

The Entry-Level Nursing Competencies And The Gaps Between Nursing Education And Practice

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Abstract: Competencies are the sets of skills, knowledge, attitudes that drives performances that guides decision making for nurses to possess the necessary attributes to work competently while meeting the nursing job demands. These competencies give the ability to work effectively in the workplace of nurses for a long time. With the emergence on the use of competency-based approach on most countries, nursing curriculum should focus on skill acquisition and competency development that is necessary to determine the needs required of nurses. Today, it is the common practice in the clinical setting to provide them with a competitive edge which is significant in a strong nursing workforce. While the nursing education aims to produce a globally competitive nurses, training of the students can increase or decrease their practical performance in the healthcare setting. To maintain balance between theory and practice, they have to be able to properly apply theory into practice. This paper addresses the issue of disconnect between the nursing education and practice. It also shed additional lights on the competencies of the beginning nurses in the Philippines and in other regions in the world.

Keywords: Competencies, gap, nursing education, practice. Theory

Introduction

Nurses play a significant role in patient care in various situation with the different levels of prevention in the different healthcare setting. It has its own care standards relating to the existing theory and practice. Looking back the history, the nursing was pointed as a practice discipline and the clinical training of the students is considered to be the core of nursing education. [1-2] The tasks of nurses evolved with the complements of theory and the application of practice. In the hospital where nurses mainly work and gained experience, the teamwork becomes an effective factor in the effect of applying the set of skills acquired before graduation. Although teamwork is essential to foster collaborative skills necessary in the healthcare setting, pre-entry nurses alone must solely have achieved core competencies design in effect of the design of the nursing curriculum. Undeniably, the globalization takes on a social, political, economical and environmental issues that influence the duty of nurses in dealing with individual, families and community's health around the world. These suggest that the nursing competencies has to be reacted and updated as those nursing competencies are important in the nursing profession as it is integrated in the nursing curriculum. There is a growing need of for nurses and other health professionals to have competencies in order to address the issue of global health problems [3]. In the Philippines, the beginning nurse competencies serve as the foundation of the regulation of the nursing practice. From these standpoint, these competencies describe what is expected of the beginning nurses to ensure a safety care, competent, morally and ethical nursing in various practice setting. Nursing competencies reflect the required knowledge, skill and judgment and serve as a guide for curriculum development in nursing education programs and for public and employer awareness of the practice expectation of the entry nurses [4]. This concern with the government protection through its regulatory body to protect the public. The national body propagated a memorandum order to achieve consistency on the implementation of the curriculum for the nursing program. Those orders establish the context of which the nursing competencies will be develop to each nurse. On the other hand, the entry-level

competencies for registered nurses of the other regions like Canada, Australia and the Middle East are in the form of categories or domain. It is believed that through these target domain, the entry level nurses will become equipped with the nursing knowledge, skills, and attitude to enable them to adapt to the ever-changing nursing healthcare environment which undergone major changes both nationally and internationally in the past decades. The theoretical part of the nursing education creates its importance to facilitate student knowledge development. The curriculum that serves as the blueprint of the nursing program include the general education, major courses and elective courses. This perspective confirms that the nurses' exposure to the practice setting guaranteed the expected roles in the delivery of primary, secondary and tertiary care accompanied by their objectives together with the qualified nursing instructor. This view originated from the ability of clinical education to provide a real-life situation to the students to possibly develop, apply and evaluate understanding on the concepts being studied [5]. But while the curricula integrated the nursing competencies to their learning outcome, still the studies show the presence of disconnect or gap between nursing education (theory) and practice (clinical) wherein the nurse educators calls for a reform to align the two and have a "future proof" nurses and improved the health outcome [6]. With this, this paper identifies the beginning nurse competencies based on the existing nursing laws in the Philippines. It also identifies the competency standards for the entry level nurses in the other region of the world. This also determine and discuss the gap between the nursing education and practice.

Competencies of the Beginning Nurses in the Philippines

Beginning nurses need to have competencies as they embarked to a new journey on serving the nursing profession through quality of care, leadership and evidenced-based practice. Competency to a person's behavior underpinning competent performance [7]. This proved nurses as part of quality of life and health for the population in accordance with standards. Core competence as "the collective learning in the organization, especially how-to co-ordinate diverse production skills and integrate multiple streams of

technologies” [8]. In short, it is a set of knowledge, skills and attitude required in the performance of duty. It is required to beginning nurses to meet the ever-changing demands evolving from the needs of the society. Scarborough (1998) exemplify that the virtue of the core competence is that “recognizes the complex interaction of people, skills and technologies that drives firm performance and addresses the importance of learning and path dependency in its evolution” [9]. Ultimately, the competencies should be reflected on each nurse. It represents knowledge, skills and behavior in order to successfully perform the role of professional nurse regardless of the setting. And with the enormous contribution of having competencies, the competency-based approach to nursing program was developed. This approach was driven by several factors facing the societal needs of the country emphasizing a learning policy to improve the skills and qualification of the labor force of the country. In the Philippines, the Commission on Higher Education enacted policies, standards and guidelines for the nursing education which responded to the growing demands in the healthcare by adding some features to the nursing education. Those retrofitting in nursing education and practice believed to significantly help in meeting the current demands. This responds for the creation of core competency standards for nursing practice in the country. As stipulated in the Article IV Competency Standards Section 5 of the CHED Memorandum Order No. 14 series of 2009 that the BSN graduates must be able to apply analytical and critical thinking in the nursing practice and to clearly understand those competencies [10], it is indicated on the table below.

Table 1. The Eleven Core Competency Areas for Beginning Nurses

Areas	Core Competency for Beginning Nurses
Safe and Quality Nursing Care	Demonstrate knowledge based on the health or illness status of the client, provide sound decision-making, promote safety and comfort of clients, set priorities in care based on needs, ensure continuity of care, administer medication and other therapeutics, utilize nursing process as a framework in performing comprehensive and systematic assessment; formulate plan of care in collaboration with patient and other members of the health care team, implement planned nursing care to achieve identified outcomes, evaluate progress toward expected outcomes, and respond to the urgency of a patient’s conditions
Management of Resources and Environment	Organize work to facilitate patient care; utilize resources to support patient care, ensure functioning of resources, check proper functioning of equipment’s, and maintain a safe environment.
Health Education	Assess the learning needs of the patient; develop health education based on the assessed and anticipated needs; develop learning materials to health education; implement health education plan; and evaluate the outcomes of health education
Legal Responsibility	involves the nurse’s adherence to practices in accordance with the nursing law and related legislation including contracts, informed consent, etc. and to local and national

	organizational policies and procedures.; documents care rendered to clients
Ethico-moral Responsibility	Respect for the right of individuals and groups; acceptance of the responsibility and accountability for own decisions and actions; and adherence to international and national code of ethics for nurses.
Personal and Professional Development	Identify his/her own learning needs; pursue continuing education; get involved in professional organization; project the professional image of a nurse; possess a positive attitude towards change and criticisms; and perform functions according to professional standard.
Quality Improvement	Gather data for quality improvement; participate in nursing audits and rounds; identify and report variances; and recommend solutions to identified problems. Research refers to the nurse’s skills in data gathering using different methodologies; formulating recommendations for implementation; application of research findings in nursing practice; and dissemination of results of research findings.
Research	Involves fathering data using different methodologies, recommends actions for implementation. Disseminates results of research findings and applies the research findings in the nursing practice.
Records Management	Maintain accurate and updated documentation of patient care; record outcome of patient care; and observe legal imperatives in record keeping. Nurses are responsible for accurate, complete and timely documentation and reporting or record management.
Communication	Establish rapport with clients; listen attentively to client’s queries and requests; identify verbal and non-verbal clues; utilize formal and informal channels; respond to the needs of individual/group/community; and use appropriate technology to facilitate communication.
Collaboration and Teamwork	Establish collaborative relationships with colleagues and other members of the health team; and communicate plan of care with others members of the health team. It is emphasized that the “focus and benefits of collaboration could lead one to think that collaboration is a good approach to patient care, leading organizations, educating future health professionals and conducting health care research”.

The table 1 shows the identified core competencies based on the Philippine existing nursing law. These eleven key areas of responsibility with the corresponding sets of core competencies are essential for a beginning nurses as it serves as a unifying framework for nursing education, regulation and practice in the country. Meanwhile, another policies, standards and guidelines are promulgated by the commission that implements the shifting of curriculum from competency-based standards to outcome-based education. Similar with the previous policies, it also specifies the core competencies expected to BSN graduates. As stated in Article IV Program Specification Section 7 of the CHED Memorandum Order No. 15 s2017, there are 14 program outcomes that serves as the competencies expected for each of nursing graduates. It has its own performance indicators which the learners have

to develop to meet the outcome. These competencies are: (i) apply knowledge of physical, social, natural, health sciences and humanities in the practice of nursing;(ii) perform safe, appropriate, and holistic care to individuals, families and population groups, and community utilizing nursing process;(iii) apply guidelines and principles of evidence-based practice in the delivery of care;(iv) practice nursing in accordance with existing laws, legal, ethical, and moral principles;(v) communicate effectively in speaking, writing and presenting using culturally-appropriate language;(vi) report/document client care accurately and comprehensively;(vii) collaborate effectively with inter-intra and multi-disciplinary and multi-cultural teams;(viii) practice beginning management and leadership skills using systems approach in the delivery of client care;(ix) conduct research with an experienced researcher;(x) engage in lifelong learning with a passion to keep current with national and global developments in general, and nursing and health developments in particular;(xi) demonstrate responsible citizenship and pride in being a Filipino;(xii) apply techno-intelligent care systems and processes in health care delivery;(xiii) uphold the nursing core values in the practice of the profession;(xiv) apply entrepreneurial skills in the delivery of nursing care [11].

Competencies of the Beginning Nurses from other Regions

From a regulatory perspective, the nursing graduates under recognized nursing program of commission/council of any country around the world are expected to practice with competencies which are earned during their nursing education years. Competency Standards of Practice of any regulatory body have similarities and differences. Having these competencies by the graduates makes them eligible for licensure examination to practice as RN in their own country. In British Columbia of Canada, CRNBC stated that the nursing education programs must ensure that the nursing students clinical experiences reflects their national and jurisdictional expectations while providing opportunities to apply the competencies in direct practice learning environment. However, the entry level registered nurse competencies are organized using their framework. On the CRNBC Professional Standards (2012), they highlight their regulatory purpose and provide competencies in four categories namely Professional responsibility and Accountability; Self-Regulation, Knowledge-based practice, client focus provision of service, ethical practice. These competencies are required to provide safe and quality care in any practice setting [12]. Its primarily intended “to inform nursing education programs in the curriculum development and to create awareness among the public and employer about the practice expectations of entry-level registered nurses”[13]. In Australia, the Nursing and Midwifery Board serve as the National Board having the responsibility to regulate nurses and midwives that takes ownership to their national competency standards. According to the Nursing and Midwifery Board of Australia, the national competency standards for the registered nurses are the core competency standards by which their performance is assessed to obtain and retain their registration. This standard provides nurses with the framework for assessing their competence which are organized into domains namely professional practice, critical thinking and analysis, provision and coordination of care and collaborative and therapeutic practice [14]. In the United

Kingdom, the regulatory body for nurses and midwives is the NMC (Nursing and Midwifery Council). They set and maintain standards of education, training and conduct and ensure that nurses are equipped with necessary knowledge and skills to enable them to give and support the high-quality care across the changing needs of the healthcare environment. These standards include standards for competence which consist of separate sets of competency requirement specific for each field. These four fields of practice are the adult nursing, mental health nursing, learning disabilities nursing or children’s nursing. Each set is laid under the following domain specifically professional values, communication and interpersonal skills, nursing practice and decision-making and the leadership, management and team working [15]. As NMC (2010) cited that “the context in which the competencies are acquired in relation to the field of nursing defines the scope of professional practice at the point of registration”. Thus, the set competencies need to be achieved and acquired before applying to be registered. Lastly, the South African Nursing Council which regulates the nursing profession in South Africa promulgated its own competency standards. Under the provision of Nursing Act of 2005, the competency standards provide a framework to assess competence as part of assessing nurses in the matters of professional conduct, license renewal, foreign worker seeking to work, developing curricula and assessing the students. There are set of competency requirement for each of the nine fields namely critical nurse specialist (adult), forensic nurse, midwife specialist, nephrology nurse specialist, occupational health nurse specialist, ophthalmic nurse specialist, orthopedic nurse specialist, pediatric nurse specialist and primary care nurse specialist. Those competencies are categorized into different domains such as professional, ethical and legal practice, care provision and management, therapeutic communication and relationship, personal development and quality of care which are stated under generic competency framework for advanced practice nurse [16].

Gap Between the Nursing Education and Practice.

Competencies are important for integrating theoretical learning and clinical learning. Its central role in the nursing career progression centrally aligned with the understanding on the integration and mobility in practice. But preparing the Bachelor of Science in Nursing graduate nurses for workplace is important challenges facing the university and several reasons were identified which explained the presence of gap between nursing education and practice either locally and internationally. The students experienced gap as what they have examined and observed the explicit acknowledgement of the hidden curriculum. Hidden curriculum is defined as “that which the school teaches without, in general, intending or being aware that it is being taught” [17]. This consist of two elements which are the absence of intentionality and the lack of awareness. What students learn is not what we intend, and at the same time we are unaware of what we have taught [18]. Although the hidden curriculum does not apply to all educational institution and nursing program but certain elements are remained to be consistent. This hidden curriculum if observed in the nursing program are revealed in the context of beginning nurses entering the clinical practice and visibly seen the discordance between what new graduates have been taught and what they experience in practice. The practical

behavior expected to new graduate nurses if not learn can result errors and that the risk effects to patient care increases. Similarly, the hidden curriculum can undermine the competencies that will be cultivated for the future nurses. Lacking such clinical experiences for the beginning nurses creates an environment of stress and anxiety during exposure to the clinical setting. As what Aristotle argued that practical wisdom is not something that can be taught. Rules and principles will rarely apply in any clear way to real situations. Instead, moral knowledge is only acquired through experience. The theoretical reasons consider the things that can be change for the truth and the practical reasons considers the things that can be change for making choices [19]. The failure to perform the theory into the clinical practice is the main gap between the nursing education and practice due to the nursing instructor's qualification. The instructor teaching in the classroom and clinical area should be recruited and qualified to be instructor to train the nursing students in the practice setting. The clinical instructor guide nursing students on each clinical session and provide opportunity to practice the skills being learned in the classroom. Exposing them reinforces every nursing students to develop skills and confidence in dealing with various nursing situation. According to the CHED Memorandum Order #15 series of 2017, the faculty members must have the following academic preparations: A registered nurse in the Philippines with current valid license, holder of master's degree in nursing, with at least 3 years of clinical practice and member of accredited professional nursing organization of good standing. WHO enumerated qualification of clinical instructor as currently active in the clinical area, has proven clinical teaching skills, is clinically confident, with good organizational ability and able to communicate [20]. This gap was actually felt by most nursing students when they are facing real clinical situations. They witness the discrepancy on the theory (ideal practice) they learned from the classroom to the practice (real practice) in the clinical area. This was a result of an outdated theoretical concepts and a misconception of theory to practice [21]. The integration of the evidenced-based practice in the present clinical setting can substantially affect this. But despite the higher educational attainment of the nursing instructor (Master's degree or Doctoral degree), it cannot guarantee a successful clinical experience to bridge the gap. An educated nurse with lack of current clinical practice is ineffective to trained the students. Bendal (1976) warned about entry nurses who were "increasingly proficient on paper and decreasingly proficient in practice. She had also cautioned that what nurses were learning in theory was becoming increasingly divorced from what they were actually doing in practice" [22]. Consequently, without taking consideration on the set qualification for faculty, the students cannot apply the evidenced-informed clinical knowledge and impossibly resolve to bridge the theory and practice. The poor socialization to the clinical environment contribute to the gap between nursing education and practice. It is believed that poor professional socialization adds a significant level of anxiety and stress to what has been taught and allowed to be done in the practice setting. On the study of Maben et.al., (2006), it was revealed that the most important of which to the students is the clinical teacher. Since the clinical teacher which popularly known as the clinical instructor provide supervision while establishing workplace relationship, they are the role model of the

nursing students [23]. Yet, role models facilitate positive and constructive socialization into nursing practice to allow for theories learned at university to be implemented without experiencing the wrath of the this is the way its done here attitude [23]. Truly, the professional socialization in nursing have several positive outcomes and knowing those outcomes is possible for nurses under circumstances as experience and development of professional identity. It is a dynamic process and having poor professional affect not just for proofing future nurse to improve student's professional socialization, to be visible and understandable for its profession. Young et al (2008) found on their study that professional socialization improves the acceptance of roles assigned to individuals [24]. Also, as to professional socialization, it has an inhibiting effect on the conflict of roles in a person who is in a good situation. This implies that student nurse clinical practice is where they gain the most valuable feedback from their clinical instructor through evaluation of their learning and competence. Although the gap is due to poor socialization, still it's a student responsibility to initiate to learn and that's placed on their hands and the teacher is the prime mover to achieve to achieve student's development. Professional socialization is regarded as an important aspect of professional development and the challenges on instructions in practice setting is a significant role in achieving the target in the development of professional nurse [25]. Another reason for the theory-practice gap is the communication. The poor communication that exist between the clinical instructor and the students and the need for better communication between the theoretical subjects' teachers to the clinical teacher. Good communication facilitates successful training process in the practice setting. However, it is usually observed that the clinical instructor does not treat their students properly especially on the high expectations on their behavior inside the clinical area as well as putting stress to them during exposures. On the study of Changiz et.al., (2012), it was revealed that the due to educational plan, stress due to the educational environment, and factors concerning the students are the causes of stress where student experienced in the clinical environment [26]. Unsurprisingly, these are the real scenario that yield some negative outcomes. If the clinical instructors do have poor communications to significantly inculcate the topics that should be learned for the students, it undermines the true objectives of clinical practicing. On the study of Nabolsi et.al. (2012), they found out that proper treatment and establishment of communication with students are important item for nursing teacher to be a role model for students [27]. Whilst the first impression and transfer of judgment from one instructor to another happened, the students themselves cannot show more of himself to be better in the area affecting their attitudes and performance. The clinical learning is an important concern for an efficient and effective nurse. This training follows the true principles of clinical practice and prevent the students from acting based on unjustified value judgment. Remember that the gap between nursing education and practice can be resolve by alignment and that lack of communication between the theory teachers to clinical teachers enhances the gap. The nursing curriculum should be based on its principle and philosophy of classroom teaching and practical situation so that anxiety and ambiguity can be avoided. Hence, the knowledge gained from the classes should be well interpreted in the clinical learning environment [28]. Knowledge of the health industry and

workplace management present a gap between nursing education and practice. The contrasting impact of the available simulation in the skills laboratory and the manual nursing procedure for both students and clinical instructor in the practice setting. The clinical teacher should constantly monitor how the simulation set up and utilization contribute to the learning of the students and reevaluate the manual nursing procedure to meet the curriculum objectives ensuring the necessary knowledge and skills for successful practice. The simulation will be beneficial in making a better nursing student in the clinical area. They found out that the process of orientation to the practice setting, available simulation laboratories, number of students in the training groups and the presence of work policies at their clinical learning environment will positively bridge the gap resulting to an enhanced learning environment [29]. Simulation as a clinical teaching be given to clinical environment (the real-life situation) and that correlation of theory and practice must be part of the simulated teaching situation [30]. Evidently, the identified theory and practice gap in nursing seem to be obvious in the nursing education. This is due to the relationship that exist between the two in producing a quality competent nurse. Several studies about these have been established and shows the discordance of the theory and practice for the beginning nurses which in fact the teaching methods per se as the factor of the said gap. There are four true reflections of the relationship and that relationship was actually created by the people themselves [31]. On the discourse of Ousey & Gallagher (2007), they enumerated three entities as part of the theory-practice relationship which are (i) the theory founded in textbooks and other activities associated with formal education; (ii) practice which is associated with the daily work experience of the nurse, and (iii) the theory-practice gap which is the difference between the first two entities [32]. Since the theory and practice in nursing education have a relationship, therefore, they are inseparable to each other. It means that in order to have competencies, they need to have theoretical knowledge and practical skills. The gap is just only coming from its root and the by-product of nursing education. If the gap originates from classroom and clinical environment, then the solution lies within its educational domain. Considering the teaching methods of the classroom teacher and the clinical teacher that affect the gap in nursing education and practice. It is also necessary to bear in mind the culture and beliefs of the people, the enquiring frame of mind, the learning contracts as well as the learning styles of the learners. The gap was actually within its nursing four pillars namely nursing management, nursing education, nursing research and nursing practice. All of these have important role in the integration in nursing education. Thus, each of the pillars need to be investigated [33].

Conclusion

Nursing as a scientific discipline has its own distinction with other healthcare profession. Among its difference is the competencies to be developed that is sufficient in the dynamic nursing practice. The Philippines as compared with other countries in the world, both focus on safety and quality care, professional responsibility, ethical and legal practice, evidenced-based practice and collaboration. These are the sets of competency standards usually required in any competency framework of any region in the world. The nursing instructor are the center for connecting the knowing-

that and knowing-how. They are merely responsible for preventing the gap in the nursing education. The discordance is affected by the activity system in the theoretical aspect and the perspective of praxis in the clinical learning environment.

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