THE FUNCTIONS OF COMPETENCIES IN NURSING: A CRITICAL EXPLORATION

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• Learning objectives:
  • Understanding the concept of nursing competence – its origins and evolution
  • Identifying what interests competency frameworks represent
  • Explore the implications of blurring of scopes of nursing practice
HISTORICALLY

• Four facets equated with competence in traditional training

1874-1977

1. Moral character
2. Technical knowledge and skill
3. Mentoring by more experienced staff
4. Professional etiquette

(Bradshaw, 2000)

The Royal Melbourne Hospital’s First Lady Superintendent Miss Isabella Rathie and the hospital’s first Nightingale trained nurse, with her nursing staff in the 1890’s

A CHANGE IN THE WIND

• Traditional methods = apprenticeship style learning

• Examinations = cognitive ability
  • You know what you know but can you do what you know?

• McClelland (1973) – assessments need to be based within the environment where the task will be based
A CHANGE IN THE WIND
CONT...

- RN movement from hospital to university training
- Focus on theoretical frameworks
  - Communication, analytical skills
  - Patient care, critical problem solving
- Disparity between what the clinical environment wanted & what the university was delivering

- EN movement from hospital to vocational training
- Focus on skill acquisition
  - Patient care
  - Basic and complex skill
- Less disparity between clinical expectation and educational delivery
WHAT IS COMPETENCY?

Brown’s (1978, p398) broad definition:
“…possession of critically required abilities, knowledge, judgment, and attitudes necessary to fulfil a professional role.”

• Ashworth & Saxton (1993):
A broad concept designed to transfer new skills & knowledge into a multitude of occupational areas.
WHY DEVELOP A COMPETENCY FRAMEWORK?

• Regulate nursing education and training

• Ensure consistency/uniformity in delivery of care

• Develop a more flexible workforce

• Greater control by management/regulatory authorities
REGISTERED NURSE

• A diploma/bachelor trained professional who demonstrates competence in provision of care as specified by registration requirements, National Board standards and codes, education preparation, relevant legislation and context of care.

ENROLLED NURSE

• An associate to the registered nurse, who demonstrates competence in the provision of patient-centred care as specified by the registering authority’s licence to practice, educational preparation and context of care.

• Australian Nursing & Midwifery Council (2002); Nursing Midwifery Board of Australia (2016)
QUESTIONs

• Explore the development & function of competencies.
• Have competencies influenced the definitions of scope of practice for the EN/RN?
• Have competencies influenced RN or EN understanding of their roles?

AIMS

• Explore the social & political function of …
  • competencies
  • the value placed on competencies
  • how competencies have restructured the nursing practice environment
THEORETICAL FRAMEWORK

- Critical theory
  - Interdisciplinary approach

- Combines philosophy and social science

- Jürgen Habermas

- Ways of knowing

Diagram:

Social Inquiry

- Explanation & Understanding
- Regularity & Normativity
- Structure & Agency
JÜRGEN HABERMAS – WAYS OF KNOWING

Communication

Technical interests
- Empirical/analytical knowing
- Technical control - manipulation of the environment

Practical interests
- Understanding through intersubjectivity
- Constructing meaning – making sense

Emancipatory interests
- Critical self-reflective knowing
- Critical understanding leading to emancipatory change
METHODS

RESEARCH SITE

- A 600+ bed hospital
- Tertiary level hospital
- Metropolitan Queensland
- Competency framework within the hospital
- RNs and ENs across wide variety of clinical areas

SAMPLING

- RNs and ENs
- Acute & chronic wards
- Full time & part time staff members
- 1-1 interviews 8 RNs and 8 ENs
- Focus groups – 14 RNs, 11 ENs
# DATA COLLECTION & ANALYSIS

## DATA COLLECTION

- Literature review
- Competency documents from within the organisation
- 1-1 interviews (RNs and ENs)
- Focus group interviews (RNs and ENs)

## DATA ANALYSIS

- Contextual review of literature
- 1-1 Interview transcripts
- Focus group interview transcripts
  - Using Habermas 3 areas of interest
• Traditional methods > intelligence testing

• Efficiency agenda = flexibility

• Competencies = skill statements = standardisation
THE FUNCTION OF TECHNICAL INTERESTS

• 1st of 3 analytical outcomes

• Social world = complex rules, propositions & procedures ≠ reflection
  • “… we achieve a certain amount of competencies before we can perform duties” EN 3

• Provides for flexibility within the workforce
  • “You could be a novice, or you could be an expert but you’re all competent, so it reduces everyone to one level” RN 4
• 2002 recommendations > appropriate skill mix = challenging nursing roles to optimise their involvement
  • “… the difference between myself and the RN I’m working with is, they carry the red (dangerous drug) keys” EN focus group 1

• Involvement of all levels
  • “… we can lighten their [RN] workload by having more competencies…” EN 2
  • “It’s a quick way to up-skill all the staff, by getting a piece of paper and getting them to sign it…” RN focus group 1
THE FUNCTION OF PRACTICAL KNOWLEDGE – SENSE MAKING

• 2nd analytical outcome

• Reflects communicative action & mutual understanding through language

  • “As an organisation you’d want to be thinking of the big picture & going ‘no, this is how we want all of our RNs to do it…”” RN 3
THE FUNCTION OF PRACTICAL KNOWLEDGE CONT...

• Shaping daily work = limiting differences in performance of skills
  • “… a lot of the competencies are the same for both levels.” RN 6
  • “… from an educational point of view, they know then where they’ve got to improve and where they’ve got to pick things up from, ‘this wards got 10 staff that can’t do this, let’s get their competencies up’…” (RN 8)

• Developing competence
  • “… its starting to get difficult with the ENs & endorsed ENs, IV competent ENs and their skill mix. … They are sort of stuck between some of the competencies which are just for anyone and yet it’s in the policies & procedures where it says that they can’t…” RN 5
THE FUNCTION OF EMANCIPATORY/POLITICAL KNOWLEDGE

• 3rd analytical outcome
  • Encourage and provide space for reflection

• Rewards and responsibilities
  • “I think there’s a lot of blurred scope ideas and that gets confusing as to who can do what and just how much responsibility should be given to the EN” RN focus group 1

• Pedagogical shift
  • “… we’ve done 18 months, they’ve done 3 years but sometimes we’re doing exactly the same things … so you sort of think why would I bother to do another 2 years if I’m doing what I’m doing?” EN focus group 1
Shift in power relationships

“They [ENs] still technically report to the RN in [ward] but they have their own patient load and they need to come to me and say if they can’t do something or they’re not allowed or if there’s a problem because I’m not directly looking after their patients.” RN 5

Productivity, labour, control

“… the purpose of competencies is that we know that people are actually practicing safely & that they do have the appropriate skills & knowledge” RN 6

“… they can put on 2 RNs & then 2 ENs & the ENs can pretty much do everything.” EN focus group 1
• Competency based nursing, like any social construct, is a product of political/power relationships and legitimated through repeated statements grounded in largely technical/empirical knowledge interests.

• Technological/empirical knowledge is legitimate but becomes illegitimate when the only form of knowing.
• Competency based practice ensures:
  • Functional flexibility – manipulation of skill mix
  • Standardisation of care – management driven control

• RN – registration requirements, legislation, education and context of care.

• EN – endorsement requirements, education, context of care. An associate to the RN.


