

## NURSING COMPETENCY: A CONCEPT ANALYSIS

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DOI: <https://doi.org/10.5281/zenodo.15846924>

### Keywords

Nursing Competency, Concept Analysis, Walker and Avant, Professional Attributes, Patient Safety, Clinical Practice, Nursing Education

### Article History

Received: 03 April, 2025

Accepted: 24 June, 2025

Published: 09 July, 2025

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### Abstract

*Background:* Competency in nursing is a foundational element influencing the quality, safety, and effectiveness of patient care. Despite its central importance, the term remains ambiguously defined across educational, clinical, and policy contexts.

*Aim:* This concept analysis aimed to critically examine the available evidence on nursing competency, identify its defining attributes, and clarify its implications for contemporary nursing practice, education, and policy development.

*Methods:* Walker and Avant's eight-step concept analysis framework was used to explore and analyze the concept of nursing competency. A total of 10 relevant articles were included following a comprehensive literature review.

*Results:* The analysis revealed that nursing competency is a multifaceted and dynamic concept, encompassing cognitive abilities, technical proficiency, ethical judgment, emotional intelligence, and professional values. Three defining attributes were identified: knowledge, self-assessment, and adaptability. Antecedents included education, skills, and a sense of responsibility, while consequences highlighted improved patient safety, reduced medical errors, and enhanced decision-making. The study emphasized the need for objective and multi-perspective evaluation tools for assessing competency.

*Conclusion:* Nursing competency is essential for delivering high-quality, patient-centered care. This analysis provides a clearer understanding of the concept by identifying its key attributes and implications. The findings support the integration of competency-based frameworks in nursing education, clinical practice, and policy to ensure effective workforce development and optimal patient outcomes.

## INTRODUCTION

Competence is a foundational element in nursing, influencing the quality and safety of care provided. However, despite its significance, the term remains ambiguous and is interpreted differently across educational, clinical, and professional contexts.

In the dynamic landscape of modern healthcare, the concept of nursing competency has emerged as a critical focus for healthcare providers, educators,

policymakers alike. Defined as the integration of knowledge, skills, values, and experience, and nursing competency represents the ability of nurses to provide safe, effective, and patient-centred care across diverse settings. Recognizing the significance of nursing competency is essential for maintaining high standards of practice, promoting positive patient

outcomes, and ensuring the professional growth and development of nurses throughout their careers

The public generally expects registered nurses (RNs) to be proficient in carrying out the responsibilities associated with their role (Eraut, 1994). The term competence is widely used across various professional fields, particularly in nursing, to describe an individual's capability to perform their duties effectively. It plays a vital role in evaluating a nurse's ability to deliver quality care (Watson, 2002). Despite its importance, the concept of competence is often viewed as vague or difficult to define clearly. Watson et al. (2002, p.422) noted that "competence is a somewhat nebulous concept which is defined in different ways by different people." There is currently no universally accepted definition, even though the idea is central to many nursing education programmes (Milligan, 1998). The lack of clarity surrounding what constitutes true competence is not unique to nursing but is also relevant to other professions such as teaching, law, and medicine (Eraut, 1994; Epstein and Hundert, 2002)

## 2.Aims

Most healthcare institutions do not have formal systems in place to verify that their staff continue to follow current evidence-based practices. Nursing schools across the United States face ongoing challenges in identifying effective strategies to prepare students with foundational competencies. Similarly, healthcare employers grapple with how to accurately assess both initial and advanced competencies in clinical settings.

The aim of this concept analysis was to examine and critically analyze the available evidence base surrounding competence, the focus being to identify any significant influences that inform professional understanding, which in turn would influence practical implementation within contemporary nursing practice

## 3.Purpose of Concept Analysis

The purpose of this concept analysis is to clarify and explore the multifaceted concept of competency within the context of nursing practice. Although competency is widely recognized as essential to ensuring safe, effective, and high-quality patient care, its definition remains ambiguous and varies across

educational, clinical, and regulatory settings. This lack of clarity can hinder the development of standardized approaches for teaching, assessing, and validating nursing competencies.

By using a structured method of concept analysis, this paper aims to identify the defining attributes, antecedents, consequences, and empirical referents of competency in nursing. Ultimately, this analysis seeks to enhance understanding of the concept, provide a foundation for further research, inform nursing education, and support the development of competency-based frameworks in clinical practice.

## 4.Historical Context

The evolution of nursing competency is deeply rooted in the history of the profession. From the pioneering work of Florence Nightingale in establishing formal nursing education to the development of standardized curricula and competency frameworks in the 20th and 21st centuries, nursing has consistently sought to define and measure the essential capabilities required for safe and effective practice. The historical context underscores the importance of continuous learning, adaptation to evolving healthcare landscapes, and the ongoing pursuit of professional excellence.

To explore this issue further, a literature review was conducted focusing on nursing, medicine,

## 5.Literature review

The concept of competency in nursing has been widely explored across academic, clinical, and regulatory contexts. Nurses are expected to maintain their competency to ensure safe, ethical, and effective patient care, given their central role in executing professional responsibilities (Whittaker, Smolenski, & Carson, 2000). Competency encompasses a combination of clinical knowledge, practical skills, attitudes, and critical thinking—all essential components for professional performance (Watson, Stimpson, Topping, & Porock, 2002).

Although the terms competency and competence are frequently used interchangeably, researchers have highlighted their differences. Epstein and Hundert (2002) explain that competence refers to an individual's capacity to meet job expectations, while competency relates to actual performance in real-world contexts, often reflecting a blend of judgment, knowledge, and behaviors. From this perspective, competency is a behavioral construct, whereas

competence is more task-oriented and based on trait theory (Eraut, 1994; Watson et al., 2002). The literature identifies several assumptions surrounding the nature of competency: It integrates knowledge, attitudes, skills, levels of sufficiency, and observable performance (Benner, 1984; Watson et al., 2002). It serves as an indicator of one's ability to perform specific tasks effectively (Walker & Avant, 2004). It can be developed through training and educational interventions (Whittaker et al., 2000). It can be evaluated by assessing professional behaviors and outcomes (Eraut, 1994).

It is crucial in supporting nurses' ability to make accurate clinical decisions and ensure patient safety (International Council of Nurses [ICN], 2021). Scholars have consistently linked nursing competency to improved clinical outcomes, enhanced professional accountability, and effective healthcare delivery. Conversely, a lack of competency may lead to unsafe practice and negative patient outcomes (Watson et al., 2002). Regulatory bodies such as the ICN emphasize the importance of clearly defined professional boundaries and competency frameworks to protect public health and maintain the credibility of the nursing profession (ICN, 2021).

The move toward competency-based education (CBE) began in the mid-20th century as healthcare systems demanded more comprehensive and patient-centered approaches to care. By the 1980s and 1990s, nursing education globally had shifted from traditional, task-oriented training models to CBE curricula that emphasized critical thinking and adaptability (Carroll, 1963; Watson et al., 2002). A key milestone occurred in 2005 when a standardized competency matrix was introduced for clinical nurses across the European Union, reflecting the growing need for common performance benchmarks.

Despite its acknowledged importance, the concept of competency remains ambiguously defined and inconsistently applied. Watson et al. (2002) noted that the lack of consensus regarding its definition has created challenges in nursing education and practice, leading to varied interpretations. Additionally, competency measurement tools remain limited, with few validated instruments available (Benner, 1984; Eraut, 1994). Although embedded in many curricula, competency lacks a universally agreed-upon framework.

Given its multidimensional nature, competency in nursing is influenced by evolving clinical expectations, contextual factors, and the broader healthcare environment. As such, a clearer conceptual understanding is needed to support effective teaching, policy development, and clinical implementation. This concept analysis seeks to clarify the meaning of competency in nursing, identify its essential components, and explore how its application has evolved.

## 6. Theoretical Frameworks

Various theoretical frameworks offer valuable perspectives on understanding and measuring nursing competency. Walker and Avant's Concept Analysis: Provides a structured approach for defining attributes, antecedents, and consequences of competency. Behavioural, Trait-Based, and Holistic Theories: These theories offer complementary insights into the interplay of skills, characteristics, and values in shaping competency.

## 7. METHODS

The eight-step model of concept analysis of Walker and Avant<sup>26</sup> was used to explore the concept of competency in nursing practice: (1) choosing the concept; (2) outlining the objectives of the analysis; (3) recognising the concept's uses; (4) selecting the concept's defining attributes; (5) constructing a model case; (6) constructing related, borderline and contrary cases; (7) defining the consequences and antecedents of the concept; and (8) determining empirical referents.<sup>26</sup> A concept analysis is usually used for theory development and understanding and operationalising certain terms.<sup>10 24 26 30</sup> Although the authors' intention is not to develop a theory of the concept of competency in nursing practice, applying an iterative analysis process will help remediate the lack of consensus on the key attributes of this concept.

## 8. Data sources

Five electronic databases were used for the literature review: ScienceDirect, PubMed, ProQuest, Scopus, and CINAHL. Reference lists from selected studies were also reviewed to identify additional sources. The search used keywords with Boolean operators: "concept analysis," "competence," "competency," and "nursing." Titles and abstracts were initially screened

by the authors, and any uncertain abstracts were included for full-text review. The full texts of selected articles were further assessed against the inclusion criteria by the author.

Different terms related to "competency" and "competence" were used in the reviewed literature, including "cultural competence" (Sung et al., 2021), "ethical competence" (Krieger et al., 2019), "moral competency" (Liu et al., 2020), "professional competence" (Walker & Avant, 2019), and "clinical competence" (Thompson et al., 2018)

## 9. Ethical consideration

Ethical principles were rigorously followed throughout the study, ensuring adherence to the standards set forth in the Declaration of Helsinki. The confidentiality and anonymity of all data sources were safeguarded to maintain the integrity of the research process. Since no human participants were directly involved in the study, informed consent was not required. Nevertheless, the researchers adhered to ethical guidelines throughout the study to ensure the trustworthiness and accuracy of the results. The data analysis was conducted in a structured manner, with the researchers thoroughly reviewing the literature to identify key information and insights. The findings were then synthesized to develop a comprehensive understanding of nursing competency. The analysis presented a detailed and nuanced perspective on the concept, with significant implications for nursing practice, education, and policy.

## 10. Results

Fifteen articles were yielded from the search process; however, five were identified as duplicates or unrelated to the study aim and context after full-text screening. Finally, 10 articles were included in this concept analysis, as they applied the elements of the studied concept and the eight-step method of the Walker and Avant framework. The results are summarized as below

### Definitions and Uses of the Concept

The meaning of competency has evolved and encompasses a range of components essential to professional nursing practice. According to general dictionaries like Merriam-Webster, competency involves the possession of sufficient knowledge,

judgment, behaviors, and skills to carry out specific tasks effectively. In the nursing context, this definition expands to include professional attitudes and values that guide practice (Zumstein-Shaha & Grace, 2022). While no single, universally accepted definition of nursing competency exists, most frameworks emphasize its holistic nature—requiring the integration of cognitive abilities, emotional intelligence, ethical judgment, and technical proficiency. As such, nurses are expected to not only acquire but also adapt their knowledge and personal attributes to varied and often complex clinical situations. Professional guidelines such as the ICN Framework of Competencies and the standards of nursing practice reinforce the multifaceted and evolving nature of this concept.

### Defining Attributes of Competency

Walker and Avant (2011) explain that defining attributes are the characteristics that are commonly observed in a concept and help to differentiate it from related concepts. Defining attributes are core characteristics that consistently appear across definitions and distinguish the concept from others. In the reviewed literature, three primary attributes emerge as central to nursing competency:

In concept analysis, identifying defining attributes is essential for distinguishing competency from similar constructs. These attributes help highlight the key qualities that define the concept and its significance in practice. Based on the reviewed literature, the central attributes of nursing competency include:

### Knowledge

Knowledge is fundamental to competency, as it enables nurses to make informed decisions and solve clinical problems effectively. Nurses must acquire specialized knowledge through education to ensure high-quality care and optimal patient outcomes (Takase et al., 2016). Knowledge is also seen as a cornerstone of professional growth, where advanced learning contributes to the development of new nursing knowledge (Chinn & Kramer, 2015).

### Self-assessment

Competent nurses regularly evaluate their performance and seek opportunities for improvement. Self-assessment, often achieved

through reflection or using structured tools like checklists, helps nurses identify areas for development, leading to continuous improvement in their practice (O'Connell et al., 2018). The process of self-reflection also facilitates the integration of theory into practice, enhancing critical thinking and decision-making abilities (Bulman & Schutz, 2013).

### Dynamic Nature

Competency is a dynamic and continuously evolving state, requiring nurses to engage in lifelong learning. To remain competent, nurses must constantly update their knowledge and skills in response to advances in healthcare (Fukada, 2018). Professional development

is thus a key element of competency, ensuring that nurses are prepared to meet the changing demands of the healthcare system (Liu & Aungsuroch, 2018).

### Action-Oriented

Competency is also defined by the actions nurses take. Competent nurses translate their knowledge into practice, delivering safe and effective care through well-defined professional standards (Meretoja et al., 2004).

These actions reflect their ability to meet patient needs, collaborate with teams, and respond to complex healthcare challenges.

**Table 1: Attributes of competency in Nursing: Descriptions**

Defining attributes	Description
Knowledge	It enables nurses to make informed decisions and solve clinical problems effectively.
Self-assessment	Competent nurses regularly evaluate their performance
Dynamic Nature	Competency is a dynamic and continuously evolving state
Action-Oriented	Competent nurses translate their knowledge into practice.

### Antecedents of Competency

preconditions necessary for competency to exist, such as foundational education, clinical exposure, mentoring, and regulatory standards. Studies included in this analysis emphasized the need for structured educational pathways and continuous learning as key antecedents (World Health Organization, 2020; Ahsan et al., 2022). According to the literature, the antecedents for competency development are as follows:

#### Formal Education and Training

Formal education provides the initial knowledge and clinical skills that form the foundation for competent nursing practice. The importance of both basic and advanced nursing education has been emphasized by Fukada (2018) and Zumstein-Shaha & Grace (2020), as they argue that specialized training is critical for developing the required expertise.

#### Clinical Experience

Exposure to diverse clinical settings and situations allows nurses to refine their skills and judgment. Takase et al. (2016) and Liu & Aungsuroch (2018) both argue that clinical experience enhances nurses'

critical thinking, clinical decision-making, and their ability to act competently under pressure.

#### Mentorship and Supervision

Continuous guidance from more experienced nurses and healthcare leaders helps newly qualified nurses understand their responsibilities and improve their skills. Liu & Aungsuroch (2018) and Chinn & Kramer (2015) emphasize the importance of mentorship in fostering competency through feedback and support.

#### Skills and Abilities:

Competency in nursing requires both technical proficiency and soft skills such as communication and critical thinking. Nurses must develop technical expertise to perform essential procedures while also applying communication skills to interact with patients, families, and colleagues effectively. Critical thinking is fundamental, as it allows nurses to assess situations, make decisions, and provide high-quality care (Takase et al., 2006).



## Standards and Guidelines:

Professional standards and guidelines play a crucial role in nursing competency. Regulatory frameworks, such as the International Council of Nurses (ICN) and American Nurses Association (ANA) standards, guide nurses' practice and decision-making. These frameworks ensure nurses uphold ethical standards and practice according to evidence-based guidelines (International Council of Nurses [ICN], 2019; American Nurses Association, 2015).

## Attitudes and Responsibility:

A professional attitude and responsibility are essential for competency in nursing practice. Nurses must maintain accountability for their actions and demonstrate a commitment to continual improvement. This includes a professional disposition, which involves empathy, self-reflection, and a willingness to engage in ongoing education to improve practice (Chinn & Kramer, 2015; Liu & Aunguroch, 2016).

## Organizational and Environmental Support

A positive work environment that supports continuous learning, provides access to resources, and promotes collaborative practice is essential for developing competency. Aunguroch et al. (2018) note that work environment factors such as job satisfaction and ethical climate directly influence the development of competency. Globally, several contextual variables also influence competency

development, such as age, work experience, job satisfaction, ethical climate, and the organizational learning environment. Liu and Aunguroch (2022) highlighted 11 domains of nursing competency—including personal traits (e.g., accountability), clinical care, therapeutic collaboration, communication, leadership, and innovation—which together form a comprehensive view of what it means to be a competent nurse.

## Consequences of Nursing Competency

The consequences of nursing competency are far-reaching, affecting both the individual nurse and the larger healthcare system. These include:

### Enhanced Patient Safety and Outcomes

Competent nurses are better equipped to provide safe and effective care, reducing the risk of medical errors and ensuring positive patient outcomes (Fukada, 2018).

### Increased Collaboration and Teamwork

Competency enhances the ability to work effectively in multidisciplinary teams, promoting collaboration, communication, and shared decision-making (Chinn & Kramer, 2015).

### Professional Growth and Development

Nurses who demonstrate competency are more likely to engage in lifelong learning, pursue advanced education, and contribute to the development of nursing knowledge (Takase et al., 2016).

**Table 2: Antecedents and Consequences of competency in Nursing**

Antecedents	Consequences
Formal Education and Training	Professional Growth and Development
Mentorship and Supervision	Professional credibility and autonomy are enhanced
Clinical Experience	Enhanced Patient Safety and Outcomes
Organizational and Environmental Support	Increased Collaboration and Teamwork

## Empirical Referents

Empirical referents are tangible indicators that help suggest the presence of a concept and allow for the measurement of its key characteristics. These referents can be useful in the development of new measurement tools or the evaluation of existing ones. In nursing, competency measurement can be complex

due to the varied and dynamic clinical environments in which nurses operate. As nursing competency is both context-specific and time-sensitive, it requires nurses to continuously update their knowledge and skills to meet the evolving needs of society and the healthcare setting (Liu & Aunguroch, 2016).

Several tools have been developed to assess nursing competency, but the reliability and rigor of these measurement methods often remain a challenge. The tools vary, and their definitions of competency differ, complicating the measurement process. Some widely used instruments include the European Questionnaire Tool, the Competence Inventory for Registered Nurses, the Australian National

Competency Standards for Registered Nurses, the Competence Scale for Senior Clinical Nurses, and the Holistic Nursing Competency Scale. While these tools possess strong psychometric properties, they often rely on self-reporting, which can lead to bias in self-assessments (Liu & Aunguroch, 2016). Despite this, self-assessment can still be valuable for career planning and self-development, helping nurses identify their strengths and areas for improvement.

**Table 3: Empirical Referents and Measurement Indicators competency in Nursing**

Empirical referents	Measurement indicators
Performance Evaluations	Clinical performance, communication, teamwork, and ethical practice(European Questionnaire Tool)
Nurses' self-reported confidence in applying theory to practice, communication effectiveness, and use of evidence-based care.	Cognitive, interpersonal, and technical skills.(Competence Inventory for Registered Nurses (CIRN))
Competency Checklists	Professional practice, critical thinking, management of care, and collaborative practice.(Australian National Competency Standards for Registered Nurses)
Demonstrated capacity for leading care teams, supervising juniors, and using advanced clinical judgment.	Advanced clinical skills, leadership, and mentoring roles(Competence Scale for Senior Clinical Nurses)
Competence in integrating emotional, spiritual, physical, and psychological dimensions into care.	Emotional intelligence, patient-centered care, ethical conduct, and holistic health promotion.(Holistic Nursing Competency Scale (HNCS))

Measurable indicators to assess nursing competency include:

**Performance Evaluations:** Regular assessments of nursing practice by supervisors or peers.

**Competency Checklists:** Tools used to evaluate a nurse's proficiency in essential clinical skills.

**Standardized Exams (e.g., NCLEX-RN):** National licensure exams that measure essential nursing knowledge and skills.

**Peer and Patient Feedback:** Evaluations from colleagues and patients that provide insights into a nurse's effectiveness and professional conduct.

**Simulation Assessments:** Clinical simulations designed to assess a nurse's decision-making, technical skills, and ability to respond to complex scenarios. The Nurse Competence Scale (NCS) is commonly used for self-assessing nursing competency. It includes seven subscales and consists of 73 items. Nurses rate their

competency on a Visual Analogue Scale (VAS) from 0-100, with higher scores reflecting greater competency levels. The Knowledge and Skills Framework, established in the UK, emphasizes that healthcare practitioners must demonstrate ongoing professional development through continuous self-assessment against a defined set of competencies (Garside & Nhemachena, 2016).

Given that competency is context- and time-specific, ongoing professional development and regular updates to qualifications are critical. "Date-stamping" qualifications every 5-10 years and incorporating performance feedback are important strategies to maintain competency (Liu & Aunguroch, 2016). Overall, the need for new and more precise tools for measuring nursing competency is evident.

## 11. Discussion

The current findings from this concept analysis highlight that competency in nursing practice is

fundamentally the ability to provide safe, effective, and high-quality patient care. There is considerable professional freedom in how nursing competency is defined, with different perspectives shaping its interpretation. Nursing competency is not something that can be achieved overnight but requires continuous updating of knowledge and the maintenance of evolving technical skills, along with affective and cognitive characteristics. These are essential for preserving competency in nursing practice. Moreover, competency should not be assessed based on the ability to perform a vast array of tasks; rather, it should focus on key abilities necessary for professional performance (Liu & Aunguroch, 2016; Garside & Nhemachena, 2016).

In this analysis, competency is defined as the capacity to execute tasks and responsibilities effectively, incorporating the necessary knowledge, skills, and judgment. This aligns with the International Council of Nurses (ICN, 2009) definition, which emphasizes that nursing competency is initially rooted in the knowledge and skills of nurses. The definition is also in line with a holistic view of competency, incorporating cognitive, psychomotor, technical, and interpersonal skills, as well as personal traits and attitudes (Liu & Aunguroch, 2016).

Several antecedents contribute to developing and maintaining competency in nursing practice. Educational preparation is paramount, and integrating competency development into nursing curricula is crucial for ensuring that nurses are well-prepared to meet the demands of their profession (Liu & Aunguroch, 2016). Workshops and training for nursing instructors also support the maintenance of competency levels. Administrative support and adequate funding are vital for sustaining competency initiatives in nursing education and practice (Liu & Aunguroch, 2016).

Additionally, work environment variables such as a supportive organizational culture and leadership that encourages continuous learning, mentoring, and professional development are significant factors that affect nursing competency. By fostering such environments, nursing managers can enhance the competence of their teams, leading to improved patient care and nurse satisfaction (Liu & Aunguroch, 2016).

Recent research has also highlighted the positive outcomes associated with competency in nursing practice. These include reduced medical errors, lower healthcare costs, and enhanced patient safety (Garside & Nhemachena, 2016). Competent nurses are also better equipped to make sound clinical judgments, thereby improving patient outcomes and enhancing accountability and self-reflection in their practice (Liu & Aunguroch, 2016).

## 12. Implications of the Findings

The findings from this analysis have broad implications for nursing practice, education, research, and healthcare organization planning. In practice, emphasizing competency is essential for effective clinical nursing. A well-defined concept of competency provides the foundation for delivering competent care. For nursing education, in-service training and competency-based learning programs are crucial for updating nurses' knowledge and skills (Liu & Aunguroch, 2016). Educators should incorporate competency development into nursing curricula, and policies should continue evolving to reflect this approach.

Further research is needed to examine the impact of nursing competency on health-related outcomes. Objective methods for evaluating nursing competency, such as peer evaluations, patient feedback, and direct observations, should be prioritized over self-assessment tools to ensure more reliable measures (Garside & Nhemachena, 2016). Healthcare organizations should integrate competency frameworks into their mission and goals, ensuring that their workforce maintains the required competencies. Offering continuous education, training programs, and professional development opportunities will be critical in fostering a competent nursing workforce.

## 13. Study Limitations

This concept analysis has certain limitations, including the lack of a clear strategy for defining the uses of the concept within Walker and Avant's eight-step methodology. Additionally, the constructed cases presented in the analysis were created artificially and may not fully capture real-world contexts. However, despite these limitations, the current analysis offers valuable insights into nursing competency and



provides a foundation for developing a shared language to distinguish competency from similar concepts like competence.

## 14. Conclusions

Nursing competency is a complex concept that bridges gaps between theoretical knowledge, education, and clinical practice. There is a lack of consensus on some aspects, particularly regarding a clear and unified definition of competency. The current analysis defines competency as the ability to perform assigned tasks with the necessary knowledge and skills to provide safe, effective, and quality care. This definition aligns with the ICN's framework and reflects the holistic view of competency.

Concept analysis is an essential tool for advancing nursing research. The outcomes of this analysis clarify the defining characteristics of nursing competency, which are crucial for shaping clinical practice. By examining the attributes of competency in nursing practice, we can better understand what constitutes effective nursing practice and develop strategies to enhance it.

The characteristics and attributes identified in this concept analysis are crucial for ensuring safe and high-quality nursing practice. The study examined the definitions, uses, attributes, antecedents, and consequences of "competency in nursing practice," offering a clearer and more specific understanding of the concept. Key defining attributes of nursing competency include knowledge, self-assessment, and its dynamic nature. The antecedents required for competency in nursing practice encompass education, knowledge, skills, and abilities, along with established standards of behaviour, positive attitudes, and a sense of responsibility for applying knowledge. Additionally, factors such as work environment, professional-related elements, and sociodemographic variables play a role in competency.

On a broader scale, 11 components of nursing competency were identified globally. The common outcomes associated with competency in nursing practice include reduced serious medical errors, enhanced patient safety, improved patient outcomes, and better nurses' decision-making, self-assessment, and accountability. While many existing tools assess competency from the perspective of professionals, there is a need for new tools that also evaluate

competency from the viewpoints of patients and healthcare administrators.

## 15. Constructed Cases

Constructed cases help clarify the application of competency attributes in different scenarios:

### Model Case:

Sara is a registered nurse with five years of experience in a tertiary care hospital. She regularly attends workshops to enhance her clinical knowledge and has recently completed a certification in critical care. During her shift, she encounters a patient with rapidly deteriorating vitals. Drawing from her updated knowledge and clinical experience, she quickly assesses the situation, initiates the appropriate interventions, and communicates effectively with the medical team. Later, she reflects on the situation in her professional journal and discusses it during a peer review session to improve future responses.

### Model Case (All Attributes Present)

Sarah, a registered nurse with five years of experience, consistently demonstrates nursing competency in her role on a post-operative ward. She exhibits:

**Knowledge:** Sarah uses the latest evidence-based practices to monitor patients post-surgery, ensuring early detection of complications.

**Self-assessment:** Sarah regularly reflects on her performance and engages in peer feedback, identifying areas for improvement.

**Dynamic Nature:** She attends continuing education courses on new surgical procedures and pain management techniques.

**Action-Oriented:** Sarah responds quickly to a developing complication, taking prompt action to ensure patient safety and well-being.

### Borderline Case (Some Attributes Present)

Lina, a nurse with two years of experience, provides competent care but struggles with self-assessment. While she follows protocols and applies her knowledge, she rarely engages in reflection or actively seeks opportunities for professional growth, limiting her development of competency.

## Contrary Case (Lacking Attributes)

Jake, a newly hired nurse, frequently neglects essential patient assessments and lacks the initiative to improve his practice. His inability to reflect on his actions and learn from experiences results in unsafe care, showing a significant gap in his competency.

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