performance on PELCE roles as:

   * Practitioner (Care giver)

   * Educator
Φ Leader
Φ Communicator
Φ Evaluator

2. To compare the perception of nurses performance among health professionals.

3. To correlate the inter-relationship between perception of health professionals with selected variables.

4. To identify the perception of the most important nurse caring behaviors on PELCE roles.

II. Self Evaluation

1. To study the nurses' perception about their own performance (Self evaluation).

2. To associate the perception of nurses performance on PELCE roles with their demographic variables.

3. To identify the perception of most important nurse caring behaviors by registered nurses.

III.

1. To develop a module to acquire high quality performance among nurse practitioners, based on the empirical evidence found from the study.
Table 3 shows the overall mean perception scores of health professionals on performance of PELCE roles. The mean perception score was on practitioner role was 54.85 (91.4%) educator role was 39.28 (87.28%), leadership role was 41.22 (91.6%) communicator role was 41.68 (92.62%) and the evaluator role was 27.01 (90%), which indicated that they had higher perception scores to all five role performance. The results indicated that the health professionals were satisfied with performance of nurses on PELCE roles.

Furegata AR et al (1999) studied on what do people know about and expect from nurses. The results showed that nurse is recognized as the one who is responsible for the care. They referred nurse as someone courageous, important, on whom they depend and also they identified nurses performance and recognized the lack of better work conditions and fair wages.92

Watson et al, (2003) assessed on perception of nursing: a study involving nurses, nursing students, patients and non-nursing students. The findings indicated that the perception of nursing across all participating groups is largely the same. Some changes in the perceptions of nursing takes place in nursing students. Patient perceive nursing differently from other participant group.82
Perkins (1997) revealed that providing employer with clear and measurable expectation of achievement is essential in obtaining high performance. A good performance appraisal process can unify the organization so that it can deliver its mission.  

Lehmann D (1995) identified that people want to know how they are doing in their jobs. That is human nature. Nurses must know what is expected of them to meet the expectation of the organization.

Cronin et al. (1999) identified that staff and manager perception of staff nurses job performance and achievement was almost similar and also gave higher ratings to the nursing care behaviors. Managers perceptions of meaningful recognized behaviors were relatively congruence with those of staff nurses.

The present study findings revealed that health professionals were satisfied with performance of nurses on PELCE roles. Performance ratings can be used to improve performance and as a tool in diagnosing organizational pathologies. The ideal performance rating system would combine information from multiple sources to form and integrate a tool that can be agreed upon from all relevant raters.

In present study, standards and criteria were identified to compare and determine the level of nurses’ performance on each role. The criteria of each role become the standard guidelines for performance appraisal and
promotion. The study identified a network of meaningful, desirable, actionable standards for each role, which would be the best approach to performance appraisal for nursing service employees.

Most researchers agree that the validity of performance appraisals and their benefits for both the organization and employees in making decisions determining who is best qualified for promotion and determining needs based on empirical evidence provided in the planned programs.

As a result, exploration of the most valued methods of performance evaluation on PELCE roles can provide useful data for developing management interventions to improve quality. Nurse executives need empirical evidence regarding the changing roles and performance evaluation on the roles. As organizational policy makers are confused (or) have dilemma with various roles, an examination of the evolving role of professional nursing practice in hospitals and its contribution to patient outcome is necessary.

The second objective of the study is to compare the perception of nurses’ performance among health professionals.

Tables 4, 5, 6, 7 and 8 show the comparison of perception scores of physicians, nurse administrators and nurse educators on performance of nurses on PELCE roles. Tables 4, 5 identified that there was significant difference in the perception of professionals on practitioner & educator roles.
roles. In both the roles, the nurse administrators had given significantly higher mean perception scores than nurse educators and physicians. There was also significant difference between the perception of nurse educators, nurse administrators and physicians over all.

Tables 6, 7&8 show the comparison of perception scores of physicians, nurse administrators and nurse educators on performance of nurses on leader, communicator and evaluator roles.

Tables 6&7 indicate that the nurse administrators had given significantly higher mean perception scores than nurse educators and physicians. But there was no significant difference between physicians Vs nurse educators mean perception scores statistically. Table 8 shows that there was significant difference in perception between nurse administrators, physicians and nurse educators on evaluator role. But there was no significant difference between nurse administrators and physician on evaluator role. The results identified that overall the nurse administrators had higher perception scores on all five roles than nurse educators and physicians.

Cairo (1996) conducted a qualitative study to examine the attitudes of five emergency room physicians toward collaborative practice with emergency room nurse practitioners. The results indicated ambivalence toward the Nurse practitioner role. Although physicians recognized the benefits of the role, they wanted to maintain a hierarchical relationship. It was speculated that this desire was because of a lack of understanding of
the role. It was also stated that physicians may have feared that nurse practitioners wanted to take over certain tasks typically associated with medicine.\textsuperscript{84}

\textbf{Ford & Kish} (1998) examined the perceptions of faculty physicians and family medicine residents towards nurse practitioners. The study revealed an overall acceptance of nurse practitioners as cost effective care providers, but there was role misinformation on a number of issues. The physicians’ lack of knowledge about educational background, credentialing requirements and prescriptive authority contributed to a negative impression of the role.\textsuperscript{85}

\textbf{Aquilino et al.} conducted a survey of primary care physicians in IOWA to evaluate their attitudes toward and experience with nurse practitioners providing care. Overall, the physicians were supportive with more positive attitude expressed only by those physicians who had worked with nurse practitioners.\textsuperscript{86}

\textbf{Donald et al.}, (2002) conducted a study on physicians’ perceptions of nurse practitioners. The study demonstrated that physicians had a poor understanding of the nurse practitioner role. The physicians lacked a full and clear understanding of the nurse practitioner role.\textsuperscript{17}
Watson et al., (2003) demonstrated in his study that nursing students’ perception of nursing and caring, change during the course of nursing education program.82

Badayneh DM (2000) identified in his study on attribution analysis of the discrepancy between raters in job performance ratings that nurses observe different dimensions of their performance and have different definitions of performance dimensions and consequently arrive at different assessments of their performance compared to supervisors and patients.99

The present study revealed that nurse administrators had given higher perception scores than nurse educators and physicians on nurses’ performance on PELCE roles. This might be as nurse administrators have more opportunities to observe nurses performance in more revealing time than nurse educators and physicians. This explanation implies that nurse educators and physicians have fewer opportunities to observe nurses performance. Difference between nurse administrators, physicians, and nurses educators’ ratings of nurses’ performance were due to the type of relationship they held in regard to nurses.

The third objective of the study is to co-relate the inter relationship between perception of health professionals with selected variables.
Age

Tables 9&10 show that the interaction effect between type of professionals and age was found to be non-significant. But the main effect was found to be significant. Age influenced the perception of health professionals on practitioner and educator role. It was found from the study that as the age increased, the perception scores of professional also increased on practitioner and educator role, which inferred that the nurses of age >45 yrs had higher mean perception scores than nurses with ≤25 yrs of age on practitioner and educator role.

Table 11 shows that the interaction effect between professional and age was found to be significant. The mean perception scores of physicians ≤25 yrs was only 37.5, where as nurse administrators and nurse educators mean perception score was 42.5 and 40.1 respectively in the same group. The main effect between perception of Health Professionals on performance of PELCE role and age was also found to be significant which revealed that age & type of professional influenced the perception of health professionals on leadership role. As shown in Table 12 & 13 the interaction effect and also the main effect was found to be non-significant on communicator and evaluator role. Over all, it was found from the study that as age increased, the perception score also increased on all five roles.
Sex

Tables 15&17, and 18 show that there was interaction effect between type of professional and sex. This revealed that male nurse educators and physicians had given higher perception scores than male administrators. But the main effect was found to be non-significant which revealed that sex had no influence on perception of professionals on practitioner, educator, leader, and evaluator role.

As shown in table 16, sex had no influence on the type of professional and also on the perception of health professionals on leadership role. The table 17 shows that sex had influence on type of professional and also on the main effect between the perceptions of health professionals on communicator role was found to be significant on communicator role which revealed that female nurse administrators had higher perception scores than male administrators.

Education

As given in table 19, the findings revealed that the interaction effect and main effect was found to be significant on practitioner role. Thus, education and type of professionals had influence on practitioner role.

Tables 20 and 22 revealed that the interaction effect between education and perception of professionals on educator and communicator role was non significant. The main effect was found to be significant which
indicated that nurse educators with Diploma had higher perception scores than nurse administrators and physicians on educator and communicator role. Thus education had influence on perception of professionals on educator and communicator role. The interaction effect and main effect was found to be non-significant on leadership role. The results also indicated that there was interaction effect between type of professional and education on evaluator role. But the main effect was found to be non-significant on evaluator role.

**Working Institutions**

As given in table 24 the interaction effect between working institution and type of professionals was found to be non-significant. As shown in tables 24 & 25 the professionals working in state governments and mission institutions had higher perception scores than other professionals which indicated that the main effect between perception of professionals and working institution was found to be significant on practitioner and educator role. According to table 25, the interaction effect was found to be significant which inferred that nurse administrators from mission hospitals had higher mean perception scores, than physicians and nurse educators working in same institution on educator role.
Tables 26, 27 & 28 show that there was no interaction effect between working institution and professionals also the main effect was found to be non-significant on leader, communicator and evaluator role which inferred that working institution had no influence on perception of professionals on leadership, educator, and evaluator roles.

**Position**

Tables 29, 30 & 31 identified that the position and perception of professionals mean perception scores which were almost similar revealed that the main effect was non-significant between perception of professionals on practitioner, educator and leader roles. Tables 32&33 show that the main effect was found to be significant only in nurse educators on communicator and evaluator roles.

**Total Years of Experience**

Tables 34, 37 & 38 show that there was no interaction effect found between type of professionals and total years of experience. The main effect between total years of experience and perception of professionals was also found to be non significant. As given in table 35, the nurse administrators with \( \leq 5 \) yrs experience had higher perception scores than physicians and nurse educators in the same group, which inferred that there was interaction effect between total years of experience and type of professionals on educator role. But the main effect was found to be non-significant on educator role.
As shown in table 36, the nurse administrators and physicians who had >15 years of experience had higher mean perception scores than nurse educators in the same years of experience which indicated that there was interaction effect between years of experience and type of professionals on leadership role. The main effect also was found to be significant which identified that the nurse administrators ≤5 years and >15 years of experience had higher mean perception scores than other professionals on leadership role.

**Years of Experience in teaching nursing students**

As shown in tables 39, 40, 41, 42&43 the interaction effect and main effect was found to be non-significant on all five roles.

**Suryamani E** (1989) conducted a study on physicians’ perception of the ‘ideal’ and ‘real’ role of a nurse in the hospital (King George Hospital, Visakapatnam). The findings of the study revealed that as an important role set member, the doctor’s perception of nurses’ role is very much relevant and essential for the efficient role performance of the nurse. Of the two, the role performance of the nurse is crucial since she is responsible for not only providing comprehensive nursing care to the patients but also associated functionally with the doctor in the recovery of the patients. The efficiency of the role performance therefore depends to a large extent on the role perception of the physicians.\(^{87}\)
The present study also revealed that physicians’ perception of nurses’ performance on PELCE roles is very much relevant and also consistent with above study in which the physicians had given higher performance scoring on real role of a nurse.

_Erlen et al._ (1997) conducted a study on the importance of nurse caring behaviors, and found that there was no significant difference between the background variables of age, sex, and years in nursing. ANOVA showed significant differences between the groups on the sub scale ‘comfort’, who had been working ≤ 5 years and 5-15 years gave a higher value than >15 years.51

The present study also identified that health professional with ≤5 years had higher mean perception scores than other professionals on leadership role.

_Badayneh AL_ (2001) stated that nurses rated themselves significantly higher than supervisors. This effect is not independent of the hospital type (government and private). Nurses in the government hospital rated themselves significantly lower than nurses in the private hospitals. Patients in the private hospitals rated nurses significantly greater than patients in the government hospitals, whereas supervisors rated private hospital nurses significantly lower than nurses in the government hospitals. Interpretation of these findings can be attributed to the fact that nurses observe different demonstration of their performance and have different dimensions of performance.99
The present study revealed that professionals working in state government institution and mission hospitals had higher perception scores than other institutions on practitioner and educator role. The nurse administrators in mission hospitals had higher perception scores than other professionals on educator role.

**Meritoja R** (2002) conducted a study to develop a tool with which nurses and nurse managers can assess the level of nurses’ competence in different hospital work environments. All background factors describing the nurses (age, educational background, and length of work experience) showed a significant positive correlation with the level of self-assessed competence. The results showed that both nurses and nurse managers regarded the levels of nurse competence as good. Both groups gave high ratings for managing situation, helping role and diagnostic function competencies, but identified the lowest level of competence in ensuring quality. Overall, nurse managers gave higher ratings for nurse competence than the nurses themselves and differences were detected between different work environments.\(^{100}\)

Report on the result of a survey of nurse teachers in four colleges of nursing in England on nurse teacher’s perception of their clinical role, revealed that a number of factors may be influenced in the way in which nurse teachers approach their clinical activities. This includes personal factors such as age, educational grade and the length of time spent in education.\(^{101}\)
Pelleties D et al (1994) stated in their study on the effects of graduate nurse education on clinical practice and career paths, revealed that overall positive effects were noted by respondents on work performance and career opportunities.90

The present study revealed that all background variables describing health professionals position, age, sex, education, working institution, teaching experience teaching in nursing students showed a significant co-relation with the perception of professionals of the nurses’ performance on PELCE roles.

The fourth objective of the study was to identify the perception of the most important nurse caring behaviors on PELCE roles.

Tables 44,45,46,47 and 48 show the most important nurse caring behaviors on PELCE roles. As the mean perception scores of each role was above average, multiple comparison test was used to rank the items and it was found that the perception of professionals on all five roles was significant at p<0.001. The Friedman test was used to find out the most important items. The results revealed that health professionals had given highest perception scores to all items and only few items were given not sure, not met. The study findings indicated most important nurse caring behaviors as,
Practitioner

1. Documentation of patient record.
2. Documentation of medication done accurately.
3. Accuracy in medication administration
4. Provide safe patient care.
5. Accepting responsibility for own behavior

Educator

⭐ Instructs patient about important aspects of care.
⭐ Teaches patients and families based on identified health needs
  ➢ Provides need based guidance/counseling of the patient.
  ➢ Educate patient to do health promotion activities.
⭐ Competent to help subordinates learn and improve their skills.
⭐ Demonstrates procedures such as self care activities.
⭐ Explains to clients, concepts and facts about health promotion.

Leadership

➢ Works efficiently in the ward as a health team member Maintains discipline (among the personnel working in the particular ward).
➢ Co-operates and co-ordinates between supervisors and subordinates.
➢ Shares responsibilities and opportunities.
➢ Has ability to organize and schedule work loads.
➢ Demonstrates the ability to take charge
➢ Has ability to win the loyalty and support of others.
Communicator

- Maintains good public relations in her ward.
- Follows written instructions.
- Communicates clearly and precisely in language which others will understand.
- Gives quick response to patient’s need.
- Prepares clear and precise written documents

Evaluator

- Takes nursing rounds with doctors and subordinates.
- Ensures that proper observation records of patients are made.
- Helps in guiding and evaluating student’s performance.
- Justifies practice and actions.
- Evaluates the subordinate’s performance and submits report to the superiors.

Gardner and Wheeler (1979) conducted a study to determine which supportive behaviors perceived as being most important. It was reported that nurses ranked the following three behaviors as most important (i) Show interest in patient (ii) create an environment where patients feel free to express feelings and (iii) take time to listen to patients.
Ford (1981) reported that nurses defined caring primarily as having genuine concern for the well-being of another and giving of oneself. Listening was identified as the single behavior most representative of caring. \(^{85}\)

Young WB et al (1996) reported in their study on comparison of patients’ and nurses’ perception of important aspects of patient care. It was reported that nurse and nurse manager scores regarding patients’ values were moderately similar. \(^{94}\)

White (1972) reported that hospitalized patients were more concerned than nurses about their physical care. She concluded that the importance of physical comfort was underestimated by the nurse. \(^{102}\)

Oguisso T (1990) conducted a study to outline a profile of the nurses working with in the National Health Service. The results reported that nurses had job satisfaction in 83.6%, perception of support from administration was 75.2%, main activities performed by nurses under supervision of nursing personnel was 39.3%, direct nursing care was 36.7%, teaching of patients and families was 21.7% and administrative functions was 17.9% and in-service training of personnel was 3.6. \(^{103}\)

Doran DJ et al (2002) conducted an empirical test of the nursing role effectiveness model. The results reported that patients viewed nurses’ independent role performance, more effective on units where nurses
reported less autonomy but more time to provide care. The quality of nurse communication was higher on units, where nurses had higher education, greater hospital experience, less autonomy and role tension.104

In the present study, the data analysis has identified the interesting findings.

- There was significant difference between the perception of nurse educators, nurse administrators and physicians over all.
- The nurse administrators had higher perception score than nurse educators and physicians scores over all.
- Age and type of professional influenced the perception of health professionals on practitioner, educator and leadership role.
- Sex and type of professional had influence on the communicator role. Female professionals had higher perception scores than male health professional on communicator role.
- The perception score of nurse administrators with B.Sc nursing was higher than other categories. Thus the education had influence on perception of professionals on practitioner, educator and communicator role. The nurse educators with Diploma nursing had higher mean perception scores than other categories on evaluator role.
Working institution had influence on the perception of professionals on practitioner and educator role. The health professionals in the state government and mission hospitals had higher perception scores than other groups.

Position had influence only in nurse educators on communicator and evaluator roles.

Total years of experience had influence on perception of professionals on leader and communicator role. The nurse administrators and physicians, who had >15 years of experience had higher mean perception scores than nurse educators with same years of experience on leadership role. Overall the health professionals with <5 years and >15 years of experience had higher perception scores than other professionals.

National Commission on Nursing conducted a major study in the 1980s at Chicago. They found that physicians and health care administrators often did not understand the role of nurses in patient care and that traditional and outdated images of nurses impeded acceptance of current roles.\(^\text{18}\)

In contrast, in the present study the physicians and nurse administrators and nurse educators had higher perception scores on perception of professionals of Nurses performance on PELCE roles. The
results indicated that the perceptions of good care seem to have changed in nursing during last 20 years. This possible attitude change among professionals should be seen in the light of the fact that the content of nurse education had changed radically since the 1980. The mean ratings for the statements in five roles were relatively high. This suggested that the health professionals believed that statements identified in the questionnaire generally were meaningful ways of measuring nurses’ performance of PELCE role.

The findings of this study with regard to health professional perception are remarkably consistent with those of Cronin et al study findings which revealed that manager responses to the question regarding performance were similar to the staff nurses.

The study also identified that observational opportunities offer another explanation for the lack of convergence between nurse administrators, physicians and nurse educators. It is assumed that nurse administrators have more opportunities to observe nurses’ performance at more revealing times than physicians and nurse educators.

Keene et al. (1987) used the care instrument to identify what behavior cancer nurses perceived as most important in making patients feel cared. Nurses ranked as the most important items “knows when to call the doctor” “gives good physical care” and “puts the patient first no matter what else happens”. According to the results of these studies, perceptions of caring appear to be influenced by the setting.
Nelson and Arford (1994) described nurse positions in a progression of six steps from beginning staff nurse positions to top positions. The objective and components of each job become the standard guidelines for performance appraisal and promotion.\(^{105}\)

Hars and Kicks (1998) pointed out the importance of identifying job duties and responsibilities of nurse jobs at the various levels of the hierarchy and use of their general categories in preparing guidelines for performance appraisal.\(^{106}\)

The present study results are consistent with the above findings which revealed that identifying a network of meaningful, desirable and actionable standard for each role; appear to be the best approach to performance appraisal for nurses’ performance on PELCE roles. In addition, standards were identified to compare and determine the level of nurses performance.

**Self Evaluation**

The self review performance appraisal model is based on the idea that a nurse is most familiar with her own work, how she thinks she is doing her job is essential to the appraisal process.

The first objective of the study was to measure the nurses’ perception (self-evaluation) about their own performance.
Orem D (1974) explained that skill in self evaluation is necessary for life long learning and maintaining competence in practice. Engaging in self evaluation promotes professional development and enhances self awareness and self motivation.²²

Whatever set of criteria best describe nursing and by whatever set of activities it is defined, it is clear that there are different perception of nursing by nurses themselves. The Nursing Dimension inventory (Watson et al; 1999) was used in this study and this was developed from the 35-item version of the Caring Dimension Inventory (CD)-35. The questionnaire was administered to 195 staff nurses from different institutions.

The table 49 shows the distribution of demographic variables of staff nurses age, religion, marital status, educational background, institutions trained, working institution, years of experience as a nurse.

Table 50 shows that the staff nurses were satisfied with their own perception of performance on PELCE roles. This finding is consistent with above findings.

Gupta et al. (1990) assessed the nurses’ perception and attitude towards the professional activity and accountability. The information from the study revealed that more than 50% of nurse viewed that their job is neither defined nor rationalized yet majority of them (77%) expressed that they are satisfied with their job.²⁰
Pelleties D et al. (1999) investigated the effects of graduate nurse education on clinical practice and career paths. Registered nurses undertaking graduate studies were surveyed as a pilot for an extensive longitudinal study of their perception of the effects of study on work performance and career opportunities. Overall, positive effects were noted by respondents on job satisfaction, self esteem, professional thinking and career moves. The present study result is consistent with above study findings.

The second objective of this study is to associate the perception of nurses’ performance on PELCE roles with their demographic variables.

As shown in table 51, 52, 53, 54 & 55 age, institution trained, working institution and years of experience as a nurse had influence on the perception of nurses on practitioner, educator, leader, communicator and evaluator roles. Surprisingly the educational background was found to be non-significant on all five roles.

Schroeder et al (1991) stated that, professionals should not assume that all performance categories are equal. They believed that some type of nursing performance is of greater importance than others. Hence scoring should be done differently for each categories.
Weeks LC et al. (1982) described PACE, (Practice alternative for career expansion) a successful career development program designed to achieve the goals. The inception of PACE required new job description and performance appraisal system. The PACE Committee developed series of job description that defined the expected behavior for each track at each level. Data was obtained using a four part questionnaire that surveyed data on demographic variables, opinions on pace itself, job satisfaction, perception of leadership and self image. The questionnaires were distributed to all nursing staff. The study concluded that staff nurses perception about performance program remains some what unclear about all of its option, and worry about the fairness of grading nurses according to level and can be used as evidence for the next performance appraisal.\textsuperscript{81}

A study was conducted by Buckenham (1988) on student’s perception of the staff nurses role. A survey was undertaken to identify the developing perception of the staff. A sample of 190 was selected from the student nurses, staff nurses and sisters working within those areas. The results indicated that first year student nurses held a perception of the staff nurse role which did not differ significantly from that held by staff nurses except for the clinical function.\textsuperscript{88}

In contrast, the present study results indicated that nurses were clear and had good understanding about different roles and majority of the statements were given above average perception scores.
Patistea and Siemanta (1999) compared nurses’ perception of caring with patients’ perception. They revealed that nurses consider the important traits are those as the psychological end of the spectrum affects attitude and comforting whereas patients are more concerned with what nurses can do for them in physical needs.83

Kim and Lee (2004) conducted a study on the difference in quality perception, expectations, evaluation and satisfaction for nursing service between patients and nurses. This study was performed to give direction to quality improvement strategies of nursing services by comparing the differences in quality perceptions and satisfaction for nursing services. There were difference between patients’ and nurses’ expectations and perception of nursing service and satisfaction. There was positive co-relation among the expectations and perceptions on nursing service and satisfaction.93

Essen et al. (2003) explored the importance of nurse caring behaviors as perceived by Swedish hospital patients and nursing staff. It was found that patients’ perception of important nurse caring behavior differed from nurses’ perception. The nurses’ results are in accordance with the studies of professional nurses’ perception of caring.95

As shown in table 55, there was no significant association between selected variables and perception of nurses’ performance on evaluator role.
Overall, the nurses ≤ 25 years of age had higher perception scores than other age groups. The nurses trained in private institutions had higher perception scores than other group of nurses. Regarding working institutions, nurses working in central government had higher perception scores than other nurses. The findings revealed that overall nurses with ≤ 5 years of experience had higher scores than other group of nurses. The findings also inferred that as the years of experience increase the perceptions scores decreased.

**Meretoja et al** (2002) assessed the level of nurse competence in different hospital work environments. All background factors describing the nurses (age, educational background and length of work experience) showed a significant association with level of self assessed competence.  

The present study results also supported the above study except educational background, which was found to be non-significant on all five roles.

As shown in table 57, staff nurses perception of most important items of nurses’ performance on PELCE roles were

- Measures the vital signs of patients.
- Keep patient records upto date.
- Observe the effects of medicines on a patient.
Involve a patient in his or her care.

Report a patient’s condition to a senior.

Consult with the doctor about the patient.

The findings of this study in regard to staff nurse perception are remarkably consistent with those of Gardener and Wheelar et al. The result of their study identified that nurses linked the following behaviors as being most important: “show interest in patients, create an environment where patients feel express feelings and take time to listen to patient”.

Brooks (1990) stated that continuous non judgmental observation of self can bring us to new levels of excellence and personal effectiveness. “Holding up a mirror” helps us to focus not only on our competence and strengths but also on how we can get approaches to improve performances.