Assessing The Competency Of The Nursing Graduates Of Diploma (D3) In A Private Hospital In Semarang Indonesia: Input For An Action Plan

Emirensiana Anu Nono MAN ^{1,} Eufemia F. Octaviano, RN, Ed D² Stikes St. Elisabeth Semarang, Trinity University of Asia, Manila Corresponding Email:emere2401@gmail.com, e_octaviano@yahoo.com

Abstract

Background: The Competency of the Nurse Diploma 3 Graduates is the ability of the person which includes knowledge, skills and attitudes in completing a job according to the standard performance as determined. The researcher wanted to explore the competency of the Nurse Diploma 3 Graduates and find out is it there were significant differences in the self-assessed competencies of Nurse Diploma 3 Graduates, when their personal characteristics ware taken as test factors. The researcher aimed to develop the competencies of nurses in the service of health care in Santa Elisabeth Hospital Semarang, Indonesia. Method: The researcher used Miller GE Conceptual Framework about the assessment of the clinical competence of the Nurse Diploma 3 Graduates and Head Nurses who worked in Santa Elisabeth Hospital Semarang, Indonesia, and met the inclusion criteria. There were 187 Nurses Diploma 3 Graduates and 23 Head Nurses. Their competencies were assessed by themselves and by their Head Nurses, and tested the significant differences including their personal characteristics as test factors using t-test and ANOVA. Results: Majority of the respondents were 36-40 years old (27%), Female (89%), Roman Catholic (89%), and their length of service 11 years and above (46%). The competencies of Nurse Diploma 3 Graduates with their corresponding weighted mean were; knowledge overall (4.24) outstanding, Skills overall (4.27) outstanding, Attitude overall (4.44) outstanding. The assessment of the Head Nurse respondents on the competency of Nurse Diploma 3 Graduates with their corresponding weighted mean were; knowledge overall (4. 17) above average, Skills overall (4.26) outstanding, Attitude (4.40) outstanding. Conclusions: There is no significant difference in the self-assessed competencies of Nurse Diploma3 Graduate respondents and the assessment of the Head Nurse respondents in the competency of Nurse Diploma 3 Graduates in terms of knowledge, Skills and attitudes.

Key words: Competency of Nurse Diploma, Competency of Attitude. Competency of Knowledge, Competency of Skill.

Introduction

Competency is the ability of a person which includes knowledge, skills and attitudes in completing a job or task to the standard performance as determined, (Competency Standards of Nursing in Indonesia, 2013). According to Indonesian Nursing Act No.38 of 2014, Nurse is a person who has completed a nursing education program both within and abroad are recognized by the government of the Republic of Indonesia in accordance with the laws and regulations. The nurse Consisting of vocational nurse (Diploma 3 Graduates), professional nurse (Bachelor's degree), professional nurse specialist (Master's degree) and (Doctoral degree). Qualification Nursing Education in Indonesia refers to Law No.20 of 2003 of the National Education System, which define the type of nursing education in Indonesia to include vocational, academic and professional education. Vocational education is a kind of diploma education corresponding to having an expertise in applied science nursing recognized by the government of the Republic of Indonesia. Academic education is higher education with undergraduate and graduate programs directed mainly towards the mastery of specific scientific disciplines.

Professional education is higher education after an undergraduate program that prepares students to have jobs with specific skill requirements. On the other hand, nursing education includes educational programs like diploma, undergraduate, master's, specialist, and doctoral degrees. According to the Indonesian National Nurses Association (2005), Standard competence of nurses in Indonesia is based on Act No. 23 of 1992, regarding Health Act No 20 of 2003 on National Education System Government, Government Regulation No.32 of 1996 on Health Workers, and Decree on the Ministerof Health No.1239, 2001, all of which are about the registration and practice of nurses. Standards of competence should, however, reflectthe competencies expected from individuals who will work in the field of nursing services. With the current era of globalization, such standards must equivalent to the standards in the healthcare industry sectors in other Asian countries as well as internationally. Santa Elisabeth Hospital in Semarang Central Java, Indonesia is private hospital owned by the Franciscan Sisters, founded on October 18, 1927, with acapacity of 300 beds. The hospitalis autonomy invarious ways, but in certain cases wefollow the regulations set out in law, the basic law of the Constitution Actof 1945, in particular, Health Act No23. Until now we continue to increase the range of services and human resources both in quantity and quality. Currently, human resources at Santa Elisabeth Hospital include 421 nurses whose educational backgrounds are Diploma 3 Graduates, and Bachelor's degree. Some nurse have backgrounds that are recommended by the Department of Health like Diploma 3 Graduates, Bachelorof Nursing, Master's and Doctoral degree as well as competencyin knowledge and skills professional nurses. In Santa Elisabeth Hospital, only those at the managerial level have a background of Bachelor of Nursing and Master's of Nursing. Gradually, however the accepted hospital nurses with bachelor's educational background and also improved the education of nurses who were permanent employees to the level of Bachelor's degree. According of Nursing Credentials for Santa Elisabeth Hospital (2015), Santa Elisabeth Hospital until 2015 employed 421 nurses. These with an educational background of Diploma totaled 373 (88,6 %), Bachelor 48 (11,4 %), and Diploma Nurses who werefulltime employees and who were continuing to Bachelor's degree totaled 20. However, have discovered differences in competence of these nurses of different educational backgrounds in health care. The nurses with a Bachelor's background (11,4%) has very little differencein

Competency of nursing care with the nurses a Diploma educational background. This fact encouraged me to investigate in order to truly maximize, empower and improve the competence of nurses in accordance with their educational backgrounds, and apply their competencies directlyin the service of the patients'.

Methods

The researcher uses quantitative a approach, and used (Miller GE Conceptual Framework 1990) about the assessment of the clinical competence of the Nurse Diploma 3 Graduates in terms of knowledge, skills and attitude and descriptive correlation study. This descriptive study discussed the competencies of Nurse Diploma 3 Graduates. It described the competencies based on three dimensions which are knowledge, skills, and attitude. The respondents of this study were Nurse Diploma 3 Graduates and Head Nurses who worked in Santa Elisabeth Hospital Semarang, Indonesia and met the inclusion criteria. There were 187 Nurses Diploma 3 Graduates and 23 Head Nurses. Their competencies were assessed by themselves and by their Head Nurses, and tested the significant differences including their personal characteristics as test factors using ttest and ANOVA (Dayrit, Benyamin C, College Statistics 2013 edition Manila; Ymas Publishing Foundation).

Results

This research was taken on May 6, 7, and 9, 2015, at St. Elisabeth Hospital Semarang. Using total population of 187 samples Nurse Diploma 3 graduates and 23 Head Nurses, with 30 statements were used in the test instrument Elisabeth Hospital Semarang, Santa Indonesia. The method is to gather nurses in the group within 3 days. They fill questionnaires in the form of personal data, and work period and answer 30 questions consisting of 10 knowledge questions, 10 Skill questions and 10 Attitude Questions.

Table 1: Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Nurse Diploma 3 Graduate Respondents in Terms of Age

Age	Frequency	Percentage
21-25	35	19 %
26-30	41	22%
31-35	43	23%
36-40	50	27%
41-45	15	8%
46-50	1	1%
51 and above	2	1%
Total	187	100%

Table 1 Presents the frequency and percentage distribution of the Nurse Diploma 3 Graduate respondents according to their age. Based on the study's result it showed that among 187 respondents, Majority of the respondent belong to age bracket ranges from 36-40 years old having an equivalent 27 %. The least among the respondents belongs to 46-50 and 51 and above years old having an equivalent rate of 1%.

Table 2 : Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Nurse Diploma 3 Graduate Respondents in Terms of Gender

Gender	Frequency	Percentage
Female	166	89%
Male	21	11%
Total	187	100%

Table 2 Presents the frequency and percentage distribution of the Nurse Diploma 3 Graduate respondents according to their Gender. Based on the study's result it showed that among 187 respondents, 166 respondents or 89% were female, while 21 respondents or 11% were male.

Table 3 : Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Nurse Diploma 3 Graduate Respondents in Terms of Religion

respondents in remis of rengion					
Religion	Frequency	Percentage			
Roman Catholic	99	53%			
Islam	58	31%			
Christian	29	16%			

Buddha	1	1%
Total	187	100%

Table 3 Presents the frequency and percentage distribution of the Nurse Diploma 3 Graduate respondents according to their Religion.

Based on the study's result it showed that among 187 respondents, most of the respondents were religions affiliation of Roman Catholic were 99 respondents or 53%. On the other hand, only 1 respondent or 1% the religion affiliation was Buddha.

Table 4 : Summary of Values Showing the Frequency and Percentage Distribution of the Personal Characteristics of Nurse Diploma 3 Graduate Respondents in Terms of Length of Service

Length of Service	Frequency	Percentage
1-5 years	52	28%
6-10 years	49	26%
11 years and above	86	46%
Total	187	100%

Table 4 presents the frequency and percentage respondents according to their length of services. Based on this study's result it showed among 187 respondents, The majority of the respondents belong to the length of services 11 years above were 86 or 46 % . The lost among the respondents belongs the length of service were 6–10 years or 26 %.

Table 5 : Summary of Values Showing the Mean and Verbal Interpretation of the Self-Assessed Competency of the Nurse Diploma 3 Graduate Respondents in Terms of Knowledge

Legend	4.21-5.00	Always	Outstanding
	3.41-4.20	Often	Above average
	2.61-3.40	Sometimes	Average
	1.81-2.60	Seldom	Fair
	1.00-1.80	Never	Need
			improvement

Table 5 Shows the self-assessed in competency of the nurse Diploma 3 graduates in terms of knowledge. Based on this study's result it showed highest score was 4.61, verbally interpreted as outstanding, the statement of "I clarify the diversity of the patient's condition", the lowest mean score was 3.69, verbally interpreted above average, the statement of "I can illuminate legal and

regulatory factors that apply to nursing practice".

Table 6: Summary of Values Showing the Mean and Verbal Interpretation of the Self-AssessedCompetency of the Nurses Diploma 3
Graduates in
Terms of Skills.

		115 01 51		
	Skills (Behavior)	Mean	Verbal	Extended
			Interpretation	Meaning
1 I	apply effective use	4.37	Always	Outstanding
	of technology and	1.57	1 ii ways	Gustarang
	standardized			
	practices that support			
	safe practice.			
2. I	actualize programs	4.41	Always	Outstanding
	o patients and their			
	families to maintain			
٤	good healthy, related			
t	o healthy food,			
ł	nealthy lifestyle			
ŀ	nabits, and			
	consulting with the			
	doctor.			
	seek education	4.32	Always	Outstanding
	about how	1.52	11110,5	Jamaning
	nformation is			
	nanaged in the care			
	setting before			
	providing care.	207	00	A1 A
4.	I demonstrate	3.95	Often	Above Average
	barriers to			
	effective			
	communication			
	(language,			
	developmental			
	level, medical			
	condition/disabiliti			
	es, anxiety,			
	learning styles,			
	etc.).			
5.	I exercise the	4.15	Often	Above Average
٥.	improvement	1.13	Onen	7 100 ve 7 1 verage
	processes to make			
	processes to make			
	interdependent and			
	explicit.	1.10		
6.	I perform	4.48	Always	Outstanding
	collaboratively			
	with health care			
	providers from			
	diverse			
	backgrounds.			
7.	I action	4.60	Always	Outstanding
	professional			
	comportment.			
8.	I implement plan	4.41	Always	Outstanding
0.	of care within	7.71	2 Hways	Justanding
	legal, ethical, and			
	regulatory			
	framework of			
	nursing practice.			
9.	I contribute to the	3.89	Often	Above Average
	resolution of a			
	conflict.			
		1	I	l .

10. I discuss clinical	4.13	Often	Above Average
decisions with the			
patient and his/her			
families.			
Overall Average	4.27	Always	Outstanding
		-	

Table 6 shows the self-assessed competency of the nurse Diploma 3 graduates in terms of skills. Based on this study's result it showed The highest mean score is 4.60, verbally interpreted as outstandingn the statement of "I action professional comportment", the lowest mean score was 3.89, verbally interpreted as above average, the statement of "I contribute to the resolution of a conflict ".

Table 7 : Summary of Values Showing the Mean and Verbal Interpretation of the Self - AssessedCompetency of the N urse Diploma 3 GraduateRespondents in Terms of

	Attitude					
	Attitudes	Mean	Verbal	Extended		
	(Affective)		Interpretation	meaning		
_	1. I value the importance of transparency in communicatio n with the patient, family, and health care team regarding safety and adverse events.	4.53	Always	Outstanding		
_	2. I accept the values mutually respectful of the communicatio n of health education in terms of health promotion.	4.48	Always	Outstanding		
_	3. 1 appreciate my own role in influencing the attitudes of other nurses toward computer use for nursing practice and education.	4.08	Often	Above Average		
-	4. I respect others person's or patient's rights to make decisions in planning care.	4.61	Always	Outstanding		

5. I realize	4.40	Always	Outstanding
appreciate the		12	o distancing
value of what			
individuals			
and teams can			
do to improve			
care processes			
and outcomes			
of care.			
6. I	4.53	Always	Outstanding
acknowledge	4.55	2 HWays	Odistarding
the values of			
the inherent			
worth and			
uniqueness of			
the			
individuals or			
patient.			
7. I value	4.31	Always	Outstanding
reverence			S
capabilities,			
knowledge			
base, and			
areas for			
development.			
8. I sense in the	4.38	Always	Outstanding
values of			
professional			
standards of			
practice.			
9. I homage that	4.45	Always	Outstanding
each			
individual			
involved in a			
conflict has			
accountability			
for it and			
should work			
to resolve it.			
10. I honor the	4.61	Always	Outstanding
values of the			
patient's and			
family's right			
to know the			
reason for			
chosen			
interventions.			
Overall	4.44	Always	Outstanding
Average			

Table 7 Shows the self-assessed competency of the nurse Diploma 3 graduates in terms if attitude. Based on this study's result it showed the highest mean score was 4.61, verbally interpreted as outstanding, the statement of "I respect others person's or patient's rights to make decisions in planning care" and I honor the values of the patient's and family's right to know the reason for chosen interventions", the lowest mean score was 4.08, verbally interpreted as above average, the statement of "1 appreciate my own role in influencing the attitudes of other nurses toward computer use for nursing practice and education ".

Table 8: Summary of ANOVA values on the Significant Differences in the Competency of Nurse Diploma 3 Graduates, When Age was Taken as Test Factor

F computed	F critical	Decision
2.259446	2.666574	Accepted Ho

Table 8 Presents the summary of ANOVA on the Significant differences in the competence of Nurse Diploma 3 Graduates when their profile are taken as test factor. Based on the ANOVA statistical treatment with a 0,05 level of significance, F value of 2.259446 was less than the F critical value of 2.666574. Based on the results of this study, age did not have significant role affecting the Diploma 3 Graduates competence.

Table 9: Summary of t-test values on the Significant Differences in the Competency of Nurse Diploma 3 Graduates, when Gander was taken as Test factor

Computed t	T Value		f	Decision
		significance		
-0.605	1.96	5%		Accept
				Но

Table 9 Presents the significant difference between in the self-assessed competence of Diploma 3 graduate respondents when grouped according to their gender was taken as Test Factor. ,The computed T of -0605 was lesser then T values of 1.96, Level of significance was 5%, so that null hypothesis of no significant difference in the self-assessed competence of Diploma 3 Graduate respondents when their personal profile (gender) are taken as test factor was accepted. This result showed that gender did not have significant role affecting the competence of Diploma 3 Graduates.

Table 10: Summary of ANOVA Values on the Significant Differences in the Competency of Nurse Diploma 3 Graduates, When Religion was Taken as

Test i actor				
Fcomputed	F critical	Decision		
0.680636	3.057621	Accept Ho		

Table 10 presents the summary of ANOVA on the significant differences in the competence of Nurse Diploma 3 Graduate respondents when grouped according to their religion which F computed was

0.680636, F critical was3.057621 and Decision was Accept Ho.

Based on the results of this study, Religion did not have significant role affecting the competence Diploma 3 Graduates.

Table 11: Summary of ANOVA Values on the Significant Differences in the Competency of Nurse Diploma 3 Graduates, When Length of Service was Taken as Test Factor

F computed	F critical Value	Decision
3.835256	3.057621	Reject Ho

Table 11 Presents the summary of ANOVA on the significant differences in the competences of Nurse Diploma 3 Graduate respondents when grouped according to their Length of services was taken as Test Factor. The third ANOVA statistical treatment with a 0,05 level of significance, F value of 3.835256 was greater than the F critical value of 3.057621. Based on the results of this study, length of service had the significant differences role affecting the competence of Nurse Diploma 3 graduates.

Table 12: Summary of Values Showing the Mean and Verbal Interpretation of the Assessment of the Head Nurse Respondents on the Competency Nurse Diploma 3 Graduates in Terms of Knowledge

	Knowledge	Mean	Verbal	Extended
			Interpreta	meaning
			tion	
1.	The Nurse	4.48	Always	Outstanding
	Diploma			
	Outstanding 3			
	understands that			
	safe, effective care			
	environment			
	means the safety,			
	infection control			
	and management			
	of care.			
2.	The Nurse	4.22	Always	Outstanding
	Diploma 3			
	interprets that			
	health promotion			
	and its			
	maintenance			
	means growth and			
	development			
	through life.			
3.	The Nurse	4.00	Often	Above
	Diploma 3 defines			Average
	the impact of			
	computerized			

information			
management on			
the role of the			
nurse.			
4. The Nurse	4.43	Always	Outstanding
Diploma 3 knows			
the physiological,			
psychosocial,			
developmental,			
spiritual, and			
cultural influences			
on effective			
communication to			
the patient, and			
her / his family.			
5. The Nurse	4.35	Always	Outstanding
Diploma 3	4.55	1 Hways	Odistanding
describes that			
nursing			
contributes to			
systems of care			
•			
and processes that affect			
outcomes.	474	A 1	O-4-4 1'
6. The Nurse	4.74	Always	Outstanding
Diploma 3			
clarifies the			
diversity of the			
patient's			
condition.			
7. The Nurse	4.17	Often	Above
Diploma 3			Average
explains the			
professional			
standards of			
practice, the			
evaluation of that			
practice, and the			
responsibility and			
accountability for			
the outcome of			
that practice.			
8. The Nurse	3.52	Often	Above
Diploma 3 can			Average
illuminates legal			
and regulatory			
factors that apply			
to nursing			
practice.			
9. The Nurse	4.04	Often	Above
Diploma 3 can			Average
find outs			
effective			
strategies for			
communicating			
and resolving			
conflict.			
10. The Nurse	3.70	Often	Above
	5.70	Ollen	
Diploma 3			Average
analyzes the			
concepts of			
health literacy.	4.17	00	41
Overall Average	4.17	Often	Above
			Average
			Average

Table 12 Shows the statement knowledge of the Nurse Diploma 3 Graduate, according to the self-

assessment of the Head Nurse Respondents. The highest mean score was 4.74, verbal as outstanding, the statement of "The Nurse Diploma 3 Graduates clarifies the diversity of the patient's condition", the lowest mean score was 3.52, as above average, the statement of "The Nurse Diploma 3 Graduates can illuminates legal and regulatory factors that apply to nursing practice.

Table 13: Summary of Values Showing the Mean and Verbal Interpretation of the Assessment of the Head Nurse Respondents on the Competency of Nurses Diploma 3 Graduates In Terms of their Skills

Skills (Behavior)	Mean	Verbal	Extended
Skills (Bellavioi)	Mean		
1 TI N D2	4.10	Interpretation	meaning
1. The Nurse D3	4.13	Often	Above
applies effective			Average
use of technology			
and standardized			
practices that			
support safe			
practice.			
2. The Nurse D3	4.57	Always	Outstanding
actualizes			
programs to			
patients and their			
families to			
maintain good			
healthy, related to			
healthy food,			
healthy lifestyle			
habits, and			
consulting with			
the doctor.			
3. The Nurse D3	4.22	Always	Outstanding
seeks education		11	Gustarang
about how			
information is			
managed in the			
care setting before			
providing care.			
4. The Nurse D3	3.78	Often	Above
demonstrates	3.70	Olich	Average
barriers to			Avelage
effective			
communication			
(language,			
developmental			
level, medical			
condition/disabiliti			
es, anxiety,			
learning styles,			
etc.).			
5. The Nurse D3	4.04	Often	Above
exercises the			Average
improvement			
processes to make			
processes of care			
interdependent			
and explicit.			
6. The Nurse D3	4.70	Always	Outstanding
performs		-	
collaboratively			

with health care			
providers from			
diverse			
backgrounds.			
7. The Nurse D3	4.43	Always	Outstanding
actions			
professional			
comportment.			
8. The Nurse D3	4.17	Often	Above
implements plan			Average
of care within			
legal, ethical, and			
regulatory			
framework of			
nursing practice.			
9. The Nurse D3	4.30	Always	Outstanding
contributes to the			
resolution of a			
conflict.			
10. The Nurse D3	4.22	Always	Outstanding
discusses clinical			
decisions with the			
patient and his/her			
families.			
Overall Average	4.26	Always	Outstanding

Table 13 Shows the statement skills of the Nurse Diploma 3 Graduates, according to the self-assessment of the Head Nurse Respondents. Based on this study's result it the highest mean score was 4.70 as outstanding, the statement of "The Nurse Diploma 3 Graduates performs collaboratively with health care providers from diverse backgrounds.", the lowest mean score was 3.78as above average, the statement of "The Nurse Diploma 3 Graduates demonstrates barriers to effective communication (language, developmental level, medical condition or disabilities, anxiety, learning styles, etc.)

Table 14: Summary of Values Showing the Mean and Verbal Interpretation of the Assessment of the Head Nurse Respondents on the Competency Nurses Diploma 3 Graduates in Terms of Attitude

Attitudes (affective)	Mean	Verbal Interpretation	Extended meaning
1. The Nurse D3 values the importance of transparency in communication with the patient, family, and health care team regarding safety and adverse events.	4.48	Always	Outstanding

2. The Nur	se D3	4.57	Always	Outstanding
accepts t				
values m				
respectfu				
thecomn	nunicati			
on of he	alth			
educatio				
terms of				
promotio				
The Nu	irse D3	3.96	Often	Above
appreci				Average
* *				Trenge
my own				
in influ	_			
the atti	tudes of			
other n	urses			
toward				
comput	er iise			
•				
for nur				
practice				
educati	on.			
4. The Nu	irse D3	4.65	Always	Outstanding
	s others			
person'				
patient				
rights t	o make			
decisio	ns in			
plannin				
		126	A 1	0 "
5. The Nu		4.26	Always	Outstanding
realizes	3			
appreci	ate the			
value o				
individ				
and tea				
do to ir	nprove			
care pro	ocesses			
and out	comes			
of care.				
		4.57	A 1	O-4-4 1:
		4.57	Always	Outstanding
acknow	ledges			
the valu	ies of			
the inh	erent			
worth a	ınd			
unique				
	ividuals			
or patie	ent.			<u> </u>
7. The Nu	rse D3	4.26	Always	Outstanding
value	-			
	200			
reveren				
capabil				
knowle	dge			
base, ar				
areas fo				
develop	oment.	1.5.		
8. The Nu	ırse D3	4.26	Always	Outstanding
senses	in the			
values	of			
profess				
standar				
practice				<u> </u>
9. The Nu	rse D3	4.30	Always	Outstanding
homage			J	
each	uiut			
	.1			
individ				
involve	ed in a			
conflic	t has			
accoun				
for it a				
should	work			<u> </u>

	to resolve it.			
	The Nurse D3 honors the values of the patient's and family's right to know the reason for chosen interventions.	4.65	Always	Outstanding
Ove	rall Average	4.40	Always	Outstanding

Table 14 Shows the statement attitude of the Nurse Diploma 3, according to the assessment of the Head Nurse respondents. Based on this study's result it showed the highest mean score was 4.65, as outstanding, the statement of "The Nurse Diploma 3 Graduates respects others person's or patient's rights to make decisions in planning care" and "honors the values of the patient's and family's right to know the reason for chosen interventions ", the lowest mean score was 3.96a's above average, the statement of "The Nurse Diploma 3 Graduates appreciates their own role in influencing the attitudes of other nurses toward computer use for nursing practice and education".

Table 15: Summary of t-test Values on the Significant Difference in Self-Assessed Competency of the Nurse Diploma 3 Graduate Respondents and the Assessment of the Head Nurse Respondents on the Competency of Nurse Diploma 3 Graduates in terms of Knowledge, Skills, and Attitude

Areas	Computed	T	Level of	Decision
	t	Value	Significant	
Knowledge	0.487	1.96	5%	Accept
				Но
Skills	0.102	1.96	5%	Accept
				Но
Attitudes	0.491	1.96	5%	Accept
				Но

Table 15 shows the significant differences in self-assessment of the Nurse Diploma 3 Graduate respondents and the assessment of the Head Nurse respondent on the competency of the Nurse Diploma 3 Graduates in terms of Knowledge, Skills, Attitudes. The tabled showed First in term of knowledge, Second are skills and third are attitudes , all competency that null hypothesis of no significant difference in the self-assessed competence of Nurse Diploma 3 Graduate respondents when their

competence (Knowledge , Skills and Attitude) was taken.

Discussion

Majority of the respondents were 36-40years old (27 %), Female (89 %), Roman Catholic (89 %), and their length of service 11 years and above (46 %). The competencies of Nurse Diploma 3 Graduates with their corresponding weighted mean were; knowledge overall (4.24) outstanding, Skills overall (4.27) outstanding, Attitude (4.44) outstanding. There is no significant difference in the self-assessed competency of the nurse diploma 3 graduates when age, gander, and religion were taken as test factor. There is no significant difference in the self -assessed competency of the nurse diploma 3 graduates when length of service is taken as test factor. The assessment of the Head Nurse respondents on the competency of Nurse Diploma 3 Graduates with their corresponding weighted mean were; knowledge overall (4. 17) above average, Skills overall (4.26) outstanding, Attitude (4.40) outstanding. The is no significant difference in selfassessment of the Nurse D3 Graduate respondents and the self-assessed competency of the nurse diploma 3 graduates and the assessment of the head nurse on the competency of the nurse diploma 3 graduates in terms of knowledge, skills, and attitude. Based from the results of this study, the inputs for enhancement of the competencies in nursing care program was proposed.

Conclusions

Nurse Diploma 3 Graduate respondents were overall outstanding in performing their duties and responsible. But one statement in each of Knowledge, Skills and Attitudes were above average. Age, Gender, Religion, do not influence their self-assessment on their knowledge, Skills, and Attitudes. But in terms of length of services it influences their knowledge, Skills, and Attitudes. The Head Nurses assessment of the Nurse Diploma 3 Graduate respondents were overall outstanding in performing their skills and attitude but above average in their knowledge. One statement of Knowledge, Skills and Attitude were above average. There is no significant difference in the self-assessed competencies of Nurse Diploma3 Graduate respondents and the assessment of the Head Nurse respondents in the competency of Nurse Diploma 3 Graduates in terms of knowledge, Skills and attitudes. As a recommendation in the short term is to improve the legal aspects in terms of Knowledge, Skills and Attitudes, the willingness to improve technology in the use of the nursing service system, improve effective communication both verbally and non-verbally. In long-term planning is to increase knowledge in scholarship programs for all the nurses with Diploma 3 backgrounds for further study and gradually.

References

- AC Greiner S & Knebel, E(2013) Core Competencies For Health professional, Education, A bridge to Quality. Washington DC.
- Alexander, M. & Runciman, P. (2013). ICN
 Framework of Competencies for the
 Generalist Nurse: Report of the
 Development, Process, and
 Consultation. Geneva, Switzerland:
 International Council of Nurses.
- Anonuevo Cora A. PhD. RN (2015) Preparing Nurses to Work Globally: The Philippine Experience, University of the Philippines Manila College of Nursing 5th International Nursing Conference Jakarta, Indonesia.
- Alligood MR(2014). Nursing Theorists and their Work 8th edition, College of Nursing East Carolina University. Greenville, North Carolina P, 120 125.
- American Nurses Association (ANA) (2015). Human Rights for Nurses in Clinical and Other Research. Kansas City. MO: Author.
- Badan Pusat Statistik Indonesia (2016)
- Cruz Edward Venzon, DDM RN, BNSc, MN, PhD, Forbes Dorothy, RN, BN, MScN, Ph D (Vol 84 No1, 2014 January June) Transforming Nursing Education and Practice through Emotional Intelligence. Philippine Journal of Nursing p 42-43.
- Dayrit, Benyamin C. (2013) College Statistics 2013 edition Manila; Ymas Publishing Foundation.
- Intening VR (2013) Nursing Performance of Diploma and Baccalaureate Graduates in Selected Government Hospitals in Yogyakarta, Indonesia Basis for An Action Plan, Trinity University Of Asia.
- Indonesian National Nurses Association (PPNI Persatuan Perawat Nasional Indonesia) (2012), Pengurus Pusat PPNI.
- Keputusan Mentri Kesehatan Republik Indonesia No 1239 /MENKES/SK/XI/

- 2001 tentang Registrasi dan Praktik Perawat.
- Lazarte Francis Carlos (2013) Core Competencies of Beginning Staff Nurses: A Basis for Staff Development Training Program, Specialized Nursing Institute, Nursing Administration Program, Muscat, Sultanate of Oman.
- Miller GE. The assessment of clinical skills/ competence/ performance. Acad Med (1990);65:s63-s67.
- Nike Rika Rusnawati 2012 Relasi Gender dalam tugas-tugas keperawatan di Rumah Sakit Putri Husada, Slemana, Yogyakarta.
- Noto Admojo. (2012) Metode Penelitian, jhptump-a-numansholi-189-3-babiii httpdigilib.ump.ac.idfilesdisk14jhptum p-a-numansholi-189-3-babiii.
- Nursing Credentials for Santa Elisabeth Hospital in 2015.
- Pedoman Pelaksanaan Asesment Kompetensi Profesi Indonesia, Pengurus Pusat PPNI (2012).

- Peraturan Pemerentah No 32 tahun 1996 tentang Tenaga Kesehatan .
- Rusnawati Nike Rika 2012, Relasi Gender dalam tugas- tugas keperawatan di rumah sakit Puri Husada Sleman Yogyakarta.
- Standar Kompetensi Perawat Indonesia (Competency Standards of Nursing Indonesia) 2013.
- Undang undang Republik Indonesia No 38 Tahun 2014, Tentang Keperawatan.
- Undang undang No 23 tahun 1992, tentang Standar Kompetensi Keperawatan.
- Undang undang no 20 tahun 2003, tentang Sistem Pendidikan Nasional Indonesia.
- Wood, A. F. (2 012). Nursing Models: Normal Science for Nursing Practice. In M. R. Alligood (Ed.) Nursing Theory: Utilization & Application, 4th ed. (pp. 17–46). Maryland Heights, (MO): Mosby Elsevier.