



Global Journal of Nursing

(ISSN:2637-4994)



Staff Nurses Synergistic Attitude Towards Institutional Vision, Mission and Goals Using Bloom's Taxonomy: An Input to Operations Planning

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Introduction

Equally important with having a goal and direction in an institution like a hospital is how the people in this institution work together to achieve this. This “togetherness” is aptly expressed in the concept of synergy. This operationalizes what Collins (2001) meant with “right people in the right bus” (Collins, 2001).

Synergy is defined as “the interaction of elements that when combined produce a total effect that is greater than the sum of the individual elements” (Retrieved from [www.dictionary.reference.com/ browse/synergy](http://www.dictionary.reference.com/browse/synergy) on February 27, 2018). To achieve this synergy among all stakeholders of educational institutions, there should be a common ground, in which they align themselves with the institutional vision and mission. Whatever the context, the point is the same: If an organization wants to move forward, it needs to develop and understand an agreed on purpose, in educational institutions—the vision, mission, goals and core values. Having strong vision and mission statements can help stakeholders in school reach such a common understanding (Gabriel and Farmer, 2009).

This study aims to produce an output that could help in operations planning in the clinical setting. This output determines the extent of synergy among staff nurses with institutional purpose as reflected in their understanding of the institution's vision, mission, goals, and core values in the order of thinking skills of the Bloom's taxonomy. Through this descriptive, comparative, correlational research, this purpose may be achieved.

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How to cite this article:

Rock P. Cordero, William D. Taala, Jefferson G. Guerrero. Staff Nurses Synergistic Attitude Towards Institutional Vision, Mission and Goals Using Bloom's Taxonomy: An Input to Operations Planning. Global Journal of Nursing, 2018, 1:6

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Statement of the Problem

This study answers the question, how do the staff nurses understand their educational institution's vision, mission, goals and core values. To answer this, the following questions need to be answered:

1. What is the demographic profile of respondents according to:
 - 1.1 Age
 - 1.2 Gender
 - 1.3 Educational level
 - 1.4 Number of years working as staff nurse in the hospital.
2. To what extent is the staff nurse's understanding of the vision, mission, goals and core values, as to:
 - 2.1 Remembering
 - 2.2 Understanding
 - 2.3 Applying
 - 2.4 Analyzing
 - 2.5 Evaluating
 - 2.6 Creating
3. Is there a significant difference in the level of understanding of staff nurses about vision, mission, goals, and core values as to knowledge, skills, and attitude/value when grouped according to profile variables?
4. Is there a significant relationship among orders of thinking skills?

Review of Related Literature

Planning for a Dream

It is inevitable that each institution or organization wants to achieve something great but when it comes to priorities and aspects of greatness, institutions are divided. Whatever these wants are every institution should start from dreaming. Greenleaf (1977), the author of a book on servant leadership put it, "not much happens without a dream. And for something great to happen, there must be a great dream" (p. 16, cited in Saffold, 2005). For a dream to be fulfilled planning should be done and this plan begins with the development of a clear sense of purpose or mission. It begins with

today's realities, but its focus must always be on tomorrow's opportunities (Saffold, 2005).

Synergy, Integration, Alignment and Attunement in Hospitals

One of the most important aspects of management in any organization is unity of command and direction (Venzon, 2010; Lunenburg and Ornstein, 2012). This unity is needed towards organizational development and improvement despite internal and external challenges. Theorists argued that the complex process of [institutional] improvement and development will be successful only if it involves everyone throughout the organization (Arnold and Flumerfelt, 2012; Dufour & Eaker, 1998; Fullan, 2001; Liberman & Miller, 2004) and this will include the staff nurses. Nutt and Backoff (1992) as cited in Saffold (2005) asserted that people have the tendencies to pursue goals that are individualistic therefore there is always a need to weld even a group of like-minded people into a team with a common purpose. Pascarella and Frohman (1990) put it:

An organization driven by purpose can override the tendencies to become complacent and stagnant. Purpose can provide the vitality, direction, and flexibility so often lacking in ... organizations. Purpose can help set limit for the organization so it can focus its strength and resources on its best products, markets, and opportunities... Then members of the organization can clearly understand the purpose, make a commitment to it, and live by it...The purpose will set the direction for what the organization wants to accomplish and provide guidance for implementation. (Cited in Saffold, 2005)

Synergy can also be expressed as organizational integration, which can be a result to a "focused deployment of strengths and resources, matched with commitment and effort from personnel" (Saffold, p. 92). It is important to observe that organizational integration is not only something technical like coordination of objectives, policies, budgets, and activities but also a very personal one. Citing Harrison in

Pascarella and Frohman (1990), Saffold argued that well-integrated institutions have both “alignment and attunement.” Alignment is a deep and voluntary commitment to the organization’s goals in which members find personal fulfillment through investing their personal efforts into the organization’s activities. Attunement on the other hand is a sense of shared responsibility and mutual concern. Nanus (1992) posited: “There is no more powerful engine driving an organization toward excellence and long-range success than an attractive, worthwhile, and achievable vision of the future, *widely shared* (italics mine).”

The institution’s vision, mission, and goals make this synergy a reality as these would guide every aspect of the institution’s undertaking, from planning, organizing, directing, and evaluating.

Vision and Mission

An organization’s vision sets out the reasons for its existence and the “ideal” state that the organization aims to achieve; the mission identifies major goals and performance objectives. Both are defined within the framework of the hospital’s philosophy, and are used as a context for development and evaluation of intended and emergent strategies. One cannot overemphasize the importance of a clear vision and mission, including goals, core values and philosophy; none of the subsequent steps will matter if the organization is not certain where it is headed (Lerner, 1999; Mintzberg, 1994; Rowley, Lujan, & Dolence, 1997; Saffold, 2005). A Vision is an aspiration description of the desired mid or long term achievements of an organization, by those involved or affected by it. A Vision asks – ‘Where are we going?’ or ‘Are we there yet?’ It is the end destination on an organization’s roadmap – what it hopes to become; the client outcome it wants achieve; the market position it wants to assume; the impact it will have; the capabilities it plans to develop; and the activities it plans to pursue (McFarlane, 2013; Saffold, 2005).

While vision focuses on the future, mission concentrates on the present, a mission statement defines the fundamental purpose of an organization. It identifies who the organization is, what it does, and who it serves. Where a vision statement is aspirational, a mission statement is more practical. The mission statement should communicate, in an easily understandable manner, what the organization does and possibly for whom (McFarlane, 2013; Saffold, 2005).

Organizational values identify the principles and ethics by which the organization and its members conduct themselves and their activities. One’s organization’s values can be deep rooted and hard to articulate. Often, they are the product of tradition and the attitudes and actions of founders and /or influential leaders, imitated and passed on until they are second nature, so changing them is not easy (McFarlane, 2013).

Conceptual Framework

This study cascaded from the concepts on strategic planning particularly synergy of those involved in an organization. A plan should produce vision, mission, goals and core values that would serve as a compass as well as blue print for the purpose of an institution’s existence to be realized (Bryson, 1988; Bolman and Deal, 1991; Lerner, 1999; McFarlane, 2013).

Realignment and integration with institution’s purpose entails profound understanding. Understanding in this study refers to learning of staff nurses about the purpose in various levels of thinking skills, namely: knowledge, comprehension, application, analysis, synthesis, and evaluation (Corpuz and Salandanan, 2011; Metfessel, Michael, and Kirsner, 1969). Bloom (1956) as cited by Corpuz and Salandanan listed originally instructional objectives in the cognitive domain that are arranged from lowest to the highest level. They are as follows: knowledge or recall; comprehension; application; analysis; synthesis; and evaluation. Learning and

understanding should operate along these levels of thinking skills.

Research Paradigm

Figure 1 shows the research paradigm used in this study—the Input-Process-Output model. In this study, the input refers to the students profile variables such as age, gender, year level and school/department and the institutional vision, mission, goals and core values. These will undergo a process of assessment of level

of understanding using a researcher-made tool as guided by the learning objectives of Blooms Taxonomy.

After assessment, the data will undergo comparative and correlational studies using appropriate statistical formula. The output will serve as an input to institutional academic strategic and operational planning, primarily on students’ aspects.

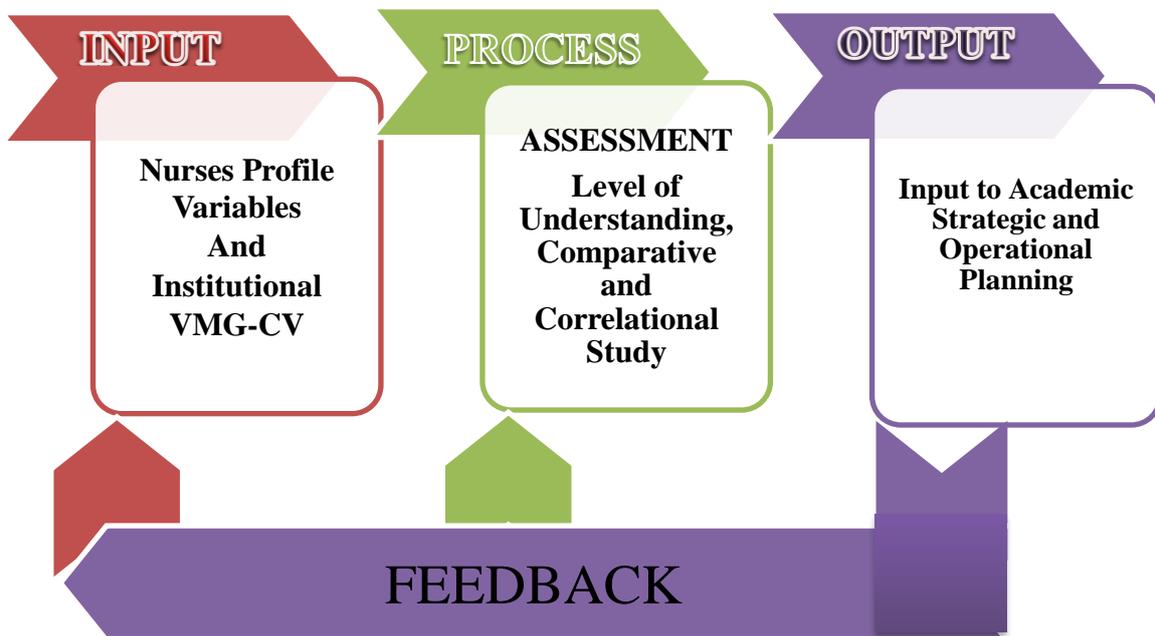


Figure 1. Research Paradigm

Methodology

This study will utilize the descriptive, comparative, correlational design of research. The study will be conducted in a selected hospital in Saudi Arabia. Simple random sampling will be used to enlist participants of this study. A researcher-made questionnaire ($\alpha=.987$) will be used. This questionnaire underwent content, face and construct validation by educational management expert. The questionnaire is divided to two parts: the demographic profile and the Likert-scale type of

questionnaire that asks the level of understanding of students with the institution’s vision, mission, goals and core values. Part 2 of the questionnaire is divided into various levels of thinking skills. The questionnaires will be distributed to staff nurses chosen for the study. Using Microsoft excel, the data will be encoded but later on copied to the SPSS for further statistical computing.

Results and Discussion

As to the demographic profile

Table 1. Summary of the Demographic Profile of Participants (n=308)

Demograph	Frequency	Percentage (%)
Gender		
Male	21	6.8
Female	279	90.8
Missing	8	2.6
Total	308	100
Age		
21-25 years old	25	8.1
26-30 years old	108	35.1
31-35 years old	91	29.5
Above 35 years old	79	25.6
Missing	5	1.8
Total	308	100
Educational Attainment		
Bachelor's Degree	273	88.6
Master's Degree	3	1
Missing	32	10.4
Total	308	100
Length of Service		
Less than a year	38	12.3
1-3 years	91	29.5
4-6 years	49	15.9
More than 6 years	122	39.6
Missing	8	2.6
Total	308	100

Table 1 shows the summary of the demographic profile of the participants. To start with, female comprises the majority of participants at 279 (90.8%). Likewise, majority of the participants belong to the age group 26-30 years old at 108 (35.1%) and this is followed by those belonging to the age group 31-35 years old at 91 (29.5%) and those above 35

years old at 79 (25.6%). Similarly, majority of the participants are bachelor's degree holder at 273 (88.6%) and only 3 (1%) have master's degree.

As to the extent of staff nurses understands of the institution's vision, mission, goals and core values

Table 2. Summary of Staff Nurse's Understanding of VMGC (n=308)

Thinking Skills	Mean	SD	QI
Remembering	3.38	.85	To a high extent
Understanding	3.45	.86	To a higher extent
Applying	3.48	.86	To a higher extent
Analyzing	3.35	.86	To a high extent
Evaluating	3.40	.84	To a higher extent
Creating	3.13	1.00	To a high extent

Legend:1.00-1.79- To no extent; 1.80-2.59- To a certain extent; .60-3.39- To a high extent; 3.40-4.19- To a higher extent ; 4.20-5.00- To the highest extent

Among the thinking skills, applying came in as the highest skill being utilized by the participants relative to the institution's VMGCV ($x=3.48\pm.86$, to a higher extent), followed by understanding ($x=3.45\pm.86$, to a higher extent), then by evaluating ($x=3.40\pm.84$). The

lowest among the thinking skills is creating, which is the highest thinking skill according to Bloom's taxonomy ($x=3.13\pm.1$).

As to the difference on the level of understanding of staff nurses about VMGCV when grouped according to profile variables

Table 3. Differences of Level of Understanding as to Gender

Cognitive Level	F-value	dF	p-value	QI	Decision
Remembering	.05	1,298	.82	NS	Retain Ho
Understanding	.23	1,298	.64	NS	Retain Ho
Applying	.09	1,298	.77	NS	Retain Ho
Analyzing	.14	1,298	.71	NS	Retain Ho
Evaluating	.45	1,298	.50	NS	Retain Ho
Creating	.54	1,298	.46	NS	Retain Ho

Table 3 reflects the reason why the null hypothesis has been retained or accepted because in all thinking skills, level of understanding is not influenced by gender, in particular: remembering ($F_{1,298}=.05$, $p=.82$),

understanding ($F_{1,298}=.23$, $p=.64$), applying ($F_{1,298}=.09$, $p=.77$), analyzing ($F_{1,298}=.14$, $p=.71$), evaluating ($F_{1,298}=.45$, $p=.50$), and creating ($F_{1,298}=.54$, $p=.46$).

Table 4. Differences of Level of Understanding as to Age

Thinking Skills	F-value	dF	p-value	QI	Decision
Remembering	2.53	3,299	.06	NS	Retain Ho
Understanding	2.42	3,299	.07	NS	Retain Ho
Applying	2.16	3,299	.09	NS	Retain Ho
Analyzing	1.29	3,299	.28	NS	Retain Ho
Evaluating	.58	3,299	.63	NS	Retain Ho
Creating	.69	3,299	.56	NS	Retain Ho

Likewise, Table 4 demonstrates that age has no effect to remembering ($F_{3,299}=2.53$, $p=.06$), understanding ($F_{3,299}=2.42$, $p=.07$), applying ($F_{3,299}=2.16$, $p=.09$), analyzing ($F_{3,299}=1.29$,

$p=.28$), evaluating ($F_{3,299}=.58$, $p=.63$), and creating ($F_{3,299}=.69$, $p=.56$). Thus, null hypothesis has been retained or accepted.

Table 5. Differences of Level of Understanding as to Educational Attainment

Thinking Skills	F-value	dF	p-value	QI	Decision
Remembering	1.37	1,274	.24	NS	Retain Ho
Understanding	2.35	1,274	.13	NS	Retain Ho
Applying	2.49	1,274	.12	NS	Retain Ho
Analyzing	.05	1,265	.83	NS	Retain Ho
Evaluating	.10	1,265	.75	NS	Retain Ho
Creating	.04	1,265	.85	NS	Retain Ho

It can be gleaned from Table 5 that educational attainment has also no influence to the level of understanding of the VMGCV as to remembering ($F_{1,274}=1.34$, $p=.24$), understanding ($F_{1,274}=2.35$, $p=.13$), applying ($F_{1,274}=2.49$, $p=.12$), analyzing ($F_{1,265}=.05$, $p=.83$), evaluating ($F_{1,265}=.10$, $p=.75$), and creating ($F_{1,265}=.04$, $p=.85$). Thus, null hypothesis has been retained or accepted.

Table 6. Differences of Level of Understanding as to Length of Service

Thinking Skills	F-value	dF	p-value	QI	Decision
Remembering	4.97	3,296	.00	S	Reject Ho
Understanding	3.09	3,296	.03	S	Reject Ho
Applying	2.92	3,296	.04	S	Reject Ho
Analyzing	4.22	3,287	.01	S	Reject Ho
Evaluating	3.27	3,287	.02	S	Reject Ho
Creating	3.83	3,287	.01	S	Reject Ho

Table 6 shows significant results of the level of understanding according to thinking skills relative to length of service as length of service influence largely the participants understanding of the VMGCV, as to remembering ($F_{3,296}=4.97$, $p=.00$), understanding ($F_{3,296}=3.09$, $p=.00$), applying ($F_{3,296}=2.92$, $p=.00$), analyzing ($F_{3,287}=4.22$, $p=.00$), evaluating ($F_{3,287}=3.27$, $p=.00$), and creating ($F_{3,287}=3.83$, $p=.00$). Thus, null hypothesis has been rejected, since there

is a significant difference on the level of understanding relative to length of service. Post hoc analysis (Tukey test) shows that those working more than six years have higher understanding when compared to those working less than six years ($p=.00$). Thus, the longer the length of service is, the higher level of understanding a staff nurse has of the institution's VMGCV.

As to relationship among thinking skills

Table 7. Correlation Among Cognitive Levels

Thinking Skills	r-value	p-value	QI	Decision
Remembering and Understanding	.87	.00	Positive Very Strong Correlation	Reject Ho
Remembering and Applying	.79	.00	Positive Strong Correlation	Reject Ho
Remembering and Analyzing	.79	.00	Positive Strong Correlation	Reject Ho
Remembering and Evaluating	.80	.00	Positive Very Strong correlation	Reject Ho
Remembering and Creating	.63	.00	Positive Strong Correlation	Reject Ho

Multiple correlation of the thinking skills show positive and strong to very strong correlation among thinking skills. It can be gleaned from Table 7 that the correlation between remembering and understanding is positive and very strong ($r=.87$, $p=.00$), remembering and applying is positive and strong ($r=.79$, $p=.00$), remembering and analyzing is positive and strong ($r=.79$, $p=.00$), remembering and evaluating is positive and very strong ($r=.80$, $p=.00$), and remembering and creating

is positive and strong ($r=.63$, $p=.00$). This implies that a high level of a thinking skills results also to high level of another thinking skill. For instance, if one remembers one's VMGCV he can also understand, apply, evaluate, and create well.

Conclusions and Recommendations

The following are the conclusions and recommendations as a result of this study:

1. The level of understanding of staff nurses of their institution's VMGCV ranges from high to a higher extent.
2. Demographic variables such as gender, age, and educational attainment do not affect staff nurses' understanding of their institution's VMGCV.
3. Length of service of staff nurses in an institution makes them better understand their institution's VMGCV.
4. Knowledge of the institution's VMGCV results to proper understanding, application, analysis, evaluation and creation of staff nurses of things relevant to the fulfillment of their institution VMGCV.

The following are hereby recommended:

1. Create a program to enhance better understanding of staff nurses of their institution's VMGCV such as enhancement program revisiting their institution's VMGCV, making the VMGCV more visible to staff nurses, and regular monitoring of staff nurse's understanding of VMGCV.
2. Salary enhancement package for staff nurses to stay longer in the institution.
3. Future researchers to equally recruit participants as to age, gender and educational attainment to see whether these demographic profiles really influence level of understanding.

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