



## Survey on specific nursing competences: Students' perceptions



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### ABSTRACT

**Introduction:** The nursing profession requires sophisticated interdisciplinary knowledge and skills, which is why numerous nursing curricula are being developed all across the world. The aim of the study was to assess students' perspectives about competences, defined by the Tuning project, they acquired and developed since enrolment in the undergraduate nursing study programme.

**Methods:** A survey was performed amongst 69 postgraduate Master degree students at the Faculty of Health Sciences University of Maribor, Slovenia (nursing graduates) and the research results were analysed using conventional statistical and correspondence analysis.

**Results:** Most of the participants felt that they are more competent in their awareness of different roles, responsibilities and functions of a nurse together with the ability to practice within the context of professional, ethical, regulatory and legal codes. However they felt less competent in leadership, management, and team competences.

**Conclusions:** According to the students' perceptions the current Nursing curriculum should be more future oriented and needs some core changes regarding the scope and level competences taught.

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### Introduction

Over the last one and a half centuries the nursing profession has experienced tremendous changes. The domain of nursing knowledge has exploded, the scope of practice has increased dramatically and nursing roles exist today that were unimaginable 60 years ago. In addition, working success is based more or less on acquired competences. However, the nursing profession also requires sophisticated interdisciplinary knowledge and skills, which is why numerous nursing curricula are being developed all across the world. When referring to an individual using or acquiring skills, knowledge, attitudes, values and abilities the authors of this paper equally use both terms “competencies” and “competences”.

Due to the fact that nursing competences have recently been an important issue regarding healthcare systems (Numminen et al., 2013), various international and national bodies have addressed

them in a manner that defines the expected level of knowledge, attitudes, skills, and values of a nurse (Cowan et al., 2008). In the years 2001 and 2009 the World Health Organization published two reports on nursing education with the aim of defining competence requirements and global standards for the initial education of nurses (World Health Organization, 2001; World Health Organization, 2009). Similarly, the International Council of Nurses has highlighted the importance of continuing nursing competence development as a professional responsibility and public right, by involving the public and patients, governments, nurses, employers, education institutions and various national nursing associations as key stakeholders in order to ensure quality nursing care for all and sound health policies globally (International Council of Nurses, 2006). In Europe many professional bodies are active in the field of nursing competences regulations i.e. the European Parliament and the Council of Europe have already in 1977 and 2005 issued nurses' qualification standards for education and practice where the knowledge and skills required for registration as a professional nursing practitioner are defined (The Council of the European Communities, 1977a; The Council of the European Communities, 1977b; The Council of the European Communities, 2005).

Many healthcare higher education institutions throughout Europe and globally, have developed or adapted to harmonized nursing curricula (international nursing curriculum framework)

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according to specific countries' demographics and regional needs for specific experts. The main goal within the developed harmonized nursing programmes was to ensure the acquisition of defined nursing competences that would enable nursing students, as well as nursing graduates, future international competence recognition and equal international and national professional integration. Slovenia joined the European Union in the year 2004 and one of the conditions was also harmonization of nursing educational programmes and harmonization of legislation with European directives. The harmonization process was implemented with the support of the Nurses and Midwives Association of Slovenia, within which a new undergraduate study programme Nursing care was developed. The study programme consisted of 4600 h (half theory and half practical training) which is approx. 2250 h more than in the previous study programme; however all future graduates are immediately employable, without traineeships and without professional examination. Additionally, all study programmes are evaluated with credit points (ECTS – European Credit Transfer System) with the aim to establish international and national transition of students. New challenge to which Slovenian higher education institutions in general was exposed is renovation of study programmes in accordance with the requirements of Bologna declaration adopted in the year 1999. Meaning, that designers of nursing curriculums had to combine the requirements of both the EU and Bologna directives with the main purpose to harmonize nursing curriculums and increase the comparability between countries, due to movement of labor.

Changes in our and other educational systems are not only the result of political decisions, but also the result of changes in professional views and scientific samples which requires both basic as well as specific expertise. Therefore, in the process of education of nurses we have to be aware that their function rises to a higher level of management of entire process of nursing care, which also requires adaptation of study programmes to the requirements and needs of the nursing practice.

## Literature

The recent reforms of educational systems have moved nursing education away from process-based curricula to competency-based curricula within industrialized nations (Cowan et al., 2006). Nursing practice requires complex combination of various attributes, the requirement which is reflected in one of the first definition of nursing competence given by Short (1984). Ten years later Gonczi (1994) described competences as general attributes of the practitioner which are crucial for effective performance. Dunn et al. (2000) on the other hand argues that competency is not necessarily a skill or a task to be done, but a characteristic to act effectively in a specific nursing setting. In Australian national competency standards for the registered nurse term competence was defined as “a combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional/occupational area” (Nursing and Midwifery Board of Australia, 2006, p. 8). “The ability of the registered nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting” was a common definition of a competence defined by 10 different nursing regulatory bodies in Canada (Black et al., 2008). Similar definition is used in United Kingdom (UK) (Nursing and Midwifery Council, 2010). The American academy of ambulatory nursing defines competence as “having the ability to demonstrate the technical, critical thinking, and interpersonal skills necessary to perform one's job” (Laughlin, 2013).

In the EU competences trend has resulted in the initiative “Tuning educational structures in Europe – Tuning” which started

in the year 2000 as a project (Donà dalle Rose and Haug, 2013). The main aims of Tuning were to link the political objectives of the Bologna Process and, at a later stage the Lisbon Strategy, to the higher educational sector and to (re-)design, develop, implement, evaluate and enhance the qualities of first, second and third cycle degree programmes (University of Deusto, n.d.; Oliver and Sanz, 2007). The Bologna Process represent the process of forming a European Higher Education Area (EHEA) based on cooperation between higher education institutions, students, staff, and ministries with the participation of international organizations (Bologna process, 2009). Tuning additionally aims at identifying points of reference for generic and subject-specific competences in a series of subject areas including nursing. Nevertheless the initiative makes the distinction between learning outcomes (statements of what a learner is expected to know, understand and/or be able to demonstrate after completion of learning) and competences (a dynamic combination of knowledge, understanding, skills and abilities), by taking into account the roles of teachers, students and stakeholders. It means that the desired learning outcomes are formulated by the academic staff, preferably involving student representatives on the basis of inputs by internal and external stakeholders. Furthermore, competences are obtained or developed by the student/learner. It is believed that the skills required by 21st century nurses should be more extensive in the areas of gene therapy, technology, complex health, and social care needs, rising consumer expectations and increased mobility of populations, and this is reflected in the Tuning-defined competences for nursing. The European Council of Nursing's (ECN) comment regarding these competences is that overall Tuning has followed and worked on important developments that were particularly well-timed for the nursing profession. Nevertheless, it can provide a framework structure for implementing and recognizing the value of the education experience for nurses. However, some key points and recommendations relating to “Credits for Theory and Practice”, “Resources”, “Patient safety”, and “Stakeholder Approach” should be added and elaborated on (Gonzales et al., 2011).

In last few years several developments relevant to the first cycle programme for nursing with registration have occurred, most notable being the testing of the Tuning Nursing Competences by the United States (US) National Council of State Boards of Nursing (National Council of State Boards of Nursing, 2010), the incorporation of the Tuning competences within the UK Nursing and Midwifery Council's revised Standards for pre-registration nursing education in (Nursing and Midwifery Council, 2010) and the development of Tuning set of competences for Latin Americas (Tuning América Latina, 2014). Interesting are the conclusions of the US testing stating that » There is evidence to suggest that the basic nursing education competencies are equally important, regardless of nursing role or geographic setting. Average importance ratings were very similar for the 47 competencies. Correlations for the 47 competencies were high and statistically significant.« (National Council of State Boards of Nursing, 2010, p. 3).

The literature review on empirical studies on the use on nursing competences in practice shows a critical shortage of such studies. Authors first searched for appropriate articles using the search string “nursing competenc\*” AND study” in title and abstract in PubMed and found no entries. Extending the same search to Scopus revealed only 8 papers, 6 of them in English. The studies were concerned with the use and validation of competences by holistic nursing (Erickson et al., 2013), the effect of an externship program and a corporate-academic cooperation program on enhancing junior college students' nursing competence and retention rates (Tseng et al., 2013) and evaluating nursing student competency after finishing college (Li and Li, 2007; Lin et al., 2009).

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