CLINICAL COMPETENCY: EXPERIENCE OF NEW GRADUATED NURSES FROM BACHELOR DEGREE OF NURSING IN UNIVERSITY MALAYSIA SARAWAK

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Clinical Competency: Experience of New Graduated Nurses from Bachelor Degree of Nursing in University Malaysia Sarawak

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ABSTRACT

The purpose of this qualitative research was to explore the experiences of UNIMAS new graduated nurses in term of clinical competency. Purposive sampling was used to recruit seven UNIMAS new graduated nurses to participate in this study. Semi-structure, open-ended question guideline was used to guide the face to face interview and online interview using Skype. The data were analyzed manually and the finding was presented in three parts, which are Part 1: perception and understanding of new graduated nurses on clinical competency, Part 2: perspective of new graduated nurses towards their clinical competency and Part 3: factors that affected clinical competency of new graduated nurses. The findings indicated that the clinical competency of new graduated nurses is closely related to their transition experience. They are facing a disparity between their perceptions about clinical competency and nursing with the reality in health care delivery. Factors identified are clinical experience, knowledge and skills, new practice in the workplace, professional socialization, organizational support, communication, reflection, critical thinking and clinical judgment, personal attributes and continuous learning. This insightful feedback helps the nursing educator and employer to identify the challenges faced by new graduated nurses in clinical area. Therefore, suitable supports can be given to enhance the professional development of new graduated nurses.

Keywords: Clinical competency, experiences, new graduated nurses
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# KEY TO TRANSCRIPTIONS

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<tr>
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<td>This symbol in the excerpts indicated next event that are stated by the same participant at different times during interview.</td>
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*Adopted from Zabidah (2010)*
According to Canadian Nurses Association (1987), nursing is “a dynamic, caring, helping relationship in which the nurses assist the client to achieve and obtain optimal health”. As a profession, it has undergone a huge transformation since the time of Florence Nightingale. Now, nursing is a profession with its own knowledge, regulation bodies and standard of practice. The days when nurses are only the hand maiden or assistance of the doctors has gone. Apart from being a care provider, nurses also have more expanded roles like collaborator, advocator, leader, manager, educator, researcher and counselor (Allender & Spradley, 2005). Besides that, the health care environment also becomes more complex and unpredictably (National Council of State Boards of Nursing, 2005). All these changes imply the significant and urgent need of clinical competency among nurses.

Background of the Study

Competency is a complex yet essential concept in nursing. It has become a contemporary global nursing issue. Extensive writing on varying perspectives and definition of nursing competence emerged but with no clear agreement due to the
complexities of nursing practice itself (McMullan et al., 2003; Shewchuk, O'Connor, & Fine, 2005). From a broader view, nursing competency can be known as ability or capability to perform a task with desirable outcome (McMullan et al., 2003; Schroeter, 2008) or more narrowly defining as “the knowledge, skills, ability and behaviors that a nurse possesses in order to perform tasks correctly and skillfully” (O’Shea, 2002, p.175).

Nursing competency is important to the profession because nurses deal directly with the safety of healthcare service consumer (Institute of Medicine, 2011). Nowadays in Malaysia, nurses form the largest workforce in the health care sector. They are the major health care providers who give the direct care to the patient. Sometimes they need to make critical decision which may give direct impact to the outcome of patient, especially in the rural and remote areas. In addition to this, the recent changes in the health care environment such as increased population, chronic disease, informed society and advanced technologies also made the clinical competency of each nurses very much needed (National Council of State Boards of Nursing, 2005). An incompetence nurse not only will reduce the quality of healthcare, they might harm the safety of patient, getting oneself into legal issues and subsequently affect the credibility of nursing profession and cost is incurred (Institute of Medicine, 2011).

Thus, in Malaysia, rules had been established that each nursing student must first pass their final exam before they can sit for the Nursing board Examination. Only then, they are qualified for registration and practice. After graduation, the new staff nurses
will be put under the mentor-mentee system for six months and only after they pass the test at the end of six months, then they can be absorbed into the nursing workforce as nurses who work independently. The reason is to ensure that each of them had reached minimum level of competency as stated under the Nurses Act 1950. As for the existing nurses, they need to have enough continuous professional development (CPD) point to renew their practicing licenses. All these are imposed to ensure the continuous competency development of the nurses after graduation.

In 1996, Malaysia was facing a critical nursing shortage where the nurse to population was only 1:1055, a far cry different from the ideal ratio 1:200 as recommended by World Health Organization (Ministry of Health, 2007, as cited in Barnett, Namasivayam & Narudin, 2010). This greatly increased the workload of nurses and they might need to work longer than 12 hours and more than 40 hours per week. In a long run, the nurses will become exhausted and subsequently affected their competency in providing quality care (Carayon & Alvarado, 2007). Thus, in order to fulfill the nation's demand of nurses, a large number of nursing schools was allowed to be formed by the government.

Up to date, there are 106 nursing schools in Malaysia where 66 are private providers, 11 are public institutions and 29 are run by the Health Ministry (Wong, 2010). While this may sound good, the reality is that it is difficult for the Nursing Board Malaysia to regulate the quality or competency of graduates from such a large number of nursing schools where the entry requirement and the numbers of intake for each
school are not standardized (Barnett, Namasivayam & Narudin, 2010). With such a high number of student intake each year but limited clinical placement and procedure available, nursing students have to compete with each other and those from the other institutions during clinical practicum in order to practice. Sometime, they have to compete among themself for the guidance from their own clinical teacher (Nicol & Young, 2007). As a result, instead of solving the nursing shortage issue, it might backfire and lead to a new issue on the clinical incompetency of new graduated nurses.

**Statement of the Problem**

Due to the rising retirement rate of the baby boomer nurses, most hospitals need to recruit more new graduated nurses to meet the workforce demand (Diefenbeck, Plowfeild & Herman, 2006). However, these new graduated nurses often reported a lack of preparedness for their role as a staff nurse (Delaney, 2003; Duchscher, 2008; Kovner, Brewer, Greene & Fairchild, 2009). In this new century, public has becomes more discerning and demanding of their right to expect consistent and competent service from health care provider. Numerous apprehensions with nursing proficiency have been voiced. From the literature review, many studies on nursing competency has been done in other country, especially in term of the definition and conceptual clarification (Girot, 1993; O'Shea, 2002; McMullan et al, 2003); the core competencies (Decker, Utterback, Thomas, Mitchell & Sportsma, 2011) and the assessment of nursing clinical competency. However, little researches concerning this
topic have been found in Malaysia context. Unlike the traditional apprentice based training in the past; today nursing training has moved into tertiary level and this might give a profound impact to the clinical competency of the new graduated nurses when they need to transit from the academic settings into the real clinical setting. Thus, more research to explore the clinical competency among new nurses graduated from Malaysia nursing program is imperative to increase the understanding of educators and organizational authorities regarding the issue.

As the first undergraduate nursing degree offered in Malaysia, University Malaysia Sarawak (UNIMAS) nursing degree program has produced many nursing graduates who work not only locally but also in oversea such as Singapore, Saudi Arabia, Australia, United Kingdom and the United States. However, little or no feedback was obtained from them. Are they able to integrate their knowledge into the practice and shown competency in their practice; or do they only have advanced theoretical knowledge but unable to perform well in clinical procedure as being queried countless times by others about the degree students? How is the experiences of these new graduated nurses in term of clinical competency in real working context? What is their perception or understanding on clinical competency and how is their performance in the clinical field? What are the factors that affected theirs clinical competency? With those curiosities in mind, I come up with the research questions below in order to explore the clinical competency experience of new graduated nurses from nursing degree program in UNIMAS.
Research Question

The research will seek to answer the following questions:

1. What is the perception or understanding of UNIMAS new graduated nurses on clinical competency?
2. How does the UNIMAS graduated nurse perceive their clinical competency in workplace?
3. What are the factors that affected their clinical competency?

Research Objectives

The objectives of the research were:

- To explore the perception or understanding of UNIMAS new graduated nurses on clinical competency
- To explore the perception of UNIMAS nursing graduated nurses toward their clinical competency in the workplace.
- To identified the factors that affected their clinical competency
Significance of the Research

This study will provide valuable feedback from new graduated nurses, like how they define clinical competence based on their real experience in workplace, their experiences in acquiring clinical competency, their perception towards their own clinical competency, and the important factors to become a competence nurses. This will serve as a baseline data on the clinical competency of new nurses graduated from nursing undergraduate program in UNIMAS. Besides that, through sharing, these graduate students will also provide an opportunity for their juniors to learn from their counterparts who were already working in the profession.

The feedback from new graduated nurses will also help to increase educator’s understanding on the relevance of current curriculum in producing competent nurses and the learning competencies required to achieve industrially accepted nursing graduates. It is hoped that strategies or intervention can be taken to improve existing curriculum in nursing education and thus benefit the future nursing students in this institution.

By exploring the experiences and challenges encountered by the new graduated nurses in term of clinical competency, it helps to provide an insight to the nursing leaders or related organization on the barriers to attain competency at the initial period of their career path. Thus more supportive and relevant intervention can be implemented to help them to achieve a higher level of clinical competency.
Operational Definition of Terms

The significant terms used in this study brought specific meaning only for the benefit of this study.

1. Clinical competency: The accomplishment to meet a satisfactory standard of practice in clinical field.

2. New graduated nurse: Nursing students who graduated from UNIMAS and entering the role of the registered nurse and practiced for less than 2 years in a clinical setting (Wilgis & McConnell, 2008).

3. UNIMAS new graduated nurse: Pre-registration nursing student who graduated from four years Bachelor degree of Nursing in UNIMAS.

4. Experience: The perception and understanding of new graduated nurses on clinical competency through their daily practice in the clinical field.
CHAPTER 2

LITERATURE REVIEW

This section focuses on literature review of the nursing competency. A literature review was undertaken using electronic database such as Ovid, ProQuest and SpringerLink; search terms included new graduated nurse, nursing clinical competency, education, patient safety, transition. Pertinent categories for review including definition of nursing competency, Benner’s Novice to Expert Theory, Conscious competence theory, Malaysia’s nursing core competencies, core competencies of nursing, assessment and measurement of nursing competency, factors that affect nursing competency, nursing education on competency, and supportive measure for graduated nurses were identified.

Definition of Nursing Competency

A clear definition of competence is imperative for the establishment of nursing standard and the formation of tools to assess the competency of nursing students and registered nurses (Schroeter, 2008). From literature, nursing competency has been defined in different ways. It can be known as “the knowledge, skills, ability and behaviors that a nurse possesses in order to perform tasks correctly and skillfully” (O’Shea, 2002, p.175); “a set of behaviors that reveals mastery at work and can be
applied in determination of work standards, formulation of strategies to describe individuals and teams, formation of power and responsibility, and extension of decision making” (Hsieh & Chihui Kao, 2003); “the assessment of the employee’s ability to perform the skills and tasks of his or her position as defined in a job description” (Whelan, 2006, p.198); or “the application of integrated nursing knowledge and the interpersonal, decision making, psychomotor, communication and leadership skills expected for the practice of nursing” (Tennessee Board of Nursing, 2006, p.1, as cited in Axley, 2008).

The concept of nursing competency has been issue of discussion for decades. However, no official agreement has comes to its definition among nurses, educators, employers, regulating bodies, government and patient (Axley, 2008) due to the complexity and multifaceted nature of nursing practice itself (Bradshaw & Merriman, 2008). Elements of nursing competency can differ based on the context, evaluator, level and experience of nurses (Schroeter, 2008). It can be further divided into entry-level competency and continuing competency; general core competency and specialty area core competency (Scott Tiley, 2008).

Though no clear agreement have come to define nursing competency (Redfern, Norman, Calman, Watson & Murrells, 2001; McMullan et al, 2003; Cowan, Norman & Coopamah, 2005), two main approaches to conceptualized nursing competency was identified, which are behaviorist approach and holistic approach. Behaviorist approach is more focus on the performance and depends on the level of specific
capabilities like basic patient care skills and advance patient care skills (Girot, 1993). However, this approach has been criticized as reducing nursing care to a procedure and fails to acknowledge the underlying cognitive and affective skills needed for clinical competency (Mantzoukas & Jasper, 2004). On the other hand, holistic approach view competence as a whole and recognized that it is more than the attainments of skills and it also requires general underlying attributes such as knowledge, skills, judgment, attitudes, value and belief (Hager & Gonczi, 1994). The disadvantage of this type of approach is that some of the essential underlying attributes for effective, competence performance is not observable.

**Nursing Competence model: Benner’s Novice to Expert Theory**

Based on the Dreyfus Skill Acquisition Model, Benner (2001) has come out with a five stages model on nursing competency, known as Novice to Expert Theory. It has been widely used in the nursing practice, research, education and administration to assess and support progression of nursing professional skill acquisition. It explained on the recognizable stages of development from novice to expert and the differences between each level, such as the approach to decision making, problem solving and working method. Thus, it can be used to classify the level of competency new graduate nurses have achieved from their description of their practice.
Each level has its own distinguishing behaviors and traits (Benner, 2001). At the initial stages, the novice has no prior nursing experience and requires close supervision, assistance and education in clinical field. Policies or procedures are necessary to guide their actions and for safe performance of skills at this level. When they reached the second stage, which is advanced beginner, they are more or less at the level of a new graduated nurse. They are considered having the entry-level competency once they passed the exam and get their license to practice. They are independent in some aspects of practice, though not in all situations. Some assistance in setting priorities together with frequent monitoring and education are needed.

After been on the job for two to three years, the nurse should progress to the competent stage and able to apply experience and judgment to new patient situations, set priorities to achieve long-term goals and manage most complex situations. With continuing education, nurses able to move beyond competency level and become proficient nurse who view the situation as a whole, rather than aspects of the situation. They are able to use higher levels of critical thinking skills and reasoning in the decision-making process. When the nurse reached the final stage, they are considered as expert nurse where their judgment is based on paradigms. They have intuitive grasp of patient care situations and they are masterful at problem-solving.
Conscious Competence Theory

The Benner’s theory gives a clear explanation on the stages new graduated nurses need to go through from novice to expert by describing the specific characteristic they might presented with at each stages. However, it did not explained on the process they need to go through in order to move one stage to the other stage. Hence, a learning theory known as Conscious Competence theory will be adopted in this study to give a clearer picture on the experiences and learning process that new graduated nurses need to go through in order to become a competence nurse.

There are four stages in Conscious Competence theory, known as unconscious incompetence, conscious incompetence, conscious competence and unconscious competence (Clifford & Thorpe, 2007). At the first stage, the individual is unaware of what he or she does not know or how to do something. The individual may deny the necessary or usefulness of a skill. It is only when the individual aware of his or her weakness and the value of the skill, then the individual can proceed to the next stage known as conscious incompetence. At this stage, he individual was fully aware of what he or she does not know and the effort he or she spend to learn will determine the time they need to spend on this stage before they can proceed to the next stage. When the individual know how to do something or the individual can consciously applying the skill, he or she has reached a stage known as conscious competence. When the skill has become a second nature and the individual can apply it without thinking, he or she has reached the final stage known as unconscious competence.
Malaysia Framework on Nursing Core Competency

In Malaysia, a framework on nursing core competencies was adapted from Benner’s framework (Malaysian Nursing Board, n.d.). There are three essential elements that a competence nurse should have, which are knowledge, skills and attitude. Knowledge in nursing is obtained through continue nursing education and continue professional development. It is important for nurses to upgrade their knowledge according to career growth and this can be done either through post basic courses or advance nursing education. As for the proficiency in technical skills, it can be achieve either through continuous mentoring or increasing duration of clinical experience.

In Malaysia, there is a ‘7S’ system or pertinent soft skills for nurses such as senyum (smile), to remember and smile when see a patient; salam (greeting), to greet or welcome patient in a friendly way; segera (prompt/urgent), to act quickly and to be responsive; sensitif (sensitive), to the needs of patients and family; sopan (polite), to be polite and respectful during interaction; sentuh (touch), personal approach within the cultural context and segak (smart looking), to improve the professional image of nurses (Barnett, Namasivayam & Narudin, 2010). Three elements of corporate culture such as professionalism, caring and teamwork are identified as important criteria to help the novice nurses to attain their core competency. There are five domains of core competency being identified in this framework, which are ethic and legal practice, professional nursing and midwifery, leadership and management, education and research, professional, personal and quality improvement.
Core Competencies of Nursing

Due to the different ways of interpretation on nursing competency, different core competencies have been established by different organizations. By combining the suggestion from Del Beno (1997); Lenburg (1999); Institute of Medicine (IOM, 2003) and Texas Nurses Association (TNA) task Force, Quality and Safety for Nurses (QSEN, n.d.), a new core competencies for nursing was proposed by Decker, Utterback, Thomas, Mitchell and Sportsman (2011). According to them, nursing competency should involves an integration of knowledge (evidence based practice); skills performance (including technical and nontechnical skills such as delegation and prioritization); communication and collaboration (patient, family, intra-disciplinary, inter-professional, informatics); critical and reflective thinking (clinical judgment and quality improvement); and values (including professional and personal attitudes, motivation, and self-confidence). The authors believe that by integrating these core competencies into nursing practice, nurses will be able to incorporate safe, holistic patient-centered care.

Assessment and Measurement of Nursing Competency

According to Axley (2008), the lack of standardization in nursing competency prevents the establishment of standard for measurement and evaluation of competency among students and practitioners. This is supported by Calman et al (2002) who stated that currently there is no singer uniform method of measuring clinical competence. Fifty-four articles published between 2000-2007 were reviewed