

Work Performance of Nurses Working in Covid-19 Dedicated Tertiary Public Hospitals, Bangladesh

Sharmin Sultana*¹, Dr. ANM Shamsul Islam², MD. Tajul Islam³, Md. Rahat Ul Azam⁴, Poly Rani Kundu⁵, Quazi Umme La-sani Haque⁶, Md. Belaet Hossain⁷, Md. Imtiaz Uddin⁸

¹Senior Staff Nurse, Infectious Diseases Hospital, Dhaka, **BANGLADESH**

²Associate Professor, Department of Public Health & Hospital Administration, NIPSOM, **BANGLADESH**

³Senior Staff Nurse, Infectious Diseases Hospital, Sylhet, **BANGLADESH**

⁴Senior Staff Nurse, Upazila Health Complex, Badarganj, Rangpur, **BANGLADESH**

⁵Senior Staff Nurse, Sadar Hospital, Narail, **BANGLADESH**

⁶Dental Surgeon, **BANGLADESH**

⁷SMO, Adamjee EPZ Medical Center, **BANGLADESH**

⁸AGM, Epic Health Care, Panchlaish, Chittagong, **BANGLADESH**

*(sultanadu377@gmail.com)

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Abstract

Work performance of nurses refers to the set of nursing activities or behaviors that are performed by nurses and directed toward the recovery and well-being of the patients assigned to their care. During the COVID-19 pandemic, nurses perform a pivotal role in managing COVID-19 patients in hospitals. The study aimed to assess the level of work performance of nurses working in COVID-19-dedicated tertiary public hospitals. A descriptive type of cross-sectional study was conducted from January to December, 2021 within 223 nurses. The sample was selected based on a non-probability purposive sampling technique. The data was collected by using a self-administered structured questionnaire (6DSNP and self-administered variables) from two COVID-19 dedicated tertiary public hospitals (Kuwait Bangladesh Friendship Government Hospital and Sheikh Russel Gastroenterology Institute & Hospital). The study findings mentioned that 68.2% of respondents were between the age of 21-30 years and the mean age was 28.6 years and SD= 4.66. In the educational level, 67.3% of respondents had a diploma degree, 62.8% of respondents had more than 7 years of working experience, 67.3% of respondents dislike the night shift & 68% mentioned short manpower is the cause of disliking that shift, their average work performance on the planning of direct patient-centered work was 3.52 ±.773, critical care of direct patient-centered work was 3.79 ±.382, teaching/collaboration of direct patient-centered work was 3.33±.712, communication of direct patient-centered work was 3.68±.532, and the additional variable of direct patient work was 3.77±.465. In addition to their average performance in the leadership of non-patient-centered work was 3.49±.688, professional development of non patient-centered work was 3.35±.693, and also their performance on indirect patient work was 3.53 ±.703. The average work performance of the respondents was 3.55 ±.618 which mentioned their performance was good. Quality of nursing care should be improved by enhancing nurses' competency, which can influence the growth of faith in people's minds to treat their health inside the country as well as reduce the trend to move abroad for better treatment.

Keywords

Nurse, the performance of nurses, COVID-19 dedicated hospital, non-patient-centered work.

INTRODUCTION

The word 'nurse' originated from the Latin word 'Nutricius' which means someone who nourishes, fosters, and protects. Nurses are one of the most diverse and largest workforces in the health care system. Nurses strive to achieve the best possible quality of care for their patients regardless of disease or disability. Nurses' work is not just limited to institutional care but also involves the delivery of services at various levels of the health care system. Nurses are valuable human resources among various members of the hospital organization, as well as the largest expert group, accounting for 44.1 percent of total medical personnel as well as improving nurses' competencies is crucial for achieving efficient work performance (Jeon, 2020). Healthcare organizations are always evolving and expanding to achieve their ultimate goal of providing high-quality health care. Nursing has an essential role in increasing the quality of patient care and public health services as an integral part of the healthcare system (Ling, 2017). To improve the quality of nursing care for the patient, there is a direly needed to enhance nurses' knowledge, and skills and that's why needed to assess the performance of nurses' work.

Work performance is defined as the effectiveness of a person in carrying out his or her roles and responsibilities related to direct patient care (Al-Makhaita, Sabra & Hafez, 2014). The work Performance of nurses is a major concern for all healthcare organizations. The level of nursing performance reflects the quality of delivered care, patient outcomes, and the achievement of organizational goals (Islam, Khatun, Nesa, 2019). The work performance of nurses reflects the delivered care & patient outcome. Poor work performance as a result of occupational stress and decreased satisfaction is considered a risk factor for patient safety (Al-Makhaita, Sabra & Hafez, 2014). In healthcare organizations, nurses are the largest workforce in the healthcare delivery system and perform nursing activities from the aspects of nursing leadership, critical care, planning/evaluation, communications, and professional development (Islam, Khatun, Nesa, 2019). It can be categorized as patient-related and non-patient-related nursing work performances. Based on Schwirian (1978), patient-related job performances are performing the technical procedure (oral suctioning, catheter care, dressing change), giving emotional support to dying patients and family, managing emergency and critically ill patients, and assurance to the patient and family members.

On the other hand, non-patient-related job performances are praise to subordinates, delegating responsibility based on priority, guiding others in the nursing care plan, maintaining high standards of performance, etc (Islam, Khatun & Nesa, 2019). In general work, performance is a multifaceted phenomenon with many variables affecting its levels, such as individual characteristics, workload, work satisfaction, personal competencies, recognition of achievements, social support, supportive communication and feedback, leadership behavior, and organizational climate (Al-Makhaita, Sabra & Hafez, 2014). Human resources in the nursing profession are the most important factor in hospital services because in most countries up to 80% of health services are provided by nurses (Ryusuke and Mahyuni, 2021). Therefore, nursing competency is strongly linked to nursing performance, and adequate knowledge, sound judgment, and superior skills contribute to qualitative improvements in nursing, resulting in the attainment of the organizational goal. This is since when a nurse is caring for a patient, numerous scenarios must be handled swiftly and efficiently. Improved self-leadership in a nurse affects her/his behaviors and ideas, as well as his/her impact on himself, giving her/him the ability to govern herself/himself and carry out nursing services on her/his initiative (Jeon, 2020). Adopting the right kind of leadership will help direct the nurse in a structured and clear manner (Ryusuke and Mahyuni, 2021).

Coronavirus is a severe acute respiratory syndrome known as COVID-19 which is caused by a novel human coronavirus. The outbreak of novel coronavirus-2 (nCoV-2) was declared a pandemic and an international public health emergency by the World Health Organization

(WHO, 2020), It was first noticed in December 2019 in Wuhan city, China. Bangladesh confirmed the first COVID-19 case in its territory on March 7 (WHO, 2020). The Government of Bangladesh mentioned and declared a couple of hospitals as COVID-19 dedicated hospitals for the treatment and isolation of COVID-19-positive patients. COVID-19 is transmitted from person to person by close contact via respiratory secretions in coughs or sneezes or by touching virus-contaminated surfaces or objects. Nurses are the frontline fighter of COVID-19 pandemic and they play a key role. They perform their work with many resistances in the hospital. Hospital policy along with in-service education and training is needed to enhance nurses' competencies to enhance practice on COVID-19 patient care at COVID Dedicated hospitals (Gazi and Akhi, 2020).

The COVID-19 pandemic has produced a stressful environment in which there is a genuine risk of exposure to hazardous diseases, resulting in a new workload that may be vastly different from the conditions before the pandemic situation (Ryusuke and Mahyuni, 2021). This type of study was thin on the ground and specially done in the non-COVID-19 situation but in the COVID-19 pandemic, the situation was not done yet. Therefore, it seems to conduct a descriptive cross-sectional study to assess the level of work performance of nurses will be helpful for the policy maker regarding the level of performance of nurses and may help to take necessary steps to the improvement of better performance of nurses, quality of patient care to the improvement of hospital reputation. In addition, this study result will be useful in the health sector as a basis for dealing with COVID-19 as well as any pandemic situation.

OBJECTIVES

This study was conducted to assess the level of work performance of nurses working in COVID-19-dedicated tertiary public hospitals. The study is formed on the following:

- (i) to measure the level of performance of nurses regarding direct patient-centered work
- (ii) to identify the level of performance of nurses regarding indirect patient-centered work
- (iii) to determine the level of performance of nurses regarding non-patient-centered work
- (iv) to identify the socio-demographic characteristics of respondents

METHODOLOGY

Study design

A descriptive type of cross-sectional study was done, where the performance of the work is measured in time for a defined population.

Study place

The study was carried out on two COVID-19 dedicated tertiary public hospitals. Out of 2(two) hospitals, one was Kuwait Bangladesh Friendship Government Hospital, Dhaka which consists of 250 beds. Out of 250 beds, there are 200 beds for isolation, 25 beds for ICU, and 5 beds for dialysis. Another hospital was Sheikh Russel Gastroenterology Institute & Hospital, Dhaka, which consists of 250 beds also, there were 16 beds for ICU, 2 beds for dialysis, and remaining beds for isolation.

Study period

The study was conducted in one year from January 2021 to December 2021.

Study population

Nurses who were working in Kuwait Bangladesh Friendship Government Hospital, Dhaka & Sheikh Russel Gastroenterology Institute & Hospital, Dhaka which were declared as COVID-19 dedicated hospitals.

Sampling technique

In this study non-probability purposive sampling technique was used for the data collection procedure. Nurses who were working in COVID-19 dedicated tertiary public hospitals, for at least 6 months and were willingly interested to take place in this study were interviewed as the sample.

Research instruments

A self-administered structured questionnaire was used for data collection. The questionnaires were prepared to keep because of the objectives and variables of the study. The Six-Dimensional Scale of Nursing Performance (6DSNP) was used as a data collection instrument. The questionnaires, which consisted of four parts, were:-

Part 1: The socio-demographic characteristic-related questionnaire developed by the researcher based on literature that consisted of 11 items.

Part 2 (Direct patient-centered work): In this part, the Six-Dimensional Scale of Nursing Performance was used to describe nurses' performance regarding direct patient care. The Six-Dimensional Scale of Nursing Performance (6DSNP) was developed by Patricia M Schwirian in 1978. This scale consists of 52 items which are divided into 6 subscales/dimensions. Those subscales are Leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development. Out of 52 items (6 subscales), 37 items of 4 subscales (critical care-7 items, teaching/collaboration-11 items and planning/evaluation-7 items, and interpersonal relations/communication-12 items) were utilized in this part. In addition, there are some additional questions were used also to explore the work performance of the respondents from a country perspective. In this study, part 2 was measured by 1-4 points (1=not very well, 2=satisfactorily, 3=well, and 4= very well).

Part 3 (Indirect patient-centered work): In this part, from existing literature support there are 7 (seven) items were used to explore indirect patient-centered work where data were collected based on 5 options (1=never, 2=very rare, 3=rare, 4=almost always and 5=always) & it was measured as (0=never, 1=very rare, 2=rare, 3=almost always and 4=always).

Part 4 (Non-patient-centered work): In this part, there are existing subscales of 6DSNP that were used which are Leadership and Professional Development. Leadership has 5 items and Professional Development has 10 items total of 15 items used in this part. This part was measured by 1-4 points, those were 1=not very well, 2= satisfactorily, 3=well, and 4= very well.

Reliability

The questionnaires were pretested at DNCC Hospital to check the accuracy and degree of reliability of the questionnaire among 37 nurses who were working in a Dedicated COVID-19 DNCC. The questionnaire was finalized based on the pretest finding and reviewed by the supervisor.

Data collection procedure

After receiving approval from NIPSOM, written authorization to collect data was obtained from the relevant authorities. Formal permission for data collection was also obtained from the hospital director then went to introduce nursing supervisors and ward in charge and other nurses. The study objective was explained to them and a written questionnaire was distributed to 378 nurses. Out of 378 distributed questionnaires, 223 were collected within three weeks in 5 times (1st week 35 data from KBGFH and 48 data from SRNGIH, 2nd week 30 data from KBGFH and 50 data from SRNGIH, 3rd week 28 data from KBGFH and 32 data from SRNGIH).

Data processing and analysis

After the data was collected, it was checked, verified, coded, and edited. Following the completion of data gathering, data input began immediately. SPSS (Statistical Package for Social Science) version 25 was used to handle and analyze the data. The data was analyzed following the study's goals. All variables were analyzed using descriptive statistics; frequency, percentages, mean and standard deviation.

Ethical Consideration

Written permission was taken from a respected hospital ethical committee before taking the interview of the respondents. Written informed consent was taken from each respondent and any query regarding questions was clarified to the respondents as per their demand and desire. Data was collected in maintaining the confidentiality and privacy of the respondents strictly. Before the study commencement of the study ethical approval by the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM) was taken. No physical, psychological, social, or financial harm was done to the respondent.

RESULTS

Variable	Group	Frequency	Percentages	Mean \pm SD
Age	21-30	152	(68.2%)	28.6 \pm 4.66
	31-40	66	(29.6%)	
	41-50	5	(2.2%)	
Gender	Male	12	(5.4%)	
	Female	211	(94.6%)	
Religion	Muslim	181	(81.2%)	
	Hindu	32	(14.3%)	
	Christian	10	(4.5%)	
Marital Status	Unmarried	39	(17.5%)	
	Married	193	(82.1%)	
	Widow	01	(0.4%)	
Professional Qualification	Diploma	150	(67.3%)	
	Graduate	48	(21.5%)	
	Post Graduate	25	(11.2%)	
Types of family	Nuclear	164	(73.5%)	
	Joint	59	(26.5%)	
Monthly Income	21000-30000	73	(32.7%)	
	31000-40000	65	(29.1%)	
	41000-50000	49	(22%)	
	>51000	36	(16.1%)	
Working Place	ER	21	(9.4%)	
	COVID positive ward	110	(49.3%)	
	COVID Suspected ward	50	(22.4%)	
	ICU	42	(18.8%)	
Working Experience	<1-3 year	47	21.1%	
	1-3 years	8	(3.6%)	
	4-6 years	28	(12.6%)	
	>7 years	140	(62.8%)	
Dislike the shift for duty	Morning	34	(15.2%)	
	Evening	39	(17.5%)	
	Night	150	(67.3%)	
Cause for dislike night Shift	No available accessories	13	5.8%	
	Short manpower	153	68.6%	
	Workload	38	17.0%	
	Personal cause	19	8.5%	

Table 1: Socio-demographic distribution of the respondents (n-223)

The table shows that most of the respondents (68.2%) were young, 82.1% married, 81.2%

Muslim, 94.6% were female, 67.3% has Diploma in Nursing background as well as 62.8% has more than 7 years of working experience.

S/N	Variables	Not very well	Satisfactorily	Well	Very well	Mean ± SD
1	Welcome the patient with smiling face	1 (0.4%)	0.0%	38 (17%)	184 (82.5%)	3.82 ±.422
2	Check vital signs of the patient	1 (0.4%)	0.0%	7 (3.1%)	215 (96.4%)	3.96 ±.265
3	Inform the patient before checking vital signs	1 (0.4%)	0.0%	42 (18.8%)	180 (80.7%)	3.80 ±.435
4	Administer of medication to the patient by following rights	1 (0.4%)	0.0%	3 (1.3%)	219 (98.2%)	3.97 ±.231
5	Assist for taking meal to the patient	2 (0.9%)	3 (1.3%)	57 (25.6%)	161 (72.2%)	3.69 ±.544
6	Collection of specimen from the COVID-19 patient	4 (1.8%)	3 (1.3%)	78 (35%)	138 (61.9%)	3.57 ±.618
7	Maintain aseptic technique during collection of specimens	9 (4%)	7 (3.1%)	51 (22.9%)	156 (70%)	3.69 ±.741
Total						3.77 ±.465

Table 2: Distribution of the respondents according to the additional variables regarding direct patient-centered work (n=223)

Table shows in additional patient-centered care the highest performance was administering of medication to the patient by following rights (98.2%).

S/N	Variables	Never	Very Rare	Rare	Almost Always	Always	Mean ± SD
1	Take handover of Linen from other colleague	0	17 (7.6%)	14 (6.3%)	75 (33.6%)	117 (52.5%)	3.31 ±.895
2	Given handover of Linen to other colleague	0	25 (11.2%)	20 (9%)	71 (31.8%)	107 (48%)	3.17 ±.997
3	Take handover of medication	0	4 (1.8%)	0	37 (16.6%)	182 (81.6%)	3.78 ±.529
4	Giving medication to other	0	4 (1.8%)	3 (1.3%)	40 (17.9%)	176 (78.9%)	3.74 ±.573
5	Take instrument handover	0	6 (2.7%)	8 (3.6%)	53 (23.8%)	156 (70%)	3.61 ±.688
6	Keeping record of patient related documents	0	1 (0.4%)	0	16 (7.2%)	206 (92.4%)	3.91 ±.325
7	Writing report of serious patients	0	15 (6.7%)	28 (12.6%)	70 (31.4%)	110 (49.3%)	3.23 ±.915
Total							3.53 ±.703

Table 3: Distribution of the respondents according to the additional variables regarding indirect patient-centered work (n=223)

The table shows indirect patient-centered care nurses giving preference to keeping a record of patient-related documents (92.4%) and less preference in giving linen handover to others (48%).

S/N	Subscale	Mean± SD
1	Planning (direct patient-centered work)	3.52 ±.773
2	Critical care (direct patient-centered work)	3.79±.382
3	Teaching/Collaboration (direct patient-centered work)	3.33±.712
4	Communication (direct patient-centered work)	3.68±.532
5	Leadership (non-patient centered work)	3.49±.688
6	Professional Development (non-patient centered work)	3.35±.693
7	Direct patient-centered work (with additional variables)	3.77±.465
8	Indirect patient-centered work	3.53 ±.703
Total		3.55±.618

Table 4: Work performance of nurses based on Six Dimensional Scale of Nursing Performance (6DSNP) with additional variables (n=223)

The table shows, work performance of the respondents by mean and standard deviation. Out of all domains, the highest performance of the respondents on critical care and it's mean and SD is

3.79±.382. On the contrary the lowest performance of the respondents on teaching/ collaboration which mean and SD is 3.33±.712. The average work performance of the respondents of this study was 3.55 ±.618.

DISCUSSION

The study revealed that the highest 68.2% of respondents were between the age of 21-30 and the mean age was 28.6. Whereas a similar study conducted at Dhaka Medical College Hospital, the average age of the respondents of the previous study was 34.58 (Islam, Khatun & Nesa, 2019) and another study revealed there was the highest number of respondents between the 20-30 age group (Al-Banna, 2018). Here worth mentioning that due to the COVID-19 situation, a government notice was declared for the placement of nurses in COVID-19-dedicated hospitals for providing patient care. By this notice, it was mentioned that aged nurses cannot be placed in COVID-19 wards/hospitals (DGNM, 26/04/2020) and for that reason, the prominent age group of this study was 21-30 and their mean is 28.6. There is start age of this study was 21 years because another study revealed that academically nursing education is completed at the age of 20 years, by the time they become registered (Hadley *et al.*, 2006) and therefore they are eligible for participating in Bangladesh Public Service Commission (BPSC).

This study discovered the majority of respondents (94.6%) are female which is almost similar to the previous study of the country (Islam, Khatun & Nesa, 2019). Globally, 70% of the health and social workforce are women compared to 41% in all employment sectors. Nursing and midwifery occupations represent a significant share of the female workforce (Nursing and Midwifery page, WHO, 2020). However, 10% of males can apply for nursing admission (BNMC, 2019), that's why females are higher than males in the nursing profession in this country. There are 81.2% of respondents were Muslim than other religions which is almost similar to the previous study, also they found 82.7% Muslim in their study (Islam, Khatun & Nesa, 2019). It is known, 80% of people belong to the religion of Islam in Bangladesh that's why the majority of respondents are Muslim in this study.

The highest number of respondents 67.3% had a diploma degree whereas in another relevant study most of the respondents had a bachelor's degree in nursing qualification out of their total (328) respondents (Yuxiu, Kunaviktikul and Thungjaroenkul, 2011). Diploma nursing and midwifery was the first education in the nursing profession in Bangladesh. After the most significant era, Bangladesh were establishing the College of Nursing in 1970 and later opened up the possibility for a four years long diploma course on nursing (Joarder, 2021). In 2003 there were few nursing colleges for bachelor's degree courses and allowed only 120 students including 5% foreign students (Islam, Khatun & Nesa, 2019). In addition, there are some eligibility criteria, out of them most burning criterion is 2 years of experience in a government job needed if anyone is interested to be a graduate nurse (Bangladesh gazette, 2021). Without government job experience no one gets permission to apply for post-graduation directly to till now.

There are half (49.3%) of the total respondents were working in COVID-19-positive wards and 18.8% of respondents were working in ICU. Since this kind of study was not conducted during the COVID-19 pandemic situation so could not focus on another study. The present study showed that more than half (62.8%) of the total respondents had more than 7 years of job experience, 67.3% of respondents dislike the night shift and existing respondents dislike as well as morning and evening shifts. 68% of respondents mentioned short manpower is the main cause of disliking duty shift and 68% of respondents mentioned short manpower is the paramount cause of disliking duty shift. According to Top M, 2013 shift work influences the nurse's job performance. In another study rotation and scheduling are the main characteristics of shift work. Healthcare personnel and nurses, in particular, are largely, and traditionally, locked into schedules that provide 24-hour care and include night shift work and are therefore a focus for special attention in published work on shift work. Shift work affects female nurses with chronic disease and domestic responsibilities more severely. Sometimes

working shift overlap with family time and social relationships and are usually devoted to societal and family obligations (Korompeli *et al.*, 2014). Since work shift is linked with work performance that's why it is described in this study.

The current study disclosed nurses' performance in the administration of medication by following rights and its mean was 3.97. Another study "Work Performance of Nursing Graduates from one Academic Institution in the Philippines" was conducted by Magnaye *et al.*, 2018 in Batangas city, and the study measured client-centered care such as administering medication, IV access to the patient and their mean (3.57) almost similar to the current study.

The current study expressed that 82.5% of respondents receive the patient with a smiling face and the mean score was 3.82, almost all (96.4%) respondents check the vital signs of the patient, and the mean score are 3.96 and 80.7% of respondents informed the patient before checking vital signs and the mean score was 3.80, 72.2% respondents assist the patient during the taking of meal and the mean score was 3.69, 61.9% respondents collect specimen from the patient and the mean score was 3.57 and 70% respondents take aseptic technique during the collection of specimens and the mean score was 3.59.

The current study showed the average work performance of nurses on indirect patient-centered work was $4.53 \pm .703$. Here out of the total respondents, more than half (52.5%) respondents mentioned that they always take handovers and the lowest (7.6%) respondents mentioned that they take handovers very rarely. Less than half (48%) of the total respondents mentioned they almost always give handover and 9% of respondents mentioned rarely perform this work. More than 3/4th respondents (81.6%) of the total respondents mentioned that they always take medicine handover and the lowest 1.8% mentioned they perform this work very rarely. Out of the total respondents 78.9% mentioned they always give handover and 1.3% respondents mentioned they perform rarely this work. More than 2/3rd (70%) of the total respondents mentioned they always take instrument handover and 2.7% of respondents mentioned they perform this work very rarely. Almost all (92.4%) of the total respondents mentioned they always have a record of patient documents and 0.4% mentioned very rare.

Almost half (49.3%) of the total respondents mentioned they always write the report of a serious patient and 6.7% of respondents mentioned they perform this work very rarely. Another study was conducted by Hadley and Roques, 2007 in Bangladesh and the findings of that study was the nurses of public hospitals spent their time 32.4% on paperwork and indirect patient care and 50.1% spent time maintaining ward accessories; handover of linen, instruments.

The study let out the average score of the subscale (planning) is 3.52 among the respondents' work performance. The previous relevant study of this country showed the average score of planning was 2.45 which was conducted by Islam, Khatun, and Nesa, 2019 at DMCH. Another study was conducted in Saudi Arabia, their planning score was 19.59 ± 8.863 (Al-Makhaita, Sabra & Hafez, 2014). Another study "Job Characteristics and Job Performance among Professional Nurses in the University Hospitals of the People's Republic of China" explored the average score of planning 2.67. Work performance will be increased when the job provides employees with an opportunity to make decisions about how and when to do tasks (Yuxiu, Kunaviktikul and Thungjaroenkul, 2011).

Among the subscale of 6DSNP, the lowest mean (3.33) belongs to teaching/collaboration on work performance of nurses in the current study, just like another study uncovered the lowest mean score (2.17) on the same subscale (Islam, Khatun and Nesa, 2019). Alike, the highest mean (3.79) belongs to critical care in the current study, and the very same domain achieved the highest mean (2.56) score by the performance of the respondents in another same study in the country.

The study findings have demonstrated that nurses perform more on critical care and indirect patient-centered work rather than teaching, professional development, leadership, and another dimension. This study unfolds the overall mean score of nurses' work performance was mean=3.55 and SD= .618. Whereas another study's overall performance was mean=2.64 and SD=.627 (Islam,

Khatun, and Nesa, 2019). One more study revealed the overall performance of nurses was mean=2.82 and SD=.42 (Yuxiu, Kunaviktikul, and Thungjaroenkul, 2011). It is noted that their study performance was measured by using only 6DSNP, no additional variables were utilized in their study.

CONCLUSION

Work performance of nurses implies to nurse`s activities related to the patient and organization which reflects on the quality of nursing care and patient outcomes and the achievement of organizational goals. The average work performance of this study is $3.55 \pm .618$. Hence, it is direly needed to the extent their competency in all dimensions to improve the quality of nursing care which can influence to grow faith in people's minds to treat their health inside the country as well as reduce to move them to abroad for better treatment because the patient wants to better medical procedure with better nursing care, additionally organizational reputation will be increased instead of decrease. Furthermore, nurses will be eligible for Europe with a high salary and migrant nurses can back remittances regularly to their families, from which ultimately the country will be benefited.

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