

Introduction

Education is the key of all progress and achievement. Educational preparation of nurses, who contribute primarily to the health of the children and adults, needs constant attention keeping in mind the changing health needs of the society and needs of the children (*Hudson, 2008*).

Clinical education takes place within a complex social context, where a teacher is responsible for monitoring the needs of children, students and clinicians. Unlike classroom learning, in which students' activities are structured, students in clinical areas are frequently thrown into unplanned activities with pediatric patients and other health care providers (*Pearson, 2009*).

Nursing profession is challenged to a more clearly defined scope of practice for nurses at each educational level. The educational organization of nursing has a responsibility to prepare graduates to provide competent nursing care to meet the needs of children in the health care system (*Onsy, 2009*).

Even though nursing is considered to be a highly developed profession with its practice widespread in many localities, nursing is still under constant development and growth. When the conditions of continuing development and growth prevail in the practice of nursing's occupational groups, a need to identify their present and probable future roles starts to appear (*Benner et al., 2009*).

Nursing institutes have a responsibility to prepare graduates who can provide competent nursing care to meet the needs of the patients, especially pediatrics in the health care system (HCS). Usually, new nurse graduates have unrealistic perceptions about the amount of challenges and responsibilities they would find in their first job. Regardless of student nurses' beliefs about those activities when entering training or beginning the job, getting them started in a right way will assure progress to more challenging tasks (*Maria, 2012*).

Significance of the study:

Because the changes in HCS's biomedical and technological field is very fast and adjusting to it is very difficult, intern students are faced with many dilemmas including adjusting to the reality situations and the expectations of nursing profession. Accordingly, the current study was designed to investigate the relationship between learned and performed competencies of pediatric nursing intern students as well as stakeholders' expectations.

Aim of the Study

The aim of this study was to identify the relationship between , learned and performed competencies of intern students of Imbaba's Technical Institute of Health .

Research Questions:

- I- Is there a relationship between the acquired and applied competencies at work situations?
- II- What are the pediatric nursing intern students' educationally acquired competencies through the educationally nursing program of Imbaba Technical Institute of Health ?

Review of Literature

Part I: Nursing Education:

Nursing education is a collaborative exchange between teacher and student that results in a change in knowledge, values and attitudes. The teaching-education process promotes information literacy competency and facilitates the development of critical thinking, communication skills, leadership qualities, and the commitment to lifelong personal and professional growth (*Johnson, and Jone, 2011*).

Nursing education is a continuous process that includes the affective, cognitive, and psychomotor domains. The learner has a personal responsibility requiring effort and accountability (*Mulkeen, 2008*). Nursing education consists mainly of theoretical and practical components. Theoretical nursing education is defined as "the part of education which provides the students with the knowledge, understanding and professional skills required in order to to plan, offer and assess the overall care given by nurses" (*Moatasem, 2009*).

Nursing education aims at equipping students with sound knowledge and clinical skills in addition to attitudes and values favorable to the professional nurse's role. So, it is essential to

investigate nurses' self-confidence and how it actually affects their practice in the clinical environment (*Hassan, 2007*).

The central purpose of both nursing lectures and clinical education experience in nursing education is to facilitate the development of the student's abilities and use theory in practice effectively across a variety of clinical settings. However, nursing teachers have expressed concern over the apparent inability of some undergraduate nursing students to apply knowledge from reading, lectures, and seminars to client/patient care situations; moreover, they expressed similar concern over student's difficulties in answering questions that require them to apply theory to hypothetical clinical situations (*Mohammed, 2009*).

The essential purpose of nursing education is to produce practitioners who are clinically competent. This occurs in allied health education when students gain field experience under a practicing clinician who creates an educational environment that affects the work of the whole department through peer education and teaching, team working, and encouraging the exchange of ideas (*Peter, 2010*).

Part II: Nursing performance:

The term "performance" can mean different things in different situations but can be defined as formal and informal approaches which may have a multiplicity of purposes, including evaluation, auditing, succession planning, training, controlling, development and motivation (*Najafi et al., 2011*).

Concepts related performance evaluation:

Performance evaluation is about ascertaining the value of a student's work performance by assessing his/her strength and developmental needs using different measurements and evaluation methods. The key in performance analysis is the identification of the gap between desired and actual performance. This will provide clarity on the expected performance (goals) and the current situation (baseline) to enable monitoring of progress (*Alfayd, 2008*).

Performance evaluation is a universal phenomenon in which the organization makes judgment about one working with and about oneself. It serves as a basic element of effective work performance. Performance evaluation is essential for the effective management and evaluation of staff. It aims to improve the organizational performance as well as individual development (*Corral and Illinosan, 2009*).

The focus of the performance evaluation is measuring and improving the actual performance of the student and also the future potential of the student as a worker (*Mooney, 2009*). It is a clear and concise, regular and unbiased system of rating a nurse's performance in her current position, which can also be used to determine how far the nurse can go in career development (*Davi, 2009*).

An organization engages a nurse for the purpose of employing her skills to achieve certain goals and objectives. Every so often, each nurse needs to take stock and determine her value, potential, and what her future in the hospital is likely to be. In the researcher's opinion this is accomplished through the practice of performance evaluation (*Estino et al., 2012*).

Development of performance evaluation:

Development focuses on both training to address short-term issues and on long-term career needs. In contrast, the evaluative approach focuses on managerial control and judgment. *Prowse (2009)* discussed a range of methods of evaluation, from managerially defined behavioral traits and performance criteria, measurement against achievement of objectives, to the inclusion of other parties sometimes with more qualitative measures.

Researchers have increasingly stressed the use of nurses' evaluations for motivational and organizational planning purposes. Indeed, for many health care facilities, performance evaluation has become an important tool for maximizing the effectiveness of all aspects of the organization, from staffing and development to production (*Paul et al., 2010*).

Evaluation systems have also become more results-oriented, which means that appraisals are more focused on a process of establishing benchmarks, setting individual objectives, measuring performance, and then judging success based on the goals, standards, and accomplishments. Appraisals have become more multifaceted, incorporating a wide range of different criteria and approaches to ensure an effective assessment process and to help determine the reasons behind nurses' performance (*Cocca and Alberti, 2010*).

Objective of performance evaluation:

O'Conner (2007), Karuhanga (2010) and Sillup and Klimberg (2010) discussed the main reasons for evaluating or measuring performance, such as the improvement of work performance by enhancing the productivity of a nurse, identification of excellent performers with the aim of rewarding nurses who are ready for promotion, identification of those who need some type of support to improve and increase their work

performance, determining whether the set targets have been achieved and whether laid down standards have been adhered to, detection and elimination of problem areas in jobs or the work environment, placement of staff according to their ability, and reduction or elimination of grievances.

The objectives of the evaluation scheme should be determined before the system is designed in detail. The objectives will, to a large extent, dictate the methods and performance criteria for evaluating nurses and managing patients' outcomes (*Schraeder et al., 2007*).

The main objectives of an evaluation system are usually to review performance, potential and identify training and career planning needs. In addition, the appraisal system may be used to determine if employees should receive an element of financial reward for their performance (*Elzinga et al., 2009*).

Review of the potential and developmental needs predicts the level and type of work that nurses will be capable of doing in the future and how they can be best developed for the sake of their own career, and to maximize their contribution to the organization. Reward reviews determine the 'rewards' that employees will get for their past work (*DeNisi and Pritchard, 2006*).

Performance evaluation and measurement:

Measuring performance means setting organizational goals to be implemented by managers and their health teams. It also means developing a set of realistic targets to measure progress. It is assumed that measuring performance and developing performance indicators for health facilities will automatically lead to performance improvement (*WHO, 2005*).

Measurement and evaluation are used to strengthen and improve performance practices. It is crucial that the intended outcome of an intervention to be measured and assessed is clearly described and known; secondly, that appropriate methods are used and; thirdly to determine whether the selected activities and interventions will narrow or close the performance gap. Performance measurement also validates acceptable performance as well as evaluates any changes or variation in delivery of care (*Ali, 2014*).

Performance measures have some serious dysfunctions that need to be looked at during the review of existing performance appraisal systems or when new ones are considered (*Najafi, 2010*). For a performance appraisal review program to be successful, the organization must commit the necessary financial and human resources for achieving the desired

outcomes, ensure that the objectives to be assessed are known by all concerned, and agree on the timeframe or period for assessment (*Armstrong et al., 2005*).

Performance evaluation systems:

Mooney (2009) points out that the most effective systems of appraising performance are: pragmatic, relevant, and uniform. *Olasunkanmi and Ademola (2009)* described pragmatism as important because it helps to ensure that the system will be easily understood by nurses and effectively put into action by managers. A moat further stresses that appraisal structures that are complex or impractical tend to result in confusion, frustration, and nonuse. Systems that are not specifically relevant to the job may result in wasted time and resources. Undeniably, most successful appraisal programs identify and evaluate only the critical behaviors that contribute to job success. Systems that miss those behaviors are often invalid, inaccurate, and result in discrimination based on nonrelated factors (*Kathryn, 2005*).

The uniformity of the appraisal structure is vital because it ensures that all nurses are evaluated on a standardized scale. Appraisals that are not uniform are less effective because the criteria for success or failure becomes arbitrary and meaningless (*Davi, 2009*).

Furthermore, uniformity allows a company to systematically compare the evaluation of different nurses with each other. Organization must address four decisions when structuring their

appraisal systems: "What should be assessed?", "Who should make the appraisal?", "Which procedure(s) should be utilized?", and "How will the results be communicated?". In determining what to evaluate, designers of an appraisal system usually consider not only results, but also the behaviors that lead to the results (*Estino et al., 2012*).

The actions and results that are measured will depend on a variety of factors specific to the company and industry. Most importantly, the criteria selected should encourage the achievement of comprehensive corporate objectives. This can be accomplished by determining the exact role of each job in accomplishing company goals, and which behaviors and results are critical for success in each position. Furthermore, different criteria for success should be weighted to reflect their importance (*Alamiri, 2009*).

The role of performance evaluation:

Competent evaluation of individual performance in an organization serves to improve the overall effectiveness of the entity. The three main functional areas of performance evaluation systems are administrative, informative, and motivational (*Estino et al., 2012*).

Performance indicators:

A performance indicator is a specific type of measurement that is intended to measure desired performance outcomes based on reliable, quantitative processes or outcome measures related to one or more dimensions of performance such as efficiency, effectiveness, efficacy, appropriateness, timeliness, availability, continuity, safety, respect and caring (*Prowse, 2009*).

Indicators related to child care are called clinical indicators. A clinical indicator is a quantitative measure that can be used to measure and evaluate the quality of important child care and support services. It is not a direct measure of quality but rather a flag that points to specific issues that require more intensive review (*Estino et al., 2012*).

The human resources' performance indicators concern the development and utilization of staff in an organization and are designed to monitor the levels of organizational and individual staff performance. According to *Jansirani et al. (2013)*, performance indicators are helpful for:

- Developing an organization that learns through assessing and managing its performance.
- Introducing management processes which support fundamental values of the organization such as quality of

service rendered, child access, and the process of restructuring (e.g. health sector reform).

- Linking achievements to available resources and operational processes.
- Mobilizing the workforce to enhance individual performance through the performance management process.

It is important to ensure that performance standards are described carefully and precisely to ensure that they contain all the key components of what is being assessed (output) and the criteria upon which assessment is based, i.e. quality, quantity and timeliness (*Paul et al., 2010*).

Rafferty et al. (2005) agreed that description of standards should be stated as SMART:

S– Stated concretely and specifically,

M- Meaningful and practically measurable,

A- Agreed upon between manager and employee,

R– Realistic, achievable and based on sound rationale, should be within the role and scope of the employee,

T– Time related and thus achievable in a defined time period.