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# RELATIONSHIP BETWEEN LEVEL OF PROFESSIONAL COMPETENCE AND SOCIALIZATION ROLE PERFORMANCE AMONG NURSES IN A TERTIARY HOSPITAL IN NIGERIA

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## ABSTRACT

*This study examines the level of professional competence among nurses in a Nigerian teaching hospital and its relationship with their performance in the professional socialization role. A cross-sectional mixed-methods survey was conducted, and 247 nurses participated by completing a self-reported questionnaire that included demographic profiles and standardized scales supported by existing literature. The data were analyzed using descriptive and relevant inferential statistics with a significance level of  $p = 0.05$ . With a response rate of 90.5%. This study reveal that majority of the participants have a very fairly degree of competence within the documentation and administration of nursing care domain ( $\bar{\chi}=26.9$ ).also, the respondents competence within documentation and nursing care domain is high ( $\bar{\chi}=29.9$ ). Further findings revealed that Nurses level of professional competence within the Development, Leadership, and Organization of Nursing Care domain is high ( $\bar{\chi}=27.33$ ) and the Average ranking of participants Competence Level o n 3 Domains of NPC Scale is high (57.5%) also, Nurses' Shared Professional Values in the Professionalism domain is most important ( $\bar{\chi}=28.76$ ). Further findings showed that Nurses' Shared Professional Values in the Caring domain is most important ( $\bar{\chi}=24.29$ ), Nurses' Shared Professional Values in the Activism domain is most important ( $\bar{\chi}=12.84$ ) and Nurse as an exemplary role model is always ( $\bar{\chi}=34.98$ ). Result also indicated that Nurse as a clinical supervisor is often ( $\bar{\chi}=12.41$ ), the hypothesis showed that there is an association between the participant level of competence, values and professional socialization performance (Sig. Value 0.01). Lastly, the predictor of professional socialisation include nursing care ( $\beta = 0.19$ ;  $t= 2.96$ ;  $p<.01$ ), Development, leadership, and organization of nursing care ( $\beta = 0.32$ ;  $t= 4.44$ ;  $p<.01$ ) and activism values  $\beta = 0.26$ ;  $t = 2.56$ ;  $p<.01$ ). Therefore, it is recommended that the hospital develop a formal set of standard operating procedures for such purposes and further explore this concept. Additionally, a broader study, such as a panel study, is recommended to delve deeper into the influence of nurses' competence on professional nursing socialization.*

**Keywords:** Nurse Professional Value: Professional Competence: Professional socialization role performance

## INTRODUCTION

Clinical practice serves as the foundation of all professional nursing programs, necessitating students' adaptation to a dynamic and complex environment while engaging in effective interprofessional interactions (Lapeña-Moñux et al., 2016). Qualified nurses play a crucial role in teaching, guiding, monitoring, and facilitating students' integration into the clinical setting. This integration is achieved through repeated exposure to real-life situations, which is known as practice and is instrumental in fostering the development of competent practitioners (Eta et al., 2011).

Competency is a fundamental aspect of providing standardized professional nursing care, as it directly impacts the quality and safety of patient care (Phuma-Ngaiyaye et al., 2017). Various studies (Phuma-Ngaiyaye et al., 2017; Bvumbwe et al., 2015; de Swardt et al., 2017; Del Prato et al., 2011) emphasize that nursing competence encompasses the acquisition of skills, knowledge, attitudes, values, and abilities that contribute to effective performance in nursing roles. Therefore, professional competence represents the essential abilities required to fulfill one's role as a nurse, considering its evolving nature (Fawaza et al., 2018).

As the largest workforce in hospitals (Batiha, 2015; Fawaza et al., 2018; Phuma-Ngaiyaye et al., 2017) nurses provide quality care round the clock, often within a collaborative

multidisciplinary system (Bvumbwe et al, 2015; de Swardt et al., 2017; West, Miller, & Leitch, 2016). Nursing education programs, therefore, provide the education and training needed to foster strong core competencies in nursing students. The vast amount of literature on measuring nursing core competency and factors related to it reflects the importance of such performance indicators for health professionals (Bvumbwe et al, 2015; Perry et al., 2016; de Swardt et al., 2017; Del Prato et al., 2011; Pulido-Fuentes et al., 2016). When nurses efficiently acculturate students into the profession, impacts are felt in the quality of nursing care they provide, inter-professional collaboration, and, ultimately, patient health and safety. A consensus, therefore, exists on the importance of clinical practice experience for student nurses, but methods for its achievement with optimal outcomes for the long-term future vary and are contestable.

Professional socialization in nursing is a process whereby nursing students learn professional skills; attitudes, behavior, and roles, mainly in the clinical area. (De Swardt et al., 2017; Del Prato et al., 2011; Cunze, 2016; Kanyamura et al., 2016; West, Miller, & Leitch, 2016) It is a contextual acculturation process of becoming a professional nurse. The fact that clinical practice is integral to professional competence is therefore pertinent to effective nursing programs' curricula (Bvumbwe et al, 2015; Perry et al., 2016). Staff nurses (clinical teachers) are hence, key players in learning to become a professional nurse. A greater impact from the staff nurses was recorded in a study of common stressors that hamper effective clinical learning and other related studies (Del Prato et al., 2011; Wilson, 2016; Okonkwo et al. 2013).

Regardless of their level of experience or expertise, nurses have a responsibility to uphold professional standards and convey correct practices and attitudes to nursing students, newly employed nurses, and nurse interns, especially considering the relatively new adoption of internships for fresh graduate nurses in Nigeria (Phuma-Ngaiyaye, Bvumbwe, & Chipeta, 2017; Del Prato et al.,

2011; Okonkwo et al., 2013). The success of practicum or clinical placement relies on effective collaboration between nursing students, nurse educators (faculty), and staff nurses (Phuma-Ngaiyaye et al., 2017; Batiha, 2015; Bvumbwe et al., 2015; de Swardt et al., 2017). However, the professional socialization process in practice is hindered by a lack of basic knowledge on professional socialization roles (PSR) and the absence of standard operating protocols or checklists for PSR. In clinical settings, observation and task assignments have been the primary methods for nursing students to develop professionally, with Nigerian nurses relying on spontaneity, intuition, and experience to guide their strategies in PSR. These challenges contribute to the existing theory-practice gap in nursing, and while there is literature available on the PSR of nurses in practice settings, many studies focus solely on students' and faculties' perspectives. The specific role of nurses in socializing nursing students throughout the professional continuum remains unclear, leading to a lack of understanding in bridging the theory-practice gap in nursing in Nigeria. Despite a few notable studies in other African countries, there is a scarcity of literature on this aspect in Nigeria. Therefore, this study aims to assess nurses' level of professional competence and its impact on their performance of PSR, considering their educational qualifications and shared professional values.

#### **OBJECTIVES:**

The study's main objective was to assess the performance of PSR and levels of professional competence among group of nurses working in a selected teaching hospital in North central Nigeria. While the research questions focused on their current level of professional competence, performance of professional socialization role, and professional values across the existing nursing cadres.

1. To assess the current level of the Teaching Hospital nurses' professional competence in terms of service delivery and training.

2. To investigate the existence of shared professional values across each cadre of nurses in Teaching Hospital.
3. To assess the extent to which Teaching Hospital nurses perform their socialization roles.

## METHODS

**Design:** This was a cross-sectional descriptive study

**Setting:** The study was carried out at a teaching hospital in the North Central Nigeria. A tertiary, 650-bedded facility with a total of fifty-seven in-patient wards and multi-specialty clinics for preventive, curative, and rehabilitative health care services.

**Target population:** It was targeted at all nurses working at the hospital with a total population of seven hundred and fifty (750) nurses as at data collection time.

**Sample Size Determination:** The sample size calculated for this study was Two Hundred and Seventy-Three (273) participants, using Cochran's proportion formula for small

population survey. A multi-stage sampling technique was used to select participants. Nurses were purposively sampled, based on their statutory role in clinical supervision and preceptorship for nursing students and interns during clinical rotations. Stratified sampling technique was used to duly capture each cadre of nursing and a systematic sampling (linear method) used to select each nurse participant from all wards.

**Instrument:** A Self-report questionnaire was utilized to elicit quantitative data from participants. The relevant socio-demographic data relevant to this study; gender, professional/educational qualification, years of experience, and level of expertise were assessed.

### *The nurse professional competence (NPC) scale*

The level of professional competence was measured using a Standardized Self-appraising tool - The Nurse Professional Competence (NPC) Scale developed by Nilson, et al.(2018), adopting three out of the six domains for this study. Items were anchored on 7-point Likert scale "To a very low degree = 1 to "To a very high degree = 7". Authors' guide on scoring was followed as presented below:

1. *Value – based Nursing Care, 5 items* =  $\frac{\Sigma(6+\dots+10)}{35} \times 100$
2. *Documentation and Administration of Nursing Care, 7 items*  $\frac{\Sigma(11+\dots+17)}{49} \times 100$
3. *Development, Leadership and Organization of Nursing Care, 6 items* =  $\frac{\Sigma(18+\dots+23)}{42} \times 100$  <sup>1</sup>

Level of competence was classified on quartiles bases, using the mean scores of respondents the NPC scale. The Cronbach's alpha for each competence area on the scale is  $\geq 0.75$ .

**The Nurse Professional Value Scale – 3**

Nurses shared professional values were also assessed with the Nurse Professional Value Scale – 3 by Weis and Schank (2017). The 5-Likert scoring format ranging from “Not

Important” = 1, to “Most important” = 5, followed a similar pattern to determine respondents' views on the three domains of professional value. It therefore follows these analytical patterns:

1. *Caring, 10 items* =  $\frac{\sum \text{Items (75+76+87+88+89+91+92+93+94+95)}}{50} \times 100$
2. *Activism, 10 items* =  $\frac{\sum \text{Items (83+84+85+86+90+96+97+98+99+100)}}{50} \times 100$
3. *Professionalism, 8 items* =  $\frac{\sum \text{Items (74+77+78+79+80+81+82+101)}}{40} \times 100$  <sup>22</sup>

The mean scores computed was used to classify them into High Professional Values, Moderate professional values and Fair professional values. The overall Cronbach's value for the categories on NPVS - 3 ranges from 0.799 to 0.912. The NPC, and NPVS-3 scales were both pilot tested among 20 nurses and 12 Students (of School of Nursing) in of another teaching hospital, and the Cronbach's alpha were  $\geq 0.834$  and  $\geq 0.768$  respectively.

**Professional socialization role performance scale PSRP-S:** The professional socialization role performance items were developed by Ayinla (2020). Items were drawn from themes on professional socialization, as gathered through experience and in comparison, with available and accessed literature. The socialization roles were scored on 5-point Likert items (*Always = 5, Often = 4, Sometimes = 3, Rarely = 2, Never = 1.*). The mean scores were also used to determined and participants thus classify participants into Participatory ( $\geq 51\%$  overall) and Non – Participatory ( $\leq 50\%$  overall). The author reported a reliability of 0.78 Cronbach's alpha for the scale.

**Data Collection Procedures:** Data collection for this study took place over a period of 8 months, specifically from February to October 2020. The selected participants were approached in person on a daily basis during all shifts within this timeframe. Initially, some participants voluntarily agreed to take part in the study. For those who declined participation, the next nurse on the roster was selected as a replacement until

the desired sample size was achieved. Out of the 273 questionnaires administered, a total of 247 were retrieved and considered for analysis in this study. Among the administered questionnaires, 10 were withheld by the participants, 12 were deemed invalid due to improper completion, and 4 were returned unfilled. Additionally, 10 questionnaires were not returned at all. As a result, the study achieved a response rate of 90.5%.

**Data Analyses:** Data were analyzed using SPSS version 25.0. P value was set at 0.05 level of significance.

**Ethical Consideration:** Ethical approval was obtained from the selected hospital's Health Research Ethics Committee (**Approval Number:** *ERC PAN/2020/03/0005*), and permission was sought from the head of nursing services department of the hospital. Participants were convinced of the essence of this study, reassured of anonymity, non-maleficence, and participation was based on voluntariness and adequate consents. Permissions were duly sought from the authors of the two (NPC, and NPVS-3) standardized instruments respectively with strict adherence to the terms and conditions of use.

## RESULTS

**Table 1. Participants' Socio-Demographic Indices (n=247)**

Variables		Frequency	Percent
Years of Experience Gender	Female	235	95.1
	Male	12	4.9
Age Group	21-30	27	10.9
	31-40	68	27.5
	41-50	85	34.4
	51-60	67	27.1
Mean age (SD)	43.9±8.8		
Educational Qualification	BNSc	123	49.8
	RN	122	49.4
	MSc NSG	2	.8
Years Of Experience	=10	66	26.7
	11-20	104	42.1
	21-30	72	29.1
	=31	5	2.0
Mean year of experience (SD)	16.0±8.20		
Professional Rank	SNO	68	27.5
	CNO	61	24.7
	NO	59	23.9
	PNO	40	16.2
	AND	12	4.9
	ACNO	7	2.8

SD= Standard deviation

### Nurses' professional competency rating:

For each of the items on the Likert scale per domain on the NPC scale, Table 2 depicts the distribution of item specific responses on the value-based domain. The table shows the most considered response and the average response rate per options as observed among the participants across all items in the domain. This study concludes that majority of the (99) participants rated their level of professional competence within the Value-Based domain as "high degree". However, when computed

based on level of competence via percentage means scores in this domain as earlier documented; *Value-based Nursing Care, 5 items* =  $\frac{\Sigma(6+...10)}{35} \times 100$  participants were classified on quartiles as depicted on Fig. 1, where over half (60.3%) of the nurses are highly competent, with only 1.2% being fairly competent. This portrays participants as generally being professionally competent in the value-based domain of the NPC scale. Figures 2 & 3 show the levels of competences across other domains respectively.

Table 2 reveals responses to the selected options, across all items in this domain therefore suggested that an average of 96 participants have a very high degree of competence, 88 nurses recorded a high degree, and 38 nurses indicated fairly high degree. Also, 9 participants showed neither high or low degree a relatively high, 3

belong to the categories of neither high nor low degree down the scale recorded 4 nurses shows a fairly low degree of competence, while 9 reveals a low degree. This study implied that majority of the participants have a fairly high degree of competence within the documentation and administration of nursing care domain ( $\bar{\chi}=26.9$ ).

**Table 2: Nurses’ level of professional competence within the Value-Based domain (n=247)**

<b>Have the ability to...</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Communicate with patients, next of kin and staff respectfully, sensitively and empathetically?	105	105	28	5	2	0	2
Show concern and respect for the patient’s autonomy, integrity and dignity?	120	90	26	6	1	0	1
Utilize the knowledge and experience of the patient and/or their next of kin?	38	93	59	25	12	5	15
Show openness to and respect for different values and faiths?	94	102	29	5	5	1	11
Utilize the knowledge and experience of the team and others, and through team collaboration contribute to a holistic view of the patient?	103	105	21	11	2	1	4
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>92.00</b>	<b>99.00</b>	<b>32.60</b>	<b>10.40</b>	<b>4.40</b>	<b>1.40</b>	<b>6.60</b>
<b>STD</b>	<b>28.26</b>	<b>26.29</b>	<b>13.48</b>	<b>7.63</b>	<b>4.03</b>	<b>1.85</b>	<b>5.46</b>

\*\*\* To a very high degree = 7, To a high degree = 6, To a fairly high degree = 5, Neither high or low degree = 4, To a fairly low degree = 3, To a low degree= 2, To a very low degree =

Table 3 noted the result of the participants' professional competence level on the domain of documentation and administration of nursing care were determined on quartiles as earlier explained, which revealed the majority (57.9%) of participants to be highly competent,

39.7% competent and 2.4% fairly competent. Nurses were therefore seen to be remarkably competent. This study conclude that the respondents competence within documentation and nursing care domain is very high ( $\bar{\chi}$ =29.9).

**Table 3: Nurses level of professional competence within the Documentation and Administration of Nursing Care Domain (n = 247)**

<b>Have the ability to...</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Use information and communication technology (ICT) to support nursing care?	41	55	75	26	8	19	23
Carry out documentation according to current legislation?	82	92	45	8	4	4	12
Comply with existing regulations as well as guidelines and procedures?	95	104	34	7	2	0	5
Handle sensitive information correctly and carefully?	144	79	17	2	1	0	4
Pay attention to work -related risks and actively prevent these?	122	85	27	3	2	1	7
Continuously engage in your own personal and professional competence development?	100	94	33	7	4	3	6
Systematically lead, prioritize, delegate and coordinate nursing care within the team, based on the patient's needs and the different competencies of co workers/staff?	88	107	34	12	1	1	6
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>96.00</b>	<b>88.00</b>	<b>37.86</b>	<b>9.29</b>	<b>3.14</b>	<b>4.00</b>	<b>9.00</b>
<b>STD</b>	<b>29.96</b>	<b>16.25</b>	<b>17.06</b>	<b>7.48</b>	<b>2.29</b>	<b>6.28</b>	<b>6.19</b>

\*\*\* To a very high degree = 7, To a high degree = 6, To a fairly high degree = 5, Neither high or low degree = 4, To a fairly low degree = 3, To a low degree = 2, To c = 1



Table 4 displays the assessment of nurses' professional competency in the area of development, leadership, and organization of nursing care. The mean values indicate that the majority of participants rated their competency level as "to a very high degree" (mean ± standard deviation: 89 ± 27.33) and "to a high degree" (mean ± standard deviation: 88 ± 12.82). Additionally, some participants rated their competency as "to a relatively high degree" (mean ± standard deviation: 42 ± 8.60) or "either high or low degree" (mean ± standard deviation: 11 ± 4.97). These findings suggest that the majority of participants demonstrated a high

level of professional competence within this domain. The study concludes that a significant proportion of participants exhibited a very high degree of professional competence across the three selected domains of the NPC scale. Specifically, the results indicate that 57.5% of participants were highly competent, 40.63% were competent, and 1.87% were fairly competent based on the percentile ranking. Overall, the study shows that an average of 98% of the participants demonstrated professional competence. This study conclude that Nurses level of professional competence within the Development, Leadership, and Organization of Nursing Care domain is high ( $\bar{\chi}=27.33$ ).

**Table 4. Nurses level of professional competence within the Development, Leadership, and Organization of Nursing Care domain (n=247)**

<b>Have the ability to...</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Act adequately in case of unprofessional conduct by staff?	58	96	46	18	4	2	22
In case of a serious incident within or outside the care institution, apply emergency medical principles?	54	97	56	15	8	2	15
Implement new knowledge and thus promote nursing care following science and evidence-based practice?	88	96	44	4	2	1	12
Plan, consult, inform and cooperate with other actors in the chain of care?	95	99	33	8	3	1	8
Teach, supervise and assess students?	135	68	30	7	1	1	5
Supervise and train co-workers/staff?	101	72	40	14	7	2	11
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>88.50</b>	<b>88.00</b>	<b>41.50</b>	<b>11.00</b>	<b>4.17</b>	<b>1.50</b>	<b>12.17</b>
<b>STDEV</b>	<b>27.33</b>	<b>12.82</b>	<b>8.60</b>	<b>4.97</b>	<b>2.54</b>	<b>0.50</b>	<b>5.40</b>

\*\*\* To a very high degree = 7, To a high degree = 6, To a fairly high degree = 5, Neither high or low degree = 4, To a fairly low degree = 3, To a low degree = 2, To a very low degree = 1

Table 5 provides an overview of the participants' ratings of nurses' competences, as depicted in the study. This study observed that

the Average ranking of participants Competence Level on 3 Domains of NPC Scale is high 57.5%.

**TABLE 5. LEVEL OF NURSES' PROFESSIONAL COMPETENCE ON 3 DOMAINS OF NPC SCALE**

	Value-based nursing care.	Documentation & administration of nursing care.	Development, leadership, and organization of nursing care.	Average ranking of participants.
Highly Competent	60.30%	57.90%	54.30%	57.5%
Competent	38.50%	39.70%	43.70%	40.63%
Fairly Competent	1.20%	2.40%	2.00%	1.87%
Total	100%	100%	100%	100%

**Assessment of nurses shared professional values.**

On professional values, the mean of frequencies is carefully utilized across this scale and other domains on the professional socialization performance of the participants. Just as observed with their competence levels; an overall, gross similarity of professional views and expectations exists amongst the participants as shown in Table 6. The mean values of their responses in terms of Shared Professional Values in the Professionalism domain shows that 21(±6.75) participants indicated not important, 7 (±3.86) somewhat

not important, while 47 (±19.44) important and 93(±10.94) very important, lastly, 79(±28. 76) most important. This study observed that majority of participants are rated as very important 93(±10.94) on Shared Professional Values in the Professionalism domain.

For the caring domain, (Table 7.) they are up to 180. The mean values of their responses here shows that 18 (±5.37) participants recorded not important, 6 (±3. 35) somewhat not important, while 44 (±18.97) important and 93(±27. 44) very important, lastly, 87(± 24.9) most important. This study showed that Nurses' Shared Professional Values in the Professionalism domain is most important ( $\bar{\chi}=28.76$ ).

**Table 6. Frequency Distribution of Nurses' Shared Professional Values in the Professionalism domain (n=247)**

Item	A	B	C	D	E
Engage in on-going self-evaluation.	33	9	60	87	58
Assume responsibility for personal well-being	17	7	57	81	85
Participate in peer review	26	15	85	91	30
Establish standards as a guide for practice	19	2	35	103	88
Promote and maintain standards where planned learning activities for students take place	28	3	42	97	77
Initiate actions to improve environments of practice.	15	8	52	116	56
Seek additional education to update knowledge and skills to maintain competency.	18	6	21	85	117
Recognize professional boundaries.	12	4	26	85	120
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>21.00</b>	<b>6.75</b>	<b>47.25</b>	<b>93.13</b>	<b>78.88</b>
<b>STDEV</b>	<b>6.75</b>	<b>3.86</b>	<b>19.44</b>	<b>10.94</b>	<b>28.76</b>

\*\*\* A = Not Important, B = Somewhat not important, C = Important, D = Very important, E = Most important.

This study showed that Nurses' Shared Professional Values in the Caring domain is most important ( $\bar{\chi}=24.29$ ).

**Table 7. Frequency Distribution of Nurses' Shared Professional Values in the Caring domain (n=247)**

Item	A	B	C	D	E
Respect the inherent dignity, values, and human rights of all individuals	16	6	25	106	94
Protect health and safety of the patient/public	16	4	25	95	107
Accept responsibility and accountability for own practice.	20	8	45	92	82
Protect the moral and legal rights of patients.	17	2	30	97	101
Act as a patient advocate.	21	5	35	95	91
Provide care without bias or prejudice to patients and populations.	17	3	37	94	96
Safeguard patient's right to confidentiality and privacy	9	2	25	80	131
Confront practitioners with questionable or inappropriate practices.	31	14	73	83	46
Protect the rights of research participants.	14	5	70	88	70
The practice is guided by principles of fidelity and respect for a person.	18	6	70	101	52
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>17.90</b>	<b>5.50</b>	<b>43.50</b>	<b>93.10</b>	<b>87.00</b>
<b>STDEV</b>	<b>5.37</b>	<b>3.35</b>	<b>18.97</b>	<b>27.44</b>	<b>24.29</b>

\*\*\* A = Not Important, B = Somewhat not important, C = Important, D = Very important, E = Most important

In addition, Table 8 revealed 168 participants opined that professional views are either very important and/or most important respectively. The mean values show 16 ( $\pm 3.33$ ) participants choice not to be important, 6 ( $\pm 3.75$ ) somewhat not important, while 57 ( $\pm 8.39$ ) important and 104 ( $\pm 10.90$ ) very important, lastly, 63 ( $\pm 12.84$ ) most important. Whereas,

the current study revealed high level of shared professional values among participants with well above 63.9% of them considering almost all professional values as very important at the upper quartile. This study showed that Nurses' Shared Professional Values in the Activism domain is most important ( $\bar{\chi}=12.84$ ).

**Table 8. Nurses' Shared Professional Values in the Activism domain (n=247)**

Item	A	B	C	D	E
Advance the profession through active involvement in health activities	15	7	58	97	70
Recognize the role of professional nursing associations in shaping health policy	18	4	49	100	76
Establish collaborative partnerships to reduce healthcare disparities	22	6	55	103	61
Assume responsibility for meeting the health needs of diverse populations	20	15	74	102	36
Participate in nursing research and/or implement research findings appropriate to practice.	14	7	46	123	57
Actively promote the health of populations.	12	2	56	95	82
Participate in professional efforts and collegial interactions to ensure quality care and professional satisfaction	13	3	54	98	79
Promote mutual peer support and collegial interactions to ensure quality care and professional satisfaction.	16	5	61	106	59
Take action to influence legislators and other policymakers to improve health care.	19	11	67	90	60
Engage in consultation/collaboration to provide optimal care	12	4	47	125	58
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>16.10</b>	<b>6.40</b>	<b>56.70</b>	<b>103.90</b>	<b>63.80</b>
<b>STDEV</b>	<b>3.33</b>	<b>3.75</b>	<b>8.39</b>	<b>10.90</b>	<b>12.84</b>

\*\*\* A = Not Important, B = Somewhat not important, C = Important, D = Very important, E = Most important

**Nurses' performance of professional socialization role (PSR)**

The self-administered questionnaire included a section that assessed the participation of nurses in professional socialization role (PSR). This section aimed to evaluate two broad classifications using a 5-point Likert scale to determine the performance of PSR by the study participants. One aspect assessed was the nurses' role as a role model, representing the actions expected of an ideal clinical nurse role model. Table 9 illustrates that the majority of UITH nurses were observed to consistently (n=106) and frequently (n=77) carry out or display the tasks assigned to them. The mean

values obtained from the participants' responses in the questionnaire items related to the Nurse as an exemplary role model indicated that 106 (±34.98) participants always performed the professional socialization role, 77 (±14.49) often performed it, 37 (±19.69) sometimes performed it, 10 (±13.79) rarely performed it, and 16 (±5.76) rarely performed it. Therefore, the study concluded that a significant number of participants (106 ± 34.98) always performed the professional socialization role as a role model. This study showed that Nurse as an exemplary role model is always ( $\bar{\chi}=34.98$ ).

**Table 9. The Nurse as an exemplary role model**

Item	5	4	3	2	1
I am empowered to improve on my knowledge e.g. through CPD.	131	64	28	4	20
My performance in; teamwork, communication abilities, and demonstrating respectfulness is rated.	139	80	19	2	7
I reflect on personal values, beliefs, and behavior through portfolios, discussions, and workshops.	71	103	52	6	15
I uphold professional values in every interpersonal endeavor.	146	74	12	3	12
I utilize and maintain existing structures to report and address unethical behavior.	96	83	44	6	18
The nursing management of this hospital acknowledges exemplary role models in a culturally sensitive manner e.g., celebrating achievement.	54	58	69	41	25
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>106.17</b>	<b>77.00</b>	<b>37.33</b>	<b>10.33</b>	<b>16.17</b>
<b>STDEV</b>	<b>34.98</b>	<b>14.49</b>	<b>19.69</b>	<b>13.79</b>	<b>5.76</b>

\*\*\* Always = 5, Often = 4, Sometimes = 3, Rarely = 2, Never = 1.

### **Working as a Clinical Supervisor, Instructor/Preceptor**

According to Table 10, it was found that only 20 nurses rarely saw themselves as clinical supervisors, while 39 never considered themselves as such. However, the majority of participants (76.11%, n=188) did see themselves as clinical supervisors or instructors to varying degrees, ranging from sometimes to always. In terms of familiarity and ability to manage learners' behavior, a score of 76% represented the 50th percentile among the participants. Those who scored at this level or above were considered effective

socializers who would be able to effectively handle learners' behavior in the clinical setting. Regarding the display of work ethics, the majority of study participants (71.26%, n=176) were found to exhibit professionally proven work ethics. However, only about half of the participants (51.4%, n=127) knew the best ways to create an effective clinical learning environment. In summary, the study observed that a significant number of respondents ( $73 \pm 12.41$ ) often functioned as clinical supervisors. This study showed that Nurse as a clinical supervisor is often ( $\bar{\chi}=12.41$ ).

**Table 10. The Nurse as a clinical supervisor**

Item	5	4	3	2	1
I teach and mentor all cadres of nurses through professionalism	77	62	44	26	38
I only teach professionalism and mentor my subordinates and student nurses through professionalism	95	81	35	13	23
I only teach and mentor student nurses through professionalism	94	73	42	9	29
I use formal structured technical knowledge exchange fora for knowledge transfer. (I teach only during procedures)	31	69	76	19	52
I provide orientation for learners as a standard procedure only for first -timers, e.g. first -year Students, & newly employed, etc.	74	66	48	14	45
I provide orientation for learners in each clinical experience session.	87	72	43	14	31
I collaborate with nursing education training institutions directly to assist learners with their theory-practice integration e.g. by engaging in discussions, comparing current practice with the best evidence, and applying reflective activities.	69	54	35	36	53
I collaborate with nursing education training institutions through the clinical nursing education unit (CNEU)	66	49	42	39	51
I treat learners as valuable members of the multidisciplinary team.	75	95	31	14	32
I perceive student nurses as an additional nursing workforce	58	63	46	26	54
I coach and mentor learners regarding acceptable behavior through fair judgments and honest feedback.	90	81	42	11	23
I purposefully elicit feedbacks from learners (student nurses)	85	81	37	17	27
I engage learners in practical reflection sessions.	66	91	45	13	32
I assign supervisees to tasks routinely, regardless of my availability to supervise them.	46	75	50	29	47
I encourage my supervisees to communicate their learning needs and support them with learning opportunities.	70	82	48	17	30
<b>MEAN FREQUENCY (of responses per domain)</b>	<b>72.20</b>	<b>72.93</b>	<b>44.27</b>	<b>19.80</b>	<b>37.80</b>
<b>STDEV.</b>	<b>17.14</b>	<b>12.41</b>	<b>9.96</b>	<b>8.93</b>	<b>10.99</b>

\*\*\* Always = 5, Often = 4, Sometimes = 3, Rarely = 2, Never = 1

**Hypothesis I:**

There is no significant association between study participants' level of professional competence, values and extent of **PSR** performance.

Using Pearson Correlations Analysis, the result is presented in Table 11. The result of the association among the professional competency, values and professional socialization performance. The result

demonstrated that the domains of Value-based Nursing Care ( $r = .34, p < .01$ ), Documentation & administration of nursing care ( $r = .31, p < .01$ ), Development, leadership, and organization of nursing care ( $r = .40, p < .01$ ) were significant positive correlates of professional socialization performance. This study showed that there is an association between the participant level of competence, values and professional socialization performance (Sig. Value 0.01).

**Table 11: Pearson correlates showing the relationship between the independent and dependent variables**

Variables	Mean	SD	1	2	3	4	5	6
Professional socialization performance	175.72	35.94	--					
Value-based Nursing Care	29.74	4.03	.341**	--				
Documentation & administration of nursing care	41.10	6.56	.312**	.547**	--			
Development, leadership, and organization of nursing care	34.66	6.22	.404**	.363**	.650**	--		
Professionalism	30.55	7.10	.341**	.183**	.125*	.134*	--	
Caring	39.14	8.07	.357**	.187**	.096	.111	.848**	--
Activism	37.81	7.84	.372**	.136*	.076	.104	.816**	.873**

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

**Hypothesis 2**

Hypothesis Two stated that study participants’ level of professional competence and values will independently and jointly predict professional socialisation performance. This hypothesis was analyzed using multiple regression analysis and the summary is presented in Table 11. Table 12 indicates a multiple regression where all variables jointly predict professional socialization (F (6,239) = 17.41; p<.01) with R = 0.55 and R2 (adjusted) = 0 .30, implying a uniform account of 30% variance observed in the reported professional

socialization performance: While, Value based nursing care ( $\beta = 0.19$ ;  $t= 2.96$ ;  $p<.01$ ), Development, leadership, and organization of nursing care ( $\beta = 0.32$ ;  $t= 4.44$ ;  $p<.01$ ) and activism values  $\beta = 0.26$ ;  $t = 2.56$ ;  $p<.01$ ) independently predict professional socialization performance respectively. This study indicate that the predictor of professional socialisation include nursing care ( $\beta = 0.19$ ;  $t= 2.96$ ;  $p<.01$ ), Development, leadership, and organization of nursing care ( $\beta = 0.32$ ;  $t= 4.44$ ;  $p<.01$ ) and activism values  $\beta = 0.26$ ;  $t = 2.56$ ;  $p<.01$ ).

**Table 12: Multiple Regression Table Showing Predictors of Professional socialisation**

Predictor variables	B	T	P	R	R <sup>2</sup>	F	P
Value-based Nursing Care	.194	2.969	.003	.55	.304	17.41	.000
Documentation & administration of nursing care	-.026	-.335	.738				
Development, leadership, and organization of nursing care	.316	4.441	.000				
Professionalism	.010	.094	.925				
Caring	.050	.399	.691				
Activism	.262	2.255	.025				

a. Dependent Variable: Professional socialization performance

**Discussion**

This study explored nurses' level of professional competence and its relationship with professional socialization role performance in a Nigerian Teaching Hospital Antecedents The demographic characteristics of this study showed that majority of the participants are females (95.1%) with 41-50years of age (34.4%). Just as identified prerequisite for practice by Bvumbwe et al. (2015), the educational qualifications of respondents were BNSc (49.8%) and RN (49.4%) and all of them were registered nurses with an average of 11- 12years of experience. The findings of this study revealed that majority of the participants rated their level of professional competence within the Value-Based domain as “high degree,” in tandem with Fawaza, Hamdan-Mansourb, & Tassi's (2018) position on factors that could contribute to professional competence, which resonates

with the assumption of the minimum competency level expected of a fresh graduate of any formal nursing education program in Nigeria, especially with due accreditation by the nursing and midwifery council of Nigeria. This study findings, however, does not corroborate the roles and expectation of nurses on nursing students in the clinical settings as espoused by Lapeña-Moñux et al., (2016). As it further affirms that more than half of the participants were highly competent based on the overall ranking factors but shares similar opinions with the documentation of Batiha (2015), who emphasized the need for strong knowledge base in this largest group of hospital or healthcare workforces. The study observed that majority of the participants have a very high degree of competence within the documentation and administration of nursing care domain (Ayinla et al., 2023), a major concern that Bvumbwe, Malema, & Chipeta,



(2015) found to possibly erode the availability of time for clinical nurses to perform their professional socialization roles.

This study revealed that majority of participants have a very high degree of professional competence, within the Development, Leadership, and Organization of Nursing Care Domain (Ayinla et al., 2023). It, therefore, further revealed that majority of the participants are professionally highly competent in the 3 domains of Nurse Professional Competence (NPC) Scale (Ayinla et al., 2023). This study further observed significant spread of commonly shared values amongst the participants as the three domains on the scale were rated very important at; 93( $\pm$ 10.94) Professionalism, 93( $\pm$ 27.44) for Caring, and 104( $\pm$ 10.90) for Activism domains respectively (Ayinla et al., 2023). When juxtaposed with their cadres on percentiles, a high level of shared professional values was observed in consonance with De Swardt et al., (2017), at a considerably high level (63.9%) among study participants (Ayinla et al., 2023).

Performance of PSR among participants in this study is not defiant to spontaneity as expressed by De Swardt et al., (2017) with a moderately high level of competence (57.5%, n=142) across board. (Ayinla et al., 2023). Just as it is also advocated by Del Prato et al., (2011) majority of the study participants 73 ( $\pm$  12. 41) often functioned as a clinical supervisor (Ayinla et al., 2023). This study is also corroborated by Cunze, (2016), with emphasis on the role of nursing staff in modeling a new professional, well above average of the study participants were found to be professional role models (Ayinla et al., 2023). The study therefore asserts that majority of nurses always perform the PSR, with varying impacts from the practice environments (Ayinla et al., 2023). The present study's results demonstrated that the domains of Value-based Nursing Care ( $r = .34, p < .01$ ), Documentation & administration of nursing care ( $r = .31, p < .01$ ), Development, leadership, and organization of nursing care ( $r = .40, p < .01$ ) were significant positive correlates of professional socialization performance (Ayinla et al., 2023). Hence, competence cannot be separated from performance of professional nursing socialization roles.

Hypothesis two indicates a multiple regression where all variables jointly predict professional socialization ( $F(6,239) = 17.41; p < .01$ ) with  $R = 0.55$  and  $R^2$  (adjusted) = 0.30, implying a uniform account of 30% variance observed in the reported professional socialization performance: While, Value based nursing care ( $\beta = 0.19; t = 2.96; p < .01$ ), Development, leadership, and organization of nursing care ( $\beta = 0.32; t = 4.44; p < .01$ ) and activism values ( $\beta = 0.26; t = 2.56; p < .01$ ) independently predict professional socialization performance respectively (Ayinla et al., 2023). This supports the major impact of shared professional value on PSR as observed by several scholars (Kim, & Kim, 2015; Cunze, 2016; Kanyamura et al., 2016; Perry et al., 2016; West, Miller, & Leitch, 2016; Wilson, 2016; De Swardt, Van Rensburg, & Oosthuizen, 2017; Weis, & Schank, 2017; Ayinla et al., 2023).

## CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study (Ayinla et al., 2023), nurses in the study setting meet the minimum academic and professional qualification requirements (RN, BNSc) for professional nursing practice set by the Nursing and Midwifery Council of Nigeria. They also demonstrate a high level of competence in the three domains of the Nurse Professional Competence (NPC) Scale. This competence is influenced not only by their educational qualification, which is a prerequisite for professional socialization (Lapeña-Moñux et al., 2016; Ayinla et al., 2023), but also by their years of experience (De Swardt et al., 2017; Ayinla et al., 2023).

Another significant finding of the study is the presence of shared professional values among nurses and their high performance in professional socialization roles. However, it was noted that there were no standard operation protocols to guide nurses in the implementation of professional nursing socialization. Despite the lack of SOPs, the performance of professional socialization was not affected by the nurses' rank or cadre. Based

on these findings, the following recommendations are made:

- 1) The hospital should develop a formal standard operation protocol for professional nursing socialization practice in the clinical setting.
- 2) Consideration should be given to a minimum educational qualification of a BNSc degree, as observed among the participants, as a benchmark for nurses who engage in professional socialization. This will ensure that all nurses are involved in performing their professional socialization roles. Additionally, nurses at the level of a senior nursing officer or higher should be officially recognized as professional socializers, in line with the minimum requirements for an individual registered nurse in terms of designation.
- 3) Existing nursing schools under the hospital's proprietorship should review their curricula to focus more on learner-based and learner-centered needs.
- 4) Policies related to continuing education for nurses should be improved.
- 5) A follow-up in-depth study should be conducted to further explore variables that were underreported or missing in this study and to enhance professional socialization practices among Nigerian nurses.

#### Conflicts of Interest:

There is no conflict of interest. The current study was self-funded and conducted as a major requirement for the award of a master's degree of science in Nursing Education.

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