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How competent are they? Graduate nurses self-assessment of competence at the start of their careers

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Summary For many decades there has been ongoing debate about what it means to be competent and how competence develops and is assessed. A particular target in the debate has been graduate nurses. Despite the extent of competence of graduate nurses being questioned, very little research has examined graduate nurse competence at the time of commencing employment. This study sought to redress this gap.

Forty-seven graduate nurses starting a graduate nurse programme in a large paediatric hospital were invited to participate in a study investigating the development of competence. All graduate nurses agreed to participate and completed the Nurse Competence Scale, a 73 item questionnaire across seven domains related to nurse competence: helping role, teaching—coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality and work role. Each item is scored along a Visual Analogue Scale (0—100) where 0 is very low and 100 is very high. For descriptive purposes levels of competence are separated as low (0—25), rather good (>25—50), good (>50—75) and very good (>75—100).

Graduate nurses self-assessed their competence as rather good for overall competence and each of the domains. They indicated most competence in the domain of ensuring quality and least for teaching—coaching. Across all domains graduate nurses self-assessed a lower level of

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competence than in other studies using the NCS with nurses with more experience. The self-assessed level of competence in ensuring quality found in this study may reflect the emphasis on critical thinking and utilisation of evidence in practice in undergraduate studies.
The findings of this study suggest graduate nurses have a lower level of self-assessed competence at time of commencing practice than nurses with more experience. Future research is warranted to understand to what extent, when, why and how competence develops in this population.

Background

The environment within which healthcare is provided by nurses continues to change rapidly. The care provided has become more complex and the variety of settings within which nurses practice has expanded. Increased financial constraints and a continuing shortage of nurses have created additional demands (Wolff, Pesut, & Regan, 2010). A combination of factors has contributed to some concerns regarding nursing care (Mid Staffordshire NHS Foundation Trust, 2013). Within this context there are strong societal and professional expectations that nurses will be competent to provide safe and effective care (McGrath et al., 2006). Despite the importance of the topic, the most effective means through which competence develops and is assessed remains elusive.

There is an abundance of literature related to competence in the health professions. This includes some research and extensive commentary. Chen and Watson (2011) suggest that the definition of competence is obscure, contradictory and lacking consensus. Potential barriers to a clear understanding of competence include whether it is best understood as: behaviourist, attribute-based or holistic (Heywood, Gonczi, & Hager, 1992); actual or potential (While, 1994); knowledge and/or skills and/or personal attributes (Fernandez et al., 2012); permanent or temporary (Epstein & Hundert, 2002); evolutionary or static (Benner, 2001; Salisbury & Frankel, 2012); and transferable or contextual (Eraut, 1998). Reaching consensus is challenged by the vast number of stakeholders engaged in the debate. Employers, universities, governments, accreditation agencies, professional associations, industrial bodies, recipients of healthcare and healthcare professionals are amongst those who hold particular views and have a vested interest (Aretz, 2011; Moriarty, Manthorpe, Stevens, & Hussein, 2011; Wolff et al., 2010).

Eraut (1998) proposes that the most worthwhile discussions related to competence occur when there is clarity around why the word is being used, the issues that are being addressed and the assumptions that are being made. The word competence is obligatory in nursing, as evidenced by the competency based approach to nursing registration in Australia and internationally (McGrath et al., 2006). In Australia, the Australian Nursing and Midwifery Council National Competency Standards for the Registered Nurse provide, among other things, a framework for nurses to self-assess competence; the national licensing board's means to assess competence as part of the annual renewal of registration; and universities with a guide for developing curricula (Australian Nursing & Midwifery Council, 2006).

The issue being addressed in this paper is the extent of competence of graduate nurses at the time of commencing a graduate nurse programme (GNP). Each year approximately 11,000 students graduate from nursing and midwifery courses in Australia (Department of Health, 2012). All states in Australia offer GNPs (Levett-Jones & FitzGerald, 2005). While not compulsory, GNPs are recommended as the means through which graduate nurses can consolidate and further develop their competence (Oates, 2012).

Perhaps there is no more significant time when the competence of nurses is challenged or debated than at the time of initial registration (Bradshaw & Merriman, 2008; Burns & Poster, 2008). Education providers argue graduate nurses are practice ready; they are professionally competent (Wolff et al., 2010). From this point of view competence develops along a trajectory whereby graduate nurses have foundation competencies transferable across situations. Then they require time, support and opportunities to develop competence in specific settings (Wolff et al., 2010). Conversely employers state graduate nurses are not practice ready; they are not competent (Moriarty et al., 2011). From this perspective competence is viewed as either/or. There is no time for competence to develop and graduate nurses need to have the skills to be able to ''hit the floor running'' (Wolff et al., 2010, p. 189). The assumption being made in this study is that the extent to which nurses are competent can be questioned.

Many outcomes have been studied in relation to the first year of nursing practice. Yet published studies exploring graduate nurse competence as a primary focus have been relatively limited. In the UK studies have focused on competence from a perspective of educational preparation. Bartlett, Simonite, Westcott, and Taylor (2000) compared the competence of graduates and diplomates using the Nursing Competencies Questionnaire (NCQ), a tool designed for that study. In a similar study comparing the competence of graduates and diplomates Clinton, Murrells, and Robinson (2005) used a modified version of the NCQ. Although the NCQ was used in both studies to investigate competence post registration, it was developed and tested with the intent to investigate competence of student nurses (Norman, Watson, Murrells, Calman, & Redfern, 2002).

Some studies have explored competence as an issue in wider investigation of GNP. This has been particularly evident in the USA where the Casey Fink Graduate Nurse Experience Survey (Casey, Fink, Krugman, & Propst, 2004) has been widely used in combination with other measures (Goode, Lynn, McElroy, Bednash, & Murray, 2013; Kowalski & Cross, 2010; Thomson, 2011; Ulrich et al., 2010). In an Australian context, exploration of graduate nurse competence has been investigated in conjunction with self-concept and retention (Cowin & Hengstberger-Sims, 2006), strengths and weaknesses of GNPs (Evans, Boxer, & Sanber, 2008),