

**Received:** August 1, 2015

**Revision received:** November 30, 2015

**Accepted:** February 4, 2016

**OnlineFirst:** June 30, 2016

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DOI 10.12738/SM.2016.2.0018 • October 2016 • 2(2) • 97–101

*Original Article*

## Nurse Competence

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### Abstract

Within contemporary changing and evolving health care settings, nurses face many challenges on an everyday basis. In the clinical environment, nurses' interventions are the most essential element contributing to patients' recovery. The continuous care and contact provided by nurses builds patient security and confidence. They also, allow patients to use their resources in the recovery process. Consequently, care providers' conception about themselves as professionals will either support and confirm, or, in some cases, undermine and hamper their self-confidence and work.

### Keywords

Competence • Nurse competence • Nursing practice • Work environment • Self-assessment

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Citation: Pantelidou, P., Lemonidou, C., & Tsaloglidou, A. (2016). Nurse competence. *Sanitas Magisterium*, 2, 97–101. <http://dx.doi.org/10.12738/SM.2016.2.0018>

Whether nurses are competent in their field plays an important role in guaranteeing the quality of nursing interventions and outcomes. Competence is associated with performance, which is itself defined as the formal exhibition of a skill, ability, or aptitude of a professional nurse (Meretoja & Leino-Kilpi, 2001).

Assessing practicing nurses' competence level is of crucial importance in identifying areas in which nurses would benefit from professional development and educational programs. Assessment, also ensures that nurses' competencies are put to the best possible use when caring for patients (Benkö & Sarvimäki, 1999). Assessing practicing nurses should be made a core function in quality assurance systems, workforce planning, and human resource management (Meretoja, Isoaho, & Leino-Kilpi, 2004). Additionally, the importance of measuring nurses' own subjective assessments of their work environment is emphasized as a key contributor to job satisfaction and to retaining nurses (Adams & Bond, 2000).

### **Purpose**

The purpose of this paper is to study the meaning of the term "nurse competence" and to evaluate the level of nurse competence in the clinical setting.

### **Method**

The study consists of a systematic review of both Greek and international literature, from 1990 to 2010, using the following terms as key words: "Competence, nurse competence, nursing practice, work environment and self-assessment." Thirty-seven studies, including reviews and original papers, concerned with defining and evaluating nursing competence in different clinical settings, were viewed and critically analyzed. Only sixteen met the criteria for this paper, which are presented here.

### **Nurse Competence**

Upon review of the relevant literature, one finds little consensus as to what is meant by competence when applied to clinical practice assessment.

Benner (2001) defines competence as the ability to obtain the desired results from a task performed. Del Bueno (1990) defines it as the effective application of knowledge and skills, while Parry (1996) defines it as a cluster of related knowledge, attitudes, and skills that affect a major part of one's job, that correlate with one's performance on the job, and that can be measured against well-accepted standards.

Nursing competence is usually described as a nurse's personal skills developed through professional nurse training courses. Considered an individual characteristic, competence consists of a group of broad abilities and practical skills prone to change as one's environment changes (Tzeng, 2004).

In 2001, a study of new nurse graduates' understanding of competence was conducted. These graduates described eight concepts of competence, being: (1) safe practice, (2) limited independence, (3) utilization of resources, (4) time and workload management, (5) ethical practice, (6) performance of clinical skills, (7) knowledge, and (8) ability to evolve (Ramritu & Barnard, 2001). In another study conducted the same year, Zhang, Luk, Arthur, and Wong, (2001), described competence as job-related, referring to a person's capacity to meet a job's requirements by producing qualified outputs.

More recent studies have defined competence as personal skills developed through professional nurse training courses, considering it to be an outcome of these courses (Tzeng, 2004, Tzeng & Ketefian, 2003). Another researcher underlined the importance of cultural competence. Cultural competence is defined as the ability to provide health care for patients of cultural difference or diversity and encompasses such categories as age, gender, race, ethnicity, religion, and sexual orientation (French, 2003).

A more holistic, integrative, and context-specific approach to competence is currently favored. It incorporates ethics and values, reflective practice, context-specific knowledge, and skills as elements of competent performance and includes the therapeutic caring relationship (Bartlett, Simonite, Westcott, & Taylor, 2000; Scholes, Endacott, & Chellel, 2000). In order to meet this need, competence is defined today as one's functional adequacy and capacity to integrate knowledge and skills with attitudes and values in specific contextual situations of one's practice (Meretoja et al., 2004).

### **Nurse Competence in Different Work Environments**

Although several studies have explored various categories of nurse competence, few researchers have been interested in involving practicing nurses' perceptions in different hospital work environments. Medical-surgical hospital nurses consider themselves to be at an above-moderate level of competence, but assess their competence higher in physical rather than in psychosocial care. In addition, they showed higher levels of managerial competencies in comparison to nurses that work in pathological wards (Garland, 1996; McCaughan & Parahoo, 2000). A high frequency of managerial and administrative competencies is, also, reported by intensive care nurses. They find themselves least competent in educational activities (Harrison & Nixon, 2002).

Additionally, nurses working in operation rooms show lower overall competence levels and a lower frequency of using different items of competence than nurses from intensive care units or surgical wards (Meretoja et al., 2004). The explanation may be related to the fact that in operation rooms, nurses have only short periods of contact with patients and very few instances of contact with patients' relatives. Finally, emergency department nurses appear to be better than others in managing situations and in diagnostic functions (Meretoja et al., 2004).



In general, there is a positive correlation between one's age and length of work experience, on the one hand and one's assessment of his/her own competencies on the other. This finding is encouraging, as it consists of evidence that nurses gain more experience and possess professional development during their years of service.

### Conclusion

Comparative studies of nurse competence in different work environments are still necessary to understand the contextual elements of competent nursing practice. Identifying contextual variables, important in hospital nursing, may provide additional direction on how to structure work environments that not only provide quality care, but that also attract and retain nurses in hospitals. A unique challenge for nurse administrators is to define and quantify nursing practices so that a differentiation between different levels of nurse competence can be identified. Competence assessments should be a continuous process during the nursing career and a tool to recognize and reward nurses.

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