

Hospital nurse competencies: convergences and divergences in evaluation

Competências do enfermeiro hospitalar: convergências e divergências de avaliação
Competencias de enfermeros hospitalarios: convergencias y divergencias de evaluación

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Abstract

Objective: To verify convergences and divergences between the self-assessment of nursing assistants and the assessments of immediate managers from the perspective of the list of professional nursing competencies.

Methods: A descriptive study with a quantitative approach. Fifty-eight nurses from a federal university hospital in northern Brazil took part. Data was obtained using two questionnaires, one for professional self-assessment and one for the assessment of these professionals by their immediate nursing managers. Data analysis was carried out using descriptive statistics, with data centralization in the Microsoft Excel 2016 software.

Results: Nurses adopted Managerial, Assistance, Attitudinal and Teaching professional competencies. The Managerial and Assistance groups stood out the most. Teamwork and Team Supervision were the most prominent Managerial competencies. Most of the competencies identified converged between self-assessment and performance evaluation by service managers. Continuing Education and Team Sizing appeared asymmetrically between the two types of evaluation. Among the care competencies, Systematization of Nursing Care and Clinical Reasoning were the most prominent. The Attitudinal competences were the group with the greatest divergence between the evaluations, followed by the Teaching/Preceptorship competence.

Conclusion: There was evidence of subjectivity in the processes of evaluation and self-assessment of professional nursing competencies in the institution studied, which commonly generate dissonance when they are carried out. Most of the competences identified were in the Management and Care groups, showing convergence between the evaluation of professionals' performance by service managers and their self-assessment.

Resumo

Objetivo: Verificar convergências e divergências entre a autoavaliação de enfermeiros assistenciais e as avaliações de gerentes imediatos na perspectiva de rol de competências profissionais de enfermagem.

Métodos: Estudo descritivo de abordagem quantitativa. Participaram 58 enfermeiros de um hospital universitário federal da região Norte do Brasil. Os dados foram obtidos utilizando-se dois questionários, um de autoavaliação do profissional e um de avaliação desses profissionais por seus gerentes de enfermagem imediatos. A análise dos dados foi realizada por meio de estatística descritiva, com centralização dos dados no programa Microsoft Excel 2016.

Resultados: Os enfermeiros adotavam competências profissionais Gerenciais, Assistenciais, Atitudinais e de Ensino. Os grupos Gerenciais e Assistenciais obtiveram maior destaque. Trabalho em Equipe e Supervisão

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da Equipe foram as competências Gerenciais mais evidenciadas. A maioria das competências identificadas apresentou convergência entre a autoavaliação e a avaliação de desempenho pelos gerentes dos serviços. Educação Permanente e Dimensionamento da Equipe surgiram de forma assimétrica entre as duas modalidades de avaliação. Entre as competências Assistenciais, Sistematização da Assistência de Enfermagem e Raciocínio Clínico foram as mais evidenciadas. As competências Atitudinais foram o grupo com maior divergência entre as avaliações, seguidas da competência Ensino/Preceptoria.

Conclusão: Evidenciou-se subjetividade nos processos de avaliação e autoavaliação de competências profissionais de enfermagem na instituição estudada, comumente gerando dissonâncias quando realizadas. A maioria das competências identificadas estava nos grupos Gerenciais e Assistenciais, apresentando convergência entre a avaliação de desempenho dos profissionais pelos gerentes dos serviços e sua autoavaliação.

Resumen

Objetivo: Verificar las convergencias y divergencias entre la autoevaluación de enfermeros asistenciales y la evaluación de jefes inmediatos bajo la perspectiva del rol de competencias profesionales de enfermería.

Métodos: Estudio descriptivo de enfoque cuantitativo. Participaron 58 enfermeros de un hospital universitario federal de la región Norte de Brasil. Los datos se obtuvieron a través de dos cuestionarios: uno de autoevaluación profesional y uno de evaluación de estos profesionales por parte de sus jefes de enfermería inmediatos. El análisis de datos se realizó mediante estadística descriptiva, utilizando el programa Microsoft Excel 2016 para la centralización de los datos.

Resultados: Los enfermeros adoptaban competencias profesionales gerenciales, asistenciales, actitudinales y de enseñanza. Los grupos gerenciales y asistenciales fueron los más destacados. El trabajo en equipo y la supervisión del equipo fueron las competencias gerenciales con mayor evidencia. La mayoría de las competencias identificadas presentó convergencia entre la autoevaluación y la evaluación de desempeño de los jefes de los servicios. La educación permanente y el dimensionamiento del equipo se presentaron de forma asimétrica entre las dos modalidades de evaluación. Entre las competencias asistenciales, la sistematización de la atención de enfermería y el razonamiento clínico fueron las más destacadas. El grupo con más divergencia entre las evaluaciones fue el de las competencias actitudinales, seguido por la competencia enseñanza/mentoría.

Conclusión: Se evidenció subjetividad en los procesos de evaluación y autoevaluación de competencias profesionales de enfermería en la institución estudiada, que normalmente causan discrepancias cuando se realizan. La mayoría de las competencias identificadas se encontraba en los grupos gerenciales y asistenciales y se observó convergencia entre la evaluación de desempeño de los profesionales por parte de los jefes de los servicios y su autoevaluación.

Introduction

The professionals who work in health services take responsibility for the well-being and vitality of the people who access these services. Dealing with the diversity of illnesses, conditions and situations that involve the health/disease process requires a set of skills and attributes that qualify these professionals for the job.

Competence is evidenced by adequate performance to meet organizational needs, mobilizing the individual's knowledge, skills and attitudes which, when used harmoniously in the professional context, generate positive results in the efficiency and quality of the service provided.⁽¹⁾

Professional competence, in the context of health professionals, is the dynamic and continuous ability to acquire, develop and apply the knowledge, skills and attitudes needed to adequately exercise their professional practice. As such, it defines the level of proficiency required to carry out the responsibilities of the professional category. This process of acquiring competences is longitudinal, i.e. it takes place over time and is characterized by a constant search for improvement, adaptation to changes in the health field and the incorporation of ethical val-

ues and attitudes, which are essential for successful performance in caring for patients and interacting with other professionals.⁽²⁾

Studies point to the importance of professional nursing competencies, such as Ethics,^(3,4) Interpersonal relationships,^(3,5) Communication^(3,4,6-8) and Decision Making,⁽³⁻⁶⁾ for the smooth running of the work, the success of care and the transformation of the nurse's praxis.

Public and private organizations have been looking for professionals who better meet their organizational objectives, as well as investing in the development of professional skills that bring them closer to the organizational culture,⁽⁹⁾ This can be consolidated through a management model adapted to the institutional reality, which focuses on expanding the knowledge, skills and attitudes of its human talent.⁽¹⁰⁾

In order to encourage the development of the competencies needed by civil servants to perform with excellence in the bodies and entities of the federal public administration, Law 8.112/1990 and Federal Decree 9.991/2019, which provides for the National People Development Policy (PNDP), conceive competency as a set of knowledge, skills and behaviors necessary to perform the job or function.⁽¹¹⁾

Considering the complexity of the hospital organization, it is essential to identify and develop skills in the professionals working there.⁽⁸⁾ The organization studied carries out a competency assessment of its professionals as part of the people development process. To this end, it has adopted the competency-based management model through the Growing with Competence Program.⁽⁹⁾ However, this evaluation is carried out in a standardized way for all professionals in the organization.

The lack of a professional competency profile established by the organization for nurses can interfere with the recruitment and selection of professionals suitable for the job, as well as making it possible for professionals with incompatibilities with the organization's culture to be linked to it, or even the need to relocate or dismiss these professionals.⁽³⁾

The role of nurses in these institutions stands out because of the nature of the work they do, involving care, management, teaching and research. Therefore, it is necessary to know the competencies relevant to the reality of their work, in order to identify potentialities and gaps in their work process, creating possibilities and management strategies, with the aim of strengthening existing professional competencies and improving new ones.

Managers also have a responsibility to promote safe, humanized and risk-free work for users, professionals and the organization. To this end, evaluation from the perspective of professional competencies makes it possible not only to identify existing competencies, but also those that need to be developed.⁽¹²⁾

This study is relevant both to the health institution, since nursing is the largest category in terms of number of professionals, and to the nurses themselves, since the development of competencies has a positive impact on the organization's results and on work as a whole. Thus, based on the above, the research question was raised: What are the convergences and divergences between the self-assessment of nurses and the assessment of their nursing managers, from the perspective of the list of nursing competencies?

In this sense, the study aimed to verify convergences and divergences between the self-assessment of nursing assistants and the assessments of immediate managers, from the perspective of a list of professional nursing competencies.

Methods

This is a descriptive study, part of the macro-project Nursing Management: New Approaches to Training and Work at Public Universities and Teaching Hospitals. It was carried out at a medium-sized university hospital in the north of Brazil, a state reference for medium and high complexity, which offers consultations and hospitalizations in various specialties, between 2017 and 2018. At the time of the research, 218 beds, 63 consulting rooms, 7 operating rooms, and 1 intensive care unit, providing services through the Unified Health System (SUS) and had 89 care nurses and 25 nurse managers.⁽¹³⁾ As the hospital does not have a nursing competency assessment process in place, a list of nurses' competencies was first drawn up based on the concept of competency-based management,^(1,14,15) following the operational stages of the Guide to Mapping and Assessing Competencies for Public Administration, consisting of Document Analysis, Content Validation, Semantic Validation and Statistical Validation (Table 1), described in the work by Pontes.⁽¹⁶⁾

The list has 16 competencies divided into four groups according to the list of individual competencies for hospital nurses:⁽¹⁶⁾ Managerial Skills - Team Supervision, Teamwork, Administrative Process, Continuing Education, Leadership, Materials Management and Team Sizing; Nursing Skills - Clinical Reasoning, Systematization of Nursing Care (SNC), Health Education, Developing/Applying Research; Attitudinal Skills - Ethics, Interpersonal Relationships, Communication and Decision Making; and Teaching Skills - Preceptorship. For data collection, two semi-structured questionnaires were administered, with a six-point Likert scale (not applicable, never, rarely, sometimes, almost always, always), available on the SurveyMonkey® platform,

Table 1. Statistical validation of the list of competencies

Competencies	Statistical validation				
	Not important n(%)	little important n(%)	Indifferent n(%)	Important n(%)	Very importante n(%)
Management					
Team supervision	0(0)	0(0)	0(0)	4(9.09)	40(90.91)
Teamwork	0(0)	0(0)	1(2.27)	5(11.36)	38(86.36)
Administrative process	0(0)	0(0)	0(0)	8(18.18)	36(81.82)
Continuing Education	0(0)	0(0)	0(0)	9(20.45)	35(79.55)
Leadership	0(0)	0(0)	1(2.27)	8(18.18)	35(79.55)
Materials management	0(0)	0(0)	1(2.27)	9(20.45)	34(77.27)
Team sizing	1(2.27)	0(0)	1(2.27)	10(22.73)	32(72.73)
Healthcare					
Clinical reasoning	0(0)	1(2.27)	1(2.27)	7(15.91)	35(79.55)
SNC	0(0)	0(0)	1(2.27)	10(22.73)	33(75)
Health education	0(0)	0(0)	2(4.55)	9(20.45)	33(75)
Developing/applying research	0(0)	1(2.27)	2(4.55)	10(22.73)	31(70.45)
Attitudinal					
Ethics	0(0)	0(0)	0(0)	5(11.36)	39(88.64)
Interpersonal relationships	0(0)	0(0)	1(2.27)	5(11.36)	38(86.36)
Communication	0(0)	0(0)	1(2.27)	10(22.73)	33(75)
Decision-making	0(0)	0(0)	0(0)	10(22.73)	34(77.27)
Teaching					
Preceptorship	0(0)	1(2.27)	1(2.27)	10(22.73)	32(72.73)

SNC - Systematization of Nursing Care
Source: Adapted from Pontes.⁽¹⁶⁾

for self-assessment and evaluation, in two stages. At the first stage, all the hospital’s nursing staff were invited to take part in the study. At the second stage, the nurses who took part in the previous stage were evaluated by their immediate nursing managers. Nurses working for the Brazilian Hospital Services Company (EBSERH) and the university were included. Nurses linked to other institutions were excluded, such as those linked to the state and contracted; nurses on leave or with less than a year’s experience at the institution. Some professionals were initially included in the study because they were linked to EBSERH, however, as they were not evaluated by their managers, they could not make up the research sample, as we were comparing the two evaluations.

Thus, of the 89 nursing assistants who made up the population, 31 were excluded, who answered the questionnaire at the first moment, but were not evaluated by their managers, totaling a sample of 58 nursing assistants. The data was analyzed using descriptive statistics, with absolute and relative frequencies, presented in graphs and tables using the Microsoft Excel 2016® software.

The study was approved by the Research Ethics Committee, under opinion 2.165.945/2018 and

Certificate of Submission for Ethical Appraisal (CAAE) n. 69390017.4.0000.0017.

Results

Of the 58 participants, 44 (75%) were female; 33 (57%) were EBSERH employees and 25 (43%) were university employees. In the Managerial Competencies group, considering the “always” score both in the nurses’ self-assessment (43; 74%) and in the managers’ assessment (34; 58.6%), the professional nursing competency most highlighted was Teamwork. When the “always” and “almost always” scores were combined, the professional nursing competence most emphasized in the managers’ assessment was Team Supervision, with 53 (91%) nurses stating that they always or almost always demonstrated this competence. However, in the self-assessment, the professional nursing competence that was most evident was Teamwork, with 43 “always” and 12 “almost always”, reaching a percentage of 94.8%. Among the Managerial professional nursing competencies, the ones that fluctuated the most between scores were Continuing Education and Team Sizing, ranging from “always” to “never”.

Table 2. Managerial competencies in nursing, considering the manager's assessment and self-assessment

Competencies profiles analyzed	NA	Never	Rarely	Sometimes	Almost always	Always
Manager evaluation						
Team supervision	-	-	-	5	25	28
Materials management	-	1	4	8	18	27
Administrative Process	-	1	-	11	23	23
Continuing Education	-	2	4	18	13	21
Team sizing	13	4	3	5	14	19
Teamwork	-	-	-	7	17	34
Leadership	-	-	1	10	21	26
Self-assessment of performance						
Team supervision	-	-	1	6	26	25
Materials Management	-	-	2	10	14	32
Administrative Process	-	-	2	8	27	21
Continuing Education	-	1	2	11	19	25
Team sizing	-	5	3	6	18	26
Teamwork	-	1	-	2	12	43
Leadership	-	-	2	9	24	23

NA - not applicable

With regard to continuing education, the managers felt that two nurses (3.4%) never and four (6.8%) rarely demonstrated it. Among the nurses, one (1.7%) said they never and two (3.4%) rarely demonstrated this competence. In Team Sizing, five (8.6%) nurses self-assessed that they never demonstrated this competence. For managers, it was rated as not applicable by a significant number of 13 (22%) nurses (Table 2).

In terms of care competencies, managers rated SAE as the one that was always evident in nurses' performance, with 24 (41%) ratings. In the self-assessment, Clinical Reasoning was always the most evident. When we consider the union of always and almost always, both for managers (44; 75.8%) and in self-assessment (46; 79.3%), Clinical Reasoning was the most evident. Developing and Applying Research and Health Education were evaluated by 12 (20.7%) nurses as never demonstrated. This fig-

ure was higher when compared to the managers' assessment, and nine (15.5%) nurses were assessed as "never" for Developing and Applying Research and five (8.6%) received "never" for Health Education (Table 3).

In the Attitudinal competencies, there was greater divergence between the nurses and their immediate managers. However, in none of the competences assessed did the sum of "never" and "rarely" reach 20%, either on the part of managers or professionals. In the Ethics competency, 51 (87.9%) nurses said they always demonstrated it, while managers said that 38 (65.5%) always demonstrated it and 19 (32.75%) almost always. However, considering the grouping of "always" and "almost always", both in the manager's assessment and in that of the professionals, the Ethical competence was the most present. For Communication, there were no professionals who rated themselves as "never" or "rare-

Table 3. Nursing care competencies, considering the manager's assessment and self-assessment

Competencies profiles analyzed	NA	Never	Rarely	Sometimes	Almost always	Always
Manager evaluation						
Clinical Reasoning	1	-	1	12	23	21
Developing and applying research	-	9	19	9	7	14
Systematization of Nursing Care	1	2	7	9	15	24
Health Education	-	5	6	9	21	17
Self-assessment of performance						
Clinical Reasoning	-	9	1	2	26	20
Developing and applying research	-	12	11	14	9	12
Systematization of Nursing Care	-	-	7	12	20	19
Health Education	-	12	13	2	13	18

NA - not applicable

ly”, but the managers considered that two (3%) of them never and one (1.7%) rarely demonstrated this nursing competence. As for Decision Making, one (1.7%) nurse said they never demonstrated it. As for Preceptorship, which is part of the Teaching competencies group, in the managers’ assessment, it was never demonstrated by 1 (1.7%) nurse, rarely by 6 (10.3%) and sometimes by 15 (25.8%), totaling 22 (38%) nurses. When assessed by the nurses, the sum of these items was nine (16.5%), of which five (9.8%) said they never demonstrated this nursing skill, three (5%) rarely and only one (1.7%) demonstrated it sometimes.

Discussion

The results showed that, to a lesser or greater extent, nurses adopted professional nursing competencies of a Managerial, Assistance, Attitudinal and Teaching nature. Managerial competences had almost twice as many items as care and attitudinal competences, with teaching being the group with the least evidence. This shows that, in the organization studied, Managerial competencies had been standing out in comparison to the others.

A review study which analyzed the professional competencies of nurses in intensive care units confirmed this, pointing to five of the competencies analyzed in the Managerial groups as important, with the exception of Team Supervision and Administrative Process, which did not appear in the study. Two competences from the Attitudinal group, Decision Making and Communication, were also identified.⁽⁶⁾

Most of the competencies were managerial and care-related, with convergence between the self-assessment of nurses and their immediate managers.

Among the Managerial competencies, Teamwork was the most evident. The need for teamwork is vital among nurses, because the profession has categories of work that develop complementary functions and require teamwork. A study carried out with nurses in Iran between 2019 and 2021 showed a strong increase in this competency after the pandemic period.⁽¹⁷⁾

The process of work is carried out has a direct impact on its outcome. Through this competence, it is possible to assess the existence of conflictual situations between team members and promote their management. To do this, nurses need to use emotional intelligence⁽¹⁸⁾ and other management tools, such as communication, leadership, supervision and conflict management.

Team supervision was also strongly emphasized in this study, as it is a key competence for the smooth development of work and the achievement of the objectives and goals proposed in nurses’ professional practice. It was pointed out as a strategy for the possible solution of problems involving errors and failures pointed out in cases investigated in research into the development of management strategies in nursing students.⁽¹⁹⁾ Another study related to advanced nursing practices pointed to Team Supervision as a recognized nursing practice, among others, in Brazil.⁽²⁰⁾

The divergence in the identification of the competences Continuing Education and Team Sizing by the study participants reinforces the asymmetry between the need for and the presence of these competences in the exercise of the function. It also demonstrates the dissonance between what the professional believes they perform and what their immediate manager considers having been achieved.

The implementation of Continuing Education as a routine professional practice directly confronts two barriers: firstly, the misconception that its appropriation belongs to Primary Health Care. In this way, the protected spaces for its use in hospitals are restricted, weakening the qualification of professionals and the safety of care.⁽²¹⁾ In addition, many educational practices are carried out inadequately, using incompatible methodologies and lacking didacticism and applicability of their products in the professional context of these nurses. This weakness distances professionals from continuing education practices, and it is therefore necessary to adopt practices that present relevant methodology and content and applicability in the context of praxis.⁽²²⁾

As for team sizing, there was evidence of weaknesses in its implementation, as well as the absence of a standardized instrument for this purpose. This

demonstrates the service's vulnerability, given that over-sizing promotes misuse of financial resources and under-sizing generates an inadequate number of professionals, work overload, a propensity for error and failure, conflicts, fragmentation of care, among other things. Thus, good team sizing was identified as an effective way of solving certain problems related to nurses' managerial demands.⁽²⁰⁾

The SAE and Clinical Reasoning competencies were the most evident, both in the manager's assessment and in that of the professionals. Both are fundamental and complementary, SAE as a scientific method and Clinical Reasoning as a cognitive way of directing nurses' professional practice. Brazilian study on the relevance of SNC⁽²³⁾ has demonstrated its role, when properly applied, in strengthening the role of nursing. Other studies^(17,24) emphasize the importance of logical thinking and clinical reasoning based on SNC as a means of making appropriate decisions and acting in a humane, ethical and effective professional manner.

Still in the group of care competencies, Developing and Applying Research and Health Education were, among all the groups, the ones that received the most "never" ratings, both from managers and professionals. This finding indicates the distance that often exists between teaching and service institutions, as well as the common understanding that it is routine for professionals to carry out health education actions.

A study in one hospital showed that nurses from the service had little involvement in scientific research, and also considered the responsibility of teaching hospitals in encouraging employees to develop research.⁽⁸⁾

Attitudinal competencies were the group with the greatest divergence between managers and professionals. Although these competencies are often cited, are widely experienced in professional practice and are discussed in the literature, they are highly subjective and are influenced by cultural, social and individual issues. In this study, most of these competences were assessed as always or almost always present in nurses' practice. However, even if they are not very evident, the weakness or non-existence of these competencies in a single professional

can generate great discomfort and disharmony in the work environment, as well as errors and weaken the safety of care.

The Teaching Preceptorship competency also brought divergences between the assessment of the manager and the professionals. It involves the binomial academic/resident and preceptor, and there are many issues in this relationship, some positive and others negative. A study with nurse preceptors showed that they understood the roles of care and preceptorship as distinct, requiring specific professional nursing skills. It also revealed that the preceptor's experience and skills influence the relationship with the resident.⁽²⁵⁾ Another study pointed out the difficulties experienced by students, especially due to the distance between theoretical and practical teaching methods, but emphasized the importance of this experience for their professional development.⁽²⁶⁾

A Chinese study carried out with nurses from tertiary care hospitals presented results compatible with those of the present study, showing the presence of groups of clinical, managerial, personal and human nursing competencies, including knowledge, leadership, team management, clinical reasoning and others.⁽²⁷⁾ Similarly, a study carried out in a public hospital in Indonesia showed similar groupings of managerial, clinical, personal and technological skills,⁽²⁸⁾ reinforcing the findings of this study and its importance as a tool to support the assessment of professional nursing competencies.

The aim of this study was to contribute to an understanding of the importance of defining professional nursing competencies for the qualification and transparency of professional practice and performance evaluation, as well as to raise awareness of the weaknesses related to the performance of professional nursing competencies essential to their practice and their consequences.

The study's limitations include the fact that it was carried out in a single institution and the size of the sample. We recommend further studies to contribute to the generation of evidence in other institutions, including other levels and complexities of care, as well as in other regions of the country.

Conclusion

Subjectivity still surrounds the evaluation and self-assessment of professional nursing competencies in the institution studied, often generating dissonance when they are carried out. Most of the competences identified were in the Management and Care groups, showing convergence between the evaluation of professionals' performance by service managers and their self-assessment.

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Collaborations

Menegaz JC, Barros ACL, Oliveira SM, Pontes DAFS, Chaves LDP and Camelo SHH contributed to the conception of the study, analysis and interpretation of the data, writing of the article, relevant critical review of the intellectual content and approval of the final version to be published.

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