Designing and psychometric the measure for determining the professional competence of nursing faculty members

Hedayat Jafari1, Eesa Mohammadi2*, Fazlollah Ahmad3, Anoshirvan Kazem-nejad4

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Abstract

Background and Purpose: of the significant processes for educational quality promotion is to evaluate the teachers' competency. This study has been conducted with the goal for Designing and psychometric the Measure for Determining the Professional Competence of Nursing Faculty Members.

Methods: the present research is the qualitative part of a sequential exploratory combined study of the concept known as competency where first through a qualitative study, a questionnaire with the appropriate items has been extracted from nursing teachers being evaluated by the students, and then this questionnaire has been psychometrically tested via a methodological study. The face validity has been evaluated by considering nursing students & nursing faculty staff & the content validity by nursing experts' judgment. The construct validity has also been done using exploratory factor analysis.

Results: in the content validity stage, the total mean of tool validity index has been calculated 0.92. The minimum item impact score obtained in qualitative face validity was 3.4. The results of the construct validity brought about 4 factors: commitment & follow-up for making the theoretical & clinical education effective, student nurturing, mastership ethics & character, the capability for educational & research management. Alpha-Cronbach was achieved 0.96 & reliability with re-test as 0.94.

Conclusion: the questionnaire has been designed using the main stakeholders' experiences & then psychometrically tested. And it can be employed for evaluating nursing faculty staff professional competency.

Keywords: Professional competency, Questionnaire, Nursing faculty staff, Psychometrics

Introduction

Competency is a complicated concept & one of the controversial issues in the field of health (1). Competency refers to any kind of knowledge, skill & capability displayed in behavior resulting in service excellence (2). Philpot et al. (2002) defined competency as a combination of the required skills, knowledge & attitudes in effective ways (3). Reviewing the studies has revealed that concepts such as competency, efficiency, performance and skill are paradoxically interchangeably used (4). A quick review of the documents indicates that these definitions are different & imply lack of consensus about the concept of competency (5).

To promote the quality of education is of the important concerns for the universities educational authorities. For this purpose, special attention is paid to teachers' competency. Of the processes used to promote quality is teacher's rating. Rating is a systematic process for collecting, analyzing & interpreting data to determine the level the goals are realized (6). One of the frameworks for teachers' rating is to use the learners' experiences(7). Rating
by the students is a model of teachers' evaluation models (8).

Some studies have been conducted regarding the teachers' attitude about the students' ratings about the teachers, most of these studies indicate the teachers' dissatisfaction with the evaluations done about them (9-12). Some of the research cases suggest that in the best state, most of the existing scales (tools) don’t have validity (13). Wong believes that questionnaires are the most prevalent scales to collect data since they are easy & simple to use (14).

Due to lack of a nursing psychometrically tested standard scales based on the scientific principles, the researchers apply self-built questionnaires or the ones developed by their own organizations. Considering the importance of nursing faculty staff evaluation, having an appropriate, specialized scale seems necessary for measuring competency. Designing the scale by using the faculty staff's & the students' experiences and employing a combined research method is viewed fresh in Iran. This study has been performed with the goal for Designing and psychometric the Measure for Determining the Professional Competence of Nursing Faculty Members.

**Materials and Methods**

This study is the report of a qualitative section of a sequential exploratory combined one. After doing a qualitative research, the scale items have been designed the results of which had been published before (15, 16). The initial scale had 46 items in Likert spectrum as Never (0), Rarely (1), Sometimes (2), Most of the time (3), and Always (4), then using qualitative study pursuing the goal to psychometrically test the scale for determining qualitative face validity with 10 nursing students & 10 nursing faculty staff rich in scale developing experience have been interviewed face to face & their views have been asked about the difficulty level, appropriateness degree and ambiguity of each one of the items. The qualitative face validity has been defined by calculating item impact score.

To determine the qualitative content validity, the experts' viewpoints & to define the qualitative content validity, Content Validity Ratio (CVR) and Content Validity Index (CVI) have been used. To set SVR, the experts have been required to express their ideas about the necessity of each item in 3-point Likert spectrum. Regarding 10 persons of the panel members, the minimum content validity ratio has been selected 0.62 based on lawshe table. To determine CVI, also 10 persons out of the experts' members have been asked to comment on "the relatedness, simplicity & clearness" of each of the items in 4-point Likert spectrum.

To set the construct validity, the exploratory factorial analysis has been employed. 265 ones out of the students have been picked considering KMO level for this step the results of which have been analyzed using SPSS-16.

At the beginning of the factorial analysis, Kaiser-Meyer - Olkin (KMO) sampling competency index test has been performed (17). To get assured of the data for factorial analysis based on correlative matrix, Bartlett's Test has been applied (18). In this study, the factorial loading cut-off point has been chosen 0.3 (17). To determine the number of factors, the Eigenvalue has been used (19, 20). In the present research, to evaluate the scale reliability, the internal consistency & re-test have been applied (20). To set the internal correlation in each of the subscales & the whole scale, α-Cronbach has been utilized. In order to define the scale reliability, correlation test ICC has been used.

Ethical Considerations: This study was approved by the Ethics Committee of Tarbiat Modares University. The participants signed the written informed consent for voluntary participation in the study before completing the questionnaires.

**Results**

In determining face validity by qualitative method from the item impact score, all of the items had score higher than 1.5 (20). 21 items based on the content validity ratio & 3 items from Waltz-Basel content validity index had CV less than 0.79 so that they have been revised, besides that 2 items jointly hadn’t got the
accepted CVI & CVR score. After doing the required modification & removing the invalid items & adding the experts' suggestions, 52 items remained. The total mean validity index has been calculated 0.92. To analyze reliability by factorial analysis, Kaiser- Meyer - Olkin (KMO) sampling index test KMO=0.92&Bartlett's Test of Sphericity (BT), P=0.001(21) have been used.

The number of the constituents of the questionnaire has been identified using the components analysis method & Eigenvalue in table 1. The scree plot (plot 1) also has confirmed choosing 4 factors (21).

Table 1. Total variance values determined for 4 extracting factors of professional competency rating scale

| Component                                                   | Total Eigenvalues of period | Sum of squares factor loadings of period | Total | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative | Cumulative |
|------------------------------------------------------------|----------------------------|----------------------------------------|-------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 2-student nurturing                                         | 6.169                      | 11.863                                 | 32.591| 2.992      | 5.754      | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     | 42.795     |
| 3-mastership ethics & character                            | 4.107                      | 7.897                                  | 49.599| 1.579      | 3.158      | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     | 49.599     |

Plot 1. Scree plot for choosing the factors

The 1 st factor has been called commitment & follow-up for making the theoretical & clinical education effective with 25 items, the 2 nd factor as student nurturing with 14 items, the 3 rd one is mastership ethics & character with 6 items and the 4 th one is the capability for educational & research management with 4 items (table 2).
The professional competence of nursing faculty members

Factor | Item | Factorial loading
--- | --- | ---
2-student nurturing | 26-he/she is interested in guiding the students for research. | 0.466
 | 27-he/she has suitable plans during special annual occasions. | 0.572
 | 28-he/she reminds the students the profession-related ethics. | 0.669
 | 29-he/she tries to create positive motivation in the students. | 0.55
 | 30-he strives for raising the students 'confidence. | 0.601
 | 31-he/she promotes dynamic & critical thinking in the students. | 0.508
 | 32-he does his/her best in consulting & guiding the students. | 0.600
 | 33-he/she encourages the students to actively participate in class discussions. | 0.477
 | 34-he/she plays the role of a model by being punctual. | 0.621
 | 35-in treating with the students, he/she uses the right words. | 0.625
 | 36-he/she welcomes the students' suggestions & criticism. | 0.579
 | 37-he/she tries to promote the students' moral & ethical aspects. | 0.357
 | 38-he/she is accessible to the students & answers their potential questions. | 0.407
 | 39-he/she strengthens the students' positive aspects. | 0.306
 | 40-he/she supports the students logically & avoids their rights getting violated. | 0.509
 | 41-he/she does their duty in the best way. | 0.653
 | 42-her/she dresses neatly & presentably. | 0.633
 | 43-he / she is fond of education. | 0.437
 | 44-he/she tries to show their professional value in their behavior. | 0.429
 | 45-he/she tries to discover the reasons behind the students' failure. | 0.484
 | 46-he / she conducts suitable educational planning for the students at the educational centers. | 0.553
 | 47-he/she motivates the students to do research. | 0.542
 | 48-at the end of the educational period, he/she does the final evaluation of the students. | 0.522
 | 49-he/she treats the students fairly. | 0.496

Therefore, in the scale exploratory factorial analysis stage with 52 items, it changed into 49 items with 4 factors .Based on the factors formed resulting from the exploratory factorial analysis, the nursing faculty staff professional competency is as the following the nursing teachers' commitment & follow-up for making the theoretical & clinical education effective, student nurturing, mastership ethics & character and the capability for educational & research management the nursing teachers feel & are simultaneously perceived by nursing students.

In determining the questionnaire reliability, α-Cronbach has been obtained 0.961 & in doing test, re-test, ICC=0.94.

Questionnaire Scoring: In order to score the professional competency level, the questionnaire scores distribution has been analyzed in 3, 4 & 5 level classes that by considering the means & variances, the scoring of 4 has been closer to the normal distribution (table 3 & plot 2). Table 4 also displays the competency levels & competency score range.

Table 3. Scores distribution chart in 4-level classification.

| N Valid | 264 |
| Missing | 0 |
| Mean | 114.78 |
| Median | 115.00 |
| Std. Deviation | 36.300 |
| Variance | 1.318E3 |
| Skewness | 176.76 |
| Kurtosis | 770.49 |
| Std. Error of Skewness | 150.36 |
| Std. Error of Kurtosis | 299.00 |
| Minimum | 34 |
| Maximum | 191 |

Plot 2. Scores distribution chart in 4-level classification.

Table 4: the scale competency levels & the questionnaires score range

<table>
<thead>
<tr>
<th>Competency levels</th>
<th>Competency score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Competency</td>
<td>6-75</td>
</tr>
<tr>
<td>Average Competency</td>
<td>76-120</td>
</tr>
<tr>
<td>Good Competency</td>
<td>121-153</td>
</tr>
<tr>
<td>Excellent Competency</td>
<td>154-191</td>
</tr>
</tbody>
</table>
Discussion

A quick review of the literature indicates that the scales used haven’t been built purposefully & specialized, such as the teachers' competency evaluation form being used in most of the medical sciences universities (22). This form which has 15 items for some universities & 22 for the other ones just focuses on the teacher's competency in the theoretical courses. Its not being specialized for nursing major & not paying attention to the teachers' competencies in the clinic is of the differences it has from the present study findings. Comparing the present scale & the existing one, it is found out that:
1-In that scale for the research, mastership management & character activities, no item has been taken into account.
2-That scale isn’t specialized for nursing major teachers.
3-It doesn’t consider both aspects as theoretical & clinical.
4- The experiences & perceptions of the main stakeholders (teacher & student) haven’t been used in building it.

The rating form items in Nursing & Midwifery University of Minnesota are just 22 that of course have been designed for clinic. All the items of that university overlap with the existing one, but the majority of the existing scale items don’t overlap in the clinic.

The scale built by Raoufi (2010) has been designed by reading the literature & only from the students' view in the clinic (22). While in the present study, the nursing teachers' & students' experiences in various educational levels both in the theoretical & clinical areas have been employed.

Slate Nursing Competencies Rating Scale (SNCRS) items are in line with the management, skill, scientific information capabilities & the other nursing competencies in care at the clinical centers. That scale is similar to the present one in terms of management, skill & scientific potentials. It is possible to state that that scale measures the instructors' capability in clinic while that scale isn’t as comprehensive as the present built one.

The questionnaire built by Stalmeijer including 28 questions is about 6 educational roles (being a role model, exploratory, rethinking, being an instructor, frame working, expression) (23). That scale has been made similar to the present one in terms of the educational dimensions, being an instructor, being a role model and paying attention to clinical behaviors.

Generally speaking, the items focusing on the teacher's function in the research, clinical, management & mastership character dimensions deserve contemplation in this scale implying insufficiency of the common countrywide available rating form.

Conclusion

According to the concept definition, the existing scale developed considering the theoretical-clinical perspective about nursing faculty staff competencies in the dimensions as educational, research, and etc. and also scientific psychometric testing can be employed by nursing students to determine nursing teachers' competency.

Research limitations: Since the current study initially seems qualitative & the information looks indigenous, the potential to generalize it internationally is limited.

Conflict of interests

The authors declare that they have no competing interests.

Author’s contributions

H.Jafari study conception and design, data collection and analysis, drafting of manuscript; E.Mohammadi study conception and design, critical revisions for important intellectual content, drafting of manuscript, supervision; F.Ahmadi study conception and design, critical revisions for important intellectual content, drafting of manuscript, supervision; A.Kazemnejad study design.
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