Recruiting competent newly qualified nurses in the London region: An exploratory study

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S U M M A R Y

Aim: This paper reports a study commissioned to address concerns that not all newly qualified nurses (NQNs) were perceived to be competent at the point of appointment to their first post. It seeks to understand how competence is interpreted in the context of selection and recruitment, and explore the different expectations and experiences of employing Trusts across the London region.
Background: Competence is a significant topic in nursing and there is much literature around the concept, what it means and how it relates to behaviours and values with no universally accepted definition. However, there appears to be little evidence about how competence is assessed in practice in the selection and recruitment of NQNs to their first post.
Methods: The study took a three-phase, mixed method approach including a literature review, an electronic survey to map current assessment and selection procedures, and focus groups to identify the competencies perceived essential by senior nurses.
Findings: Most Trusts reported assessing core competencies, and could report how they do this with respect to literacy and numeracy. Employers could describe what they required from NQNs, and how applicants both met and did not meet expectations. Several personal attributes were considered as important as key competences, but these are not described in the KSF or NMC frameworks, and it is not clear how these are assessed in selection processes.
Conclusion: There appeared to be a large variation in the number and types of competence assessments being used for recruitment, with little consistency in the detail of the assessments, although broadly similar assessment exercises are used. There appears to be little evidence as to the validity of the measures being used and whether in fact they are measuring the competences that are being sought or considered most important. It would appear that practical skills are more easily assessable, but there is a lack of clarity regarding the assessment of those competences that are considered equally important but appear to be more elusive to assessment such as communication and teamwork. It is also unclear how a number of 'personal qualities' described as essential for NQNs are being assessed at recruitment.

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Introduction

Reviews conclude that no single definition of competence is accepted, although there has been no shortage of attempts to define the concept. Indeed, it is overdefinition that has led to much confusion and contradiction (Girot, 1993). Definitions of competence in the nursing literature appear to be divided between those who view it as a behavioural objective and those who regard it as an interaction between emotional and technical abilities (While, 1994). This appears to be a global phenomenon with nursing organisations across the world attempting to define competence, competency and competences.

In the UK, the Department of Health (DH) (2008) defines competence as what individuals need to do and know in order to carry out specific work activities. Similarly, Skills for Health (2010) states that a competency sets out the performance criteria to be met and the knowledge and understanding required to undertake the activities successfully. Both these definitions fall into the behavioural objective camp. Similar approaches to defining competence appear in directives and guidelines from nursing bodies in many countries (e.g. The Nursing and Midwifery Board of Australia, 2006; Nursing Council for New Zealand, 2009; National League for Nursing, 2000; Canadian Nurses Association, 2014).

Chappel and Hagar (1994) identify the attributes of competence as including knowledge, emotions and values, and highlight the contribution of individual characteristics to the development of competence. Girot (1993) describes the attributes of competence, which include

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trust, caring, communication skills, knowledge and adaptability. A broader view is taken by De Back and Mentkowski (1986), who state that competence is a 'broad, generic ability, characteristic of the person that transfers across settings and situations and is not a set of discrete skills' (p. 276).

There is added confusion in the nursing literature with the term 'competence' being used interchangeably with 'competency' and 'competencies' (Watson et al., 2002; Lauder et al., 2008). McClelland's (1973) early work in the United States refers to competency with the plural 'competencies', whereas the UK movement, backed by government strategy, uses the word 'competence' and plural, 'competences' (Manley and Garbett, 2000), and attempts have been made to clarify these different terms (Watson et al., 2002; McMullan et al., 2003; Clinton et al., 2005).

The Nursing and Midwifery Council (NMC) uses competence to describe skills and ability to practise safely and effectively without the need for supervision, and similar descriptions of competence are used by other national nursing bodies globally (e.g., The Nursing and Midwifery Board of Australia, 2006; Nursing Council for New Zealand, 2009; National League for Nursing, 2000; Canadian Nurses Association, 2014).

There is also confusion around what constitutes clinical competence (Cowan et al., 2005), which makes its assessment more difficult and there is clearly no 'gold standard' for assessment (National Nursing Research Unit, 2009). Despite the pre-determined measurable statements of competence, such as those in the Knowledge and Skills Framework (KSF) (Department of Health, 2004), assessments rely on an assessor's judgement and their estimation of the individual's ability at that point in time. In addition, the two components of clinical competence, which are generally acknowledged to be essential: a holistic integration of abilities and the importance of relationships with patients, carers and colleagues, not just performance (Quinn, 1998; Clinton et al., 2005), are difficult to measure in a single assessment. There appears to be very little evidence on how competence is assessed in practice in the selection and recruitment of newly qualified nurses (NQNs) to their first Band 5 post.

This article examines some of the literature related specifically to the competence of NQNs and reports on a study udertaken in London about how NQNs are assesed as competent by potential employers. The findings will have value to nurses and employers of NQNs in other settings as it raises awareness of how competence is (or is not) defined and assessed when employing NQNs.

Literature Review

The majority of the literature explores competence in terms of ongoing staff development (O'Connor et al., 2001; Robinson and Griffiths, 2009) and the additional knowledge and skills required to become specialist practitoners (Jones et al., 2002; Mallaber and Turner, 2006). However, the focus of this literature review is how interpretations of competence translate in practice in the selection and recruitment of NQNs. There was very little literature found on this subject. In the UK literature, six articles addressed this, of which two had competence assessment of NQNs as a focus and four as a sub-focus. Little more was found in the global nursing literature.

Lima et al. (2013) suggest that for many decades, there has been ongoing debate about what it means to be competent and how competence is assessed, particularly amongst NQNs. They also make the point that despite the competence of NQNs often being called into question, very little research has examined the competence of this group of nurses at the time of commencing employment. They undertook a study of NQNs in Australia to ascertain their self-perception of their nursing competence at the point of graduation. Forty-seven newly qualified children's nurses participated and completed a 73-item Nurse Competence Scale (NCS) that measured self-perception of competence across seven domains related to competence: helping role, teaching–

coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality and work role. These nurses self-assessed their competence as good for overall competence and for each of the domains but they indicated most competence in the domain of ensuring quality and least for teaching–coaching. Across all domains, the NQNs self-assessed a lower level of competence than in other studies of competence that had been undertaken in Australia using the NCS with nurses with more experience. The findings of this study suggest that NQNs have a lower level of self-assessed competence at the time of commencing practice than nurses with more experience. This study did not compare the nurses' perceptions of their competence with their employers' perceptions.

The term 'competence' is often used interchangeably with competency and competencies. In their literature review, Watson et al. (2002) found that in 22 of 61 articles on the topic, authors did not define the term competence, which may explain why there is no clear solution to evaluating it. Defining competence may be problematic because it appears to be multifaceted and difficult to measure and assess.

In Australia, Goldsmith, (1990) suggested that the notion of competencies first arose in the vocational education sector, advocated by policymakers as a means of extending the pool of "job ready" workers for industry. This approach is perceived as a prime strength of vocational education programs in equipping young people for employment. However, many authorities are critical of the competencies-based approach for promoting 'technically oriented' thinking, which ignores nursing attributes such as attitude, intuition and empathy (Ashworth and Morrison, 1991; Benner, 1984), leads to fragmented rather than competent practice (Runciman, 1990), overemphasises outcomes at the expense of students' critical thinking and scrutinises performance rather than transferability of skills to different situations (Milligan, 1998). Goldsmith (1999) further argues that competencies are a double-edged sword because although the emphasis in nursing on competencies may be necessary, it is not sufficient to ensure professional growth.

Thus, to follow Benner, competencies-based testing is limited to areas of patient care where nurse behaviours can be defined easily and patient–nurse interaction and situational variables have a minimal effect on performance criteria. The barriers to clarity, however, are compounded by the fact that there are currently two common uses for the concept of competence: preparing for registration as a NQN and maintaining ongoing competence in practice. Evidence for the benefits of different competence assessments is mixed and there is no clear gold standard with most health care employers establishing their own unique blends of different assessments with variable outcomes.

The delivery of an effective nursing workforce relies on recruiting and retaining competent staff who give value for money. In the United States, Lenburg (1999) suggested that there are a significant number of challenges related to competence due to the absence of a cohesive conceptual framework of learning and assessment methods that focus on practice competencies during undergraduate nursing education. This may be an American issue where there is less time spent in practice placements and practice assessment in undergraduate nursing education than there is in other countries such as the United Kingdom. Nevertheless, her arguments may resonate in other countries because she went on to suggest that nursing education may have different expectations of competence from those expectations of employers.

In the United Kingdom, the KSF was introduced as part of the Agenda for Change (Department of Health, 2004) to identify the competences required against NHS posts and their role descriptions. However, in reality, measuring competence using the KSF indicators allows much room for variation and is a non-standardised approach. The Essential Skills Clusters (ESCs) for Pre-registration Nursing Programme was established by the NMC in response to concerns about skills deficits in NQNs. However, this framework is not prescriptive and does not purport to provide a definitive syllabus or a common assessment of