



Care and Communication Competencies of Filipino Nurses Working in Libya

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Abstract

The success of the health hierarchy in achieving its goals and objectives depends to a great extent on its human resources, particularly the nurses. The nurse's background and training, competence, self- concept, sense of worth and attitudes toward work are vital factors in the attainment of the purposes of the institution. This study examined the care and communication competencies of Filipino nurses working in Libya. Specifically, it tackles the profile of the nurses in terms of age, sex, civil status, religion, highest educational attainment and length of service. Further, it also looked into the level of care and communication competencies of the respondents and the significant relationship between their profile variables. The descriptive survey method of research was utilized in gathering data. The frequency counts, percentages, average weighted mean and Pearson R Correlation were the statistical tools used in the analysis of data. The respondents are old, married, catholic, baccalaureate nurses who are more years in service. They are highly competent professionals in caring and communicating to their colleagues and clienteles. There is no significant relationship between the levels of care and communication competencies and their profile variables. There is a relationship on the communication and skills and attitudes of nurses towards nursing care. There are several factors that may affect the level of care and communication competencies of nurses working in Libya. The respondents of the study are old, mostly married, female, catholic, who finish baccalaureate degree holders and more years in service. Further, they are highly skilled in taking care and communicating professionals.

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Their levels of care and communication competencies are not linked to their profile variables. There is a strong relationship on communication and skills and attitudes of nurses towards nursing care. The conclusion reveals that Filipino nurses working in Libya are old, married, catholic, who finish baccalaureate degree holders, and more years in service. They are highly skilled in caring professionals and communicate well to their colleagues and clienteles. Their levels of care and communication competencies are not linked to their profile variables. There is a strong relationship on communication and skills and attitudes of nurses towards nursing care. A lot of factors may contribute to the care and communication competencies of Filipino nurses. The conclusion recommends that hospital administrators should encourage their staff to develop themselves professionally by pursuing their graduate studies to attain high level competencies and to gain up-to-date knowledge and skills related to their area of disciplines. Considering that nurse's communication skills are influenced by their care skills and attitude, attendance to appropriate skills development and values development activities such as team building activities and self-transformation to sustain such status. Likewise, giving additional honorarium, economic rewards and incentives for these will motivate them and become more committed and dedicated in performing their work. The utilization of the proposed action plan is highly recommended to further strengthen the care and communication competencies of Filipino Nurses working in Libya. Lastly, similar studies should be conducted on the core values and organizational commitment using more variables and in a wider scope.

Keywords: Care Competencies; Communication Competencies.

1. Introduction

The success of the health hierarchy in achieving its goals and objectives depends to a great extent on its human resources, particularly the nurses. The nurse's background and training, competence, self-concept, sense of worth and attitudes toward work are vital factors in the attainment of the purposes of the institution. Nurses must practice autonomously and be responsible and accountable for safe, compassionate, person-centered, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognized professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared. The adequate trainings, high ideals, conscientious service and efforts of self-improvement contribute to the professional overall status of a nurse. The nurses have to indicate his willingness to shoulder the responsibilities attached to him. His first obligation is to assist the patient to its full recovery and attain activities of daily living. He has the duty to cooperate with relatives in the overall success of the care being rendered. Synonymously, the Libya Ministry of Health envisions primarily in delivering quality health care services among their constituents. They have state of the art facilities tasked to nurture the patient to attain full recovery and activities of daily living. They are very eager attain this objective. As such, a good personnel lineup is key factor in the success of this vision. In this context why the ability of Filipino nurses are in demand abroad. Aside from being competent in rendering care, Filipino nurses have the very important skills and that is to communicate fluently to their patients which are a vital part of their job. They speak to people of varying educational, cultural and social backgrounds and must do so in an effective, caring and professional manner. Likewise, in many ways, the nursing profession was a good fit for Filipinos. It harnessed the inherent hospitality and the boundless compassion our people possess, which

combined with what was then a dearth of available nurses in countries like Libya and other Middle East countries. It seemed like there was no limit to the demand for Filipino nurses in these countries. Above all, the relevant competencies of the nurses contribute to the efficiency and effectiveness as they fulfill their roles and perform their tasks, duties and responsibilities. The adherence to any practice is a great significance to the overall recovery of patients. And because of the abovementioned scenario, the researcher developed the interest to examine the care and communication competencies of the Filipino nurses in Libya. The researcher believed that through this study, the administration in general, would become more aware and conscious of the present status of its personnel and therefore could devise measures to improve its human resource programs, more particularly in the aspect of hiring people and in retaining employees.

1.1. Literature Background

In order to have a deeper insight of the study, the researcher made an intensive search for literature and studies relevant to the present investigation. Likewise, this literature and studies will help in the analysis and interpretation of the findings. As stipulated in the 1987 Constitution, Article VIII states that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers. The State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health, manpower development, and research, responsive to the country's health needs and problems [1]. For this reasons, all nurses must act first and foremost to care for and safeguard the public. They must practice autonomously and be responsible and accountable for safe, compassionate, person-centered, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognized professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their careers and families in all settings, including the community, ensuring that decisions about care are shared. The Republic Act 9173 otherwise known as the Philippine Nursing Law of 2002 hereby declared the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in relevant nursing education, humane working conditions, better career prospects and a dignified existence for our nurses. Further, the State hereby guarantees the delivery of quality basic health services through an adequate nursing personnel system throughout the country [10]. As prescribed according to Republic Act 9173, there are core competency standards in the practice of nursing profession such as the safe and quality nursing practice, management of resources and environment, health education, legal responsibility, ethic-moral responsibility, personal and profession development, quality improvements, research, record management, communication and collaboration and teamwork. Article 9, Section 3 of the said Act provides the monitoring and enforcing of quality standards of nursing practices necessary to ensure the maintenance of efficient, ethical and technical, moral and professional standards in the practice of nursing taking into account the health needs of the nation. It is asserted that the International Council of Nurses (ICN) is looking for practical mechanisms to ensure nurses are competent to protect the public and promote patient safety. Jordan and his colleagues shared the experience of the Texas Nurses Association in ensuring nurses are competent through integrating critical thinking, interpersonal relations, basic nursing principles, and aspects of ethical conduct as elements of nurses

competence to meet the professional standards. Jordan and his colleagues recommended that leadership have accountability for developing appropriate policies and regulations to ensure nurses are competent healthcare providers [8]. Competency of Nurses. Most health care providers begin their health profession education expecting to acquire the knowledge and skills needed to provide high-quality care. However, as they advance through their education and begin their careers, they discover that health care systems are exceedingly complex, with a myriad of system issues that often make the provision of high-quality care difficult. It is described that the nursing competency as a set of proficiencies required of professional nurses to meet their assigned job roles and responsibilities in completion of tasks efficiently. Klein indicated that the model includes the necessary clinical competencies as practice standards to assess nursing performance in a specific situation or role. It is also said that this should be an ongoing process throughout the education and training programs. In this way, the healthcare industry would ensure that they were producing to become highly competent nurses who delivered safe efficient care to the patient [9]. The current solution for the ongoing nursing shortage focuses on increasing the number of registered nurses rather than placing emphasis on the competency of those nurses in providing quality nursing care and ensuring safe nursing practice. Without a well-structured nursing competency program, nursing leaders and nurse managers could face difficulties in protecting the public from malpractice, errors, and sustaining the credibility of nursing as a profession [3]. Competency and Quality of Nursing Care. It is stated that the development of a competency assessment program is essential to meeting regulatory bodies' standards and providing quality nursing care. Arcand and Neumann said that the American Nurses Association (ANA) and JCAHO standards state that healthcare organizations must ensure their healthcare providers are both qualified and competent to meet the licensure and accreditation requirements. Arcand and Neumann added that the regulatory bodies request healthcare organizations to develop an ongoing competency assessment process that integrates within the organization's structure, culture, and internal operational processes. Arcand and Neumann commented that the ongoing competency assessment is vital to measure nursing knowledge, skills, attitudes, and behaviors and to identify areas for performance improvement in which appropriate training be provided. Arcand and Neumann elaborated that the competency program is a dynamic component to improve nursing performance by being competent to perform safe and quality nursing care [2]. Axley said that nursing competency has a significant impact on the quality of nursing care and patient safety and becomes a standard requirement for accreditations, licensures, and hiring criteria. The assessment of nursing competence is important to improve the quality of nursing care and promote patient safety. Axley indicated that the successful outcomes of nursing care are closely linked to the competence of nurses in performing their assigned jobs. Nursing competency interprets nursing assessment results for developing the continuous performance improvement plans based on established standards to provide safe patient care, protect the public from malpractice, and sustain the nursing credibility. Axley commented that nursing competency promotes collaborative relationships with other multidisciplinary healthcare teams to integrate new patient care modalities to improve the quality of healthcare [3]. Nurse competence became a relevant topic for discussion among nurse practitioners and nurse researchers. However, the factors connected with nurse competence need deeper exploring. The study of Istomina explores the nurses' competence and factors associated with it from the perspective of nurses for predicting the possible ways for upgrading the nursing practice. They've found out that the level of nurse competence and the frequency of using the competencies in practice as perceived by nurses were high. Further, the nurse education, nurse experience, and nurse professional development play a significant role in the evaluation of nurse competence as well as the

evaluation of quality of nursing care. It is necessary to upgrade nursing education programs at all levels of nursing education in Lithuania: university, non-university, and professional development courses. The qualities of preconditions for nursing care, cooperation with relatives, caring and supporting initiative are related to nurse competence [7]. Camero evaluated the competence of nurses on hospice care. They found out that nurses' have high competency on hospice care along knowledge, skills and attitude while no significant difference on the nurses' competency on hospice care along their profile variables, except in the areas of cases handled which shows some variation. They recommended the nurses must to career advancement to continuously abreast themselves to the trends in caring in order to sustain their high level of competency to achieve their performance outstandingly [5]. Donilon examines the nature and extent to which nursing experience and selected educational variables have on nurses' perceptions of their competence in managing deteriorating patient situations in acute care. Self-awareness of nurses' competence in managing these types of patient situations is critical. The results indicate the overall score for nurses' competence in managing patient situations is in the "good" range. Those who attended a case review session had higher overall scores in eleven of the thirteen aspects on the study scale. Cross-training to more than one specialty was predictive of nurses' self-perceived competence in managing patient situations [6]. The study of Aziz Fentianah examined the nursing competence and its impact on the quality of nursing care and the safety of nursing practice in the multicultural healthcare environment in the Kingdom of Saudi Arabia. The descriptive quantitative study aimed to determine the competency levels of knowledge, skills, and attitudes of 250 participant nurses using six selected nursing core competencies. The findings have proven the effectiveness of the Ministry of Health (MOH) Nursing Competency Program as an evidenced-based practice in determining the competency levels of knowledge, skills, and attitudes and have the potential to assess, maintain, monitor, and improve the nursing competence [4].

2. Materials and Methods

The subjects of the study a (41) Filipino staff nurses from Tobruk Medical Center, Tobruk Libya, and (30) Filipino staff nurses in Aljesser Alijadyed hospital, Tripoli Libya. They are presently working in these hospitals. The data gathering phase took from February 08-12, 2019. The Tobruk Medical Center is a tertiary hospital located in Tobruk City, Libya with 500 bed occupancy. The hospital is located in the eastern part of Libya near the border of Egypt and under the management of the Ministry of Health of Libya. Aljesser Alijadyed hospital, is a secondary and a private hospital located in the center of Tripoli, Libya with 150 bed capacity. The hospital caters different services such as medical, surgical, pediatrics, obstetrics and gynecology, orthopedics, dialysis and other related services. The institution is well equipped with state of the art facilities and equipment's. The data gathered to answer the research problems was tallied, classified and presented in tabulated forms. The data was interpreted after these were subjected to appropriate statistical measures to enable the researcher come up with valid and reliable interpretation of data. The data gathered was processed using Statistical Package for the Social Science (SPSS) V.20. To determine the profile of the respondents namely: age, sex, civil status, religion, highest educational attainment and length of service, frequency counts and percentages was used. The care and communication competencies of the respondents were determined using the weighted average point (WAP) and was given a descriptive value shown below:

Table 12

Weighted Average Point (WAP)	Descriptive Value	Transmuted Value
4.21-5.00	Strongly Agree	Highly Competent
3.41-4.20	Moderately Agree	Moderately Competent
2.61-3.40	Slightly Agree	Slightly Competent
1.81-2.60	Fairly Agree	Fairly Competent
1.00-1.80	Not Agree	Not Competent

To determine the significant relationship between the profile and level of care and communication competencies, Pearson- R Correlation was elicited. Likewise, the significant relationship between the levels of care and communication competencies, the same statistical instrument was used.

3. Results and Discussions

Table 1: Respondent’s Profile in Terms of Age, Sex, Civil Status, Religion, Highest Educational Attainment and Length of Service n=71

Variable Categories	f	Percentage
Age		
21-30 years old	22	31.0
31-40 years old	21	29.6
41-50 years old	15	21.1
51 years old and above	13	18.3
Sex		
Male	22	31.0
Female	49	69.0
Civil Status		
Single	29	40.8
Married	42	59.2
Religion		
Catholic	59	83.1
Non Catholic	12	16.9
Highest Educational Attainment		
Bachelor’s Degree	46	64.8
With MA/MS Units	20	28.2
MA/MS Graduate	5	7.0
Length of Service		
5 years and below	36	50.7
6-10 years	16	22.5
11-15 years	11	15.5
16years and above	8	11.3
Total	71	100

Age. The table shows that according to age, majority of the respondents belong to 21-30 years old age bracket with 22 or 31 percent. These were followed by 31-40, 41-50 and 51 years old and above age bracket with 21 (29.60 percent), 15 (21.1 percent) and 13 (18.30 percent) respondents.

This finding indicates that most Filipino nurses working in Libya are young nurses. This could be attributed to the fact that younger generation of nurses are very eager to migrate abroad such as Libya for a better future of their families and relatives. Likewise, the greater number of older nurses is presumed to be in the Philippines since they already forgone and earned enough savings to start a business.

Sex. As to sex, it could be gleaned from the table that that female dominated the respondents of this study which obtained 49 or 69 percent while the male respondents obtained only 22 or 31 percent. This means that the male group of respondents is outnumbered by the female group of respondents. That is, there are more females than male Filipino nurses working in Libya.

Civil Status. Regarding civil status, it is revealed in the table that almost two third of the total respondents were now enjoying the happiness on marriage life (28 or 78.40 percent) and more than one third who are still single. This means that there are more married Filipino nurses working in Libyan hospitals than those single nurses.

In the same vein, the large number of married nurses can be linked to the fact that they are already on the marital age. Likewise, being married attributed them to go abroad for a greener pasture for their family.

Religion. In terms of religion, 59 or 83.10 percent among the Filipino nurses working in Libya are predominantly Roman Catholic. This can be attributed to the fact that 80 percent of the Filipinos are affiliated with the Roman Catholic Church. This claim is affirmed in the various surveys conducted by individuals and group involved in surveying. In 2005, David Cherey conducted a survey on Catholic population per country all throughout the world, it was revealed in this survey that the Philippines ranked 28th overall in terms of the Catholic population per country in the world which accounts for 81.03 percent of the entire Philippine population.

In another survey conducted by the Wholesome Words Worldwide Missions (2009), it was affirmed that the Philippines ranked 32nd in terms of Catholic population per country all over the world, still accounting 81 percent of the total Philippine population.

In this present study, the data gathered shows that, indeed, most Filipinos are affiliated with Roman Catholicism as a religious organization.

The table further shows that only 12 or 16.90 percent comprised the non-Catholic group such as Islam, Iglesia ni Cristo, Jehovah's Witnesses, Protestants and other non-Catholic religious affiliation.

Highest Educational Attainment. In terms of highest educational attainment, the table indicates that 46 or 64.80 percent of the respondents were bachelor's degree holder. Next in line were those nurses with MA/MS units with 20 or 28.20 percent. It can also be noted from the table that only five or 7 percent among the Filipino nurses working in Libya who pursued higher learning. This means that Filipino nurses in Libya still enjoined the graduate studies in order for them to be updated in the innovations on the health care delivery as well as for them to be updated in the trend of the nursing profession. The findings is well supported by the study of Ragojos (2010) that majority of the nurses in public hospitals in the Urdaneta City were baccalaureate degree holders and

he also cited that acquiring higher education is a form of human capital investment, and it generally leads to higher worker productivity, greater output, and enhanced economic prosperity. He also avers that investments in higher education may yield the following monetary social returns: technological spill over, human and physical capital complementary and increasing returns.

Length of Service. After scrutinizing the information sheet of Filipino nurses working in Libya as to their length of service disclosed that 36 or 50.70 percent of the majority has less than 5 years clinical experience in Tobruk Medical Center while the longest have served by those eight or 11.30 percent respondents with more than 16 years' experience in the institution which are much longer as compared to the rest of the respondents. Further, it could be reflected from the foregoing table that most (36 or 50.70 percent) of them have rendered less than 5 years of service followed by those who rendered 6-10 years (16 or 22.50 percent) and those 11-15 years (11 or 15.50 percent) while there are eight (11.30 percent) among the respondents render more than 16 years of service in the institution. This implies that Filipino nurses working in Libya are comprised of nurses who are new in service as observed in the data since majority of them rendered less than five years of service. Even though majority of the respondents served longer in the institution the greater number of Filipino nurses were repatriated due to the security and tension happening in the country. Further, the countless times occurring phenomenon where professionals migrate to other regions of the world in search for a "greener pasture" and the result, suggests hiring of younger neophytes.

3.1. Care Competencies of Nurses

This portion of the chapter discusses the levels of care competencies of nurses along knowledge, skills and attitude, where a part of data analysis is hereby elicited. **Knowledge.** Table 2 presents the levels of care competencies of nurses in terms of knowledge.

Table 2: Care Competencies of Filipino Nurses in Terms of Knowledge n=71

Indicators	Assessed by Self	
	WM	DE
1. The care of patient requires quality medical care, but also entails services that are family and community based to address.	4.45	HC
2. The care of patient is best managed by an interdisciplinary team whose members communicate regularly with each other in order to best address the complex problems frequently faced during end of life.	4.48	HC
3. Giving care to patient is a worthwhile experience.	4.56	HC
4. The care of patient requires a team approach that includes patient and family as integral and essential members of the care team.	4.60	HC
5. Patient and family is tailored with technical information necessary for making decisions.	4.38	HC
6. The care rendered to patients should be extended to his/her family and significant others.	4.58	HC
Average Weighted Mean	4.51	HC

Legend:

Mean Scale Range	Descriptive Equivalent	Transmuted Equivalent
4.21-5.00	Highly Knowledgeable (HK)	Highly Competent (HC)
3.41-4.20	Knowledgeable (K)	Competent (C)
2.61-3.40	Moderately Knowledgeable (MK)	Moderately Competent (MC)
1.81-2.60	Slightly Knowledgeable (SK)	Fairly Competent (FC)
1.00-1.80	Not Knowledgeable (NK)	Not Competent (NC)

As reflected on the table, the Filipino nurses rated themselves with 4.60 or “highly knowledgeable” along the item “The care of patient requires a team approach that includes patient and family as integral and essential members of the care team” followed by “The care rendered to patients should be extended to his/her family and significant others.” with 4.58 weighted mean and described as highly knowledgeable. However, the items “Patient and family is tailored with technical information necessary for making decisions” and “The care rendered to patients should be extended to his/her family and significant others” got the lowest in the ranking with a 4.38 weighted mean and described as “highly knowledgeable”.

The data implies that the respondents rated themselves as highly knowledgeable in the care of patients in Libya which involves the combined team approach with the patient’s family and the healthcare team. Kovacs and his colleagues (2006) supported this approach to improve the quality and safety of a patient's care by helping to foster communication between families and health care professionals. Furthermore, by taking family/patient input and concerns into account, the family feels comfortable working with professionals on a plan of care, and professionals are "on board" in terms of what families expect with medical interventions and health outcomes.

These approaches to health care intervention also generally lead to wiser allocation of health care resources, as well as greater patient and family satisfaction. To sum up, the average rating along this domain garnered a 4.51 average weighted mean and described as highly knowledgeable. This finding implies that Filipino nurses working in Libya are well knowledgeable in taking care of their patients incorporating the ideals of interdisciplinary team approach and other techniques in rendering patient care.

Skills. Table 3 presents the levels of care competencies of nurses in terms of skills.

Based on the table, nurses rated themselves as “highly competent” on the item “Identifies existing or new physical symptoms and needs and discuss among the care team members got the highest weighted mean of 4.49. Adjacently, the items “Advocate access to therapies which are reasonably expected to improve the patient’s quality of life” and “Assists the client in performing the activities of daily living” who got 4.49 and 4.48 weighted means and described as “highly competent”. This implies that Filipino nurses in Libya are highly skilled in identifying existing or new physical symptoms and assisting them in performing the activities of daily living and they are also good advocate on measures that improves patient quality of life.

Table 3: Care Competencies of Filipino Nurses in Terms of Skills n=71

Indicators	Assessed by Self	
	WM	DE
1. Assesses and manage psychological social and spiritual problems.	4.38	HC
2. Identifies existing or new physical symptoms and needs and discuss among the care team members.	4.53	HC
3. Assists the client in performing the activities of daily living (e.g. oral care)	4.49	HC
4. Ensures the alleviation of pain and management of other physical symptoms.	4.45	HC
5. Advocate access to therapies which are reasonably expected to improve the patient’s quality of life.	4.48	HC
6. Initiate measures to ensure adequate dietary intake without adding stress to the patient at mealtimes.	4.42	HC
Average Weighted Mean	4.46	HC

Legend:

Mean Scale Range	Descriptive Equivalent	Transmuted Equivalent
4.21-5.00	Highly Knowledgeable (HK)	Highly Competent (HC)
3.41-4.20	Knowledgeable (K)	Competent (C)
2.61-3.40	Moderately Knowledgeable (MK)	Moderately Competent (MC)
1.81-2.60	Slightly Knowledgeable (SK)	Fairly Competent (FC)
1.00-1.80	Not Knowledgeable (NK)	Not Competent (NC)

However, they rated the item “Assesses and manage psychological social and spiritual problems” as the least indicator in the skills competency of nurses with 4.38 weighted mean. This shows that Filipino nurses are not so particular with the psychological and spiritual problems of their patients since their main focus is on the curative and physiological aspects of their health. The data proves that Filipino nurses in Libya are less competent in initiating measures to ensure adequate dietary intake and assessing and managing the psychological, social and spiritual problems of patients since these measures are less likely to perform in the institution. Gender sensitivity, cultural practices and traditions are viewed as attributing factors to the findings given that most of the nurses are Catholics. All in all, along this domain garnered a unanimous highly competent rating of 4.46 average weighted mean. The data means that Filipino nurses are skilled enough in caring for their respective patients. In other words, they possess the specialized skills in the care of their patients. The Republic Act 9173, Section 28 stipulates that a nurse or in collaboration with another, initiates and performs nursing services to individuals, families and communities in any health care setting. It includes, but not limited to, nursing care during conception, labor, delivery, infancy, childhood, toddler, preschool, school age, adolescence, adulthood, and old age. As independent practitioners, nurses are primarily responsible for the promotion of health and prevention of illness. As a member of the health team, she shall collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death. Further, this can only be achieved by performing independent and dependent nursing interventions based on the identified needs and conditions of the patient. **Attitude.** Table 4 presents the levels of care competencies of nurses in terms of attitude.

Table 4: Care Competencies of Filipino Nurses in Terms of Attitude n=71

Indicators	Assessed by Self	
	WM	DE
1. Respect the patient’s right, as expressed by the patient or an authorized surrogate.	4.52	HC
2. Provide an emotional support to the patient and his/her family.	4.35	HC
3. Establishes rapport with the patient and his/her family.	4.39	HC
4. Maintains hope by focusing on palliative care when cure is not possible.	4.46	HC
5. Addresses desires and needs for support from the family and friends.	4.37	HC
6. Provides an anticipatory guidance about the illness, treatments and possible outcome	4.35	HC
Average Weighted Mean	4.41	HC

Legend:

Mean Scale Range	Descriptive Equivalent	Transmuted Equivalent
4.21-5.00	Highly Knowledgeable (HK)	Highly Competent (HC)
3.41-4.20	Knowledgeable (K)	Competent (C)
2.61-3.40	Moderately Knowledgeable (MK)	Moderately Competent (MC)
1.81-2.60	Slightly Knowledgeable (SK)	Fairly Competent (FC)
1.00-1.80	Not Knowledgeable (NK)	Not Competent (NC)

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As shown in the table, “Respect the patient’s right, as expressed by the patient or an authorized surrogate” got the highest weighted mean of 4.52 and transmuted as highly competent. This could be pointed to the fact that nurses are bound to uphold patient’s right as patient advocate by respecting the decision concerning the care or to have a family member as a surrogate in decision making and the right of the client to have accurate and complete information about illness and treatment. Next in the rank list was the items “Maintains hope by focusing on palliative care when cure is not possible” and “Establishes rapport with the patient and his/her family” with 4.46 and 4.39 weighted means and described as highly competent. This proves that showing hope and building a sustaining relationship of mutual trust, harmony and understanding are commonly seen to nurses since they are highly competent in doing so. Establishing rapport is essentially meeting individuals to achieve a person's viewpoint, appreciate feelings, and be on the same wavelength. Having rapport on the other hand, does not mean that you have to agree, but to understand where a person or people are coming from. Rated the least was the items “Provide an emotional support to the patient and his/her family” and “Provides an anticipatory guidance about the illness, treatments and possible outcome” with a tied weighted mean of 4.35 and transmuted as highly competent. This finding is ascribed to patient’s experience throughout the disease process varies to individual. However, they all need a good support system in order to cope throughout the different stages of disease process. In addition, to cope with the physical and medical challenges, patients usually faces many worries, feelings, and concerns unique to their situation and as a nurse they provide anticipatory guidance about the illness, treatments and possible outcomes. In summary, the nurses are highly competent on their care attitude as revealed by the 4.41 average weighted means. These findings aptly indicate therefore that the above mentioned attitudes towards the care of patients were properly handled by highly competent nurses. It is distinguishing to note since along this domain, nurses show an excellent performance in their care attitude

towards patient care, a need to sustain or further enhance their capabilities and potentials should be addressed by subscribing to professional journals and attending to trainings and seminars relevant in this area of specialization.

3.2. Communication Competencies of Nurses

The nurses rated the item “I find it easy to get along with others” got the highest weighted mean of 4.59 and described as “highly competent”. Next in the table were the items “I am a good listener”, “I am easy to talk to”, “I treat people as individuals” and “I let others know I understand what they mean” with a weighted means of 4.51, 4.48, 4.44 and 4.41 respectively. This implies that nurses employed in Libya were viewed to easy to get with, a good listener, holistic in approaching a patient and kept themselves understand what the patient wants to convey. This only shows that Filipino nurses are good communicators since they can converse their feelings and ideas to their respective patients. Table 4 presents the levels of communication competencies of nurses.

Table 4: Communication Competencies of Filipino Nurses n=71

Indicators	Assessed by Self	
	WM	DE
1. I find it easy to get along with others.	4.59	HC
2. I treat people as individuals.	4.44	HC
3. I interrupt others too much.	2.06	FC
4. Others find it “rewarding” to talk with me.	4.07	C
5. I deal with others effectively.	4.17	C
6. I am a good listener.	4.51	HC
7. I am easy to talk to.	4.48	HC
8. I won’t argue with someone just to prove I am right.	3.86	C
9. My conversation behavior is not “smooth.”	2.99	FC
10. I generally know how others feel.	3.65	C
11. I let others know I understand what they mean.	4.06	C
12. I am relaxed and comfortable when speaking.	4.41	HC
13. I like to be close and personal with people.	3.18	MC
14. I generally know what type of behavior is appropriate in any given situation.	4.10	C
15. I usually do not make unusual demands on my friends.	4.10	C
16. I am supportive of others.	4.32	HC
17. I can easily put myself in another person’s shoes.	3.72	C
18. I am generally relaxed when conversing with a new acquaintance.	3.46	C
19. I am interested in what others have to say.	4.08	C
20. I enjoy social gatherings where I meet new people.	4.15	C
21. I am not afraid to speak with people in authority.	4.17	C
22. People can come to me with their problems.	4.25	HC
23. I generally say the right thing at the right time.	4.20	C
24. I like to use my voice and body expressively to communicate.	3.84	C
25. I am sensitive to others’ needs of the moment.	4.14	C
Average Weighted Mean	3.96	C

Legend:

Mean Scale Range	Descriptive Equivalent	Transmuted Equivalent
4.21-5.00	Always (A)	Highly Competent (HC)
3.41-4.20	Often (O)	Competent (C)
2.61-3.40	Sometimes (S)	Moderately Competent (MC)
1.81-2.60	Seldom (Se)	Fairly Competent (FC)
1.00-1.80	Never (N)	Not Competent (NC)

These are the common trait Filipinos are known. Although they are not the only people in the world who can be friendly and welcoming, their attitude towards other people is said to be exceptional. They extend a helping hand even for a stranger because Filipinos believes that serving other people the best of what they have will leave them an honor and a promise of true friendship. The lowest indicator along this domain is taken by the item “I interrupt others too much” which is rated as “Fairly Competent” with 2.06 weighted mean. This only shows that Filipinos nurses are skilled enough in communicating with other nationality as they are not interrupting them to speak such. Further, the finding proves that listening to the communicator and not interrupting them is sign of respect which is a common value among Filipinos. Nevertheless, the average weighted of 3.96 and described as “competent”. This means that Filipino nurses working in Libya communicates well to their colleagues. These are true since Filipino nurses usually make friends easily. They smile a lot, which makes it easier for strangers or foreigners to feel at ease with them. They communicate with peoples of other nations with ease because the majority of the population can fluently converse in English. Further, Filipinos in particular is viewed to have good impression, low profile, and friendly without being artificial and show a genuine interest in the culture. They have a knack for humor and always find something to laugh about.

3.3. Relationship Between the Care Competencies of Filipino Nurses and Their Profile

Table 5: Correlation Result Showing the Significant Relationship Between the Care Competencies and Their Age n=71

Variables	Correlation* Coefficient	Interpretation	Decision
Knowledge	-.137	.256	NS
Skills	-.165	.170	NS
Attitude	-.117	.331	NS

Legend:

* Significant at 0.05 level

NS No Significant

The table revealed that under age, nurses are not significantly related in their level of care competencies. This

warrants the acceptance of the null hypothesis that there is no significant relationship between the respondent's care competencies when grouped according to their age. This means that age does not influence the respondents' competencies in the care of patients. Moreover, their care competencies in the care of their respective clients are comparable with age. Being young or old does not show any difference.

Table 4.2 demonstrates the relationship between the care competencies when grouped according to their sex.

Table 6: Correlation Result Showing the Significant Relationship Between the Care Competencies and Their Sex n=71

Variables	Correlation* Coefficient	Interpretation	Decision
Knowledge	-.022	.857	NS
Skills	-.083	.490	NS
Attitude	-.087	.471	NS

Legend:

* Significant at 0.05 level

NS No Significant

It can be noted from the table that in terms of sex the respondents are comparable in their level of care competencies. Therefore, the null hypothesis that there is no significant relationship between the respondent's care competencies when grouped according to their sex is accepted. Since there were no variations distinguished to the care competencies of male and female nurses.

Table 4.3 demonstrates the relationship between the care competencies when grouped according to their civil status.

Table 4.7: Correlation Result Showing the Significant Relationship Between the Care Competencies and Their Civil Status n=71

Variables	Correlation* Coefficient	Interpretation	Decision
Knowledge	-.074	.541	NS
Skills	-.146	.224	NS
Attitude	-.100	.405	NS

Legend:

* Significant at 0.05 level

NS No Significant

The table indicates insignificant difference in the care competencies of nurses when grouped according to civil status. Therefore, the null hypothesis which states that there is no significant relationship between the respondent's care competencies when grouped according to civil status is accepted. Similarly, the competency of nurses in caring their patients is not influenced by their civil status is concern. Further, the performance of single and married nurses does not show any variation.

Table 8 demonstrates the relationship between the care competencies when grouped according to their religion.

Table 8: Correlation Result Showing the Significant Relationship between the Care Competencies and Their Religion n=71

Variables	Correlation* Coefficient	Interpretation	Decision
Knowledge	-.025	.833	NS
Skills	.038	.752	NS
Attitude	-.032	.791	NS

Legend:

* Significant at 0.05 level

NS No Significant

Regarding the religion, it can be gleaned from the table that the significance value of .833, .752 and .791 were much higher than the set critical level at 0.05 level of significance.

It is safe to say that religion does not significant and not related to their levels of care competencies of nurses which means regardless of their religion sect, no relationship with their care competencies were observed.

It can also be noted that the negative coefficient value shows that there are greater number of Catholics than other religious sect among the Filipino nurses employed in Libya.

Table 9 demonstrates the relationship between the care competencies when grouped according to their highest educational attainment.

Table 9: Correlation Result Showing the Significant Relationship between the Care Competencies and Their Highest Education Attainment n=71

Variables	Correlation*	Interpretation	Decision
	Coefficient		
Knowledge	.061	.615	NS
Skills	.188	.117	NS
Attitude	.137	.256	NS

Legend:

* Significant at 0.05 level

NS No Significant

In terms of their highest educational attainment, the t-value of .615, .117 and .256 were not significantly related at 0.05 levels of significance. This result requires the acceptance of the null hypothesis that there are no significant relationship between the respondent’s care competencies and their highest educational attainment. In the same vein, it safe to note that highest educational attainment of the respondents has no relationship in their care competencies.

Table 4.6 demonstrates the relationship between the care competencies when grouped according to their length of service.

Table 10: Correlation Result Showing the Significant Relationship between the Care Competencies and Their Length of Service n=71

Variables	Correlation*	Interpretation	Decision
	Coefficient		
Knowledge	-.042	.726	NS
Skills	-.004	.974	NS
Attitude	.256	.252	NS

Legend:

* Significant at 0.05 level

NS No Significant

The table shows a coefficient value of -.042, -.004 and .256 between the respondent’s levels of care competencies when grouped according to their length of service. The t-value of .726, .974 and .252 is much higher than the criterion at 0.05 levels of significance. The finding warrants the acceptance of the null

hypothesis since no significant relationship was observed along this area. The care competencies of nurses were insignificantly related to their length of service. In other words, regardless of having a shorter or having lengthy experience, nurses possess the care competencies in performing their task inside the institution.

3.4. Relationship Between the Care Competencies and Communication Competencies of Nurses

Table 11 demonstrates the relationship between the care and communication competencies of the respondents.

Table 11: Correlation Result Showing the Significant Relationship Between the Care and Communication Competencies n=71

Variables	Correlation* Coefficient	Interpretation	Decision
Knowledge	-.072	.551	NS
Skills	.377	.001	*
Attitude	.322	.006	*

Legend:

* Significant at 0.05 level

NS No Significant

The care competencies of nurses along their knowledge show an insignificant relationship. The finding warrants the acceptance of the null hypothesis that care and communication is not significantly related as far as their knowledge is concern. In other words, having a good communication skill is not an implication that the nurse is well rounded or knowledgeable in caring a patient.

Moreover, the r-value of .001 and .006 along care skills and care attitudes is much lower than the set level of significance at 0.05 level. The findings therefore warrant the rejection of the null hypothesis that there is no significant relationship between the communication competencies of nurses and their care skills and care attitude. In the same manner, the way the nurses communicate towards his/ her patient is a reflection of the care attitude the nurse has. Synonymously, having a good attitude towards patient is linked with good communication skills of nurses.

Further, communication skills of nurses are linked to a good skills performance towards patient care. The finding suggested that a good communication skill among nurses is a key to excellent care skills execution. A good nursing is a good communication with patients. The failure to communicate well with a patient right away will destroy the delicate nurse/patient relationship and mean the patient does not trust the nurse. Poor communication can even be dangerous as misunderstandings and people getting their wires crossed can lead to misdiagnosis and even medication errors.

4. Conclusion

Filipino nurses working in Libya are young, married Catholics who finish baccalaureate degree holders and neophyte in service. They are highly skilled in caring professionals and communicate well to their colleagues and clienteles. Their levels of care and communication competencies are not linked to their profile variables. There is a strong relationship on communication and skills and attitudes of nurses towards nursing care. A lot of factors may contribute to the care and communication competencies of Filipino nurses.

5. Recommendations

Hospital administrators should encourage their staff to develop themselves professionally by pursuing their graduate studies to attain high level competencies and to gain up-to-date knowledge and skills related to their area of disciplines. Considering that nurse's communication skills are influenced by their care skills and attitude, attendance to appropriate skills development and values development activities such as team building activities and self-transformation to sustain such status. Likewise, giving additional honorarium, economic rewards and incentives for these will motivate them and become more committed and dedicated in performing their work. Utilization of the proposed action plan is highly recommended to further strengthen the care and communication competencies of Filipino Nurses working in Libya. Similar studies should be conducted on the core values and organizational commitment using more variables and in a wider scope.

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Appendix

THE QUESTIONNAIRE

PART 1. RESPONDENT'S PROFILE

Direction: Please put a check mark (✓) or supply the information needed on the spaces provided.

Name (optional): _____

Present Position: _____

Age

_____ 21-30 years old

_____ 31-40 years old

_____ 41-50 years old

_____ above 50 years old

Sex

_____ Male

_____ Female

Civil Status

_____ Single

_____ Married

_____ Widow/Widower

_____ Separated

Religion

_____ Catholic

_____ Non- Catholic (please specify): _____

Highest Educational Attainment

- _____ Bachelor's Degree
- _____ with MA/ MS Units Earned
- _____ MA/ MS Graduate
- _____ with Doctoral Units Earned
- _____ Doctoral Graduate
- _____ Others (please specify) _____

Length of Service

- _____ 5 years and below
- _____ 6-15 years
- _____ 16-25 years
- _____ 26- above

PART II CARE COMPETENCIES

Directions: Below are indicators of care competencies of nurses. Kindly rate your levels of care competencies by checking the corresponding column using the following scale.

Table 13

Numerical Values	Description Equivalent
5	Highly Competent
4	Moderately Competent
3	Slightly Competent
2	Fairly Competent
1	Not Competent

Table 14

KNOWLEDGE	5	4	3	2	1
1. The care of patient requires quality medical care, but also entails services that are family and community based to address.					
2. The care of patient is best managed by an interdisciplinary team whose members communicate regularly with each other in order to best address the complex problems frequently faced during end of life.					
3. Giving care to patient is a worthwhile experience.					
4. The care of patient requires a team approach that includes patient and family as integral and essential members of the care team.					
5. Patient and family is tailored with technical information necessary for making decisions.					
6. The care rendered to patients should be extended to his/her family and significant others.					
SKILLS	5	4	3	2	1
1. Assesses and manage psychological social and spiritual problems.					
2. Identifies existing or new physical symptoms and psychological needs and discuss among the care team members.					
3. Assists the client in performing the activities of daily living (e.g. oral care)					
4. Ensures the alleviation of pain and management of other physical symptoms.					
5. Advocate access to therapies which are reasonably expected to improve the patient's quality of life.					
6. Initiate measures to ensure adequate dietary intake without adding stress to the patient at mealtimes.					
ATTITUDE	5	4	3	2	1
1. Respect the patient's right, as expressed by the patient or an authorized surrogate.					
2. Provide an emotional support to the patient and his/her family.					
3. Establishes rapport with the patient and his/her family.					
4. Maintains hope by focusing on palliative care when cure is not possible.					
5. Addresses desires and needs for support from the family and friends.					
6. Provides an anticipatory guidance about the illness, treatments and possible outcome					

PART V. COMMUNICATION COMPETENCIES

Directions: Below are indicators of communication competencies of nurses. Kindly rate your levels of communication competencies by checking the corresponding column using the following scale.

Table 15

Numerical Values	Description Equivalent
5	Strongly Agree
4	Moderately Agree
3	Slightly Agree
2	Fairly Agree
1	Not Agree

Table 16

	5	4	3	2	1
1. I find it easy to get along with others.					
2. I treat people as individuals.					
3. I interrupt others too much.					
4. Others find it “rewarding” to talk with me.					
5. I deal with others effectively.					
6. I am a good listener.					
7. I am easy to talk to.					
8. I won’t argue with someone just to prove I am right.					
9. My conversation behavior is not “smooth.”					
10. I generally know how others feel.					
11. I let others know I understand what they mean.					
12. I am relaxed and comfortable when speaking.					
13. I like to be close and personal with people.					
14. I generally know what type of behavior is appropriate in any given situation.					
15. I usually do not make unusual demands on my friends.					
16. I am supportive of others.					
17. I can easily put myself in another person’s shoes.					
18. I am generally relaxed when conversing with a new acquaintance.					
19. I am interested in what others have to say.					
20. I enjoy social gatherings where I meet new people.					
21. I am not afraid to speak with people in authority.					
22. People can come to me with their problems.					
23. I generally say the right thing at the right time.					
24. I like to use my voice and body expressively to communicate.					
25. I am sensitive to others’ needs of the moment.					