Effect of Nurses' Professional Competence Program on their Occupational Personality

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Abstract:

Background: Professional competence in nursing is a complex, relative, context dependent, and variable concept, and involves the combination of knowledge, skills, and attitudes, and the logical, scientific, and behavioral features in an individual **Aim:** Assess the effect of educational program about professional competence among staff nurses on their occupational personality. **Design:** A quasi experimental design was used. **Setting:** Benha University Hospital. The departments whom staff nurses were working in distributed as medical-surgical units, which were composed of bed capacity (880). **Subjects:** The total sample was all 295 staff nurses working in above mentioned setting. **Tools:** Four tools were employed in this study, 1) nurses' professional competence knowledge questionnaire, 2) nursing competence scale, 3) nurses' professional competence observational checklist, 4) occupational personality questionnaire. **Results:** There were a highly statistical significant positive correlation between nurses' total professional competence knowledge, perception and practice scores and their occupational personality score at post program and there was a statistical significant positive correlation in follow up program phase compared with preprogram phase. **The study concluded that**: Implementation of education program for professional competence was associated with significant improvement staff nurses' knowledge, perception and practice bout professional competence. which increase their occupational personality. **Recommendations:** Conducting training and education programs must be a continuous process for refreshing and increasing nurses' knowledge , perception and practice about the concept of professional competence and ideals models application in clinical practice of nurses.

Keywords: Professional Competence, Program, Occupational personality, and Staff nurses

Introduction

Professional competence is defined as the capacity of an individual to manage certain situations or complete certain tasks or jobs successfully. This capacity includes competences related to perceptual motor skills, cognitive factors, affective factors, personality traits, and social skills. The focus should be on the interaction between the individual and the job, and on the competence that is actually used by the individual in performing the job **(Widarsson et al ,.2020).**

Competence is the ability of the registered nurse to practice safely and effectively, attaining his/her professional responsibility within his/her scope of practice.

The aim is to ensure that the student nurse obtains the skills of critical analysis, problem solving, decision-making, meditative skills, and abilities essential to the art and science of nursing. Safe and effective practice requires a sound-enhancing of theoretical knowledge that informs practice and is in turn informed by that practice **(Scanlon, 2017).**

Nurse competence maintenance is a continuous process of improving knowledge, attitudes, and skills. The competence of nurses can be improved through continuous professional development. The level of education attained by nurses is essential to the development of nursing competency. Nursing

competency remains a significant issue in health care. Nurses must acquire their skills to develop and integrate with these emerging technologies. Without pursuing their further education, this problem will pose a significant challenge to nursing leaders. Higher competency and satisfaction with the quality of care are associated with more positive perceptions of the work environment, ethics, greater potential, and occupational commitment **(Rahmah, Hariyati & Sahar, 2022).**

There are four domains of competence for the registered nurse scope of practice. Domain one: Professional, Legal and Ethical Nursing Practice: This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgment and being accountable for own actions and decisions, while promoting an environment that maximizes health consumer safety and independence. Domain two: Management of nursing care: This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence based research **(Carryer et al,.2018).**

Domain three: Leadership & Nursing Management: This domain contains competencies related to effective managerial and leadership skills in the provision of quality nursing care, quality improvement, knowledge of occupational health and safety legislation, including infection control policies and procedures, manage workloads effectively and applies safety measures and guidelines/standards in one's practice. Domain four: Professional Development: This domain contains competencies to demonstrate accountability for one's development and status, Reflect on current nursing practice and

applies evidence-based and/or best practice knowledge and technical skills. Participate in and contribute to research/evidence-based practice projects/committees and Contribute to the education and professional development of others **(Board, 2018).**

Occupation is an activity pattern that sustains life, by receiving economic payment, ac-cording to individual talents and abilities, as compensation for the consumption of mental and physical energy. Personalities play an essential role in job and team satisfaction and also crucial in determining strengths and weaknesses. On a personal level, while skills are critical in how well a person can do your job, knowing where personality can become a talent will dynamically change how people interact with work. Personality is a valuable human capital resource and a useful predictor of occupational performance. However, occupational requirements and complexity are major considerations for applying this resource **(Wilmot & Ones, 2021).**

The occupational personality model breaks personality into three domains – namely, relationships with people, thinking style, and feelings and emotions. Is designed specifically for the world of work; avoids clinical or obscure psychological constructs; is comprehensive in terms of personality scales measured; can be used by human resource professionals and psychologists; and is based on sound psychometric principles **(Matthews & Tanton, 2022).**

Significance of the study

Professional competency has been proposed as a fundamental element in the provision of nursing care. It should be also noted that professional competency refers to the delivery of nursing care on the basis of professional standards. Furthermore, professional competency is considered as correct judgment and habits in terms of the use of knowledge, technical skills, clinical reasoning, communication, feelings, values

and rethinking daily activities aimed at providing services to individuals and the society **(Johnson, B. and Ulseth, R. 2016).** Implementation of program on nurses' professional competence for nurses' is very important to teach them how to improve their nursing competency and utilize it in their daily practice and able to take action by combining knowledge, skills, values, beliefs, and experience. When the researchers contacted with nurses' at Benha University Hospital in general medical-surgical units found that they had low competent and low productivity, as lack of communication with patients, and insufficient patient care in medical surgical area. So this study will be conducted to improve nurses' professional competence and it's effect their occupational personality in medical/surgical units at Benha University Hospital.

Aim of the study

Assess the effect of nurses' professional competence program on their occupational personality

Research hypotheses

The implementation of program will lead to significant improvement of nurses' knowledge and practice regarding nurses' professional competences and it will have a significant effect on their occupational personality .

Subjects and methods

Research design:

A quasi-experimental research design with pretest, posttest, and follow up assessments was carried out in this study.

Study setting:

The current study was conducted at Benha University Hospital in the staff nurses' as following: medical-surgical departments. The hospital total bed capacity (880) which composed of three separated buildings; Medical building (478 beds), Surgical building (384 beds)**.** The numbers of studied

Medical units consisted of 16 units. Surgical units consisted of 9 units. The total numbers of studied units were 25 units

Subjects of the study:

The subjects of the present study consisted of 295 staff nurses: A Simple random sample was talked from nurses' who were working in the above-mentioned study setting at Benha University Hospital and available at the time of study.

Tools of data collection:

To achieve the aim of the study the following four tools were used.

1) Nurses' Professional Competence Knowledge Questionnaire

It was developed by the researchers based on review of related literature (**Zaker et al.,2017, Johnson and Ulseth, 2018, Radwan et al.,2022).** It was included two parts:

Part (1): Personal data about study subjects such as age, gender, marital status and clinical training setting.

Part (2): It was included different questions to assess nurses' knowledge about nurses' professional competence. It consisted of 44 in form of true& false (30 questions), multiple choice (14 questions).

Scoring system: Each question was granted one point for the correct answer, and zero for the wrong one. The total score for all questions was 44. Total knowledge score was calculated as follows;

Satisfactory $\geq 60\%$ (≥ 27)

Unsatisfactory $< 60\%$ (0-< 27) (**Mika, 2018)**

2) Nursing Competence Scale

It was developed by (**Meretoja et al., 2004, Yang and Zang,2022)** to assess nurses' competence practice through their point of view. It consisted of 73 items divided into seven dimensions

Scoring system:-

Subjects' responses were scored on a four point Likert Scale ranged from (1) Not

applicable in my work, (2) Used very seldom ,(3) Used occasionally,(4) Used very often in my work . For each item, the scores were summed-up and giving a mean score for the item. These scores were converted into a percent score. Total attitude score was calculated as follows;

Poor< 60%   (73-<176)

Average 60% - < 75% (176-< 219)

Good ≥ 75% (≥219-292) (**Mika, 2018**)

Tool III: Nurses' Professional Competence Observational Checklist

It was be adapted from (**Meretoja et al., 2004, Gunawan et al.,2020, Feliciano et al., 2020, Riley et al,.2021**) and was modified by the researchers to assess nurses' professional competence practice through my point of view. It was included 72 items are grouped under five categories.

Scoring system:

Each item was assigned a score of (two) degree for "Completely done" , (one) for "Incompletely done" and (zero) for "Not done" . The scores were calculated by summing up the grades of items of checklist, the scores were converted into percent score. The level of practice was considered as follows;

Poor< 60%   (87-<167)

Average practices 60% - < 75% (167- < 195)

Good ≥ 75%   (≥ 195-261) (**Belinda et al., 2017**).

Tool IV: Occupational Personality Questionnaire .

It was adapted from (**Joubert and Venter,.2013, Huang et al,.2018 , Luc et al,.2019, Furnham and Taylor,2020**) and was modified by researchers to assess nurses' levels of occupational personality. It included 32 items.

Scoring system:

Subjects' responses were scored on a three point Likert Scale ranged from (5) Strongly

agree, (4) agree,(3) Un sure,(2) Disagree and(1) Strongly disagree. For each item, the scores were summed-up and giving a mean score for the item. These scores were converted into a percent score. The level of Occupational Personality was considered as follows;

Low < 60% (32-<96)

Moderate 60% - < 75% (96- < 119)

High ≥ 75%   (≥ 120-160) (**Belinda et al., 2017**)

Validity of the tools:

This phase took one month November, 2021. These four tools were tested for validity (Face, Content) through distribution of the tool to a jury of five Experts on field of Nursing Administration and Education consisting of five Professors; two Professor of Nursing Administration from Tanta University and other two Professors of Nursing Administration from Menoufia University and finally one Assistant Professor of Nursing Administration from Ain Shams University. Modifications were done in the light of their valuable comments such as modify some words to give the right meaning for the phrase which were not clear.

Reliability of the tools:

Reliability of the tools was applied by using Cronbach's Alpha Coefficient test. Nurses' professional competence knowledge questionnaire was α=0.89, Nursing competence scale was α=0.87, Nurses' professional competence observational checklist was α=0.85 and occupational personality questionnaire was α= 0.92.

Pilot Study

Pilot study was carried out from the beginning of December, 2021 to the end of December, 2021 to assess tools clarity and applicability. It was done on 10% of the subjects who were 29 nurses and were included in the main study subject because there no modification was required. In addition to estimate the time required to fill

the four tools that approximately ranged from 20 - 40 minutes.

Field Work

The following phases were adopted to achieve the aim of the current study: assessment, planning, implementation and evaluation phases. These phases took five months and were carried out from the beginning of January, 2022 to the end of May, 2022.

Phase I (Assessment):

The process of data collection took one month and was carried out in January, 2022 to assess nurses' knowledge, attitude and practice regarding nurses' professional competence and assess nurses' level of occupational personality before implementation of the educational program. At the beginning, the researcher welcomed the staff-nurses, gave a brief description of the study for all staff nurses. Then, the researcher collected data by using the different tools of data collection in the available hospital classroom and during their training hours. It was three days per week. The time required to fill four tools were around; 30-40 minutes.

Phase II (Program planning)

This phase took one month February, 2020. Based on baseline data obtained from pre-test assessment and relevant review of literature, the program was developed by the researcher. An education program was developed based on determined needs and relevant review of literature. Program construction in a form of printed English form and included different topics to enhance Nurses' Professional Competence knowledge, attitude and practice. Also, the researcher prepared power point presentation of the topics. Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the learner's needs and achieve the objectives and contents of the program. It was aimed to provide

nursing with much experience as possible. The teaching sessions were achieved by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, and brain storming. Instructional media included data show, white board and handout prepared by the researcher and distributed to all intern nurses in the first day of the education program.

Phases III (Program implementation)

This phase was initiated in April, 2022. The researcher visited each previous mentioned setting in the two shifts (morning and afternoon), three days/week. Then, the researcher divided the subjects to twelve groups, each group composed of 24 staff-nurses. The educational program involved (7) sessions. These sessions were lasted for 14hours (10 hours theory and 4 hours practical) each session was taken 2 hours. These sessions were repeated with the same to each group of intern-nurses achieved by using available resources, relevant contents, and instructional strategies for each session. At the beginning of each session an orientation to the training and its aims took place. The program consisted of two main parts; the first theoretical part covered the following: knowledge about introduction to the program, the concept of nurses' professional competence, the skills needed in nurses' professional competence, methods and models of nurses' professional competence, the role of staff nurses in nurses' professional competence, advantages and disadvantages of nurses' professional competence, barriers in implementing nurses' professional competence and how to overcome it. The second part is the practical part in the form of giving activities and assignment for nurses to apply nurses' professional competence method. Feedback was given at the beginning of each session about the previous one and at

the end of each session about the current session.

Phase IV(Evaluation Phase):

This phase lasted for three months from the beginning of June, 2022 to end of August, 2022. During this phase, the effect of the education program was evaluated for all subjects using the same tools which were used before the program, immediately after implementation of the program and follow up after three months of program implementation, all the study tools were applied for staff nurses to test the follow up gain in the staff nurses knowledge, attitude, practice regarding nurses' professional competence and change in level of nurses' professional competence on their occupational personality.

Ethical considerations:

An official approval was obtained from the Dean of Faculty of Nursing and the hospital director of Benha University Hospital through official letters explaining the aim of the study to request permission to conduct the study . Assured complete confidentiality of the obtained information, and the study would not affect in any way their training in the hospital, official permission for data collection and implementation of the program were obtained. Meetings were held between the researcher and staff nurses. The aim of the study was discussed with them. The time for data collection and program implementation were also determined based on their views, to gain their approval and cooperation.

Statistical analysis:

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 25.0) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages, Chi-square ($\chi 2$). Test of significance (paired (t) test, Pearson correlation coefficients were used for

investigation of the relationships among scores. The P- value is the probability of error that indicate significance of results through observed difference. A significant level value was considered when p <0.05. And a highly significant level value was considered when p <0.01.

Results:

Table (1): Shows that less than half (40.6%) of studied nurses had age 30 < 35 years with Mean ±SD (**32.47±0.60**). As far as their gender, about three quarter (71.1%) of them was female. In relation to their marital status less than two thirds (57.6%) of them were not married, more than two fifth (42.4%) had Nursing diploma   and less than half (45.7%) of them had 5 years to <10 years of experience.

Figure (1): Illustrates that   the   most   of studied nurses (84.7%) and more than three quarters   (79.9%)   had   satisfactory knowledge level during post program phase and   follow   up   phase   respectively compared with preprogram phase(22.7%).

Figure (2): Clear that less than one fifth 16% of   studied   nurses   have   good   level   of perception about professional competence during pre-program, more than three quarters 79% of them have good level of perception about professional competence during post-program and more than two third 65% follow up phases.

Figure (3): It is clear from this figure that most of studied nurses (83.5%) and more than two thirds (61%) had a good practices level during post program phase and follow up phase(after   three months), respectively. While less than one fifth of them (5.5%) and (14%) had poor practices level during post program and follow up phases of the study compared with the preprogram phase

Figure (4) : clear that most of studied nurses (91.3%) and (82%) had high occupational personality level during post program phase and   follow   up   phase, respectively. While

less than one fifth of them (5.7%) and (10%) had low level during immediately post program and follow up phases of the study compared with the preprogram phase.

Table (2): Clarifies that there was a highly statistical significant positive correlation between nurses' total professional competence knowledge, perception and

practice scores and their occupational personality score at post program with **P≤ 0.01** and there was a statistical significant positive correlation in follow up program phase compared with preprogram phase with **P ≤ 0.05**.

Table (1): Frequency distribution of nurses regarding their personal characteristics (n=295)

| Personal characteristics	No	%
Age		
25<30years	80	27.1
30 < 35 years	120	40.6
35 < 40 years	50	16.9
≥40years	45	15.3
Mean ±SD	32.47±0.60	
Sex		
Male	85	28.8
Female	210	71.1
Marital status		
Not married	125	42.4
Married	170	57.6
Educational level		
Nursing diploma	125	42.4
Technical institute	75	25.4
B.Sc. Nursing in nursing	60	20.3
Master degree in nursing	30	10.1
Doctorate degree in nursing	5	1.7
Years of experience		
1year to <5 years	80	27.1
5 years to <10 years	135	45.7
10 years to <15 years	40	13.6
≥15 years	40	13.6
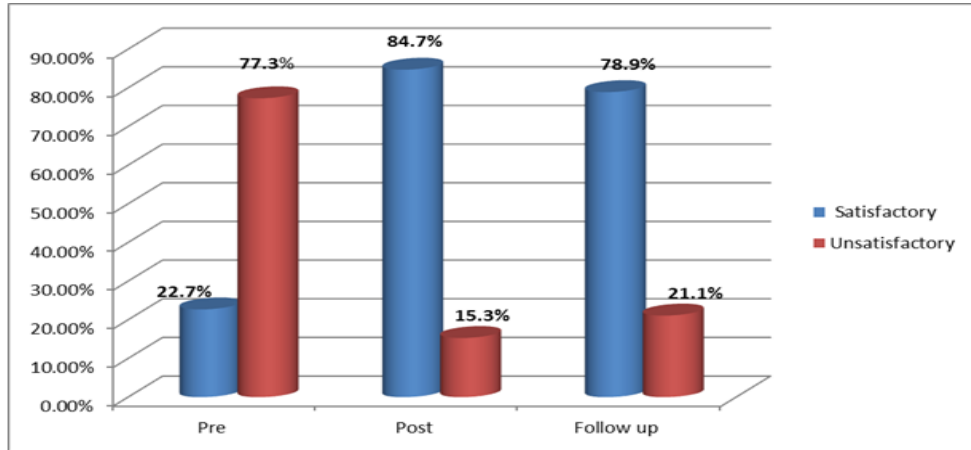
Figure (1): Total knowledge levels of the studied nurses related Professional Competence during educational program phases (n=295)
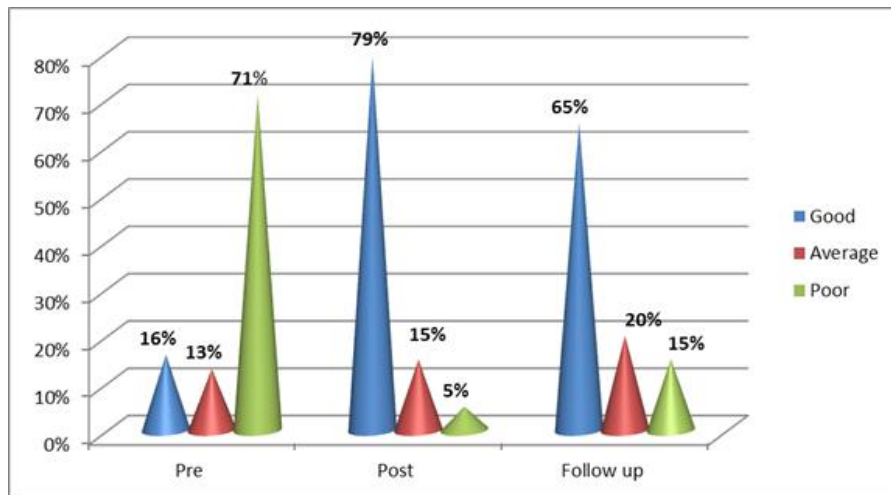

Figure (2): Total nurses perception level toward professional competence of the studied nurses during educational program phases (n=295).
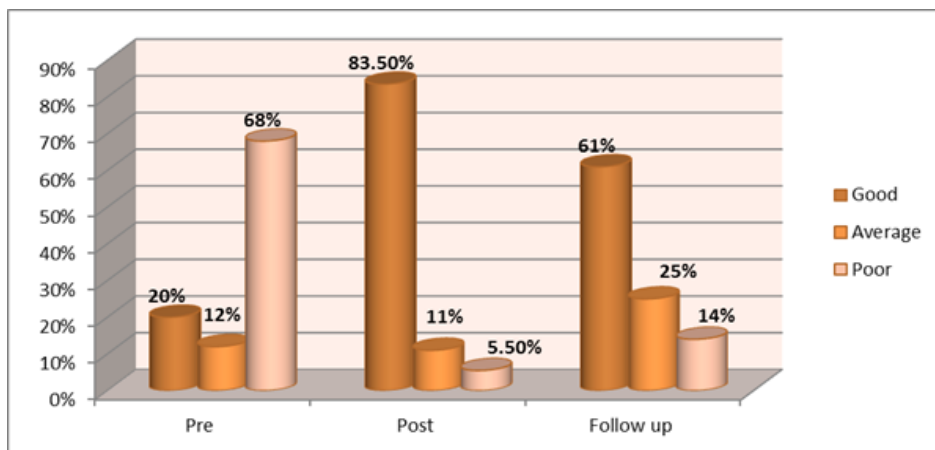

Figure (3): Total professional competence practices levels of the studied nurses during educational program phases (n=295).
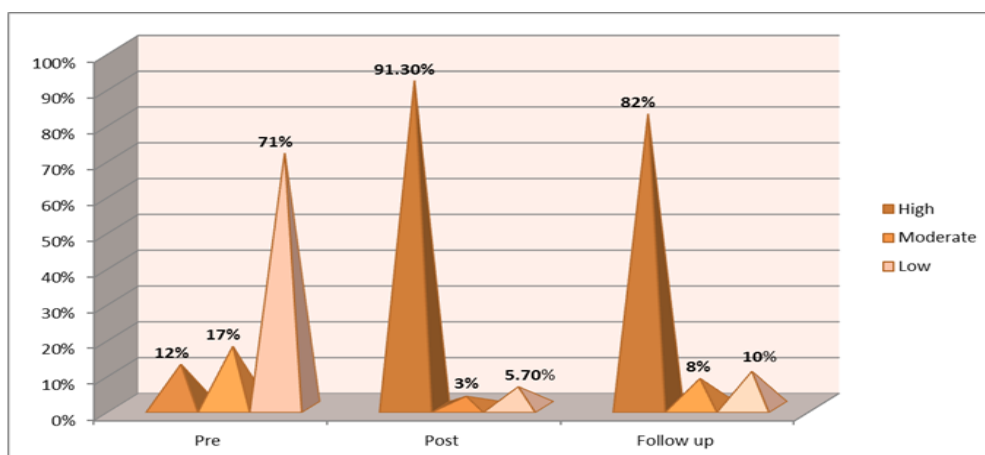
Figure (4): Total occupational personality levels of the studied nurses during educational program phases (n=295).

Table (2): Correlation between studied intern nurses' professional competence knowledge, perception, practice scores and their total occupational personality score thorough the program phases

Items	Total occupational personality score					
	Pre program		Post program		Follow up	
	r	p-value	r	p-value	R	p-value
Total knowledge score	**1.67**	**0.51**	**0.24**	**0.001****	**0.56**	**0.022***
Total professional competence perception	**0.98**	**0.87**	**0.86**	**0.000****	**0.71**	**0.034***
Total of professional competence practices	**0.26**	**0.067**	**0.89**	**0.000****	**0.23**	**0.01***

* Correlation is significant at ≤ 0.05

** Correlation is highly significant at ≤ 0.01

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Discussion

Concerning distribution of nurses regarding their personal characteristics the study findings showed that more than half of nurses had age from thirty to less than thirty five years. As far as their gender, about three quarter of them was female. In relation to their marital status less than two thirds of them were not married, more than two fifth had Nursing diploma and less than half of them had five years to less than ten years of experience. From researcher opinion these may be due to the greater fraction of the nurses in Egypt were females and may also related to the studying of nursing in Egyptian universities and schools were exclusive for females only till few years ago.

This finding was supported by **Santana-Padilla et al., (2022),** who carried out their stud on "Nurses' perception on competency requirement and training demand for intensive care nurses" and revealed that most studied nurses was female, less than two thirds of them were not married, about half of them had Nursing diploma.

In the same line **Karami et al., (2017),** who done their study on "Nurses' professional competency and organizational commitment: Is it important for human resource management" and demonstrates that two thirds studied nurses had age from thirty five to less than forty years, majority of them was female, less than two thirds of them were not married, and two fifth of them had more than five years to less than ten years of experience.

Regarding total knowledge levels of the nurses related professional competence during educational program phases the present study illustrated that there the most of studied nurses (84.7%) and (79.9%) had satisfactory knowledge level during post program phase and follow up phase

respectively compared with preprogram phase (22.7%). From researcher opinion these may due be to the greater effect of educational program in improving nurses' knowledge.

The result consistent with **Mahdy., &Mahfouz., (2016),** who carried out their study on to evaluate the effectiveness of nurses' professional competence approach on their productivity in Medical-Surgical Units and demonstrated that the most of studied sample had satisfactory knowledge level during immediately post program phase and follow up phase , compared with preprogram phase.

These results were compatible with **Osman et al., (2019),** who carried out on "impact of nurses' competencies training program on quality of patient care at Intensive Care Units" and showed that most of nurses had low level regarding knowledge about professional competences on preprogram phase and improved during immediately post program phase and follow up phase .

Concerning total nurses perception level toward professional competence of the studied nurses during educational program phases the study finding cleared that less than one fifth (16%) of studied nurses have good level of perception about professional competence during pre-program. Meanwhile, more than three quarters (79%) of them have good level of perception about professional competence during post-program and more than two third (65%) follow up phases. From researcher opinion these may due to deficit in their knowledge in the preprogram phase that influence on their perception and improved after program.

This result congruent with **Young-Ok et al., (2022),** who conducted their study to measure the effects of a competency-based education program for inpatient psychiatric

nurses: a pre-post intervention study and illustrated about of one third of studied nurses had good level perception of professional competence and become more than two third after the program.

This finding was supported by **Santana-Padilla et al., (2022),** who showed at their study that about one quarter of studied sample had satisfactory level regarding nurses' competence perception. On other hand **Mahdy., &Mahfouz., (2016),** who revealed that two third of studied nurses have good level about perceived professional competences.

Concerning total professional competence practices levels of the studied nurses during educational program phases the study results cleared that, that most of studied nurses (83.5%) and more than two thirds (61%) had a good practices level during post program phase and follow up phase (after three months), respectively. While less than one fifth of them (5.5%) and (14%) had poor practices level during post program and follow up phases of the study compared with the preprogram phase. From researcher opinion these may be due to the effective case study and training during educational program in improving nurses professional competence practices

The findings congruent with **Ahmed et al., (2019),** who carried out their study on "effect of nursing interns career preparation educational workshop on their professional competencies and career development readiness" and indicated that less than half of sample had a good practices level in preprogram and more than three quarters in immediately post program and consistent with **Abd EL-Aziz., (2016),** who illustrated that less than one quarter of studied nurses had satisfactory competencies level.

Concerning total occupational personality levels of the studied nurses during educational program phases, the present findings cleared that, that most of studied nurses (91.3%) and (82%) had high occupational personality level during post program phase and follow up phase, respectively. While less than one fifth of them (5.7%) and (10%) had low level during immediately post program and follow up phases of the study compared with the preprogram phase. From researcher opinion these may be due to nurses' personality have strong relation with professional competences knowledge and practices.

These study findings consistent with **Ghanei et al., (2013),** who assess a relationship between personality and choice of nursing specialty in an integrative literature review and showed that less than two fifths of nurses had low occupational personality level. In the same line with **Mahdy., &Mahfouz., (2016),** who indicated that most of studied sample had good occupational personality level after intervention.

Concerning correlation between studied intern nurses' professional competence knowledge, perception, practice scores and their total occupational personality score thorough the program phases the current finding clarified that there was a highly positive statistical significant correlation between nurses' total professional competence knowledge, perception and practice scores and their occupational personality score at post program and there was a positive statistical significant correlation in follow up program phase compared with preprogram phase. From researcher opinion this may be due to knowledge are the most important guide for the perception and practice to anyone.

These finding in the same context with **Osman et al., (2019),** who illustrated at their study that there was a highly positive statistical significant correlation between nurses' total professional competence knowledge, perception and practice scores and their occupational personality score at immediately post program. In the same line the study findings agreed with **Takase et al., (2018)** who indicated that there were statistically significant correlation between staff nurses' professional competence perception and practice scores and their occupational personality score. On other hand with **Kennedy et al., (2014),** who reported that occupational personality in the work setting not related to nurses competences or skills.

Conclusion

The educational program about professional competence succeeded in improving staff nurses' knowledge, perception and practice regarding professional competence and their occupational personality. was a highly positive statistical significant correlation between nurses' total professional competence knowledge, perception and practice and their occupational personality score at post program and there was a positive statistical significant correlation in follow up program phase (after three months) compared with preprogram phase. This mean that when knowledge, perception and practice of professional competence improved level of occupational personality improved.

Recommendations

1. Conducting training and education programs must be a continuous process for refreshing and increasing nurses' knowledge and skills about the concept of professional competences and ideals models application in clinical practice of nurses.

2. Encouraging participate management and shared governance to enhance nurses professional competences.

3. Doing periodical assessment of nurses` knowledge to detect subjects and areas to be covered in education courses of training to improve their professional competences.

4. Training activities to nursing supervisors to promote their occupational personality.

5. Developing program for nurse supervisors for improving their professional competences and toward staff nurses.

6. Motivating members of their working community and is able to give and receive feedback.

7. Considerating of personality characteristics as a criterion for the recruitment of new students to nursing, guidance and personality testing before university entrance examination is suggested.

8. Investigating factors that affect staff nurses' skills acquisition at the clinical setting.

9. Making study about the effect of nurses professional competences on occupational personality.

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تأثير برنامج تعليمي عن الجدارة المهنية للممرضين على شخصيتهم الوظيفية

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جدارة التمريض هي "القدرة على اتخاذ الإجراءات من خلال الجمع بين المعرفة والمهارات والقيم والمعتقدات والخبرة المكتسبة كممرضة" وتوضح أنه يمكن النظر إلى الجدارة على أنها أداء متكامل يعكس مشاعر الممرضة المهنية وأفكارها وأحكامها. لذا هدفت هذه الدراسة إلي تقييم تأثير برنامج عن الجدارة المهنية للممرضين على شخصيتهم الوظيفية التصميم: تم استخدام تصميم بحث شبه تجريبي لتحقيق هدف هذه الدراسة. وقد أجريت الدراسة في أقسام الباطنة والجراحة بمستشفيات جامعة بنها. سعة المستشفى الإجمالية (880) سرير. حيث تكونت الدراسة الحالية من (295) ممرضة وكانت عينة عشوائية من الممرضات اللائي كن يعملن في بيئة الدراسة المذكورة أعلاه في مستشفى جامعة بنها وكانت متوفرة وقت الدراسة. كان طاقم الممرضات الذين تم تضمينهم في الدراسة التجريبية تسعة وعشرين. وأظهرت نتائج الدراسة أن لدى غالبية الممرضات (84.7٪) و (79.9٪) مستوى معرفة مرضٍ خلال مرحلة ما بعد البرنامج ومرحلة المتابعة (بعد ثلاثة أشهر) ، أكثر من ثلاثة أرباع (79٪) منهم يتمتعون بمستوى جيد من الإدراك حول الكفاءة المهنية خلال فترة ما بعد البرنامج أن غالبية الممرضات (83.5٪) وأكثر من الثلثين (61٪) حصلن على نتائج جيدة. مستوى الممارسات خلال مرحلة ما بعد البرنامج ومرحلة المتابعة (بعد ثلاثة أشهر) ،وأن غالبية الممرضات (91.3٪) و (82٪) يتمتعن بمستوى عالٍ من الشخصية الوظيفية خلال مرحلة ما بعد البرنامج مباشرة ومرحلة المتابعة (بعد ثلاثة أشهر). كما لقد أسفرت الدراسة الحالية إلي وجود تحسن إحصائي في مستوي المعرفة الممرضين العاملين ، وتصورهم وممارستهم فيما يتعلق بالجدارة المهنية وشخصيتهم المهنية. كما كانت هناك علاقة إرتباط ذات دلالة إحصائية إيجابية للغاية بين إجمالي المعرفة بالجدارة المهنية للممرضات ، والإدراك والممارسة ودرجة الشخصية الوظيفية في مرحلة ما بعد البرنامج ، وكان هناك ارتباط إيجابي ذي دلالة إحصائية في مرحلة برنامج المتابعة (بعد ثلاثة أشهر).