

Nursing competence: what are we assessing and how should it be measured?

Developing and assessing competence are high on the current nursing agenda. The Nursing and Midwifery Council (NMC) is developing new pre-registration competencies to meet changing healthcare priorities; work proceeds apace on developing competencies for post-registration specialties; and policies for nursing careers advocate progression through demonstration of competency linked to the Agenda for Change banding. But there is ongoing debate over definitions and on how best to link competence development and competence standards, and there is little hard evidence on robustness of methods and instruments. Drawing on recent reviews of debate and evidence on the subject, this Policy+ highlights challenges for nursing practice, education and management.

Why the current focus on competence?

The higher education-based nurse diploma was recognised as developing more analytical and critical approaches to care than the apprenticeship-based model, but was accompanied by concerns about insufficient focus on developing clinical competence^(1,2) and over assessment criteria being defined locally rather than nationally as previously⁽¹⁾. Despite the UKCC's 1999 'Fitness for Practice' review⁽³⁾ and subsequent changes designed to increase competence at registration⁽²⁾, concerns remain about skill deficits and lack of national approaches to assessment⁽¹⁾. Concerns also exist over: the extent to which post-registration courses include assessment of clinical competence⁽²⁾; how to assess expertise of nurses as they become more experienced⁽⁴⁾; and that the basing of careers on titles rather than on roles and competences inhibits career flexibility⁽⁵⁾.

Developments to address these concerns are in progress. The NMC is developing competencies for the new 2010 pre-registration curriculum and a framework for teaching, learning and assessment⁽⁶⁾. The Knowledge and Skills Framework (KSF) links competency to the Agenda for Change banding with progress assessed by annual review and fed into nurses' professional development plans. Competencies are being developed for specialist areas⁽⁷⁾. It is proposed that nurses should develop a 'competency passport' which will facilitate career progression and movement between specialties and career paths⁽⁵⁾. All these developments face challenges of conceptualization of competence and its assessment; here we consider some of these, drawing on reviews of the substantial literature in the field^(1,2,4,7-14).

How is competence defined?

Reviews of competence conclude that no single definition is accepted nationally and the term is used interchangeably with competency and competencies^(2,11). Drawing on Eraut's work, attempts have been made at clarification^(2,8,12). Competence is defined as a generic quality referring to a person's overall capacity and competency refers to specific capabilities such as leadership, which are made up of knowledge, attitudes and skills. While performance is concerned with demonstrated ability to do something; consensus is lacking as whether this demonstrates competence and whether performance is required to demonstrate competence⁽²⁾. Thus competence may represent potential to perform, not actual performance. The NMC uses competence to describe skills and ability to practise safely and effectively without the need for supervision⁽⁹⁾.

How is competence conceptualized?

Reviews describe two main approaches to conceptualizing nursing competence^(2,4,9,12). One approach (usually referred to as behaviouristic) focuses on tasks and skills and depends on direct observation of performance of each for evidence of competence. Overall competence depends on the level of every specific competency. This approach is criticized as reductionist: being concerned more with what people can do

than with what they know; ignoring underlying attributes; and failing to acknowledge linkages of tasks that may transform the whole ^(2, 4, 9, 12).

The other approach (usually referred to as holistic) regards competence in terms of broad clusters of abilities which are conceptually linked and focuses on general attributes that are essential to effective performance ^(2, 4, 9, 12). These underlying attributes, such as knowledge or critical thinking, provide the basis for transferable or more specific attributes ⁽¹²⁾. In the holistic approach, overall competence is assessed as more than the sum of individual competencies. Criticisms include concerns as to whether generic competences exist and that expertise is domain specific with little capacity for transference ^(2, 12).

How should competence be assessed?

From the behaviouristic perspective, assessment of competence can be made by direct observation of tasks. However, such observation is acknowledged as problematic. Moreover, it fails to measure underlying cognitive and affective skills needed for effective practice and to analyse and assess critical thinking skills ^(2, 4, 9, 12). Competence viewed holistically cannot always be observed but rather inferred through competent performance of tasks; measurement of the underlying competencies requires the evaluation of constructs that underpin the accessible and quantifiable performed tasks ⁽⁸⁾. Various US instruments have been evaluated in the UK for usefulness in assessing attributes such as critical thinking ⁽¹⁰⁾. If UK curriculum planners only follow the NMC approach of individual competencies being performed to desired standards, there is a risk that integration with more holistic/multiple skills may go unnoticed.

Assessment has to address the level of performance indicating competence and at what level individuals should be judged incompetent. Approaches include: a binary scale in which individuals are judged as either competent or not; a number of sequential stages, for example Benner's 5 stage model ⁽⁴⁾ from novice to expert with competent being stage 3; and a continuum assigning a level of competence (regarded as most useful in comparing groups, since it provides the sensitivity often required to detect small differences ⁽⁸⁾).

Reviews conclude that no 'gold standard' exists for measuring clinical competence ^(2, 8, 9, 13). Reliability and validity of instruments are rarely addressed ⁽²⁾; most are not specific or sensitive enough and theoretical frameworks are rarely reported ⁽¹⁴⁾. Reviews indicate that:

- Few instruments have been used repeatedly except for Schwiran's six-dimension scale of nurse performance ⁽¹⁴⁾.
- Questions of subjectivity arise, whether competence is measured using instruments or by assessors making judgements, and may lead to biased assessments ⁽²⁾.
- Mentors need training to ensure competence as assessors and time to make assessments ⁽⁹⁾.
- While OSCEs (objective structured clinical examinations) may meet criteria of reliability and validity ⁽¹⁾, they are performed under artificial conditions and do not necessarily extrapolate to performance in clinical practice ⁽²⁾.
- Portfolios can be used to encourage self-directed learning and reflection but concerns exist about their reliability and validity ⁽¹²⁾.

Developments in assessment also include: 'critical companionship' as a method of developing and assessing nursing expertise ⁽⁴⁾; advocacy of combining self-report methods with other methods ⁽¹³⁾; and recommendations that different approaches to assessment may be more appropriate for certain career stages than others ⁽⁴⁾.

Conclusions and implications

- There is no consistent definition of competence and its relationship to associated concepts remains unclear.
- The difference between behaviouristic and holistic approaches to competence is central to debates about the purposes and goals of nurse education.
- The two approaches have different implications for assessment but both face challenges that include choice of method used and reliability and validity of instruments.
- A multi-method approach to assessment is advisable in the absence of a gold standard.

Key issues for policy

- Clarification and consistent adoption of terms are essential.
- Further critical debate is needed on the overall goals of nurse education and appropriate concepts of competence.
- More research is needed on developing and testing methods of assessing competence.
- Caution should be exercised in relying on results from a single method of assessment.
- Partnership working between education providers and NHS trusts is essential to promote an integrated approach to competency development and assessment.

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