The Relationship Between Nurses' Participation in Decision Making And Their Job Performance

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Abstract

*Background: Nurses are considered the biggest category among all healthcare providers. They play the role of first responders when any situation occurs who will be as first handlers, direct nursing care providers. Considerable and continuous effort is required to promote nursing participation in decision making (DM) to face the grand expectations of the profession and job performance. **Aim:** assess the relationship between nurses' participation in decision making and their job performance. **Setting:** This study was conducted at the two hospitals at Rashid health administration, which are affiliated to the Ministry of Health and population. Rashid General Hospital, with bed capacity 100 beds, 14 units, and Edfina General Hospital, with bed capacity 32 beds, 5 units, **Subjects:** The sample included all staff nurses who were available at the time of data collection at selected setting. **Tools:** Two tools were used in this study :Tool (1): Participation in Decision Activities Questionnaire (PDAQ) It consists of two parts :Part (1): Decision activities related to the caregiving. Part (2) : Decision activities related to the condition of work. Tool (2): Job Performance scale: It consists of 41 items divided into two main dimensions Task Performance and Contextual Performance. **Results and Conclusion:** The result of the present study revealed that there was a statistically significant correlation between nurses' participation in DM and their job performance declared in high nurses' participation in DM and high nurses' job performance at both Rashid general and Edfina central hospitals. Also, nurses perceived a high participation in DM related to caregiving and a high contextual performance. **Recommendation:** This study suggested an implementation of regular training programs to keep nurses up to date regarding participation in D M to improve their performance.*

 Keywords: Nurses, Decision Making, Job Performance, Participation.

Introduction

Nurses work at each level of the healthcare system, have varied roles and are constantly in contact with people.[1] Dealing with profession challenges and responsibilities requires nurses to have the knowledge and skills to participate in health care decisions.[2] So, they need considerable and continuous effort to promote their participation in decision making (DM) to face the grand expectations of the profession and job performance. These expectations mainly concern growing and updating professional knowledge, skills and attitude.[3]

Beardwell and Claydon (2007)[4] and Westhuizen (2010)[5] defined nurses' participation in DM as "the totality of forms, that is direct or indirect involvement of nurses and groups to contribute to the DM process". Also, Abdulai and Shafiwu (2014)[6] defined participation in DM as " the extent to which the healthcare organizations can allow or encourage the nurses to share the nature of participating in the sense of organizational process". According to Anthony and Krairiksh (2001)[7], nurses' participation in DM classified into two main proportions decision activities related to caregiving and decision activities related to conditions of work. Decision activities related to caregiving that reflects DM about problem arising in an individual patient's care, decision activities related to conditions of work which focuses on the clinical practice environment that affects a group of patients. According to Dede (2016)[8] study, nurses participate in the decision making implementation becomes easy, and creates a good working environment, increases commitment and satisfaction on decisions taken and also increases employees' moral. Furthermore, nurses' participation in decision making leads to better labor-management relations, stronger nurses' attachment to health care organizations, better quality decisions. Moreover, it is considered to be the key to the success of healthcare organizations, increased nurses' participation in DM was identified as a major factor in enhancing patient safety and nurses' job performance .

AbuAlRub (2004)[9] defined job performance as "the overall effectiveness of the person in carrying out his or her roles and responsibilities related to direct patient care". It is an actual situated behavior that is what is actually done in real life and what is actually carried out by nurses in their clinical practice.[10] Nursing performance is the statement of expected results, behavior, or attitude and a minimum level standard provides a pass-fail situation. Nursing performance below the specified level is unacceptable, signaling a need for remedial or administrative action.[11] It is something a nurse or organization does process, procedures, or achieves outcomes and can provide information on which to base management decision regarding such as promotion or transfer.[12]

Greenslade and Jimmieson (2007)[13] developed a model of job performance and defines job performance as work behavior that can be classified into 2 domains: task performance and contextual performance. Task performance refers to behaviors that directly contribute to the technical core of the organization, including activities that are commonly considered as part of the job. It is the action that directly creates the functions or good, concerns with the essential practical proficiency feature. Contextual performance is defined as behaviors that sustain the social environment in which the technical core functions.

Nursing performance is an important issue as it facilitates consistency and collaboration in nursing via modern matrons across clinical directorates.[14] Performance can be defined as statistical information based on quantitative measures, has the resources and activities produced by health authorities and sent to the development of health. Nurses are expected to perform their jobs well.[15]

Significance of the study:

Nurses make up the largest professional group in the health care system and constitute about half the total workforce in the health care area. Also, they work in a dynamic health care environment their roles and functions are always developing and varying to meet patient needs. So, when nurses supported in making the range of profession decisions, this affect positively on both the quality of patient care, the work of nursing, and their job performance. In Egypt, a study was done by Mohamed (2012)[16] to determine the styles of DM nurses managers use at Main Assiut University Hospital and study the effect of those styles on technical nurses' satisfactions and job performance. Another study by Souod (2018)[17] to assess the relationship between hesitation in DM and performance of public secondary school staff at Benha University. Hence, it is hoped that such study will give more insight about nurses' participation in decision making and its relation with nurse's performance as an essential component of ensuring quality of care.

Aim of the Study:

The aim of this study is to assess the relationship between staff nurses' participation in DM and their job performance at Rashid General Hospital and Edfina Central Hospital.

Research question:

What is the relationship between staff nurses' participation in DM and their job performance at Rashid General Hospital and Edfina Central Hospital?

Materials and Method

Materials

Research design:

A descriptive correlational research design was used to conduct this study.

Setting of the study:

The present study was conducted at the two hospitals at Rashid health administration, which are affiliated to the Ministry of Health and population: Rashid General Hospital with bed capacity 100 beds and Edfina Central Hospital with bed capacity 32 beds.

Subjects of the study:

This study included: all staff nurses who were available at the time of data collection, in the previously mentioned setting (n=160) at Rashid General Hospital and all staff nurses who were available at the time of data collection at Edfina Central Hospital (n=110) classified as professional nurse (n=61), technical nurse (n=92) and nurses (n=117).

Tools of the study

Two tools were used in this study:

Tool 1: Participation in Decision Activities Questionnaire (PDAQ): This tool was developed by Anthony (1999)[18], and it was used to measure the extent of nurses' participation in DM. It consists of two parts: **Part 1: Decision activities related to the caregiving subscale :**
This part consists of 12 scenarios reflecting DM about problems occurring in an individual patient's care. For each scenario, nurses were asked to indicate the extent of participation in DM through the following three phases; Identification of the problem (raising the issue and clarifying the problem), Design (generating and evaluating alternatives) and Selection (selecting among alternatives). Responses were measured on a three point Likert Scale. The overall scoring system: range from (0-36).

Part 2: Decision activities related to the condition of work subscale:
This part consists of 11 scenarios of decision activities related to the clinical practice environment which affect groups of patients. Responses were measured on a three point Likert Scale. The overall scoring system: range from (0-33). It's classified as follows; low <33.3%, moderate 33.3-66.6%, and high ≥66.6% participation in DM.

Tool (2): job performance scale:

This tool was developed by Greenslade and Jimmieson (2007)[13], and used by Som et al (2014)[19], to measure nurses' job performance. It consists of 41 items divided into two main dimensions, namely; task performance dimensions that includes

(23 items) divided into four sub-dimensions, namely technical care (5 items), provision of information (7 items), provision of support (6 items), and coordination of care (5 items). Contextual performance dimensions that include, (18 items) divided into three sub dimensions, namely; job-task support (6 items), interpersonal support (6 items) and Organizational support (6 items). Responses were measured on a three point Likert Scale. The overall scoring system ranges from (0-123), it's classified as follows; low <33.3%, moderate 33.3-66.6%, and high ≥66.6% job performance.

In addition, demographic characteristics of the study subjects include age, marital status, educational level, years of experience since graduation and in the present working unit, department.

II- METHODS

The study design accomplished as follows -:

1- An official written permission was obtained from the dean of Nursing Faculty, Damanhour University, and the responsible authorities of the study settings after an explanation of the purpose of the study.

2- Tool II was translated into Arabic, and distributed to five experts in the field of the study, and tested for its content validity. The necessary modifications were done based on their comments.

3- The reliability of the two tools was tested statistically using Cronbach's Alpha Coefficient test to measure the internal consistency of the items composing each dimension of the tools. The results of Cronbach's Alpha Coefficient test proved to be strongly reliable (0.911) for participation in DM scale and (0.714) for job performance scale.

4- A pilot study was conducted on 10% of the study subjects (N= 27) who were working in the previous mentioned units at Rashid General Hospital and Edfina General Hospital who were not included in the study subjects after obtaining an official permission to check and ensure the applicability, feasibility of the tools,

identify the obstacles, the problems that may be encountered during data collection, and to estimate the time needed to fill the questionnaires (answering the questionnaires took about 10-15 minutes).

5- Data was collected from the identified subjects, by the researcher through a hand-delivered questionnaire at their working setting after explaining the aim of the study and the needed instruction was provided to them. The data collection took about two months from 1-7-2019 to 30-8-2019.

6- Data obtained was analyzed using the appropriate statistical tests.

7- Ethical consideration :

•The research approval was obtained from the ethical committee at the faculty of Nursing-Damanhour University, prior to the start of the study.

•Before data collection, an informed oral consent was obtained from the study subjects for participation in the study to collect the necessary data after an explanation of the aim of the study.

•Privacy and the right to refuse to participate or withdraw from the study were assured during the study.

•Confidentiality regarding data collected was maintained.

•Anonymity was maintained.

8- Statistical analysis:

1-The collected data were coded and entered in a special format to be suitable for computer feeding. Following data entry, checking and verification processes were carried out in order to avoid any errors.

2- Data were analyzed using the statistical package for social science SPSS (version 20).

3- The following statistical analysis measures were used:

a.Descriptive statistical measures, which included numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean (X), and Standard deviation (SD.(

b.Statistical analysis tests, which included: Chi square (X2), student T test and ANOVA test.

Results:

Table 1 reflects total mean scores, percentage of the staff nurses in both hospitals, according to their participation in DM activities. This table reflects that nurses perceived a high mean percent score of participation in DM (81.88%) represented in its two dimensions in the following order, decision activities related to Caregiving (82.29%) and decision activities related to conditions of work (81.44%). The highest mean percent score was related to identification of the problem in both decision activities related to Caregiving and conditions of work (87.99%, 88.02%) respectively, followed by design phase (82.65%, 81.62%) respectively and finally the selection phase (76.21%, 74.67%) respectively.

Table 2 reflects total means scores, percentage of the staff nurses in both hospitals, according to their job performance. This table portrays that nurses perceived a high mean percent score of job performance (72.45%) represented in its two dimensions in the following order, task performance (70.49%) & contextual performance (74.95%). Concerning task performance, it was noticed that the highest mean percent score was related to technical Care (78.69%), followed by Coordination of care (70.27%), provision of support (67.49%) and provision of information (67.35%). With respect to the contextual performance, Job task support come in the first rank (82.74%), followed by organizational Support (77.76 %) and interpersonal Support (64.36%).

Table 3 reflect correlation matrix between the staff nurses' participation in DM and their job performance. This table reveals a statistical positive significant correlation between overall staff nurses' participation in DM activities and overall staff nurses' job performance where p= 0.001. Also, there was a statistically positive significant correlation between overall nurses' participation in DM activities and task performance (r=0.204 P=0.001) while, it

can be seen that, there was no significant correlation between the overall participation in DM and contextual performance.

Moreover, there was a statistical low positive significant correlation were found between overall job performance and decision activities related to the condition of work where P= 0.001, while, there was no significant correlation between the overall job performance and participation in DM activities related to the care giving.

Discussion:

This current study is related to the relationship between nurses' participation in DM and their job performance. In this respect, the results of the present study revealed that there was a high mean percent score of nurses' participation in DM and its related dimensions at both Rashid General and Edfina Central Hospitals. This result may be attributed to the hospital administrators' allowing the majority of nurses to practice autonomously, participate in direct patient care decisions at the unit level. Nurses participated most in the identification phase of DM; that is, they raised issues by recognizing, defining, and labeling problem situations for both caregiving decisions and condition of work decisions. Also, the study revealed that the high mean percentage score of participation in DM activities related to the condition of the work was related to the nursing practice environment. This may be due to the hospital administrators' improve nurses' participation in major organizational decisions and committees such as: quality, infection control, environment, and training committees. Also, the higher opportunities offered for continuing education. This is consistent with Krairiksh and Anthony (2001)[7] who found that nurses' perceived high level of participation in DM. This was supported by Engin, Oclay (2009)[20] and Ahmed and El Masri (2011)[21] who found that increasing autonomous personal characteristics, along with increasing

individuals' feelings of success, was the cause of an increase in motivation in their work and also decision participation. While this contradicted by Rathnakar (2012)[22], Kok et al. (2014)[23] who reported that nurses' participation in DM is still low.

Todays, attention to organizational human resources and their performance are rendered as one of the most important organizational success in achieving the set goals. So, developing and retaining the nursing workforce is one of the biggest challenges facing health care organizations.

Regarding nurses' job performance, the result of the study indicates that the majority of nurses perceived a high mean percent score for job performance level and its related dimensions. This may be attributed to nurses consulting amongst each other when actions might affect other nurses in the unit, taking time to meet unit nurses' emotional needs, volunteering to share special knowledge or expertise with other nurses in the unit, helping nurses in the unit to catch up on their work, making special arrangements for patients and their families, staying late to help patients and families, taking extra time to respond to a patient's and family's needs, complying with hospital rules, regulations, and procedures, even when no one is watching, representing the hospital favorably to individuals outside the hospital, making sure that materials and equipment are not wasted, volunteering to participate on committees within the hospital that are not compulsory, attending and participating in meetings regarding the hospital, and making innovative suggestions to improve the overall quality of the department. This result is supported by Abu Al-Rub (2004)[9] findings that hospital nurses reported a high level of job performance. These results contradict by Nabirye (2011)[24] who stated that nurses' job performance is poor.

Based on the previous, it isn't surprising that the present study revealed that there was a significant positive correlation between overall nurses' participation in DM and overall job performance, as well as between overall nurses' participation in DM activities and task performance, and between overall job performance and decision activities related to the condition of work. This may be due to involving nurses in DM being very vital and important in achieving the highest peak in performance of an organization. In addition, it positively affects their morale and enhances their productive efficiency in the organization. Nurses' participation in DM in an organization influences them positively by making them give their very best to the growth and development of the organization, and their non-participation in DM in an organization can result in conflict and lead to indifference to the DM reached by the organizational productivity.

The findings also align with those of Yang et al. (2006)[25] who found that job performance is expected to be increased when the job provides nurses with an opportunity to make decisions about how and when to do the task. Thus, if professional nurses are motivated to provide an efficient and quality nursing care service, the productivity and performance of the hospital will be improved. Also, Olorunsola and Olayemi (2011)[26] found that nurses' participation helps in ensuring that they, in an organization, are committed to the activities, which in turn improves performance. Also, these study findings concur with Afandi, Anwar, and Fandi (2018)[27] who indicated that nurses' participation has a considerable effect on the performance of an organization. Several authors conducted the same results; Nwoko and Emerole (2017)[28], Erajesvarie and Shamila (2018)[29], that nurses' participation in DM has a positive effect on performance.

Conclusion

Based on the findings of this study it could be concluded that:

• The result of the present study concluded that there was a statistical significant correlation between nurses' participation in DM and their job performance declared in high nurses' participation in DM and high nurses' job performance at both Rashid general and Edfina central hospitals.

•The total nurses' participation in DM were high at both hospitals. The nurses ' participation in DM related to caregiving had a highest total mean score than the nurses ' participation in DM related to the condition of the work at both hospitals.

•The total mean score of nurses' performance were high at both hospitals. The nurses' contextual performance had a highest total mean score of performance than task performance .

Recommendation
This study recommended that:

Healthcare organizations directors should:

1- Provide service education programs for all nurses to keep them up to date regarding participation in DM and job performance .

2- Conduct frequent periodic meetings and discussions with nurses to express their ideas and recommendations .

3- Developing workshops for nurses about the DM process and how to participate .

4- Conduct frequent periodic nursing questionnaires about how to improve job performance and participation in DM.

5- Conduct frequent periodic nursing job appraisal to monitor their performance.

6- Integrate nurses' participation in DM and job performance.

Nurses should:

1- Follow organizational policies, rules and regulations regarding participation in DM .

2- Communicate openly with their manager in order to discuss obstacles that are facing them when applying their work and ways for improvement for their participation in DM3- Cooperate with each other to achieve a high level of participation in DM.

4- Attend specific meetings, workshops, training programs and seminars held that will help in improving their performance.

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Table (1): Total mean score percentages of the staff nurses in both hospitals, according to their participation in decision making activities:

Items	Mean Scores		Mean Percentage Score
	Min- Max	M ± SD	
▪ Decision activities related to caregiving	42-108	88.88 ± 11.91	82.29%
– Identification of the problem	14-36	31.69 ± 3.692	87.99%
– Design	14-36	29.76 ± 4.220	82.65%
– Selection	12-36	27.44 ± 5.350	76.21%
▪ Decision activities related to conditions of work	52-99	80.62 ± 9.515	81.44%
– Identification of the problem	21-33	29.05 ± 3.138	88.02%
– Design	17-33	26.93 ± 3.362	81.62%
– Selection	11-33	24.64 ± 4.895	74.67%
▪ **Overall Participation in decision making**	123-207	169.50 ± 16.06	81.88%

Low level = mean percentage score < 33.3%
Moderate level = mean percentage score 33.3% - < 66.7%
High level = mean percentage score ≥ 66.7%

Table (2): Total mean score, percentage of the staff nurses in both hospitals, according to their job performance:

Items	Mean Scores		Mean Percentage Score
	Min- Max	M ± SD	
Task performance	32-65	48.64 ± 6.282	70.49%
– Technical care	5-15	11.80 ± 1.809	78.69%
– Provision of information	8-20	14.14 ± 2.425	67.35%
– Provision of support	6-18	12.15 ± 2.875	67.49%
– Coordination of care	5-15	10.54 ± 2.041	70.27%
▪ Contextual performance	31-53	40.47 ± 3.615	74.95%
– Job task support	11-18	14.89 ± 1.683	82.74%
– Interpersonal support	6-18	11.59 ± 1.990	64.36%
– Organizational support	8-18	14.00 ± 1.689	77.76%
▪ **Overall Job Performance Mean Score**	68-113	89.11 ± 8.230	72.45%

Low level = mean percentage score < 33.3%
Moderate level = mean percentage score 33.3% - < 66.7%
High level = mean percentage score ≥ 66.7%

Decision Making, Job Performance, Nurses

Table (3): Correlation Matrix between the staff nurses' participation in decision making and their job performance:

Job performance / Participation in decision making		Task Performance	Contextual Performance	Overall Job Performance	Decision activities related to the care given	Decision activities related to the condition of work	Overall Participation in D M Activities
Task Performance	r						
	P						
Contextual Performance	r	0.335					
	P	0.000*					
Overall Job Performance	r	0.910	0.695				
	P	0.000*	0.000*				
Decision activities related to the care given	r	0.077	0.114	0.109			
	P	0.206	0.061	0.074			
Decision activities related to the condition of the work	r	0.248	0.029	0.202	0.112		
	P	0.000*	0.634	0.001*	0.065		
Overall Participation in DM activities	r	0.204	0.102	0.201	0.808	0.676	
	P	0.001*	0.095	0.001*	0.000*	0.000*	

r = Pearson correlation   * statistically significant p at ≤0.05

** Highly statistically significant p at ≤0.001

r ≥0.9 very high correlation   r 0.7-<0.9 high correlation

r 0.5-<0.7 moderate correlation   r < 0.5 low correlation

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