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PERFORMANCE DIMENSIONS OF NURSE ADMINISTRATORS IN A PRIVATE AND PUBLIC TERTIARY HOSPITAL

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ABSTRACT

The American Nurses Association (2001) mentions that nursing administrators assures compliance with regulatory and professional standards. The nurse administrators play an essential role in healthcare. The quality of patient care and organizational management system rests with this key role. This study explores the level of performance dimensions of nursing administrators in a private and public tertiary hospital. A descriptive-correlational design was used with 18 nurse administrators and 120 staff nurses. The findings revealed that the performance dimensions of the nurse administrators in a private and public tertiary hospital is remarkably highly competent. The profile on monthly income and length of service is not significantly associated to the level of performance dimensions of nurse administrators. The variables on communication skills ($p=0.020$), relationship skills ($p=0.016$) leadership and initiative ($p=0.026$) show a significant difference in the level of performance dimension between hospitals as evaluated by the nurse administrators themselves and staff nurses.

KEYWORDS

Nurse administrators and Performance dimensions.

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INTRODUCTION

The nurse administrators play an essential role in healthcare. They set the tone of any healthcare system and is the back bone of the organization. The quality of patient care and organizational management system rests with this key role. It will be the strength of the nurse administrators to determine the success or failure of nursing leadership.

The nursing administrators have 24-hour nursing responsibility for adequate staffing and cost effective. Their goal is to achieve a quality patient care. The nurse administrators create work schedules, give performance reviews, conduct regular nursing rounds and develop work policies. Other job duties include keeping up established ethical and legal standards for job performance, attending administrative personnel meetings and developing new employee training.

Surprisingly, a tremendous population of new nurses is observed both in the tertiary private and public hospitals as identified in the study. Massive exodus of novice nurses is currently employed. Some of these novice nurses have fears towards their nurse administrator. They find it difficult to establish rapport which is primarily the essence of creating more responsible nurses in the care unit. Furthermore, there are complex issues facing nursing administrators and of particular concern are the conflicting demands of providing quality care with limited resources.

This study is anchored on the organization model of performance management by Noe, Noe *et al*¹. The model depicts the individual's attributes such as skills, abilities which are the raw materials of performance. The model explains that employees can exhibit behaviors only if they have the necessary knowledge, skills, abilities and other characteristics. Thus, employees with good product knowledge and interpersonal skills can be friendly and helpful. On the other hand, employees with little product knowledge or interpersonal skills cannot effectively display those behaviors. The objective results are the measurable, tangible outputs of the work and they are the consequence of the employee's or the work group's behavior.

The purposes of performance management are of three kinds. First and foremost, should link employee activities with the organizational goals. One of the primary ways strategies are implemented is through defining the results, behaviors and to some extent, employee characteristics that are necessary for carrying out those strategies and then developing measurement and feedback systems that will maximize the extent to which employees exhibit the

characteristics, engage in the behaviors and produce the results. To achieve this strategic purpose, the system must be flexible, because when goals and strategies change, the results, behaviors and employee characteristics usually need to change correspondingly².

Job performance is the net effect of an employee's effort as modified by abilities and role perceptions. Thus, perceptions in a given situation can be viewed as resulting from the interrelationships among effort, abilities and role perceptions. Effort, which results from being motivated, refers to the amount of energy (physical and/ or mental) an individual uses in performing a task. Abilities are personal characteristics used in performing a job. Abilities usually do not fluctuate widely over short periods of time. Role (task) perceptions refer to the directions in which the individuals believe they should channel their effort on their jobs. The activities and behaviors people believe are necessary in the performance of their jobs define their role perceptions. To attain an acceptable level of performance, a minimum level of proficiency must exist in each of the performance components³.

Moreover, performance appraisal is a formal evaluation of an employee performance. The joint commission on accreditation of healthcare organizations requires regular performance appraisals and most health-care organizations offer them annually. Regular oversight and evaluation of performance are the responsibilities of the managers, whether they are required annually. The purpose of a performance appraisal is to provide opportunities for personal and professional growth and to ensure the quality of nursing care⁴.

The conduct of this study is also supported with the two-factor or motivation-hygiene theory by Frederick Herzberg's. This theory is built on the proposition that workers have two sets of needs: intrinsic and extrinsic. The intrinsic needs (or motivators) are growth, advancement, responsibility, the work itself, recognition and achievement. The extrinsic needs (or hygiene factors) are security, status, relationship with subordinates, personal life and relationship with peers, salary, work conditions and relationship with supervisor, supervision,

company policy and administration. It is possible for an employee to be satisfied intrinsically but dissatisfied extrinsically. In order to be motivated, employees should be satisfied both extrinsically and intrinsically⁵.

Management, especially in developing countries, should be very perceptive of these environmental factors even just to survive. The opportunities and threats in the environment ultimately translate into the opportunities and threats that are brought to bear on the individual workers themselves. The worker's expectations of himself, of his work and reward as influenced by the individual and organizational variables stir him to exert effort to perform. The higher the congruence between the concrete reality of individual and organizational variables, on one hand and the ideal of worker's expectations, on the other, the greater effort he expends. With adequate motivation, consistent effort and realistic expectations, performance follows. Performance is, therefore, an immediate result of these ingredients but its persistence depends ultimately on work satisfaction⁶.

Managers have greater responsibility for seeing that staff is properly trained than they do for meeting educational needs. Training may be defined as an organized method of ensuring that people have knowledge and skills for a specific purpose and that they have acquired the necessary knowledge to perform the duties of their job. The knowledge may require increased affective, motor, or cognitive skills. It is expected that acquiring new skills will increase productivity or create a better product. Recognizing educational needs and encouraging educational pursuits are roles and responsibilities of the leader⁷.

A study conducted by Mrayyan⁸ on nurse's autonomy influence of nurse manager's actions found out that there were three important variables that were reported by nurses to increase autonomy. These are supportive management, education and experience. The three most important factors decreasing autonomy were autocratic management, doctors and workload.

The central focus of this study is the performance dimensions of the nurse administrators. To mention,

nurse administrators' decisions and actions are based on ethical principles. Nurse administrators have a responsibility to foster an employment environment that facilitates nurses' ethical integrity and professionalism. The nurse as administrator or manager must establish, maintain and promote conditions of employment that enable nurses within that organization or community setting to practice in accord with accepted standards of nursing practice and provide a nursing and health care work environment that meets the standard and guidelines of nursing practice⁹.

Morale boosting is related to productivity and is an important function of leadership. Studies show that high morale is accompanied by high productivity. Good leadership effects a positive correlation between morale and productivity. Leadership is vital to any organization because the efforts of the constituents from top management to rank and file need to be coordinated. Group spirits has to be developed, nurtured and maintained. Consequently, large financial outlays are spent for leadership talents and for training managers in leadership skills¹⁰.

The leaders should possess a striking physical personality and is energetic, sense of purpose and direction which means that he knows his or her personal objectives and those of the group. The leader should have the power of ready speech, is enthusiastic about the purpose of the group and is devoted to its cause. A leader has keen insight into human nature of people. Should display courage and persistence even in the face of the opposition, is decisive and uses independent judgment and does not hesitate to consult others when needed. A leader should be intelligent, versatile and has sense of humor¹¹.

A study conducted by Manojlovich¹² on the effect of nursing leadership on hospital nurses' professional practice behaviors also implied that the relationship between strong nursing leadership and professional practice behaviors, such as control over their practice environment and collaboration with practitioner colleagues, is also an important finding, indicating that strong and effective nurse leaders can support work environments that are conducive for other nurses. Therefore, when health care organizational

leaders invest time and money for leadership development among nurses, the benefits would be nurses feel they are more able to care for their patients and thus more effective at work.

Carson¹³ concluded that managers should consider an applicant's intelligence, emotional intelligence and organizational citizenship behaviors as hiring variables. The author also suggests that employees with high emotional intelligence display high levels of organizational citizenship as well, fostering a positive work environment and team building. The conduct of this study is tremendously significant to the development of the nursing profession. It is undertaken to continue to improve the performance dimension of nurse administrators in the modern days.

OBJECTIVE

To assess the nurse administrators' socio-demographic characteristics, their level of performance dimensions and explore on the relationships of selected variables and differences between level of performance dimensions of nurse administrators in a private and public tertiary hospital.

MATERIAL AND METHODS

This study was a descriptive- correlational design utilizing a quantitative approach to assess the level of performance dimensions of nurse administrators in a selected public and private tertiary hospital in Cebu City, Philippines. The study involved 120 staff nurses and 18 nurse administrators from different nursing units. Convenient non-probability sampling method was used for this study. The questionnaire contained 2 sections. The first part was comprised of demographic profile. The other section was consisted fifty-six (56) items of performance dimensions. Likert-scale type questions ranging from 4-Always, 3-Often, 2-Some times and 1-Never. The performance dimensions comprised 10 components, communication skills, relationship skills, information gathering, analytical skills and decision-making, organizational skills, flexibility and adaptability, integrity and ethics, objectivity, application of standards policies and procedures and

leadership and initiative developed by Sanderson and Urwin¹⁴. Approval from the author of the questionnaire was sought prior to its administration to the respondents. Descriptive analyses were performed, noting the frequencies and mean scores of data. The level of performance dimensions was described and established its relationship with the demographic profile using Chi-square test. Independent T-test was performed to determine the level of performance dimensions between the public and private tertiary hospital. Informed consent was obtained from the participants. All data and information obtained from this study were kept confidential. Confidentiality was maintained throughout the study.

RESULTS AND DISCUSSION

The data analysis consisted of five parts. First part presented the demographic characteristics of the nurse administrators related to monthly income, highest educational attainment and length of service. Second part was descriptive analysis, describing the mean scores of the level of performance dimensions. Third part was the analysis of data related to the relationship between the profile and the evaluation of the respondents between the 2 tertiary hospitals.

Table No.1 shows the demographic data of the nurse administrators. Majority (60%) of the respondents in the private hospital earns a salary range of less than ₱10,000 pesos per month while a large number (76.9%) of respondents in the public hospital were compensated for between ₱20,000 to ₱25,000 per month, which shows that the nurse administrators in private hospital are compensated less than the administrators working in a public health sector. All (100%) respondents obtained a Bachelor of Science in Nursing (BSN) degree. No respondents have further studies in master's and doctoral program. Most (40%) of the private nurse administrators have worked 3 to 6 years. Larger number (38.4%) of the nurse administrators in the public hospital had longer working experience in the administrative position.

Table No.2 demonstrates the mean scores of the level of performance dimensions. The result of the study revealed that the nurse administrators demonstrates a highly competent level of

performance dimensions except for the variable on relationship skills (3.23 ± 0.19) which is moderately competent.

Table No.3 illustrates the association between the selected profile on monthly income and length of service and level of performance dimensions, which shows a no significant relationship.

Table No.4 presents the difference between the level of performance dimension as evaluated by the nurse administrators themselves and staff nurses. The finding shows that there is a statistically significant difference on the dimension of communication skills ($p=0.20$), relationship skills ($p=0.016$), leadership and initiative ($p=0.026$) between the nurse administrators' level of performance in a private and public hospital.

Table No.5 denotes the difference between the performance dimension of nurse administrators within the private and public tertiary hospital, which shows a no significant difference result.

Discussion

The findings of the study found that nurse administrators in the public tertiary hospital received better pay and stays in the managerial position for longer years than the private nurse administrators. None of the respondents pursued continuing education in nursing. In a study conducted by Bakalis and Watson¹⁵, each person brings to the decision-making tasks past experience that include education and decision-making experience. The more mature the person and the broader his or her back ground, the more alternatives he or she can identify.

The nurse administrators in the private and public tertiary hospital responded well to their call of duty despite of the type of health sector they work for and differences with their socio-demographic profile. These remarkable findings correlate with the provision highlighted in the code of ethics for nurses⁹. According to Venzon and Nagtalon¹¹, nurse managers communicate for varied purposes. These may be to facilitate work, increase motivation, effect change, optimize care, increase worker satisfaction and facilitate coordination. Communication helps to bind the organization to ensure common understanding. Nurse administrators require strong

management skills as well as the development of strategies, goals, objectives and plans, including budgets, human resource plans and interventions for the management of change. Leaders in nursing administration are also experts in leading the practice of nursing within the work environment¹⁶. Furthermore, the findings confirm with organization model of performance management by Noe *et al*¹. The model explains that employees can exhibit behaviors only if they have the necessary knowledge, skills, abilities and other characteristics. Thus, employees with good product knowledge and interpersonal skills can be friendly and helpful. On the other hand, employees with little product knowledge or interpersonal skills cannot effectively display those behaviors. The result is also supported with research studies that the more managers adapt their style of leadership to the particular situation, the more effective they will tend to be in achieving personal and organizational goals. A number of leader behavior styles may be effective or ineffective on the important elements of the situation¹⁷.

The profile of the nurse administrators does not influence the performance or it has no relationship to the functions and roles of the nurse administrators in carrying their individual responsibilities. However, it is noteworthy to consider that performance of the nurse administrators is also related to their strong motivation. It is possible for an employee to be satisfied intrinsically but dissatisfied extrinsically. In order to be motivated, employees should be satisfied both extrinsically and intrinsically⁵. The profile on length of service is not significant to the performance dimensions of the nurse administrators. Not with standing of the no significant result of the study, it is deemed important that the number of years the nurse administrator has served maybe a factor for improvement of their performance dimensions.

The result of the study revealed that there is a significant difference on the communication skills as evaluated by the nurse administrators themselves and staff nurses. In communication skills, nurse administrators are required to communicate effectively to their members in the health care team. The standards on communication management

identifies that the Nursing Services Department has efficient and effective system of communication with the community, to patients and their families, nursing personnel and other health professionals throughout the organization¹⁸. In nursing practice, important communication occurs between supervisor and employees at the work level, where climate is set. A supportive climate encourages employees to ask questions and offer solutions to problems. Nurse leaders should strive for a supportive climate¹⁹.

A significant difference exists in the level of performance dimension with regards to relationship skills. Nurse administrators must establish desirable interpersonal relationship among the members of the health team particularly in his/her subordinates. It is noteworthy to mention that public nurse administrators manage larger number of subordinates and number of patients is notably high.

The variable on leadership and initiative level of performance dimension shows also a significant difference. The Nursing Services Department has a written Code of Ethical Behavior which observes the rights and safety of patients and health care providers.

Those responsible for Nursing Services governance develop and define the criteria (core competencies) and processes to match the clinical staff knowledge and skills with the patients' needs¹⁷. Thus, it is on this premise that regardless of hospital type, guidelines and competencies and standard policies for nurse administrators should not differ from each other.

There is no significant difference between the level of performance dimensions of nurse administrators within the private and public tertiary hospitals, which shows that regardless of health sectors and managerial responsibilities, it is imperative to exercise your responsibility according to the code of ethics mandated in the nursing profession. The result is supported by the ANA, code of ethics⁹ that nurse administrators have a responsibility to foster an employment environment that facilitates nurses' ethical integrity and professionalism.

Table No.1: Socio-demographic profile of Nurse Administrators

S.No	Profile	Private, n=5		Public, n=13	
Monthly Income					
1	Less than ₱10,000	3	60%	-	-
2	₱10,001 – ₱15,000	2	40%	-	-
3	₱15,001 - ₱20,000	-	-	1	7.7%
4	₱20,001 - ₱25,000	-	-	10	76.9%
5	₱25,001 - ₱30,000	-	-	1	7.7%
6	more than ₱30,000	-	-	1	7.7%
Highest Educational Attainment					
7	BSN Degree	5	100%	13	100%
Length of Service					
8	3 to 6 yrs	2	40%	-	-
9	7 to 10 yrs	1	20%	3	23.1%
10	11 to 13 yrs	-	-	2	15.4%
11	14 to 16 yrs	1	20%	5	38.4%
12	17 to 20 yrs	1	20%	1	7.7%
13	21 years above	-	-	2	15.4%

Table No.2: Levels of Performance Dimensions of Nurse Administrators (NA) in a Private and Public Tertiary Hospital

S.No	Performance Dimension	Self-evaluation from the NA, n=18		Evaluation from the Staff Nurses, n=120	
		Private	Public	Private	Public
		Mean	Mean	Mean	Mean
1	Communication Skills	3.61±0.05	3.53±0.06	3.26±0.24	3.53±0.06
2	Relationship Skills	3.23±0.19	3.47±0.06	3.47±0.05	3.47±0.06
3	Information Gathering	3.33±0.20	3.55±0.01	3.58±0.05	3.55±0.01
4	Analytical Skills and Decision Making	3.48±0.17	3.52±0.08	3.54±0.13	3.52±0.08
5	Organizational Skills	3.55±0.19	3.54±0.02	3.58±0.03	3.54±0.02
6	Flexibility and Adaptability	3.71±0.10	3.47±0.08	3.50±0.08	3.47±0.08
7	Integrity and Ethics	3.75±0.10	3.47±0.05	3.53±0.02	3.47±0.05
8	Objectivity	3.60±0.25	3.42±0.05	3.45±0.06	3.42±0.05
9	Application of Standards, Policies and Procedures	3.47±0.02	3.48±0.05	3.60±0.24	3.48±0.05
10	Leadership and Initiative	3.65±0.15	3.55±0.08	3.60±0.09	3.55±0.08

Table No.3.1: Association between the Socio-demographic Profile on Monthly Income and Level of Performance Dimensions

S.No	Performance Dimensions	Pearson R	P-value	Interpretation
1	Communication Skills	0.122	0.631	Not Significant
2	Relationship Skills	-0.002	0.995	Not Significant
3	Information Gathering	-0.083	0.742	Not Significant
4	Analytical Skills and Decision Making	-0.354	0.150	Not Significant
5	Organizational Skills	-0.075	0.769	Not Significant
6	Flexibility and Adaptability	-0.225	0.370	Not Significant
7	Integrity and Ethics	-0.379	0.121	Not Significant
8	Objectivity	-0.135	0.595	Not Significant
9	Application of Standards, Policies and Procedures	-0.313	0.207	Not Significant
10	Leadership and Initiative	-0.373	0.128	Not Significant

Table No.3.2: Association between the Socio-demographic Profile on Length of Service and Level of Performance Dimensions

S.No	Performance Dimensions	Pearson R	P-value	Interpretation
1	Communication Skills	0.069	0.785	Not Significant
2	Relationship Skills	-0.104	0.681	Not Significant
3	Information Gathering	0.278	0.264	Not Significant
4	Analytical Skills and Decision Making	0.105	0.679	Not Significant
5	Organizational Skills	0.265	0.288	Not Significant
6	Flexibility and Adaptability	0.115	0.649	Not Significant
7	Integrity and Ethics	0.025	0.922	Not Significant
8	Objectivity	-0.016	0.951	Not Significant
9	Application of Standards, Policies and Procedures	0.048	0.850	Not Significant
10	Leadership and Initiative	0.175	0.487	Not Significant

Table No.4: Difference between the Level of Performance Dimensions as evaluated by the Nurse Administrators Themselves and Staff Nurses

S.No	Performance Dimensions	t-stat	t-crit	P-value	Result
1	Communication Skills	3.138	2.447	0.020*	Significant
2	Relationship Skills	3.331	2.447	0.016*	Significant
3	Information Gathering	2.372	2.447	0.055	Not Significant
4	Analytical Skills	1.874	2.447	0.110	Not Significant
5	Organizational Skills	2.186	3.182	0.117	Not Significant
6	Flexibility and Adaptability	-1.463	2.179	0.169	Not Significant
7	Integrity and Ethics	-0.653	2.571	0.543	Not Significant
8	Objectivity	-0.983	2.306	0.354	Not Significant
9	Application of Standards, Policies and Procedures	-0.784	2.571	0.468	Not Significant
10	Leadership and Initiative	2.565	2.201	0.026*	Significant

*Significant at 5% level

Table No.5: Difference between the Level of Performance Dimensions of Nurse Administrators within a Private and Public Tertiary Hospital

S.No	Performance Dimensions	t-stat	t-crit	P-value	Result
1	Communications Skills	0.138	2.228	0.893	Not Significant
2	Relation Skills	0.174	2.120	0.864	Not Significant
3	Information Gathering	-0.079	2.120	0.938	Not Significant
4	Analytical Skills	-0.909	2.571	0.405	Not Significant
5	Organizational Skills	-0.745	2.447	0.485	Not Significant
6	Flexibility and Adaptability	-1.072	2.365	0.319	Not Significant
7	Integrity and Ethics	-1.370	2.365	0.213	Not Significant
8	Objectivity	-0.846	2.262	0.419	Not Significant
9	Application of Standards, Policies and Procedures	-1.170	2.120	0.259	Not Significant
10	Leadership and Initiative	-1.644	2.365	0.144	Not Significant

CONCLUSION

The over-all level of performance dimensions of the nurse administrators in a private and public tertiary hospital are remarkably high despite of variations in their socio demographic characteristics. The type of health sector they work does not influence their managerial responsibilities and their overall level of performance dimensions in the nursing profession. Nurse administrators should continue to demonstrate effective leadership and management. Nursing management in hospitals should offer continuing education to nurses. Doing so will broaden their critical thinking skills and decision-making capabilities.

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CONFLICT OF INTEREST

The authors of this paper have no conflict of interest.

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