



Review

Research literature production on nursing competences from 1981 till 2012: A bibliometric snapshot



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SUMMARY

Background: When nurse education has moved away from a hospital based apprenticeship to a higher education institutions and new EU legislature enabled nurse workforce mobility, the term “competence” became an important concept in nurse education and practice. However, there is still a lot of confusion about its definition, how it should be assessed and implemented and which competences does a contemporary nurse need.

Objectives: To find publishing patterns in the nursing competence research literature production, focusing on publishing dynamics, identifying prolific research entities, most cited papers, and visualising the content of the research.

Design and Data Sources: A bibliometric analysis of 370 information sources (288 original papers and 82 review articles) found in the Scopus database using the search string “nursing competence” for the period 1981–2012 was conducted. The SciMago database was used to identify country and source title ranks.

Methods: Common elements of bibliometric data were extracted from each information source. Descriptive, correspondence and text analyses were used on the retrieved bibliometric data.

Results: The production of research literature has a positive trend. The research on nursing competences is being performed on all five continents, however is not yet published in top journals. Most prolific countries are the United States of America, the United Kingdom and Australasia, and most prolific source titles are the Journal of clinical nursing, the Journal of nursing education and Public health nursing. The results confirmed the still persisting confusion in the definition of the competence and the emergence of the need for defining new nursing competences.

Conclusions: Study confirmed that there are still open questions in the nursing competence research that will require actions on different levels including policy makers, educators and practising nurses.

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Introduction

The term “competence” has become one of the more commonly used terms in nursing after two significant events. First was the SLIM (Simpler Legislation for the Internal Market) project’s conclusion, that the flexibility of competence approach with its greater emphasis on end results of nurse education has significant advantages over more inflexible rules of, at that time, the traditional model of nursing education (Commission of the European Communities, 1997). The second was the decision made by the Advisory Committee of the European Commission (EC) on training in nursing, that European Union (EU) regulations have to be redrafted, encompassing the concept of competences (Advisory Committee on Training in Nursing, 1998). Additionally, the competence

based approach has already become a key policy in the developed world (McAllister, 1998), where nurse education has moved away from the hospital based apprenticeship to the higher education institutions, based on the fact that the competence based approach reduces the conflict between educational and health institutions (Watkins, 2000) caused by this move. Indeed, the competence based approach became the basis for nurse workforce mobility and an integral part of many nurse educational programmes in EU and alienated countries (Cowan et al., 2005).

Definition of Competence

Nursing practice requires a complex combination of various attributes, the requirement which is reflected in one of the first definitions of nursing competence given by Short (1994). Short describes a competence as a quality, possessed by someone, without exact specifications of what one can do in specific circumstances. Ten years later Gonczi (1994) described three ways of conceptualising a competence: as task-based or behaviourist, as general attributes of the practitioner

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which are crucial for effective performance and as general attributes, such as knowledge, skills, values and attitudes, that are needed for intelligent performance. Dunn et al. (2000) on the other hand argue that competence is not necessarily a skill or a task to be done, but a characteristic to act effectively in a specific nursing setting defined by competence standards. These standards are holistic entities interacting with one another in a context of scientific knowledge, clinical skills and humanistic values. A holistic definition of competence was later accepted by other researchers and regulatory bodies (Meretoja et al., 2004; Cowan et al., 2005; Black et al., 2008; Yanhua and Watson, 2011; Garside and Nhemachena, 2013). In Australian national competence standards for the registered nurse, the 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, p. 173). Similar definition, namely “the overarching set of knowledge, skills and attitudes required to practice safely and effectively without direct supervision” is used in United Kingdom (UK) (Nursing and Midwifery Council, 2010, p. 145). The American Academy of Ambulatory Care Nursing defined competence as “having the ability to demonstrate the technical, critical thinking, and interpersonal skills necessary to perform one’s job” (Laughlin, 2013).

Difficulties in the Nursing Competence Definitions

Despite research described above, there are still flaws in the process of operationalising the competence approach, i.e. their assessment and divergent values by stakeholders (Pijl Zieber et al., 2014). But the confusion about the definition of the competence began much earlier. The assessment process and the extent to which experienced nurses were able to supervise learners, were questioned by Girot (1993). Next, Eraut (1994) highlighted confusion between the competence concept and performance and its relationship to other concepts such as capability and expertise. Bradshaw (2001) raised a fundamental question about the necessary competences of a modern nurse according to a nurse’s traditional role in the past (caring for sick patient). Watson et al. (2002) argued in his systematic review of clinical competence assessment in nursing, that the definition of competence was obscure, the measurement of competence was unsystematic and the reliability and validity of measurement tools or strategies were seldom reported. Lack of standards adhered to practice and evaluation of competence was noted by Axley (2008). The problem with different interpretations of competences in the learning and mentoring process was reported by Cassidy (2009). Finally, the lack of consensus about nursing competence definition and validation is not the only pitfall. The ambiguity about how a registered nurse becomes competent and maintains competence is an additional obstacle to implement the competence based approach in the most effective way (Levine and Johnson, 2014).

Bibliometric Analysis

Based on the difficulties presented above and Smith (2012), who claimed that much more research is needed into the field of nursing competences, we decided to make a quantitative, but holistic snapshot not only into the state of the art in nursing competence research, but also in its historical dynamics. For this matter a bibliometric approach was employed. This snapshot could be used by nursing researchers, practising nurses, educators, and policy makers to find the relevant research in most important articles and journals or to guide them where to publish their own research. It could also be used to identify most prolific countries, institutions and researchers and thus locate important research results, information and resources or to find possible

research partners. It could also help to recognise most important research topics or be a starting point for integrative, systematic reviews or meta-analysis.

Bibliometrics is defined by Hawkins (2001) as “the quantitative analysis of the bibliometric features of a body of literature”. Bibliometric assessments are based on the assumption, that most scientific discoveries and research results are eventually published in international scientific journals, where they can be read and cited by other researchers (Rehn and Kronman, 2008). The purpose of bibliometrics is to map literary production within a given field and to determine the structure of a field of study. It uses quantitative methods for analysing books, journals, and other publications. From this analysis researchers can identify different patterns in the literature. They can find the most prolific authors, institutions, countries, and journals within a field, the types of works cited regarding the rates of literary production over time, and the patterns of communication and collaboration between authors (De Bellis, 2009). Bibliometric studies are also used to examine the history and structure of a field, the flow of information into a field, the growth of literature, patterns of collaboration amongst scientists, impacts of journals, and the long-term citation impact of a work (Garfield, 2006).

Much can be learned about nursing in general and nursing specialities by analysing information sources published and their citation records in nursing and other information sources. The bibliometric techniques applied to nursing literature could reveal a great deal of information as to how research is performed and research outcomes are transferred to nurses whether in clinical or non-clinical environments. The knowledge as to how to interpret research findings and evaluate their usages within practical settings may contribute to research development as well as to evidence-based practice (Niederhauser, 2005). So it is quite surprising that until recently so few bibliometric studies have been done on nursing literature (Smith and Hazelton, 2008). According to Davidson et al. (2014), who performed a search including search strings on “bibliometrics”, “nursing” and “midwifery” and found 367 articles in the CINAHL, Medline and Scopus databases, much has changed over the last few years. Our own research into this topic showed that bibliometrics within nursing has been used for various purposes. An early bibliometric study in nursing performed by Pardo et al. (2001) showed how bibliometric references in Spanish nursing research papers had evolved over a decade. Oermann et al. (2007) describe the extent of research, clinical, and evidence-based practice articles, published in maternal/child nursing journals and the information sources used to develop that literature using citation analysis. Yucha et al. (2011) used bibliometrics to assess the methodological qualities of 133 quantitative nursing education research articles published between July 2006 and December 2007, and Wiles et al. (2013) analysed seven Australian nursing and allied health professional journals from 1985 through to 2010 in order to evaluate different health professions. In other papers more bibliometric approaches have been presented such as identifying nursing research hotspots (Lu et al., 2014), making “snapshots” for clinical practitioners (Zhang et al., 2011) and visualising nursing research (Alfonzo et al., 2014).

Aim and Scope

The objective of the presented study was to analyse the research literature production in the area of nursing competences in relation to the information source publishing dynamics, a snapshot of more prolific entities and visualisation/mapping of term clusters and term-year associations.

In the next chapter we present the *Materials and Methods* section in terms of research questions, search strategy, obtaining bibliometric data and the analysis methodology. The *Results* section provides the answers to the three research questions and in the *Discussion* section we interpret and compare the obtained results. In the *Conclusion* section we outline some practical implications and guidelines for future research.

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