A SURVEY OF NURSES' VIEWS ON INDICATORS FOR CONTINUING COMPETENCE IN NURSING

Alan Pearson, RN, ONC, DipNEd, DANS, MSc, PhD, FCN(NSW), FINA, FRCNA, FAAG, FRCN, Professor of Nursing, La Trobe University, Melbourne, Australia

Mary FitzGerald, RN, RNT, DipNurs(London), MNurs(Wales), PhD(UNE), Senior Lecturer, The University of Adelaide, Australia

ABSTRACT

The study, commissioned by the Australian Nursing Council Inc. (ANCI), sought to develop an approach to the maintenance of continuing competence in nursing broadly acceptable to nurses in all States and Territories and included the conduct of a postal survey of registered nurses (RNs) throughout Australia. An options booklet and accompanying questionnaire were posted to a random sample of 2% of RNs from all Sates and the Northern Territory in Australia. The sample consisted of 4,133 RNs and 1005 completed questionnaires were returned representing a 24.3% response rate. Data were analysed using SPSSX. The results suggest that respondents most favoured the introduction of a signed declaration of competence for all nurses seeking annual relicensing and the conduct of random competency audits by nursing regulatory authorities.

INTRODUCTION

A study to identify indicators of continuing competence in nursing was commissioned by the ANCI in 1997 and carried out in 1997/1998. This project set out to solicit views and expert opinion from the nursing profession, related bodies and the literature and to develop generally agreed indicators to inform the profession and its regulatory bodies.

The objectives of the study were to develop:
- a statement of indicators of continuing competence in nursing;
- an explanation of the basis for each of the identified indicators;
- a description of any boundaries, contexts, applications or qualifications which apply in respect of each indicator; and,
- recommendations for any further action or research.

The study design was based on four key stages:

Stage 1: detailed project planning and identification of appropriate competency indicators;

Stage 2: data analysis and development of pilot instruments;

Stage 3: testing indicators within the Australian context; and,

Stage 4: development of an options booklet and a national survey of RNs.

This paper reports on the national survey of RNs in Australia undertaken in Stage 4 of the study.

BACKGROUND

There exists an extensive literature on the development and adoption of various methods and systems for assessing initial competence and monitoring continuing competence in the professions (Blair and Ramones 1998, Bondy et al

1997, Andrews and Bujack 1996, Anderson 1994). However, besides anecdote and local evaluation, there is little evidence to suggest that any method is better than another. No profession appears to have found a definitive answer to the issue of continuing competence - one that is reasonable to administer, reliable and acceptable to the profession.

The review of other professions shows that there is intensive interest and a great deal of activity directed at monitoring continuing competence among most professions (Cady et al 1998; Borko et al 1997; Cross 1997; Chambers et al 1996; Bradley 1993). The issue is clearly taken seriously by these professions although none appear to have achieved greater success than nursing in developing an effective system.

Nursing has been advancing in this area both internationally and nationally and has made more progress in the past decade than many other professions both in Australia and in the rest of the world, however considerable work remains to be undertaken in this area. The raison d'etre for the establishment of regulatory bodies for the profession is to protect the public through restricting practice to those who are deemed to be competent.

Throughout Australia there are a number of different licensing approaches to ensure competency of nurses. These are summarised in Table 1.

One aspect of this study endeavoured to address some of the competence and recency of practice issues by ascertaining the views of nurses on the provision of evidence of competence and ongoing professional development by conducting a survey of randomly selected nurses from throughout Australia. This article addresses this aspect.

METHODOLOGY

Survey design: Development of an options booklet and a survey of nurses

The objective of Stage 4 of this study was to develop a comprehensive user-friendly Options Booklet produced to publishing house standards. In addition, a structured postal questionnaire was developed to seek the responses of a sample of RNs throughout Australia, on the refined pilot instruments - referred to as Optional Instruments - described in the booklet. The design of the booklet was based on data collected during Stages 2 and 3 of the study, including responses received during a one-day expert panel meeting. The booklet was further modified in the light of the feedback from the Project Management Committee.

The booklet (including questionnaire) was mailed to a stratified random sample of 2% of the total RN population. The study focussed on continuing competence in nursing in relation to all nurses, who were licensed, however styled, by a regulatory authority in any State or Territory of Australia. This therefore included RNs and ENs. Because of the timeframe and scope of the study, the survey was limited to RNs but other licensed nurses were involved in other components of the study.

The detachable double-sided questionnaire forming the last page of the booklet sought the views of nurses on the current approach taken by their State or Territory registering authority in renewing annual practising certificates. Nurses were also asked to rank the six Optional Instruments according to their ability to:

- provide evidence of continuing competence to regulatory bodies; and,
- provide evidence of professional development.

Table 1: Summary of relicensing approaches				
	Payment of fee only	Payment of fee and requirement for recency	Payment of fee: requirement for recency and self declaration	Payment of fee: requirement for recency: self declaration and random audit
New South Wales	▬			
Australian Capital Territory		▬		
South Australia		▬		
Western Australia		▬		
Northern Territory		▬		
Victoria			▬	
Queensland				▬
Tasmania				▬

Optional Instruments were rated from 1-6 (with 1 being the most preferred and 6 being the least preferred). Other data collected in the questionnaire-included State or Territory of residence, age, and highest educational qualification. The questionnaire comprised six questions, three of which pertained to socio-demographic data.

Piloting of survey

The questionnaire was piloted on six clinical nurses from a variety of backgrounds and required only minor changes in light of their comments.

Sampling

The publishing house standard booklet was printed and distributed to a random sample of 2% of RNs in each State and Territory (except the Australian Capital Territory [ACT]). Eight of the responses recorded an ACT address on the response sheet. We are not able to fully explain this but it may be that these respondents reside in the ACT and hold a licence in New South Wales. We have treated these responses separately in the analysis. Table 2 represents the number of questionnaires posted State by State.

Table 2. The number of questionnaires posted state by state	
State	Questionnaires posted
New South Wales	1,400 (33.8%)
Queensland	748 (18%)
Victoria	900 (21.7%)
South Australia	460 (11.1%)
Tasmania	125 (3.1%)
Northern Territory	69 (1.6%)
Western Australia	431 (10.4%)
Total	4,133 (100%)

It was not possible to include ACT nurses because legislation in the ACT prohibits the nursing regulatory authority from releasing the names and addresses of nurses on the register or to mail out materials on behalf of researchers or other bodies.

Distribution

The team liaised with the respective regulatory authority in each State and Territory and all (apart from the ACT) agreed to access their databases on behalf of the team and to create a random sample of RNs. Each authority printed labels and dispatched questionnaire booklets on their arrival from the project office. Each package sent to RNs around Australia contained the Options Booklet (colour coded to provide demographic data and an indication of response rate from each State and Territory surveyed) and a self-addressed reply paid envelope. Although the consultants stipulated that the booklet be sent to RNs it appears that some booklets were sent to Enrolled Nurses (ENs) with a total of 62 responses from ENs. The data from these nurses have been included in the analysis.

Data analysis

Of the 4,133 questionnaires distributed via the random sample 1005 were returned representing a 24.3% response rate. Although this is a poor response rate, it is comparable with response rates of most randomised surveys of RNs in Australia. Why RNs are so reluctant to participate in surveys related to the development of nursing is not clear. Data were analysed using the SPSSX software package.

RESULTS

Frequency and mean scores for each of the questions in the booklet were calculated and the results follow:

Question 1

Do you think that the current approach taken by your State or Territory Nursing Registering Authority to renew your annual practising certificate addresses the profession's need to guarantee the competence of registered nurses?

Table 3: Question 1 by State/Territory				
Region	Total (n)	Yes (% of valid responses)	No (% of valid responses)	Unanswered
ACT	8	1 (14.3)	6 (85.7)	1
NSW	223	59 (28.1)	151 (71.9)	13
NT	27	4 (16.7)	20 (83.3)	3
Qld	182	98 (61.3)	62 (38.8)	22
SA	125	52 (45.2)	63 (54.8)	10
Tas	47	20 (46.5)	23 (53.5)	4
Vic	343	132 (41.9)	183 (58.1)	28
WA	50	16 (34.8)	30 (65.2)	4
Total	1005	382 (41.5)	538 (58.5)	85

Responses to this question (58.5% n=538) indicated that the nurses surveyed did not feel that the current approach taken by their State or Territory addresses the profession's need to guarantee the competence of RNs. The only State in which the majority of nurses felt that the current approach did address the need to guarantee the

competence of RNs was Queensland (61% n=98). It should be noted that Queensland had introduced a system for registration that required self-declaration of competency and a random audit of those who make such a self-declaration, prior to the conduct of this survey.

In **question 2** participants were asked to:

Rate the options in order of preference from 1-6 (with 1 being most preferred, and 6 being the least preferred) in terms of their ability to provide evidence of continuing competence to regulatory bodies.

The options being:

- **Optional Instrument A:** The payment of an annual fee only.
- **Optional Instrument B:** The provision of evidence of competence based on an ANCI competency questionnaire.
- **Optional Instrument C:** The submission of a professional portfolio.
- **Optional Instrument D:** A combination of Options B and C the provision of evidence of competence based on an ANCI competency questionnaire and the submission of a professional portfolio.
- **Optional Instrument E:** Signing a legal declaration annually (based on the document currently used by the Queensland Nursing Council).
- **Optional Instrument F:** Verifying recency of practice.

As all valid responses rated each option from 1-6, a mean score gives perhaps a better indication of the respondents overall belief in the Optional Instrument's ability to provide evidence of continuing competence. To determine the most preferred option, the mean scores for each option were calculated (lower scores indicating more preferred) and analysed using one-way analysis of variance with Student-Newman-Keuls post-hoc analysis to determine significant differences between the options (Pagano, 1986).

In terms of mean score, Optional Instrument E was the most preferred option, having a significantly lower mean score (3.0) than all other options. Optional Instruments C and F were not significantly different from each other, and were the next most popular options. Optional Instrument's B and D also were not significantly different from each other, and were the next most popular options, while Optional Instrument A was clearly the least popular.

The mean scores (±SD) indicate that respondents, in order of preference ranked the Optional Instrument in the following order of preference (lower scores indicating more preferred see figure 1).

Question 3

Rate the options in order of preference from 1-6 (with 1 being most preferred, and 6 being the least preferred) in

Figure 1: Most preferred option for providing evidence of continuing competence to regulatory bodies (lower scores indicate most preferred)
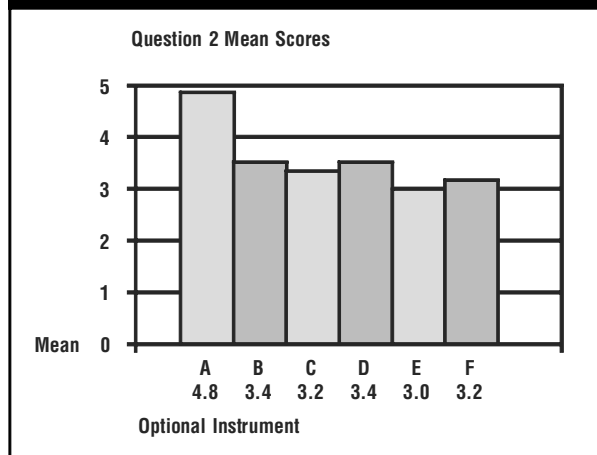
terms of their ability to provide evidence of professional development.

Once again the mean score was used to provide an indication of the respondents overall belief in the options ability to provide evidence of professional development. For this question, all options were significantly different from each other, with Optional Instrument C the most preferred, followed by Optional Instruments D, B, E, and F. Optional Instrument A again was clearly the least preferred. The mean scores (±SD) indicate that respondents, in order of preference listed the Optional Instruments as follows:

1. **Optional Instrument C** Mean score 2.55 (1.46)
2. **Optional Instrument D** Mean score 2.86 (1.73)
3. **Optional Instrument B** Mean score 3.31 (1.21)
4. **Optional Instrument E** Mean score 3.46 (1.29)
5. **Optional Instrument F** Mean score 3.66 (1.53)
6. **Optional Instrument A** Mean score 5.15 (1.68)

Figure 2: The most preferred option for providing evidence of professional development (lower scores indicate most preferred)
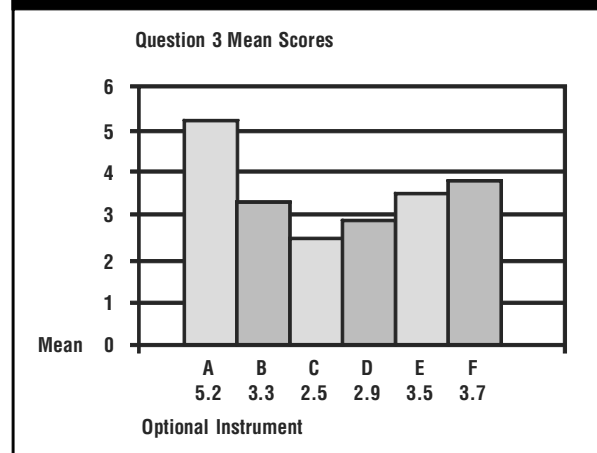
Mean scores, Questions 2 and 3 by State

When the mean scores were analysed State by State the pattern is different to the aggregated data analysis. In relation to Question 2, nurses from the ACT, New South Wales and the Northern Territory preferred Optional Instrument C in terms of its ability to provide evidence of continuing competence. Queensland nurses preferred Optional Instrument E, whilst South Australian and Tasmanian nurses preferred Optional Instruments F and B respectively.

In terms of the Optional Instrument's ability to provide evidence of professional development, the mean scores by State show that all states preferred Option C.

Questions 4-6

These questions related to age, state currently residing and highest nursing qualification.

42.8% (n=424) of those surveyed had as their highest qualification a hospital certificate. 17.9% (n=177) had graduate certificates or diplomas and 3.6% (n=36) were masters qualified. 0.5% (n=5) were doctoral prepared.

All nurses, regardless of highest qualification rated Optional Instrument A (fee only) as least preferred (by frequency) in both questions 2 and 3. Of the most preferred option in Question 2, hospital certificated RNs most preferred Optional Instrument F (recency of practice declaration and fee) whilst ENs preferred Optional Instruments E (legal declaration) and F and doctorally prepared RNs preferred Optional Instrument C (professional portfolio). All other RNs preferred Optional Instrument D (combination model) as best able to provide evidence of continuing competence to regulatory bodies.

Of the most preferred options in Question 3, ENs preferred Optional Instruments D (combination model)

and F (recency of practice and fee). In contrast, all RNs, with the exception of hospital certificated nurses, preferred Optional Instrument C (professional portfolio) as providing the best evidence of professional development. Hospital certificated RNs preferred Optional Instrument D (combination model).

When grouped by age all nurses least preferred Optional Instrument A in both questions 2 and 3. However there were differences with regard to age and most preferred options in both questions 2 and 3.

DISCUSSION

It was clear from the survey that the majority of nurses around Australia (with the exception of Queensland) do not believe that the current approach taken by their State or Territory addresses the profession's need to guarantee the competence of RNs. It was also clear that the option of a fee only was not seen as having any utility in terms of that option's ability to either provide evidence of professional development or evidence of continuing competence.

When examining the most preferred option two approaches were taken: the mean scores were calculated based on the ranking from 1-6 of each option; and the outright number of most preferred scores of each option (1 of 1-6). The legal declaration based on the document currently used by the Queensland Nursing Council (Option E) is the preferred option when rated by mean overall score in terms of its ability to provide evidence of continuing competence. However, Optional Instrument D (combination model) was ranked as the most preferred option in terms of frequency.

It was interesting to note that the only State where the majority of nurses surveyed (61.3%) believed that the

Table 4: Preferences by qualifications		Question 2			Question 3		
QUALIFICATIONS	n	Most preferred	Least preferred	n	Most preferred	Least preferred
EN (all)	54	E, F	A	59	D, F	A
EN (Higher Cert/AssDip)	4	F	A	4	F	A
RN (all)	822	D	A	857	C	A
RN (Hosp Cert)	384	F	A	393	D	A
RN (Dip/Degree)	248	D	A	262	C	A
RN (GradCert/GradDip)	153	D	A	163	C	A
RN (Masters)	32	D	A	34	C	A
RN (Doctorate)	5	C	A	5	C	A

Table 4: Preferences by qualifications						
		Question 2			Question 3	
Age group	n	Most preferred	Least preferred	n	Most preferred	Least preferred
19-25	36	D, E, F	A	38	C	A
26-35	187	D	A	195	C	A
36-45	339	D	A	355	C	A
46-55	227	F	A	238	C	A
56+	80	D	A	84	D	A

current approach taken in their State/Territory addressed the profession's need to guarantee the competence of RNs was Queensland.

Optional Instrument C was clearly favoured (using both approaches outlined above) by the nurses surveyed regarding its ability to provide evidence of professional development.

CONCLUSION

In Australia nurses have collectively indicated their preference for providing evidence of competence and professional development. However, when the data is analysed State by State we can see that no clear consensus emerges regarding their preference for providing evidence of competence, but there is consensus for providing evidence of professional development.

The authors suggest that nurses consider the following course of action as an appropriate one for nurses in Australia.

- the introduction of a requirement for nurses to submit a signed legal declaration of competence annually when applying for re-licensing;
- the introduction of a random auditing process by nursing regulatory authorities as a quality assurance process;
- that nurses should be free to respond to the auditing process using a format selected by the nurse;
- that the professional development component of auditing is the legitimate role of nursing professional associations; and,
- the development of a strategy to encourage nursing professional associations to assist nurses to develop approaches to assure nurses, and regulatory bodies, that they can legitimately sign a declaration of competence.

In light of the proposed policy developments suggested above, State and Territory regulating bodies could then:

- introduce a requirement for nurses to submit a signed legal declaration of competence annually when applying for re-licensing;
- introduce a random auditing process by nursing regulatory authorities as a quality assurance process; and,
- develop a policy, which supports the view that nurses should be free to respond to the auditing process using a format selected by the nurse.

In addition the Australian Nursing Federation (ANF); Royal College of Nursing, Australia (RCNA); the New South Wales College of Nursing (NSWCON); and other generalist nursing organisations could be invited to develop portfolio designs, workshops and guidelines for nurses to support them to develop professionally and to satisfy the requirements should they be audited.

It would also be appropriate that the ANCI; State and Territory nursing regulatory authorities; the ANF; RCNA; the NSWCON; and other generalist nursing organisations consider these recommendations and generate informed debate in nursing, the health care system and the community to promote continuing competence in nursing.

RECOMMENDATIONS FOR FURTHER RESEARCH

Whilst the preferred option relies on a process of self-declaration of competence, it is linked with a process of audit by regulatory authorities to monitor the ability of self declaration to identify nurses who have not taken reasonable steps to maintain their continuing competence. The authors recommend that further research is needed to evaluate the polices, and processes once developed and implemented. Additionally, an examination of the support provided to nurses with regard to professional development, documentation of development as well as identifying barriers that prevent nurses from maintaining competence should be undertaken.

Although nursing in Australia and internationally is at the forefront of development with regard to determining issues of competence and professional development, there clearly remains a significant amount of work to be done.

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