

FORMULATION A MODEL OF COMPETENCY DEVELOPMENT FOR NURSES IN THE CONTEXT OF VIETNAM: FROM EXITING TO NEEDED COMPETENCY

Do Thi Ha*, Khanitta Nuntaboot**

ABSTRACT

The purpose of this article is to share the experiences of the development and describe the contents of the model framework for competency development of nurses within the context of Vietnam. A qualitative study, ethnographic approach was conducted on 41 participants who are nurses, other healthcare professionals and relevant stakeholders. Data collection methods were participant-observation, in-depth interviews and focus group discussion. Qualitative content analysis model was used for analyzing the data. The Model of Competency Development of Nurses was developed from the results generated from research that identified the gaps among the three competencies, including needed competencies of clinical practice nurses, core competencies of Vietnamese nurses which is considered as national competency standards, and existing competencies of clinical practice nurses; factors influencing competency development; and journey of competency development of nurses. The Model is expected to provide process of changing competencies of nurses practicing in clinical context from existing competencies to needed competencies, which considered the ultimate goal of competency of nurses.

Keywords: *Model, Competency development, nurses, Vietnam*

I. INTRODUCTION

Nursing workforce accounts for half of all health care professionals and have a vital role

in how health actions are organized and applied in many countries¹. In the past years, the health care system in Vietnam has continuously reformed, but nursing qualities have been affected by a shortage in human resources and not-standardized educational programs. Both adequate educational preparation of nurses and a high level of nursing competency are still lacking in health care sectors. These deficits may be the factors responsible for low quality nursing care². In nursing education programs, the basic techniques of nurses are trained; however, these programs only go so far with regard to the dissemination of knowledge and skills. While they do provide a foundation, there is still a need to explore how the nurses who are working in clinical settings gain a higher level of knowledge and skills required for competency and how competency of nurses can be developed. All nurses are adults, they might develop these higher levels of knowledge and skills which go beyond the basic knowledge and foundational technical skills through a range of learning possibilities.

There are different levels of competencies and many factors such as personal characteristics, nursing education levels, motivation of working among nurses, working environment, healthcare relevant policies that influence the levels of competency among nurses as well as the nurses' abilities to develop their competencies. Moreover, the patient's condition, the nurse's level of knowledge, the

* *University of Medicine Pham Ngoc Thach, Vietnam*

** *Khon Kaen University, Thailand*

Responsible person: Do Thi Ha

Email: doha@pnt.edu.vn

Date of receipt: 15/2/2023

Date of scientific judgment: 15/3/2023

Reviewed date: 22/3/2023

accessibility of resources, and the composition of clinical environment can all have an impact on nurses' competencies³. Results shaped from the research that identified the gaps among the three competencies, including needed competencies among nurses practicing in clinical settings, core competencies of Vietnamese nurses which is considered as national competency standards, and existing competencies among nurses practicing in clinical settings; factors influencing competency development; and journey of competency development of nurses, a Model of Competency Development of Nurses was developed in order to provide process of moving competencies of nurses practicing in clinical context in Vietnam from existing competencies to needed competencies, which considered the ultimate goal of competency of nurses.

II. METHODS

A qualitative study, ethnographic approach with purposeful sampling method on forty-one participants was applied. The participants included nurses, nurse managers, administrators, healthcare lecturers, medical doctors, medical technicians, patients and family relatives in Ho Chi Minh City. In order to gain deeply and fully understanding of nursing competency, participant-observation, in-depth interviews, and focus group discussions were conducted for data collection. Data were gathered during fieldwork primarily through observations, both general observation and participant-observation. The researcher went to the clinical settings to observe actions and behaviors of nurses in their natural settings and daily working as a nurse. After

establishing a close relationship with the participants, in-depth interviews were used to interview each participant and conducted focus group discussions. Data generated from the study were analyzed and compared to formulate the model.

III. RESULTS

Generating from the research findings, the gaps among the three competencies of nurses, influencing factors of competency development and the way identified to develop nurses' competencies, a holistic process model of competency development among nurses has been proposed in order to provide a process framework for changing competencies among nurses practicing in clinical setting from lower status (existing competencies) to advanced position (needed competencies).

The main themes identified as comprising the core components of competencies included: Knowledge, Skills, Attitude and value-based nursing practice, Legal and ethical competencies, Transcultural competencies, and essential attributes of nurses. The two ways, both formal and informal learning, in order to develop competencies among nurses were identified. Numerous elements, including those related to Vietnam's nursing education and training system, nurses' working environments, the public's perception of and values for the nursing profession, the qualities of nurses themselves, the Vietnamese nursing profession, social, economic, and political features of Vietnam, as well as worldwide contexts, had a positive or negative impact on the process of developing nurses' abilities.

Beside the similarities, there are still big gaps emerged between the contents of the

needed competencies among nurses practicing in clinical settings (NCN), core competencies of Vietnamese nurses (CCVN) and existing competencies among nurses practicing in clinical settings (ECN). Among the three competencies, the Needed Competencies are more valuable to the real practice in clinical settings within the context compared to the CCVN and ECN. The CCVN is more general and not specific applicable in clinical settings as well as minimum requirement that nurses in all settings need to meet the competency

standards. Existing competencies among nurses, who are working in clinical settings, generally serve several limitations compared to both CCVN and NCN. In the other words, nurses do not meet competency requirements both national standards and needed competency expectations. In order to close the gaps, nurses need to develop their own competencies because they want to change the status of existing competencies to the needed competencies. The Model of Competency Development is therefore developed.

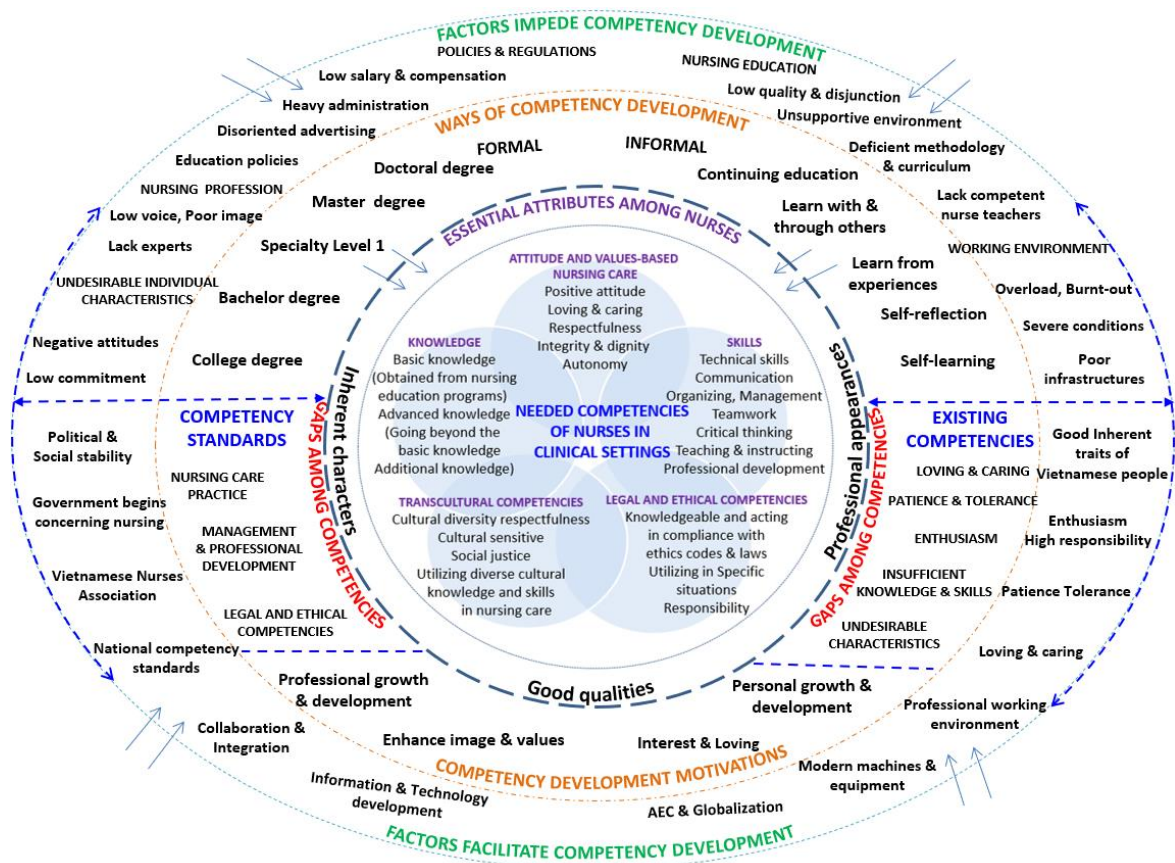


Figure 1. The Model of Competency Development among Nurses

The Model consists of three main components. The first component addresses the gaps among the three competencies. The second component highlights the strategies

of moving from existing competencies to needed competencies among nurses and the third one addresses the factors that influence on the development of competencies among

nurses, including both barrier factors and facilitating factors. These three components of the Model are interrelationship (Figure 1).

1. Gaps among the competencies

The dark central circle presents the Needed Competencies of nurses practicing in clinical settings which are considered as ultimate expected competencies. There are five main themes of the needed competencies include (1) *knowledge*, (2) *skills*, (3) *attitude and value-based nursing practice*, (4) *legal and ethical competencies*, and (5) *transcultural competencies*. There are several dimensions or sub themes that are included in each main theme. Such as, basic and advanced knowledge are further two dimensions of theme of knowledge or technical skills, communication skills, organizing and management skills, teamwork skills and interrelationship, critical thinking skills, leadership skills, teaching and instructing skills, and professional development skills are further sub themes of theme of skills. The competencies among themes are often overlap and reciprocal interaction. In addition to these five main themes, *essential attributes* of a nurse are the indispensable catalysts for holding all the elements together to form a competent nurse. These attributes are seemed as the inherent traits that a nurse must intrinsically possess and are those traits that cannot be obtained in the same manner as knowledge or skills. These attributes include inherent characters of nurses, good individual qualities, and professional appearances which are placed surrounding the five main themes. The inherent traits of a nurse are indicated that play a decisive role in shaping the morals, attitudes, values, and ability of a nurse. It is important to note that several essential individual characteristics are overlap with the

needed competency requirements. The essential attributes among nurses are seen as special domain of nurses' competencies which guarantees for the forming of a nurse's competencies. The needed competencies among nurses therefore consist of the five main themes as presented and a special domain, essential attributes of nurses.

The Competency Standards (CCVN) and the Existing Competencies (ECN) are presented in the lower part of the second circle.

The Competency Standards, on the left side, which was regulated in 2012 by the Ministry of Health of Vietnam, consists of three main themes, including (1) *nursing care practice competencies*; (2) *management and professional development competencies*; and (3) *legal and ethical competencies*. The first theme consisted of 15 sub themes (competency areas) regarding nursing care practice competencies comprising 60 competent indicators while the second theme consisted of 8 sub themes in management and nursing professional development which comprised 43 competent indicators and the last one included 2 sub themes regarding legal and ethical competencies of nurses which comprised 7 competent indicators. The CCVN is applied for college and bachelor of nursing levels in both clinical setting and community⁴.

The Existing Competencies are located on the right side. There are some strengths and valuable qualities of nurses as inherent of Vietnamese women including loving, caring, enthusiasm, patient, tolerant and high-pressure suffering capacities. However, besides the strengths, there are several limitations of existing competencies among nurses. There are insufficient of needed knowledge; limitation of skills requirements

such as communication skills, critical thinking skills, patient advocacy capacity; negative attitudes and low commitment to nursing; undesirable individual characteristics such as lack of autonomy, low self-confident, busily appearances, lack of unite among nurses; limitation of cultural competencies as well as nurses' daily practice somewhat are not in accordance with nursing care procedures, ethic codes, or regulation principles.

There are gaps emerged among the above competencies. While the CCVN is general, the NCN is specific applicable in clinical settings. The CCVN addresses minimum requirements that nurses in all settings need to meet the core competency standards; the NCN requires higher level of competencies, not only basic but also advanced knowledge and skills, requires nurses practicing in specific clinical settings need to meet. Nurses' positive attitudes and values, the vital aspects which facilitate nurses having great motivation to perform their tasks well, are not presented clearly in the CCVN, while they are one of main theme in the NCN. What's more, transcultural competencies are also strongly stressed in the NCN. The essential attributes of nurses, indispensable catalysts to form a competent nurse, emerges as a special and new knowledge in the NCN.

The existing competencies among nurses are poorest compared to both the CCVN and the NCN. Besides some strengths and valuable qualities of nurses as presented, there are several limitations emerged in the ECN, including insufficient of needed knowledge; limitation of skills requirements; negative attitudes and low commitment to nursing; undesirable individual characteristics; limitation of cultural competencies as well as somewhat violation

of nursing care procedures, ethic codes, or regulation principles during nurses' daily practice. In general, nurses practicing in clinical settings have not meet competency requirements yet.

The Needed Competencies is more adequate and clearer with the new knowledge addressed among the three competencies addressed above. The knowledge in the NCN is generated from the real situation in clinical settings with an ultimate expectation from multiple groups of stakeholders regarding competencies of nurses. Therefore, the Needed Competencies are more valuable to the real practice of nurses in clinical settings within the clinical context compared to the CCVN and ECN. The Needed Competencies thusly become the goal of nurses' competency development process.

Aforementioned, nurses who are practicing in clinical settings generally are not up to competency requirements. This becomes one of the most important motivations encouraged nurses to develop their own competencies in order to close the gaps with the goal of their competency achievement is Needed Competencies.

2. Process of competency development among nurses

The second circle of the Model of Competency Development is most important in which the journey of developing competencies of nurses from existing competencies to needed competencies is addressed. The Motivations of Competency Development among nurses are shown in the lower part's middle of the second circle in the Model. There are numerous of reasons encouraged nurses to develop their own competencies. These are a need for professional growth and development, including enhancing quality of nursing care;

for personal growth and development, including achieving needed competencies and grade level required in nursing; enhancing nursing image and values; and because of loving patients and interest in nursing. These motivations are interrelated.

The Ways of Competency Development of nurses are located in the upper part of the second circle. On the journey of closing the gaps between existing competencies and needed competencies, nurses apply formal and/or informal learning strategies to improve their competencies. Nurses upgrade their nursing level by attending higher nursing education programs in nursing schools identified as formal learning. The programs include associate degree; bachelor degree both full time and part-time education; specialty level I in nursing; master of nursing science, and doctoral degree. There are several types of informal learning strategy both in-service and out-services that nurses apply, including continuing nursing education; learning with and through others (colleagues, role models, mentors, patients, and family members); learning from experience and self-reflection process; learning from mentoring or coaching; and self-study such as access relevant information from internet, books, mass media.

However, on the ways of changing competencies from lower level, existing competencies, to advanced level, needed competencies, nurses experience with numerous of factors that impact on their competency development journey. These influencing factors are addressed in the third circle of the Model.

3. Factors influencing process of competency development among nurses

The third circle of the Model addresses factors that impact on the Competency Development Process of nurses. There are several factors that impede or facilitate the journey of nurses' competency development. The barrier factors are addressed in the upper part meanwhile the facilitating factors are in the lower. It is important to note that some factors are both barrier factors and facilitating factors.

The impediment factors are pertinent to Vietnam's system of nursing education and training, workplaces, public perception and values of the nursing profession, personal traits of nurses, the nursing profession in Vietnam, sociocultural, economic, and political aspects of Vietnam, as well as global contexts. Numerous aspects of nursing education and training system that negative impact on competency development process of nurses, including low quality of nursing education; disjunction between nursing education and nursing practice; lack of competent nurse teachers; unsupportive education environments; inappropriate nursing education curricula. In addition, lack of advanced and specialized training programs to help nurses grow in the field to which they respond and high-pressured working environment also impede the process of developing nurses' competencies. There are many factors that contribute to high workplace stress, including crowded patients with severe disease and illness conditions, inadequate facilities or infrastructure limitations, a lack of nurse resources and nurse experts, overly administrative procedures, and expectations for unrelated nurse tasks. Overloaded working environment roots nurses could not care for patients carefully as their expectation; have short time to communicate

with patients; have less time to make their self-reflection and learning; become one of the causes that lead nurses to violate nursing care procedures, nursing ethics codes as well as principles. A stressful work environment has a harmful psychological and physical impact on nurses. Every day, nurses must complete a number of unconnected jobs, which leaves them feeling dissatisfied and stressful. All these aspects hinder competency development process of nurses.

Negative public image and values of nursing profession has a vital role in influencing competency development among nurses. People in the community nowadays still view nursing in a negative way and they do not understand nurses' job. They just viewed nurses are as assistants of the physicians with low knowledge and less worth and nurses must to perform according to the physicians' orders. Consequently, nurses are not respected and worthless by the community and their efforts are not recognized which has a critical negative impact on the competency development process of nurses by sinking their competency development motivations. Besides, unequal position and relationship among physicians and nurses also consequently impact to nurses' competency development process because of dissatisfaction and persecution complex among nurses.

Numerous matters pertaining to national and public policies, as well as laws and regulations, have an effect on how nurses build their competences. The policies and rules mentioned have to do with nursing education, working conditions, compensation for nurses, and promotional tactics. Nurses' performances at work and prospects for competency development suffer as a result of

their necessity to work part-time jobs to make ends meet due to their low income. In addition to receiving wages that are too low, nurses must pay tuition and other costs associated with upgrading their professional qualifications, making it harder for them to increase their competency. Besides, policies and regulations relevant to nursing education and training also impact on competency development of nurses. The nursing education mechanisms applied are not appropriate. Regarding laws and rules that are important to nursing practice and education, there are many disagreements. In the interim, a number of private institutions have been permitted to teach nurses, but the effectiveness of nursing education and training as well as the results were uncontrollable. These factors consequently strongly negative impact to nurses' competencies. Heavily nursing administrative procedures contribute to the increase of overload working of nurses which in turn contributes to the breaking nursing care procedures, ethics codes, and principles as well as constrains competency development of nurses. Furthermore, several regulations and principles have been applied and required nurses need to follow meanwhile lack of supports and facilities which also impact nurses' distress and weary causing lose motivations and energies to improve their own competencies.

The nursing profession in Vietnam has many limitations that diffuse impacts on nurses' competency development, including low voice; poor image; dependency. Additionally, the traits of nurses themselves played a key role in enhancing individual competences. These traits included a lack of professional knowledge and abilities, a negative attitude, a lack of commitment to

nursing, or unattractive personal traits such being insecure and independent. Besides the factors that impede the development of competencies among nurses, interestingly, there are several facilitate factors that contribute positively to the journey of developing competencies among nurses practicing in clinical settings, including the good qualities of Vietnamese women; the quickly growth of the Vietnam Nurse Association; the presence of competency standards nationally; stability of political system in Vietnam; changing and improving of information and technology; modern medical equipment; integration of Asian and global, and so on.

The majority of nurses in Vietnam are female, and Vietnamese women are known for their diligence, perseverance, hard work, patience, love, and compassion as well as their high levels of tolerance and endurance. The development of nurses' competencies would benefit from these strengths, which are especially valuable in high-stress working environments. The Ministry of Health's regulations and principles as well as clinical environments like the host line encourage nurses to engage in critical thought, self-reflection, re-examination of successful practices, and competency improvement in order to meet standards. The knowledge created strongly suggests that in addition to developing appropriate strategies to control and manage the obstacles of nurses' competency development processes, strategies to maintain, improve, and take advantage of every facility condition are strongly advised in order to close the gaps between existing competencies and needed competencies among nurses practicing in clinical settings.

IV. DISCUSSION AND CONCLUSION

Nurses are critical to deliver on the promise of “leaving no one behind” and the global effort to achieve the Sustainable Development Goals (SDGs). They play a significant role in achieving national and international goals for a variety of health priorities, such as universal health coverage, noncommunicable diseases, mental health, disaster preparedness and response, patient safety, and the provision of integrated, people-centered care. Investment in nurses will support the SDGs for health as well as those for education, gender equality, decent work, and economic growth¹. A lack of competency among nurses will therefore have substantial negative effects on nursing care and patient outcomes.

Nursing, as a professional and academic discipline, requires the development of a distinction body of knowledge applicable to nursing practice⁵. Professionals are valued by society because the services professionals provide are beneficial for members of the society. The rapidly changing in sociocultural-economic, health care needs and demands as well as the impact that the Western biomedical model has on healthcare delivery in Vietnam. The Western Biomedical Model often is in conflict with the health beliefs of many different racial and ethnic groups who enter the healthcare system and who require nursing care⁶.

The Model of Competency Development provides a process of changing competencies of nurses in clinical context from existing competencies to needed competencies. In this Model, needed competencies become the ultimate goal of competency development process of nurses. On the journey of closing the gaps between existing competencies and needed competencies, nurses apply both formal and/ or informal learning strategies in

order to achieve the goal, existing competencies. The Model also identifies numerous of factors that impede and facilitate the process of competency development of nurses. Vietnam's complicated educational reform initiatives and the transition to competency-based education are also taking a very long time. These also impact on the shift of nursing towards an autonomous profession⁷. Appropriate strategies are needed in order to support nurses practicing in clinical settings to reach the goal.

Benner's competency model from novice to expert has proved to be highly influential in providing a theoretical framework for the development of clinical ladders since competency is regarded as a stage on a continuum developed and advanced with clinical experience, and it tends to differentiate competency distinctions in the different levels⁸. The COPA model of Lenburg also offers a framework for evaluating a wide range of core competencies necessary for nursing practice. Eight fundamental competencies of nursing practice are represented by the model, including assessment and intervention skills, communication skills, critical thinking skills, leadership and care-giving abilities, and knowledge integration abilities⁹. The clinical organizations can use the Model as a framework to facilitate nurses changing their own competencies from lower status (existing competencies) to advanced condition (needed competencies). To do such changing, the Model firstly is used to identify both existing competencies that the nurses are holding and needed competencies as a goal for competency development process among nurses in real situation in certain clinical context based on the contents of the needed competencies. The gaps between

existing and needed competencies of nurses are then identified. This Model, which also includes the ways that nurses apply in order to shift competencies from existing to expected condition, is used for addressing appropriate strategies process for nurses to develop their own competencies. Furthermore, the Model is also used to identify what factors that obstruct or facilitate the competency development process among nurses in order to enable the clinical organization planning and implementing appropriate strategies to solve and manage the barriers as well as strengthen the facilitating factors in order to support the nurses reaching the goal.

The Model can enable nurses in assessing their own competencies in order to identify their actually competency level that they are holding; what competencies they need to improve; and how to improve their competencies. Nurses can also use the Model as a framework to identify their own strengths and limitations that affect the journey of their competency development and find solutions to solve the issues. It can be also used by all other healthcare personnel such as physicians, medical technicians, and significant others in assisting nurses to achieve the ultimate goal. The Model also provides a comprehensive, systematic and concise process framework to assist healthcare administrators such as nurse administrators or hospital authorities in establishing intervention strategies in order to shift nurses' competencies to be advanced position. Nurse administrators and authorities can use the Model to develop clinical assessment tools in compliance with the reality circumstances to assess nurses' competencies and nurses' competency development intervention strategies.

Nurse educators and education institutions can use the process framework to support the clinical services in reaching the goal of competency development process of nurses by identifying and solving the issues relevant to nursing education and training; such as innovating teaching methodology, developing nursing curriculum based on the needed competencies, support nursing services to develop competency assessment tools.

The Model especially provides a holistic process of competency development among nurses practicing in clinical settings in Vietnam to the Vietnam Nurses Association and Ministry of Health of Vietnam, the key stakeholders in making competency development process of nurses to be implemented and changed. The significant authorities of these organizations can base on this Model to innovate the national competency standards of nurses, develop clinical assessment instruments to evaluate competency level of nurses; support nursing services as well as nursing education institutions in applying the Model; advocate to the government in regulating appropriate policies relevant to nursing and healthcare.

The Model provides a framework for policy makers to help them to deeply understand the real situations of nurses' competencies in clinical settings; to realize the impediments of competency development of nurses and quality of nursing practice; to recognize the urgent need to innovate and develop regulations, laws, standards, and guidelines to solve the issues and facilitate the clinical organizations in applying the Model in order to reach the competency development ultimate target.

In conclusion, all relevant sectors, including nursing services, clinical organizations, education institutions, the Vietnam Nurse Association and individuals,

such as nurse staffs, nurse managers, administrators, educators, the clinical organizations authorities, policy makers, and other significant stakeholders can use the Model in appropriate manners to support nurses move from lower competencies status (existing competencies) to reach the ultimate goal (needed competencies).

REFERENCES

1. **World Health Organization (2020).** State of the world's nursing 2020: Investing in education, jobs and leadership. Geneva: World Health Organization. <https://www.who.int/health-topics/nursing>.
2. **Vietnam Nurse Association (2022).** Summary report on activities of the Vietnam Nursing Association for the term 2017 - 2022. National Nursing conference X on 22 October, 2022, Ha Noi, Vietnam.
3. **Ha DT, Nuntaboot K (2020).** Factors influencing competency development of nurses as perceived by stakeholders in Vietnam. *Belitung Nursing Journal*, 6(4), pp. 103-110. doi:10.33546/BNJ.1119.
4. **Ministry of Health of Vietnam (2012).** Core Competency for Vietnamese Nurses.
5. **McEwen M, Wills EM (2011).** *Theoretical basis for nursing*. (4th ed.). Lippincott Williams & Wilkins.
6. **Linda Dayer-Berenson (2011).** Cultural Competencies for Nurses: Impact on Health and Illness. Jones and Bartlett Publishers, LLC.
7. **Ramsbotham J, Dinh H, et al. (2016).** Evaluating the learning environment of nursing students: A multisite cross-sectional study. *Nurse Education Today*, 76(3): 80 -85. Doi:10.1016/j.nedt.2019.05.016.
8. **Benner PE, Tanner CA, Chesla CA (2009).** *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York: Springer Publishing Company.
9. **Lenburg CB (1999).** The framework, concepts and methods of the competency outcomes and performance assessment (COPA) model. *Online Journal of Issues in Nursing*, 4(2), 1-12.