

## Competence of Novice Nurses to Enter Nursing Practice as Perceived by Ward Incharges

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### Abstract

Competence of novice nurses may vary and it affects the quality of nursing care provided by them. The present study was conducted to find the competence of novice nurses to enter nursing practice as perceived by ward incharges of selected hospitals. Theoretical framework of the study is based on Patricia Benner's theory Novice to Expert. Quantitative research approach with descriptive design was used for the study. The sample comprised of 120 ward incharges from selected hospitals. The tool used was a scale to find the competence of novice nurses as rated by ward incharges. The study revealed that ward incharges perceived novice nurses to be fairly competent to care for 2 - 3 patients and only a few were competent to care for 4 - 5 patients at a time. Majority of novice nurses were competent in basic hygienic care, vital sign assessment, oral medication, IV push, GRBS, pulse oximetry and oxygen administration via mask, Ryle's tube insertion, feeding and its removal, urinary bladder catheterisation and catheter care, infected wound dressing, suture removal, and drain removal. Few novice nurses were not competent in basic hygienic care, vital sign assessment, IM injection, blood draw/ venipuncture, Ryle's tube feeding and its removal, and catheter care. The competency of novice nurses was least in colostomy care followed by Ryle's tube insertion, infected wound dressing, urinary bladder catheterisation, drain and suture removal.

The quality of patient care delivery and safety of patients in any health care set up is largely dependent on the quality of nursing care provided, the experience, skills, competence, knowledge, and compassion of the nursing staff. There is also global issue of shortage of nurses. Another major issue is whether new nurses are competent and ready for clinical practice. Researchers report that new nurses not only lack adequate competence for working in a clinical environment, but are also perceived by nurse managers to lack in necessary clinical skills.

In a survey of 57,000 nurse leaders, only 25 percent were fully satisfied with the performance of new nursing graduates at the time of their initial employment (Yasuko, 2018). The challenge for nurse educators, therefore, is to promote nursing students' competence before graduation to ensure the students' competence levels prior to their entry into practice (Duchscher, 2009). Few studies have focused on measuring nursing students' competence immediately prior to their graduation.

It is time for educators and administrators to appraise the quality of the programmes provided to nursing students. Nursing educators and administrators must demonstrate their programme's quality and adherence to accreditation expectations. Systematic evaluation of key components of nursing education is required. Stufflebeam's Context, Input, Process, and Product (CIPP) model allows for evaluation of the quality of a nursing programme. The CIPP model includes input from representative stakeholders to conduct

a comprehensive assessment. The output evaluation/product evaluation is the student outcome which is the Perceived Competence in Providing Care and Perceived Competence in meeting standards (Stufflebeam, 2004).

A surprising lacuna is the paucity of outcome studies; this may perhaps be explained by the complexity of the nursing abilities which are the intended product of any nursing curriculum, although sample indicators could be used to create at least a partial profile of curriculum outcomes. Nurse competence and its assessment are important means for educators, managers and nurses to gain information about nurses' professional strengths and weaknesses and consequently educational and developmental needs (Klein, 2006).

Therefore, due to the lack of research in this field in the country this study was designed so as to determine dimensions and scope of this problem.

### Objectives

The study was conducted to find the competence of novice nurses to enter nursing practice as perceived by the ward incharges of selected hospitals in Ernakulam (Kerala).

**Theoretical Framework:** Patricia Benner's theory Novice to Expert is specific to nursing and useful for the study of transition of novice nurses'.

### Literature Review

The National Council of the State Boards of Nursing (NCSBN) developed the Transition to Practice study in

October 2010. The NCSBN and state boards of nursing have been concerned with the training and retention of newly registered nurses. Problems uncovered in the 2010 study included: (a) new nurses have been caring for sicker patients in increasing complex health settings, where 40 percent of new nurses report making medication errors; (b) new nurses have increased stress levels, which increases the risk for patient safety and practice errors; and (c) approximately 25 percent of new nurses leave a position within the first year of practice, negatively influencing patient safety and health care outcomes.

Meretoja & Leino-Kilpi (2001) utilised the Nurse Competence Scale to evaluate nurses' self-perceived competence in medical-surgical, intensive care and operating room areas. Overall, nurses reported self-perceived competency as good, with the highest self-perceived competency in the domains of managing patient situations, diagnostic functions and the helping role. Differences were found in the frequency of use of the competencies in the domains between work areas.

### Methods and Procedure

Quantitative approach and descriptive design was used in this study conducted in selected hospitals at Ernakulam; 120 ward incharges who satisfied the inclusion criteria were selected by total enumerative sampling technique for the study. Nursing competence assessment rating scale was used as tool.

**Data collection:** Permission was obtained from the nursing administrator and list of all ward incharges was obtained. The entire ward incharges who were willing to participate in the study and met the inclusion criteria were selected. Informed consent was obtained from the subjects and the tool was administered to them. It took an average of 15-20 minutes to complete the tool.

### Results

The competence of novice nurses to manage patient care assignment in a Medical/Surgical unit as perceived by the ward incharges was analysed using descriptive statistics and is presented in Table 1. The ward incharges perceived novice nurses to be fairly competent enough to care for 2 to 3 patients in the medical/surgical unit and only a few novice nurses were competent enough to care for 4 to 5 patients at a time. An analysis of novice nurses competence in performing selected nursing procedures in the medical/surgical units as perceived by the ward incharges was obtained (Tables 2 & 3).

Ward incharges perceived majority of novice nurses to be competent in basic hygienic care, vital sign assessment, oral medication, IV push, GRBS, pulse oxymetry and oxygen administration via mask (Table 2). But it was also observed that few novice nurses were perceived not competent in basic hygienic care, vital sign assessment, IM injection, and blood draw/venipuncture.

The ward incharges perceived majority of novice nurses to be somewhat to highly competent in performing procedures like Ryle's tube insertion, feeding and its removal, urinary bladder catheterisation and catheter care, infected wound dressing, suture

removal, and drain removal (Table 3). It was found that the competency of novice nurses was least in colostomy care followed by Ryle's tube insertion, infected wound dressing, urinary bladder catheterisation, drain and suture removal. A few novice nurses were perceived not competent in performing procedures like Ryle's tube feeding and its removal, and catheter care.

### Discussion

As per the Indian Nursing Council INC guidelines, the staff nurse to patient ratio in a general ward setting is 1:5. But the present study results show that novice nurses are not perceived to be competent at this level and there arises a dangerous situation such that patient safety needs may be compromised.

The nursing graduates are expected to be competent in a range of skills including basic hygienic care and vital sign assessment, wound care, management of tubes and drains, positioning, medication administration and management of intravenous (IV) therapy so as to function at the entry level in a medical/surgical unit. A survey of 200 nursing preceptors conducted by Hickey (2009) revealed that 72 percent preceptors reported new graduates' ability to perform basic technical skills (vital signs, hygiene, safety, positioning, etc.) most of the time and 76 percent preceptors reported new graduates were able to independently and competently perform more advanced technical skills (wound care, medication administration, maintenance of IV fluids, etc.) which supports current findings. But in the current study, the ward incharges perceived a few novice nurses not competent for the same, which questions the quality of training imparted in nursing schools and colleges.

### Implications

Regulatory body together with academic and service institutions collaborate to develop and implement clinical education. They need to practice quality assurance, instruments, policies and guidelines to bridge the preparation practice gap.

Mentors can play a significant role in the advanced beginner's clinical decision making by pointing out meaningful situational components essential to their development as a practitioner (Benner, 2001).

Incrementally staged workload and responsibilities as well as specific learning support during their transition would assist during the transition from student to new graduate nurse (Lee & Cruickshank, 2014). The strategies to develop nurses include: develop a structured preceptor training programme, develop methods to identify learning

**Table 1: Percentage distribution of the competence of novice nurses to manage patient care assignment in Medical /Surgical unit as perceived by the ward incharge (N=120)**

Items	Not competent	Somewhat competent	Competent	Highly competent
Caring for 2 patients	1.33	13.67	37.67	47.33
Caring for 3 patients	3.33	33.33	56.67	6.67
Caring for 4 patients	15.67	48	35	1.33
Caring for 5 patients	64	26	10	00

**Table 2: Percentage distribution of the competence of novice nurses in performing selected nursing procedures as perceived by the ward incharges (N=1200)**

Items	Not competent	Somewhat competent	Competent	Highly competent
Basic hygienic care	1.33	26.67	45	27
Vital sign assessment	1.33	30	34	34.67
Oral medication	0	14	26	60
IM Injection	15.33	33.37	31.3	20
IV push	0	30	46.67	23.33
GRBS	0	14.67	26.67	58.66
Pulse oxymetry	0	5.34	38	56.66
Blood draw / Venipuncture	20	30	40	10
Oxygen mask administration	0	30	30	40

**Table 3: Percentage distribution of the competence of novice nurses in performing selected nursing procedures as perceived by the ward incharges (N=120)**

Items	Not competent	Somewhat competent	Competent	Highly competent
Ryle's tube insertion	20	36.67	33.33	10
Ryle's tube feeding	3.33	23.33	33.34	40
Ryle's tube removal	3.33	16.67	36.67	43.33
Urinary bladder catheterisation	15.33	38.67	36	10
Catheter care	3.33	26.67	40	30
Infected wound dressing	18.33	39	32.67	10
Suture removal	6.66	26.67	50	16.67
Drain removal	10	30	43.33	16.67
Colostomy care	40	28	26.67	5.33

needs and facilitate learning, ensure administrative commitment and support and promote the socialisation of new hires (Hickey, 2009).

**Limitation:** The study was limited to the competence of novice nurses as perceived by the ward incharges which may vary from the actual competence of the novice nurses. Competence of novice nurses should be interpreted with caution. Another limitation is the small sample size; ward incharges were from selected hospitals of a city.

#### Recommendations

A study can be conducted to find (a) the readiness and competence or (b) other factors of novice nurses to enter nursing practice as perceived by graduate nurses.

A study may be undertaken to assess the effectiveness of a nursing residency programme on the confidence and competence of novice nurses to enter nursing practice.

## Conclusion

Since competency is related to ability and action characteristics in nursing practice, acquiring competency increases the assigned workload, thereby resulting in changes in the roles and work content of staff. Nursing training institution need to ensure that the novice nurse is trained adequately.

At the same time the hospital administrators need to develop residency programme which can help the transition of novice nurses to actual nursing practitioners.

## References

1. Yasuko Hosoda. The Effects of Competency on the Nursing Careers of Novice Nurses. Nursing Education Research Conference. Washington DC. April 19-21, 2018
2. Duchscher JEB. Transition shock: The initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing* 2009; 65(5): 1103-13
3. Dyess SM, Sherman RO. The first year of practice: New graduate nurses 'transition and learning needs. *Journal of Continuing Education in Nursing* 2009; 40(9): 403-10
4. Stufflebeam DL. The CIPP Model for Evaluation. In: Kellaghan T, Stufflebeam DL (ed.). *International Handbook of Educational Evaluation*. Kluwer Academic Publishers, Dordrecht; Boston; 2003, pp 31-62
5. Klein CJ. Linking competency-based assessment to successful clinical practice. *Journal of Nursing Education* 2006; 45: 379-83
6. National Council of State Boards of Nursing (NCSBN). Transition to Practice. 2011. Retrieved March 26, 2017 from <https://www.ncsbn.org/363.htm>
7. Meretoja R, Leino-Kilpi H. Instruments for evaluating nurse competence. *Journal of Nursing Administration* 2001; 31(7/8): 346-52
8. Hickey M. Preceptor perceptions of new graduate nurse readiness for practice. *J Nurses Staff Dev* 2009; 25(1): 35-41 [doi: 10.1097/NND.0b013e318194b5bb]
9. Benner PE. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Brazil: Prentice-Hall, Inc: Upper Saddle River, 2001
10. Lea J, Cruickshank M. The support needs of new graduate nurses making the transition to rural nursing practice in Australia. *J Clin Nurs* 2014; 24(7-8): 948-60 [doi: 10.1111/jocn.12720]

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