

# Nursing Performance: A Self-Performance Appraisal Analysis Among the Third Year Student Nurses at Far Eastern University Manila, A.Y. 2023-2024

Ing-Tsyr A. Chen<sup>1</sup>, Kim Xeng D. Dy<sup>2</sup>, Nathan Lorenzo V. Panela<sup>3</sup>, Patrick Joshua R. Pote<sup>4</sup>  
<sup>1, 2, 3, 4</sup>Department of Nursing, Far Eastern University, Manila, Philippines-1008

**Abstract**— This study analyzes the self-performance appraisal of the third year nursing students of the Far Eastern University to determine their level of competency and enable them to improve their overall productivity in the field. It establishes the perspective of the students on the importance of the required competencies in enabling an effective nursing performance, as well as discover the long-term implications of these expertise in the quality of care offered to patients. A quantitative approach and a descriptive design was utilized in this study, and data gathering was accomplished through Google Forms by implementing a convenience sampling method with a goal of 50 third year nursing students as respondents. This study adapted Schwirian's (1978) Six Dimensional Scale of Nursing Performance questionnaire. Results from the five chosen subscales all fall under the "frequently" domain, which suggests that despite the mean value of the results gathered, the respondents are able to perform proficiently in their tasks, given that they are still nurses in training. The researchers recommend that it is best that nursing schools focus on actively engaging in individual performance appraisal by prioritizing self-assessment enrichment alongside traditional student performance evaluations.

**Keywords**—Nursing, Nursing Performance, Self-Appraisal, Schwirian, Far Eastern University.

## I. INTRODUCTION

### 1.1 Performance Appraisal and Self-Appraisal

Performance appraisal was defined in the earlier years as the process of evaluating an employee's performance from an operational perspective, focusing solely on rating task execution accuracy (Keeping & Levy, 2000); however, a significant shift happened, as this has evolved into a comprehensive approach that tackles goal setting, providing feedback, and developing skills to escalate individual performance (Chiang & Birtch, 2010), which are considered essential elements in attaining optimum proficiency in the workplace. This interpretation has been observed in career development, as highlighted in the study of Hiebert et al. (2010), where this is deemed one of the reasons for obtaining standard work effectiveness that elevates one's skills to achieve objectives and growth in the institution. Moreover, the concept of self-appraisal aligns with the preceding statement, as this provides a more personalized deliberation that enables individuals to identify their strengths and weaknesses and sharpen the knowledge and aptitudes necessary in their respective fields (Sedlacek, 2010).

### 1.2 Nursing Performance Self-Appraisal

Evaluating performance in the healthcare setting is essential to ensure the delivery of high-quality care to those in need, thus, nursing performance self-appraisal, as emphasized by Golder (2021), involves the critical evaluation of nursing practice towards their proficiency level that underscores their strong points and shortcomings to provide valuable insights into areas for refinement and enable optimal performance outcomes to fine-tune their delivery of client-centered care (Moradi et al., 2017). Analyzing the result of this evaluation can increase their overall productivity and help them promote a conducive workplace. Hence, this research area attracts increasing attention due to its potential benefits for academic and practical applications.

### 1.3. Dimensions of Nursing Performance

To delineate the field of nursing competencies, six subscales, according to Schwirian (1978), are utilized: (1) Leadership skills, (2) critical care performance, (3) effective teaching and collaboration, (4) planning and evaluation, and (5) communication skills, with the exemption of the last subscale, (6) professional development, as it is only routinely used for registered nurses working in the healthcare sector and cannot be applied to undergraduate students. In a broader sense, these dimensions contribute to integrating holistic approach, extensive comprehension of patient needs (Jasemi et al., 2022), and enhancement of dexterity in practical skills (Lundell et al., 2022). Ergo, they foster mastery of care to amplify the satisfaction of all stakeholders across health institutional domains while effectively mitigating burnout and favorable work conditions in the nursing domain (American Nurses Association, 2023).

Furthermore, despite multitudes of quantitative studies and literature reviews that have provided strong empirical evidence in the linkage of self-performance evaluation and augmentation of expertise among nurses (Norman et al., 2002), there are hardly any investigations exploring the level of nursing competency in undergraduate nursing and its implications for producing competent and skilled graduate nurses. Through rigorous analysis, this research aims to provide concrete answers to pertinent questions that will contribute to the existing body of knowledge on self-performance appraisal and level of nursing performance by addressing existing educational gaps and offering guidance for initiatives to elevate education in the said field, which will enable educators and healthcare practitioners to develop more effective curricula and training

programs to heighten nursing competencies and improve patient care outcomes.

#### 1.4. Research Questions

The following inquiries will serve as the guiding principles of this study:

1. How do third-year nursing students at Far Eastern University Manila in the A.Y. 2023-2024 perceive the importance of specific competencies in effective nursing performance, in terms of:
  - 1.1. leadership;
  - 1.2. critical care;
  - 1.3. teaching/collaboration;
  - 1.4. planning/evaluation; and
  - 1.5. interpersonal relations and communications
2. What are the positive long-term implications of mastery level for student nurses' career trajectories and quality patient care outcomes among third-year nursing students from Far Eastern University Manila in the A.Y. 2023-2024, in terms of:
  - 2.1. leadership;
  - 2.2. critical care;
  - 2.3. teaching/collaboration;
  - 2.4. planning/evaluation; and
  - 2.5. interpersonal relations and communications?

## II. METHODOLOGY

### 2.1 Methods and Techniques

The study employed a quantitative methodological approach alongside a descriptive research design to thoroughly investigate the self-appraisal of third-year nursing students. Through systematic data collection and analysis, researchers gained valuable insights into how these students perceive their own competencies across various dimensions of nursing practice, providing a more in-depth understanding of the collated data deemed to be indispensable in this study (Aggarwal & Ranganathan, 2019). Hence, abstaining from manipulating variables or establishing causal relationships, the study aimed to provide a comprehensive understanding of the students' self-assessment within the context of their nursing performance, ultimately contributing to the broader discernment of nursing performance.

### 2.2 Population and Sampling Technique

This study applied the convenience sampling method that chose respondents "based on availability and willingness to take part (Barratt, 2009, par. 12)." Anchored to this method, a total population of 50 students were deemed qualified to become respondents of this study. The respondents, however, must fulfill the following criteria to be eligible: (1) Must be a bona fide third-year nursing student of Far Eastern University Manila, A.Y. 2023-2024 and (2) must have completed all clinical duty exposures prior to promotion to Level 3.

### 2.3 Research Instrument and Administration

The study used the Six Dimension Scale of Nursing Performance research questionnaire by Patricia M. Schwirian, Ph.D., R.N. from the Ohio State University College of Nursing, to gather necessary data (Schwirian, 1978). The scale was developed to measure the interconnectedness of performance self-appraisal and its effect on the clinical efficacy of nursing school graduates and professionals. The six dimension scale consists of six subscales, namely 1) leadership, 2) critical care, 3) teaching/collaboration, 4) planning/evaluation, 5) interpersonal skills/communication, and 6) professional development; However, in this study, only the first five subscales were used, as the professional development area is routinely utilized for registered nurses already working in the field; Thus, only 42 questions out of the original pool of 52 were retained to serve this purpose.

Each subscale includes the following scopes: 1) The Leadership subscale, which consists of five items, examines the leadership roles of nursing students, regardless of their specific job title and entailments; 2) The Critical Care (CC) subscale, which comprises seven items, is an assessment of nursing responsibilities associated with critically ill patients, including those with the potential outcome of death; 3) The Teaching/Collaboration (T/C) subscale, which constitutes 11 items, gauges the behaviors to which nurses are called to teach clients and families to initiate collaboration among them and other involved healthcare providers that contribute to the well-being of the sick; 4) The Planning/Evaluation (P/E) subscale, which is composed of seven items, measures behaviors involving planning and evaluation of provided nursing care to clients; and lastly, 5) The Interpersonal Relations/Communications (IPR/C) subscale, which consists of 12 items, relates the nurse's interpersonal relations and communication behaviors that involves clients and colleagues in the healthcare setting.

The effective distribution of the research instrument, on the other hand, was a significant concern for this study as proper data gathering would affect the accuracy of the information accumulated. After thorough discussion, the researchers decided to utilize Google Forms to collect the necessary details from the chosen population, which is an online survey tool that allows for less expenditure cost, greater audience reach, and immediate trending of data in graphical presentations (Vasanth & Harinarayana, 2016); Hence, it was deemed best-fitting for this paper.

After preparing the Google Forms survey questionnaire, the researchers will post it in the "One Piyu Community," an active private Facebook group handled by the University and exclusively available to every bonafide FEU student only, which is judged as the most effective avenue for dissemination as Facebook generates a large-scale amount of engagement from audiences, particularly among students (Junco, 2012). Moreover, the online survey questionnaire will be open to access for two weeks to allow for the collection of the influx of responses from the third-year nursing students. After the allotted period, the data will be congregated and scrutinized following the study's statistical plan and analysis.

### 2.4 Statistical Treatment and Methods of Scoring

The researchers will utilize descriptive statistical tools to summarize and interpret the data sets with the objective of clarity in reading and elucidation (Baraka, 2023). This study will use the (1) Weighted Mean as utilized by Schwirian, (2) Weighted Arithmetic Mean (WAM), and the (3) 4-point Likert scale prescribed in the Six Dimension Scale of Nursing Performance research questionnaire to analyze the responses gathered.

1. *Weighted Mean as utilized by Schwirian*

The weighted mean utilized by Schwirian is a statistical method used to determine the overall rating of each subscale in a given competency assessment. The method is computed by adding all the numerical ratings in each subscale and dividing them by the total number of items subtracted by the numbers not part of the student nurses' competencies. Thus, the higher the number in the computation, the more elevated the degree of adeptness of the student nurse.

$$\bar{X} = \frac{\sum x_1 \dots x_a}{n - m}$$

Where:

Σ = Summation sign

X1...Xa = Numerical ratings in each item from the subscale

n = total number of items in the subscale

m = number of items in the subscale not included in the scope of practice

2. *Weighted Arithmetic Mean*

The weighted arithmetic mean (WAM) is calculated by adding all the data point values and dividing them by the total number of data points (Carter, 2010). The researchers used WAM to evaluate the overall data result per subscale after conducting the Schwirian weighted mean per student's responses. This will generalize and consolidate the results per subscale in a more general aspect, which would identify areas where the respondents excel and where they need further improvement. Hence, the higher the mean, the more adept the third-year nursing students are at performing a specific task and vice versa.

TABLE 2. Leadership Subscale Weighted Mean and Interpretation

LEADERSHIP SUBSCALE		
Questions	Weighted Mean	Interpretation
1. I give praise and recognition for achievement to the members of my group.	3.72	Frequently
2. I delegate tasks and responsibilities to my members based on priorities of patient care needs and the availability of personnel.	3.66	Frequently
3. I guide my team members in planning for nursing care.	3.6	Frequently
4. I accept the responsibility for the level of care that comes with being a leader.	3.62	Frequently
5. I accept the responsibility for the level of care that comes with being a leader.	3.8	Frequently

Table 3 showcases the questions of the Teaching/Collaboration (T/C) subscale and their weighted mean. The question with the highest result was question four, with an average of 3.78, and the question with the lowest mean of 3.42 was question five, while the rest had a result between 3.6 and 3.72. Nonetheless, questions one to 11 were interpreted as *frequently* using the Likert Scale.

Table 4 exhibits the findings of the Critical Care (CC) subscale and the questions it contains. The highest weighted mean was 3.66, which was question three. It was closely

$$\bar{X} = \frac{\sum f(x)}{N}$$

Where:

Σ = Summation sign

f(x) = SWM results of the subscale in each respondent

N = Total Respondents

3. *Four-Point Likert Scale*

The researchers adapted Schwirian's Six Dimension Scale of Nursing Performance, a four-point Likert Scale, as their research instrument to analyze the performance of third-year nursing students. This scale utilized a 0.75 interval in each range to aid in the interpretation of each category. The equivalent response table expounds the number of times respondents perform a specific task during their clinical practice, ranging from 4, meaning that they execute the task all the time, to 1, meaning that they do not do the task at all, and it is not expected in their area of duty. Identifying which tasks are anticipated from their training and which are not is crucial information that will affect the flow of the result, for getting a low score in one task because it is not part of the scope anticipated from them would lower their overall expertise and capability in an identified category.

TABLE 1. Four-Point Likert Scale Equivalent Response Table

Scale	Scale Range	Equivalent Response
1	1.00 - 1.74	Not expected in this job
2	1.75 - 2.49	Never or Seldom
3	2.50 - 3.24	Occasionally
4	3.25 - 4.00	Frequently

III. RESULTS AND DISCUSSIONS

3.1 *Results*

Table 2 illustrates the results of each question under the subscale of Leadership. All outcomes fell under the *frequently* category, with question five having the highest mean of 3.8. This is closely followed by question one, with an average of 3.72, and questions two and four, with outcomes of 3.66 and 3.62, respectively. Meanwhile, question three got the lowest mean, which is 3.6.

followed by questions four, two, six, five, seven, and one, with the results of 3.56, 3.54, 3.52, 3.48, 3.22, and 3.1, respectively. All the questions fell under the *frequently* category based on the Likert scale.

Table 5 illustrates the results of each question under the Planning/Evaluation subscale, all of which fall under the *frequently* category. Question 1 with a mean of 3.83 garnered the highest results, followed by questions 4 and 7 with a mean of 3.78, question 5 with 3.77, question 2 with 3.75, question 3

with 3.74, and finally, by question 6 with 3.72, having the lowest mean.

TABLE 3. Teaching/Collaboration Subscale Weighted Mean and Interpretation

<b>TEACHING/COLLABORATION SUBSCALE</b>		
<b>Questions</b>	<b>Weighted Mean</b>	<b>Interpretation</b>
1. I teach a patient's family member about the patient's needs.	3.72	Frequently
2. I teach preventive health measures to patients and their families.	3.74	Frequently
3. I identify and use community resources in developing a plan of care for patient and their family.	3.66	Frequently
4. I adapt teaching methods and materials to the understanding of my patient (e.g., age of patient, educational background, sensory deprivation).	3.78	Frequently
5. I develop innovative methods and materials to teach my patients.	3.42	Frequently
6. I promote the use of interdisciplinary resource persons (i.e., nutritionist).	3.6	Frequently
7. I encourage the family to participate in the care of the patient.	3.7	Frequently
8. I identify and use resources within the healthcare agency in developing a plan of care for a patient and their family.	3.68	Frequently
9. I communicate facts, ideas, and professional opinions to patients and their families.	3.74	Frequently
10. I plan for the integration of patient needs with family needs.	3.7	Frequently
11. I use teaching aids and teaching materials in teaching patients and their families.	3.68	Frequently

TABLE 4. Critical Care Subscale Weighted Mean and Interpretation

<b>CRITICAL CARE SUBSCALE</b>		
<b>Questions</b>	<b>Weighted Mean</b>	<b>Interpretation</b>
1. I perform technical procedures such as oral suctioning, tracheostomy care, IV therapy, catheter care, and dressing changes.	3.1	Occasionally
2. I provide emotional support to the family of a terminally ill patient.	3.54	Frequently
3. I implement necessary measures in emergency measures.	3.66	Frequently
4. I deliver quality nursing care required by critically ill patients.	3.56	Frequently
5. I recognize and meet the emotional needs of a critically ill patient.	3.48	Frequently
6. I remain calm and act competently in emergencies.	3.52	Frequently
7. I utilize mechanical devices like suction machines, cardiac monitors, and respirators.	3.22	Occasionally

TABLE 5. Planning/Evaluation Subscale Weighted Mean and Interpretation

<b>PLANNING/EVALUATION SUBSCALE</b>		
<b>Questions</b>	<b>Weighted Mean</b>	<b>Interpretation</b>
1. I collaborate with the medical team to synchronize the nursing care plan with the treatment plan.	3.83	Frequently
2. I anticipate and integrate expected changes in the patient's condition into my nursing care plans.	3.75	Frequently
3. I evaluate the outcomes of the nursing care plan.	3.74	Frequently
4. I develop a nursing care plan for each patient.	3.78	Frequently
5. I engage in collaborative planning and evaluation of nursing care with others from the medical field.	3.77	Frequently
6. I identify and address immediate patient needs within my nursing care plan.	3.72	Frequently
7. I contribute my insights and expertise to create the nursing care plan for each patient.	3.78	Frequently

TABLE 6. Interpersonal/Communication Subscale Weighted Mean and Interpretation

<b>INTERPERSONAL/COMMUNICATION SUBSCALE</b>		
<b>Questions</b>	<b>Weighted Mean</b>	<b>Interpretation</b>
1. I advocate for the inclusion of the patient's decisions and preferences for their care.	3.78	Frequently
2. I communicate a sense of acceptance and genuine concern for each patient's well-being.	3.86	Frequently
3. I seek support and assistance when needed.	3.78	Frequently
4. I assist patients in communicating with others effectively.	3.76	Frequently
5. I communicate facts, ideas, and feelings to fellow healthcare team members.	3.68	Frequently
6. I uphold patients' rights to privacy.	3.88	Frequently
7. I foster an environment of mutual trust, acceptance, and respect among other healthcare members.	3.88	Frequently
8. I provide clear explanations of nursing procedures to patients before carrying them out.	3.74	Frequently
9. I utilize nursing procedures as opportunities for meaningful interaction with patients.	3.74	Frequently
10. I contribute to the development of productive working relationships with other members of the healthcare team.	3.76	Frequently
11. I help patients in addressing their emotional needs.	3.56	Frequently
12. I seize opportunities for patient education when they arise.	3.68	Frequently

TABLE 7. Total Weighted Arithmetic Mean Results for Each Subscale

	<b>SUBSCALES</b>				
	<b>Leadership</b>	<b>Teaching and Collaboration</b>	<b>Critical Care</b>	<b>Planning and Evaluation</b>	<b>Communication</b>
<b>Total Weighted Arithmetic Mean</b>	3.68	3.67	3.46	3.76	3.75
<b>Interpretation</b>	Frequently	Frequently	Frequently	Frequently	Frequently

Table 6 depicts the findings of the Interpersonal/Communication subscale and the questions that fall under its category. The questions that held the highest weighted mean with a result of 3.88 were questions 6 and 7, followed closely by question 2 with 3.86, questions 1 and 3 with 3.78, questions 4 and 10 with 3.76, questions 8 and 9 with 3.74, questions 5 and 12 with 3.68, and lastly, by question 11 with the lowest mean result of 3.56. Nonetheless, all of these questions fall under the *frequently* category according to the range presented by the Likert scale.

Table 7, on the other hand, depicts the result of the third-year nursing students' total weighted arithmetic mean (WAM). It summarizes the outcome of each nursing subscale, illustrating their strong points and areas for improvement. The dimension with the highest result is Planning and Evaluation (P/E), with a score of 3.76, under the *"frequently"* category in the 4-point Likert scale. This is closely followed by Interpersonal

Relations/Communications (IPR/C), which scored 3.75; then succeeded by the subscales of Leadership and Teaching/Collaboration (T/C), with scores of 3.68 and 3.67, respectively; and finally, the Critical Care (CC) subscale that received the lowest score of 3.46. All of these aforementioned subscales fall under the *"frequently"* range, similar to P/E.

### 3.2 Discussion

The third-year nursing students of FEU, as revealed from the questionnaire, are more enriched with experience and adept with the Planning and Evaluation (P/E) subscale. This segment is concerned with a student nurse's ability to plan and develop a nursing care plan (NCP), coordinate the NCP with the medical plan of a client, revise the NCP, and evaluate the efficacy of the said NCP. This aligns with most nursing schools' curriculum, which aims to produce future nurses who can generate strategic NCPs that streamline nursing to promote better patient care and health (University of St. Augustine, 2024). This also entails that the respondents create and evaluate NCPs for most of their clinical routines, which helps them attain a certain degree of confidence in this subject matter.

Following that is the Interpersonal Relations/Communications (IPR/C) subscale that showcases the respondents' strength with their social skills to communicate with their fellow healthcare workers, advocate for their client's rights and needs, and build rapport and professional relationships with them. Inevitably, this is one of the most salient skills a nursing student must develop to ensure meaningful engagement with their future patients (Alder, 2023). In line with that, this subscale is continuously being inculcated in their minds from the beginning of the nursing program until the end; hence, they constantly use this in the healthcare setting. On top of that, the Leadership category relates to the third-year nursing students' capacity to delegate tasks and guide their team members during any nursing undertakings, which potentially drives positive changes in the workplace and boosts the morale of the students (American Nurses Association, 2023). The result of the study, on the other hand, suggests that this is not the main strongest point of the respondents' though it is still under the *"frequently"* category, which means they still apply it to their work to some extent.

Subsequently, the Teaching/Collaboration (T/C) subscale, which involves the respondents' capability to adapt teaching methods, develop innovative teaching materials, and identify and utilize community resources to aid the progression of a patient's condition. This is a critical aspect of nursing care as health teaching is a significant intervention (Bergh et al., 2015). Lastly, the Critical Care (CC) subscale that encompasses the proficiency to perform technical procedures and use of mechanical devices to provide critical care to patients confined in the Intensive Care Unit (ICU). This comprises vital skills to serve those severely ill or injured individuals admitted to hospitals (Nursing Times, 2021). On that note, it is understandable that the respondents rated this the lowest regarding competency. It is challenging to train critical care skills, as it requires experience and great lengths of exposure in the ICU.

Thus, with the results interpreted, it can be inferred that the third-year nursing students of the Far Eastern University are confident in their ability to create suitable nursing care plans that fit the demands and health needs of their patients, hence the proficiency in the Planning and Evaluation (P/E) portion of patient care. At the same time, these nursing students show a lack of expertise and experience in the Critical Care (CC) field due to insufficient exposure per requirement of higher levels of nursing education. As for the Interpersonal Relations/Communications (IPR/C), the Leadership, and the Teaching and Collaboration (T/C) subscales, results reveal that FEU nursing students simply need to improve in these areas of nursing expertise, which could be done through time as they advance to higher levels of competencies. Despite the lack of expertise and the need for improvement on the four other subscales, the nursing students still manifest great results and performance considering that their data index falls under the *"frequently"* domain.

## IV. RECOMMENDATIONS

Based on the findings and conclusions made, the following are recommended:

1. For future researchers who intend to explore the same field of study, it is recommended that they use probability sampling methods like simple random sampling in order to have more appropriate numbers of respondents, primarily if the population consists of a large number of individuals. This would ensure that findings are more generalized and reliable, as data would be deemed more appropriate to represent the said population. Furthermore, combining quantitative and qualitative methods (e.g., interviewing respondents) is also recommended, allowing researchers to explore and extrapolate results more freely and precisely.
2. For future research related to this study, it is recommended to investigate and connect thoroughly the relationship between self-performance appraisal and employees' evaluation from the point-of-view of their managers or employers. This would mean the possibility of conducting the research not just on student nurses but also on registered nurses currently working in the field. Essentially, this can determine which amongst the six subscales is a better tool to use to improve competency in the nursing area.



3. For curriculum developers and related stakeholders, it is recommended that junior students be further exposed to cases involving intensive care unit (ICU) patients in order to gain more experience and practical knowledge, which is essential in leveling the skills of the future nurses

V. CONCLUSION

Traditionally, performance appraisal has played a pivotal role in nursing, primarily through clinical instructor feedback to gauge students' performance. However, nowadays, there has been a notable shift towards self-performance appraisal, enabling individuals to identify their strengths and weaknesses and facilitating skill improvement. Thus, based on the data gathered in this research conducted among the third-year nursing students of FEU, it is perceived that 1) Leadership, 2) Critical Care (CC), 3) Teaching/Collaboration (T/C), 4) Planning and Evaluation (P/E), and 5) Interpersonal Relations/Communications (IPR/C) are necessary for effective nursing performance. Furthermore, the study has uncovered that outcomes across all subscales consistently fall within the "frequently" domain. Remarkably, the Planning and Evaluation (P/E) subscale emerges with the highest weighted arithmetic (WAM) subscale, signifying its prominence as the most utilized skill in clinical rotations, which is mainly due to the prioritization of nursing care plans (NCP) in academic settings, serving as a fundamental framework in patient care management. Hence, the significant shift towards personal performance appraisal has instilled confidence in nurses to identify and leverage their skills that enhance their performance.

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