



**PROFESSIONAL DEVELOPMENT MODULE**

**NURSING COMPETENCE**

By

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# **NURSING COMPETENCY**

## **Introduction**

**Competences relate to your own nursing knowledge and practice.**

## **Nurse in general:**

- Ideologies of Nursing**
- Nursing as a Profession**

## **Competences relating to:**

- Enrolled Nurse**
- Registered Nurse**

## **Health Promotion**

- At Policy Level**
- At community level**

## **The Nursing Process :**

- Assessment**
- Planning**
- Implementation**
- Evaluation**

## **Nursing Models**

**Importance of Documentation**

**Conceptualizing**



## Nursing Competency

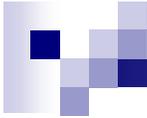
‘The contemporary and future nurse is to be, and is to be seen as highly educated professional who is empowered to think critically, decide and act autonomously for the welfare of the patient and the benefit of the profession; in an ever-increasing relativistic, interdependent and interdisciplinary professional context.’

Jesmond Sharples – The Link Issue No 8



**Following completion of this module the student will be able to:**

- 1. Analyse the theory and practice of nursing.**
- 2. Evaluate the impact of current legal, ethical and political development on professional practice.**
- 3. Evaluate their own personal skills and qualities in relation to the formation, maintenance and closure of helping relationships with individual and groups.**
- 4. Plan and implement an appropriate health promotion activity for an identified group of learners.**



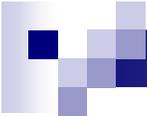
## **Introduction:**

### **Professional Standards:**

**Applying individual standards to health care can be problematic because one person's standards may not be acceptable to others. One way this can be dealt with is through the nursing profession specifying acceptable standards for practitioners at different levels in the profession.**

**A very important question is:**

**'What is a registered nurse?' - Explore the various competences which all registered nurses are required to meet. These standards are set by a professional body who sets out statements about the standards it expects of every nurse and who is registered to practice at first level. These standards represent the minimum level of competence that a first-level practitioner should demonstrate. Not only but also that a certain 'quality control' mechanisms exist within the nursing profession to try to ensure that these minimum standards are maintained.**



# NURSING COMPETENCY

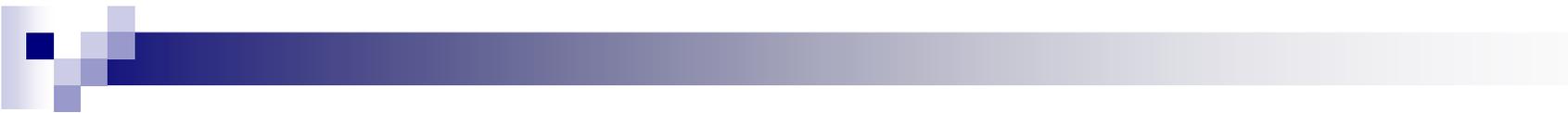
- What do nurses do?
- What should nurses be?

**These questions imply that a nurse must satisfy a number of criteria:**

✓ **QUALITIES**

✓ **SKILLS**

✓ **AREAS OF KNOWLEDGE**



**Thomas Fuller (1975) discusses the 17<sup>th</sup> Century ‘nurse specification’:**

1. Of a middle age, fit and able to go through the necessary fatigue of her undertaking
2. Health especially free from vapours and cough
3. A good watcher, that can hold fitting up the whole course of the sickness
4. Quick in hearing and always ready at the first call
5. Quiet and still, so as to talk low, a little and tread softly
6. Of good sight to observe the Pocks, their colours, the Manner and Growth and all the alterations that may happen.
7. Handy to do everything the best way without blundering noise.
8. Nimble and quick at going, coming and doing everything.
9. Cleanly to make all she dresseth acceptable.
10. Well-tempered, to humour, and please the sick as much as she can
11. Cheerful and pleasant to make the best of everything, without being at any time cross, melancholy, or timorous
12. Constantly careful and diligent by Night and Day
13. Sober and temperate; not given to gluttony, drinking or Smoking
14. Observant to follow the physician’s orders duly; and not to be conceited of her own skill, as to give her own medicine privately.
15. To have no children, or others to come much after her.

**No reference is made to knowledge but emphasis is placed mainly on physical attributes.**

# **IDEOLOGIES OF NURSING**

- **Ideology:**

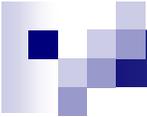
**A historically and socially situated set of ideas and beliefs which is regarded by those who hold it as a true and adequate explanation of some set of phenomena and as furnishing sufficient grounds for them to plan and execute courses of social action'**

**Ideologies for nursing stem from different groups:**

- 1. Doctors and other professionals**
- 2. The general public**
- 3. Members of the nursing profession itself.**

**Ideologies of Nursing have consequences on:**

- 1. Nurse-Doctor relations**
- 2. Tasks performed by Nurses**
- 3. Nurse-Patient relations**
- 4. Attitudes to Nurses and Nursing.**



❖ **Florence Nightingale (1859):**

**first defines a nurse as ‘anyone who cares for the sick’, usually a member of a family.**

**‘We must put the patient in the best position for nature to act upon him’**

❖ **Virginia Henderson (1966):**

**Gives nurses a unique function.**

**‘The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible’.**

**This is part of the work that the nurse initiates and controls, Henderson says ‘*of this she is master*’ In order to help patients achieve ‘*wellness*’ or ‘*wholeness*’ she must get inside the patient’s skin.**



Cont.....

❖ Martha Rogers (1970):

looks at the parameters of nursing.

‘Nursing aims to assist people in achieving the maximum health potential. Maintenance and promotion of health, prevention of disease, nursing diagnosis, interaction and rehabilitation encompass the scope of nursing goals.

Nursing is concerned with people, all people, well and sick, rich and poor, young and old. The areas where there are people – at home, at school, at play, in hospital, nursing home and clinic.’



## Vocation vs Profession was an evolving ideology.

*Notter and Spalding (1976) gives a more extensive definition:*

*‘Professional nursing is an art and a science, dominated by the ideal of service, in which certain principles are applied in the skillful care of the sick and through appropriate relationships with the patients, physicians and others who have related responsibilities.*

*It is concerned equally with the prevention of disease and the conservation of health. Skilful care embraces the **WHOLE** person – body, mind and soul and his physical and mental well-being.’*



# NURSING AS A PROFESSION

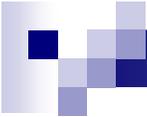
**Definition: ‘The most prestigious occupations --- carry out an essential social service, founded on systematic knowledge, require lengthy academic and practical training, have high autonomy, a code of ethics and generate in-service growth.’**

*Page and Tomas (1977)*

**Profession: a calling requiring a specialised knowledge and often long intensive educational preparation.**

## **STATUS OF A PROFESSION**

- 1. Public expects personalised high-quality service from members of a profession.**
- 2. Professionals should have considerable knowledge and high ideals.**
- 3. Professionals are accorded a high status in society.**



## **CHARACTERISTICS OF A PROFESSION:**

- 1. A profession utilizes in its practice a well-defined and well-organized body of specialised knowledge which on the intellectual level of the highest learning.**
- 2. A profession constantly enlarges the body of knowledge it uses and improves its techniques of education and service by the use of the scientific method.**
- 3. A profession entrusts the education of its practitioners to higher education.**
- 4. A profession applies its body of knowledge in practical service which a re vital to human social welfare.**
- 5. A profession functions autonomously in the formulation of professional policy and in the control of professional activity thereby.**
- 6. The profession attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a life work.**
- 7. A profession strives to compensate its practitioners by providing freedom of action – opportunity for continuous professional growth and economic security.**

**(from Professional status of Nursing, Bixler and Bixler)**



## **TENETS OF A PROFESSION:**

- 1. Specialised body of knowledge**
- 2. Provision of lengthy period of education**
- 3. Sets own standards and assesses the COMPETENCE of its members**
- 4. Organizes and controls itself**
- 5. Adherence to code of conduct**
- 6. Maintenance of a register of practitioners**
- 7. Ensures COMPETENCE and knowledge of its members after qualification.**



***IS NURSING IN MALTA A PROFESSION?  
IF NOT, WHY NOT?***

***Part V11 of the 'Health Profession Act which before was the 'Medical and Kindered Professions Act' is concerned with registered and enrolled nurses and refers several times to nursing as a profession.***

***Points 1 – 6 listed above have been achieved in Malta but what about the 7<sup>th</sup> point.***

***Therefore elementary pre-requisites for forming part of a profession body are:***

- A. REGISTRATION***
- B. PROFESSIONAL DEVELOPMENT***



## A. REGISTRATION

- In the UK Mrs Bedford Fenwick (1919) described the achievement of registration 'as placing in the forefront registration of nurses, for standardization and improvement of nursing education, for the protection of the sick, and for the improvement of economic status of trained nurses.'

- Today (UKCC) now known as NMC has the duty to establishing and improving standards of training and professional conduct for nurses and midwives and gave the boards the functions of providing, and being responsible for, the standards of courses of training leading to registration and for further training of those already registered.



## **B. PROFESSIONAL DEVELOPMENT**

**Lanara (1982) observes ‘nursing education should promote inquiring minds and searching hearts.’**

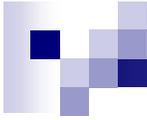
- **Updating of attitudes, skills, and knowledge**
- **Continuous process following a primary education**
- **Current and past research findings**
- **Personal Growth**

### **SCOPE:**

- **To gain recognition amongst other professions**
- **Possible specialisation**
- **New information and changes**

### **PURPOSE:**

- **Accountability**
- **Changing of old Myths**
- **Scientific over-changing profession**
- **Ability to teach students and other colleagues.**



**The UKCC document on the Scope of Professional Practice (1992) discusses the 'extended roles' of the nurse 'as the enhanced roles are in the best interests of the patient, not detrimental to nursing care and that the nurse is skilled and competent to do them'.**

**Incident of the Urinary Bags hanging down!**



# **COMPETENCY**

**Definition: 'A combination of attributes enabling performance of a range of professional tasks to the appropriate standards'**

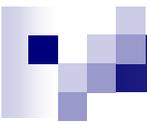
**(Gonzi, Hager and Oliver: 1990)**

- ❖ To determine the eligibility for initial registration or enrollment of persons who have undertaken nursing courses.**
- ❖ To determine the eligibility of nurses who have undertaken courses outside the country in which they wish to practice**
- ❖ To provide the basis for assessing nurses who wish to re-enter the workforce after a period of absence**
- ❖ To assess qualified nurses who are required to show that they can demonstrate the minimum level of competence for continuing practice.**



**Those competencies relating to the ENROLLED NURSE are:**

- A. Assist in carrying out comprehensive observation of the patient and help in assessing her care requirements.**
- B. Develop skills to enable her to assist in the implementation of nursing care under the direction of a registered person.**
- C. Accept delegated nursing tasks.**
- D. Assist in reviewing the effectiveness of the care provided**
- E. Work in a team with other nurses , and with medical and paramedical staff and social workers.**



Those competencies relating to **REGISTERED NURSES** are:

- A. Advise on the promotion of health and the prevention of illness.**
- B. Recognize situations that may be detrimental to the health and well-being of the individual.**
- C. Carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements.**
- D. Recognize the significance of the observations made and use them to develop an initial nursing assessment.**
- E. Devise a plan of nursing care based on the assessment with the co-operation of the patient, to the extent that this is possible, taking into account the medical prescription.**
- F. Implement the planned programme of nursing care and, where appropriate, teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care.**
- G. Review the effectiveness of the nursing care provided and, where appropriate, initiate any action that may be required.**
- H. Work in a team with other nurses, and with medical and paramedical staff and social workers.**
- I. Undertake the management of the care of a group of patients over a period of time and organise the appropriate support services.**



**Compare both lists:**

**What differences exist between the competences of an ENROLLED NURSE and those of a REGISTERED NURSE?**

**As REGISTERED NURSE:**

- ❑ You will have a responsibility for advising on the promotion of health and the prevention of illness.
- ❑ You will have to have the knowledge and skills necessary to advise on situations that may be detrimental to health and well-being.
- ❑ You will need to be able to assess nursing requirements, make and implement a nursing care plan, teach and manage others who are involved in the plan, and review the effectiveness of the nursing care being given – **NURSING PROCESS**
- ❑ You will develop the knowledge and skills involved in managing the care of a group of patients over a period time.



**If we simplify the above, we obtain 3 key areas and in which throughout this course you will develop your:**

- ❖ **Knowledge**
- ❖ **Skills**
- ❖ **Responsibilities**

**The 3 key areas are:**

- **HEALTH PROMOTION**
- **THE NURSING PROCESS**
- **RESPONSIBILITIES FOR ALL ASPECTS FO NURSING CARE**



# **HEALTH PROMOTION**

**Health promotion implies two levels of action:**

**1. At policy level:**

**Laying the responsibility for health promotion not solely on the Health Department but also on the government, public authorities and other agencies. It implies a multi-sectorial collaboration approach to promote health.**

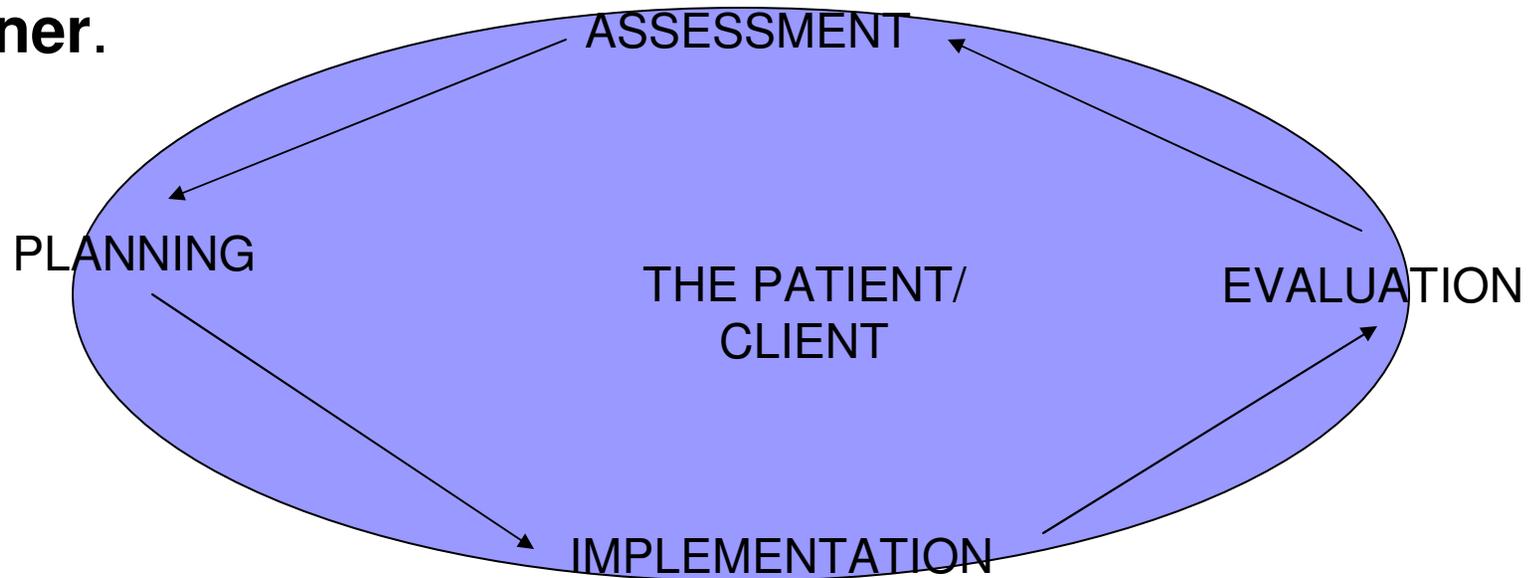
**2. At community level:**

**Enabling individuals and organisations to improve health.**

**Throughout your working experience, you may have been in various situations where besides physical and psychological care, you also promoted healthy behaviors through your advice. This experience may have set in at the primary, acute and rehabilitative stages.**

# THE NURSING PROCESS

**A problem solving approach with which to organise nursing care efficiently and appropriately in an individualised manner.**



**Pre 1960 nursing believed to be based on instinct and empathy.**

**Yura and Walsh (1976) were the first to identify a discrete number of stages.**

**.....systematic assessment and identification problems, the setting of objectives and the establishment of methods and strategies for accomplishing them.**



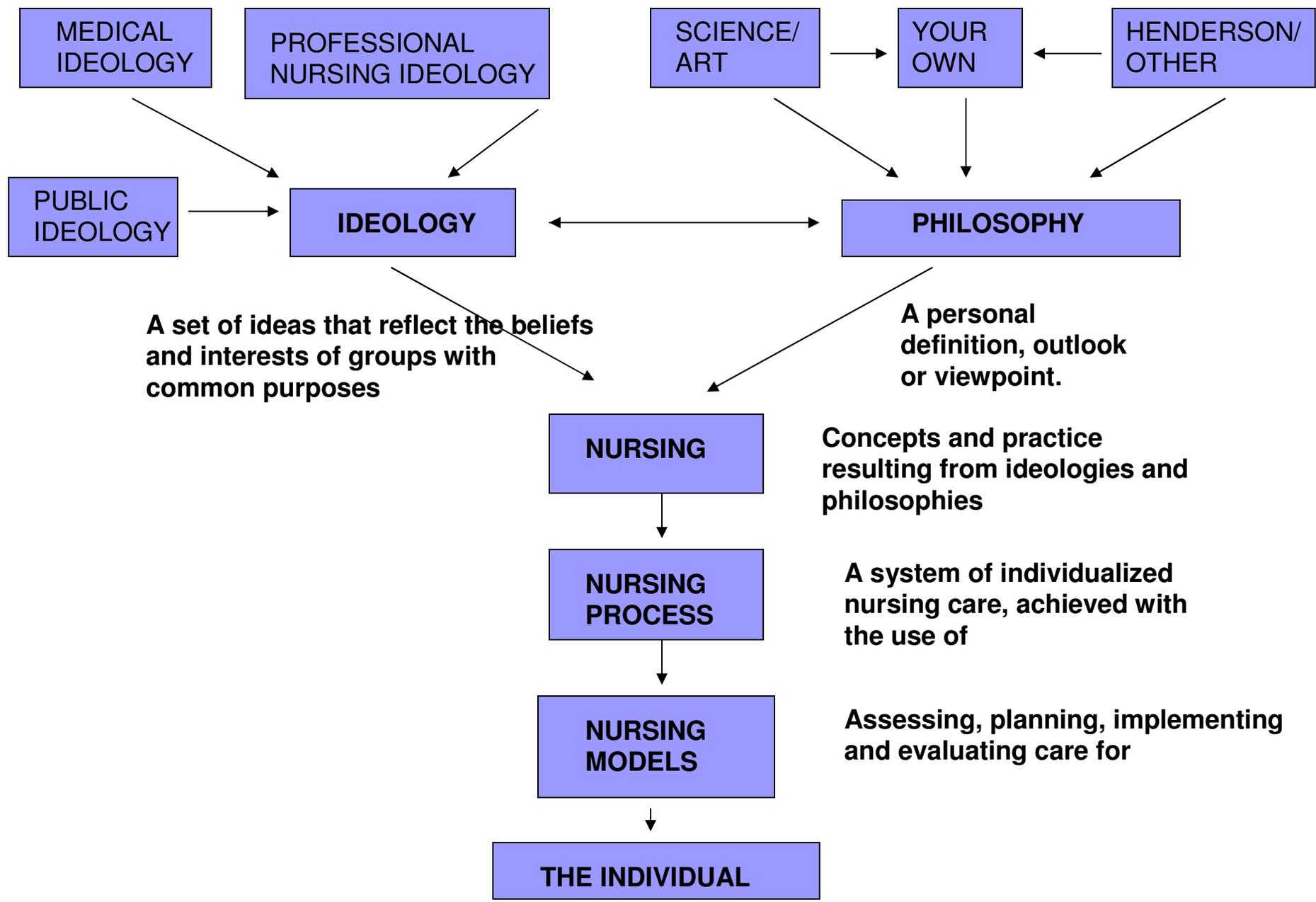
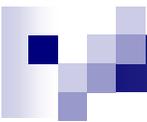
## **THE NURSING PROCESS:**

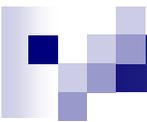
- Assessment – identifying the nursing needs of each person**
- Planning – planning care in order to specifically meet the nursing needs.**
- Implementation – ensuring that the planned care has been given and standards met**
- Evaluation – observing whether the care given has been effective.**

## **NURSING MODELS:**

**In order to use the nursing process, and implement a system of individualised care, you need to use a model which is based on different ways of looking at individuals.**

**A nursing model is basically a framework with which to implement the nursing process. There are various models and all are based on philosophies of care.**





# **INDIVIDUALISED NURSING CARE**

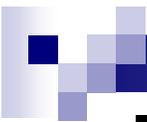
- **Primary Nursing:**

**One nurse is responsible for the care planned for the patient 24 hrs a day, 7days a week.**

**Advantages of individualized patient care:**

- 1. It is more satisfying**
- 2. It expands the role of the nurse**
- 3. It helps learners**
- 4. It leads to the patient being seen as a person**
- 5. It improves ward communication**
- 6. It facilitates the backtracking of nursing responsibilities to the individual nurse and overcomes ambiguity in**

**DETERMINING ACCOUNTABILITY FOR NURSING CARE**



# **IMPORTANCE FOR DOCUMENTATION**

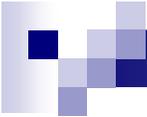
**Documentation provides evidence of:**

- ❑ The Nursing body of knowledge**
- ❑ The value and prestige of the nurse-initiated components of nursing activity**
- ❑ The evaluated effectiveness of specific nursing interventions**
- ❑ The decision-making aspects underlying nursing activities.**

**As a registered staff nurse, one should be able to produce a nursing care plan, which consists of a visible written record of the implementation of care planning.**

**A care plan should have the following components:**

- A nursing assessment of patient**
- Details of the care planned to meet the patient's problems and needs**
- Evaluation of the care given. (Hunt and Marks – Maran 1986)**



# CONCEPTUALISING

A personal responsibility for her actions as mentioned earlier and this is known as **ACCOUNTABILITY**.

Therefore, the registered nurse is also accountable for the actions of those who give care under her direction.

The former UKCC project 2000 proposes that the nurse of the future will be a **KNOWLEDGEABLE DOER**.

As a registered nurse, one needs to think and act skillfully.

One way of achieving this is through **REFLECTIVE PRACTICE**, whereby one considers a whole range of information, identifies alternative courses of action and the corresponding likely outcomes, and thereafter, takes a decision that best addresses the particular situation at hand.

Should a nurse fail to provide adequate care or fall short of meeting the level of competence that registration embraces, or fail to abide with the Code of Conduct, then that nurse would not only be at fault but also at odds with the very meaning of what a **REGISTERED STAFF NURSE** truly represents.