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Age cohort and self-report competencies of multigenerational public health nurses in the national capital region

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Intensified by the rising complexity of globalization, dynamics of information technology, demographic changes, health care reforms and demands for quality nursing care, the expectations for current nursing practice competencies were developed. Therefore, it is of paramount significance to recognize the impact of generational differences in the core competencies of public health nurses. Hence, this study sought to determine if age cohort is a predictor of the self-report competencies of multigenerational public health nurses. After Ethics Board approval, a predictive-correlational design was conducted to examine if the predictive power of age on the self-report competencies of the 200 randomly-selected public health nurses in 3 generational cohorts: Generation X, Generation Y and Baby Boomers. Data were gathered using the research-made public health nursing competency scale (PHNCS) and were analyzed using structural equation modeling (SEM), and path analysis. Analysis revealed that public health nurses of Generation X were competent in client care personal, professional growth, linkage and resource management while the Generation Y's prominent competencies were: research, moral and ethico-legal contrarily, Baby Boomers were mainly competent in leadership and management. Moreover, results showed age cohort predicted client care, leadership and management, moral, ethico-legal and research. In addition, age cohort has an indirect effect on client care research and linkage and resource management. Findings also showed an interaction among the different dimensions of competencies. Age cohort is a predictor of the self-report competencies of the multi generational public nurses and the development of a structural model illustrating the interaction of age cohort and self-report competencies can be utilized as a basis for creating programs and policies by the different policy and regulation agencies for curricular development by educational institutions; and for improving continuing nursing education programs.

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