

Nursing competencies: the artistry of nursing

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Abstract

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The Australian Nurse Registering Authorities developed the Australian Nursing Competencies that describe the attributes and performance required by newly qualified Registered and Enrolled Nurses in the clinical setting. A description of what constitutes nursing competence, the importance of identifying and developing competencies in the profession, and various ways in which nursing competencies may be used to recognise, value and reward nursing are described.

If you were to ask a member of your family or a friend 'What do nurses do?', you might be very surprised at the vague nature of their reply. 'They look after people who are sick.' they are most likely to say, or 'They give medicines and injections', 'they help deliver babies.' The nature of nurses' work, like that of all the professions, is complex, often mysterious and frequently highly specialised.

Although many nursing theorists spend their lives trying to describe and define nursing, no one definitive and succinct statement exists that suits all nurses, in all circumstances and all specialties, in all societies.

Although it is a complex, mysterious and elusive occupation to classify, nursing as a profession does exist. People choose nursing as an occupation, and undergo educational preparation to qualify for the role and title of a nurse. In Australia, to represent oneself as a nurse requires not only education, but also recognition by a licensing authority; therefore, it is important that consensus exists, at some levels,

about what nursing is, what nurses do, how an individual learns to be a nurse; and how to recognise that person by the award of a qualification.

A recent attempt to provide consensus on these questions was the production of the National Nursing Competencies in Australia by the Australasian Nurse Registering Authorities Conference (ANRAC, and now known as the Australian Nursing Council ANC). The complex history of the development of the National Nursing Competencies and their place within the national training agenda is best followed elsewhere. A bibliography is supplied for those interested in following the story so far.

This article will introduce the concept of the National Nursing Competencies and their relevance to nurses and others by relating it to clinical examples. It highlights the positive aspects of Competency Based Education and the various other ways nursing competencies could be used.

Recognising competency

It should be understood that the terms of 'Competency', 'Expert' and 'Beginner' used in this article do not exactly relate to the meanings ascribed by Benner (1984).

However, her descriptive research of nursing practice contributes to the understanding of many of the concepts related to the topics of this article.

Competency, as discussed in the Competency standards approach to professional education and practice, is defined as 'A combination of attributes enabling performance of a range of professional tasks to the appropriate standards.' (Gonczi, Hager & Oliver, 1990: 62).

Competency encompasses more than just a psychomotor skill. The team competency in these contexts now describes the attributes of knowledge, abilities, skills and attitudes that underlie competent performance. (Gonczi et al., 1990: 62). Competency standards specify the level of achievement expected and the tasks and contexts of professional practice in which we may see the competency demonstrated. (Gonczi et al., 1990: 10).

Nurses know that psychomotor skills are important but, performed without knowledge, they do not constitute nursing. Nursing knowledge of health and disease processes is of little use without appropriate nursing skills to implement.

The abilities to plan and organise our work are of little benefit to patients or clients if the attitudes that nurses value (such as, caring and patience) are not present; therefore, integration of the knowledge, abilities, skills and attitudes of nursing is the essential key to understanding and performing competencies.

Competence does not mean expert. There exist various levels of competence but each of these has a minimum acceptable level or standard. Beginners are rarely expert, but they can be competent. They perform a wide range of nursing activities methodically and well. They may be slow but develop further skills and speed in time. They have to ask many questions but they know which questions to ask. Beginning graduate nurses may be a little slow completing total patient care, be somewhat limited in the range of skills they can perform, not possess a great deal of specialised knowledge but they are easily distinguished from someone who is not a nurse, or even a novice student nurse.

The experienced competent nurse works quickly and capably, able to care for a highly complex and dependent patient in the critical care unit, or nurse several high dependency patients in a busy surgical or medical ward. In the community setting, nursing skills of assessment and decision-making are often invisible, but are reflected in the delivery of patient care.

Experienced and expert nurses have amazing memories, seem to do twenty things at once, cope with interruptions and can deal with emergencies, all calmly and expertly. Yet behind the smooth performance we recognise the knowledge, abilities, skills and attitudes that are integrated into the professional demonstration of excellent nursing.

If you have recognised an example of nursing such as this, then you can recognise nursing competency. Schon (1988: 22) has described such expert performance as professional artistry. Consider the performance of a wonderful musician behind the artistry lies knowledge, abilities, skills and attitudes. A concert pianist makes playing a difficult piece of music look so easy. A virtuoso violinist doesn't even have to read the music! We would hesitate to describe a virtuoso as having musical competency; instead we would use the term artistry.

Similarly, as nurses we might hesitate to describe expert nursing in terms of a virtuoso performance yet behind that performance there does exist a form of artistry. Expert nurses, demonstrating integration of all the attributes of competency at an advanced level, make their nursing look easy and effortless, especially to the lay person. However, another nurse can recognise the knowledge behind the decisions, the attitudes underlying the care, the abilities that permit the multitude of activities to be managed and the skills that demonstrate the expertise of a senior and experienced nurse.

However, the competency movement has more pragmatic applications than appreciation of the artistry of nursing! Some of these applications include the valuing and rewarding of nursing, education, licensure and appraisal of various levels of nursing.

Valuing nursing

Florence Nightingale believed that most women would be required to nurse, as part of their role as wife, mother or family caregiver (Torres, 1980). Nursing remains a female dominated occupation and it has been regarded by many societies as an innate feminine skill, which by being a natural part of the woman's role, required little in the way of development or reward.

By scrutinising the role and the work of nursing, the knowledge, skills and attitudes of effective nursing have been discerned and described as competencies. They include the ability to utilise many varieties of communication, demonstration of sensitivity and gentleness, the abilities of work organisation, problem-solving and teaching, the qualities of accuracy, consistency, thoroughness and continuity and of course, all of these performed in a caring manner and to appropriate standards. Many of these attributes are influenced by personal qualities, but none of them are solely female traits. Patients and clients value them and can identify them if they are missing from the nursing care they receive. Nurses value them and try to develop and promote them in all nurses, male and female, in their educational preparation for nursing and continuing practice.

Education/licensure

Students of nursing bring abilities and attitudes to their nursing courses. Within the course the knowledge and skills of nursing are presented. Together the educators and students attempt to integrate knowledge with caring, abilities with skills, skills with knowledge and so on. Not all students of nursing in formal courses are beginners. Many possess valuable skills and knowledge that are relevant to nursing. The Recognition of Prior Learning (RPL) of skills, experience and qualifications can be expedited by the use of Competencies. If a student or nurse believes they already possess the integrated attributes required in some aspect of nursing, they could be assessed against the Competency and gain RPL. Savings in costs of education and time for the learner can be achieved in this way. However to date, this aspect of the use of Competencies in nursing has not been widely used.

Another definition of Competency is 'The ability to perform the activities within an occupation or function to the standard expected in employment.' (Heywood, Gonczi & Hager, 1992: 99).

One of the central themes of the use of Competencies in education is the change of focus from what a student is taught and the knowledge they learn, to outcomes, or demonstration of what the learner can actually do. Many nurses have difficulty in understanding the competency movement because nursing has traditionally prepared its students in settings and in a manner that closely resembles this description. Hospital-based schools of nursing presented theory and skills for learning that were highly relevant and functional to the standard expected in the hospital ward. Since the move of nursing education to tertiary settings, the workplace nature of much of the learning and application of that learning has altered. However, nursing courses for Enrolled and Registered nurses remain based upon the knowledge, skills and attitudes nurses are expected to demonstrate in employment in a wide variety of contexts and settings. More emphasis is placed on ensuring every participant gains and is able to apply the required competencies in the course of their occupation or profession. Competency-based Education and Training have been introduced to many occupational and trade vocational preparation programs as well as to some professional programs and courses such as nursing.

Another distinct feature of Competency-based education or training is the emphasis on assessment in real-life settings and situations. The demonstration of knowledge is frequently assessed by judging its application in the work situation rather than by undertaking written exams.

Although students of nursing may no longer be employees of the hospital where they gain clinical experience, much of the assessment of their suitability to qualify as a nurse, or their competency in nursing, takes place in the real-life setting. This may be in the context of planning the care of a patient upon admission to the surgical ward of a hospital, providing care at the bedside of a patient in the nursing home, caring for a child in the operating room, assessing a client in a community clinic or their home or teaching the patient and their family about medications.

Using descriptions of the performance competencies required of RNs or ENs throughout Australia (for example, the standards of a nurse who undertook basic preparation in Western Australia can be compared with one who graduated in Queensland), the equivalence of professional performance can be determined. A nurse from Argentina or Thailand or Great Britain can also be assessed for suitability for recognition in any state, by assessing each individual's nursing performance and knowledge using the Australian nursing competencies.

Maintenance of professional standards

All RNs and ENs in Australia should be able to meet their respective competencies for the beginning practitioner, no matter where or when they were educated, or how experienced or qualified they are today. The ANC Nursing Competencies describe and define those competencies required of all RNs and ENs, but essentially refer to those of the beginning qualified nurse. The need to assess the performances of nurses who are not beginners, for a variety of purposes, is an important issue that the competency movement can address. Many nursing specialties are developing statements of their specific Competency standards. Having clear sets of standards defines the basis for those within the specialty, and those outside it, to understand the Competencies required for practice. Competency-based standards offer a basis for judgements to be made about entry to the profession, such as accreditation, registration or enrolment as a nurse. They also provide clear guidelines for judging progression within the role, and as such can be used to make decisions about awards, classifications, promotions and for general staff appraisal purposes.

Recognising nursing when we see it

The development of Competencies that define and describe nursing have a wide variety of applications. One of the most important is to use them to establish nursing as a professional entity and to distinguish it from other occupations that are not nursing. Nursing as a profession is constantly under assault it is seen as expensive, complex and increasingly unnecessary. Unqualified and sometimes untrained care givers, in a variety of roles in institutions and the community, now encroach upon the nursing role. The tasks and skills of nursing are seen as easily learned and inexpensively performed by willing personnel after minimal preparation.

Nurses may agree or disagree that many of the tasks and skills currently performed by nurses should be delegated in this way to others. This is part of the natural evolution of the nursing role throughout its history. Another way nursing is changing is by adaptation to the many challenges facing not only nursing, but also our community and the healthcare industry. To enable nurses to make the decisions about their role, consensus about what is important and essential in nursing must exist.

The Competency movement has contributed to this continuing debate. The distinguishing aspects of nursing, the ways in which it can be developed and implemented by its practitioners, and the recognition of what is unique in nursing are features that have been enhanced by the scrutiny that has accompanied the Competency movement.

All nurses should be encouraged to explore and contribute to the debate, for it is nurses who define nursing and what constitutes Competency within the profession.

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