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Competencies and standards in nurse education: The irresolvable tensions

Freya Collier-Sewell [a,*], Iain Atherton [b], Catherine Mahoney [b], Richard G. Kyle [c], Emma Hughes [b], Kathie Lasater [d,e]

[a] Centre for Culture, Media and Society, Sheffield Hallam University, Sheffield, UK
[b] School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK
[c] Academy of Nursing, Department of Health and Care Professions, Faculty of Health and Life Sciences, University of Exeter, Exeter, UK
[d] Oregon Health & Science University, USA
[e] Edinburgh Napier University, UK

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ABSTRACT

This paper explores the inherent contradiction between the purpose of nurse education – to produce critical thinking, autonomous and accountable future nurses – and the prescription of standards and competencies to realize this goal. Drawing on examples from the United Kingdom's Nursing and Midwifery Council's (NMC) 'Future Nurse' standards, we argue that standards and competencies offer little more than a veneer of protection to the public and that, fundamentally, educational approaches based on 'dot point' formulations are antithetical to conditions in which genuinely critical-thinking, autonomous and accountable practitioners can develop. The purpose of this paper is to raise debate about the hegemony of competencies and standards. For the sake of academic health and the future of the nursing profession, the ubiquity of competency-based education must be critiqued and challenged.

1. Introduction

Competency-based nurse education has failed. Indeed, this educational approach, ubiquitous alongside regulatory standards, has been misguided from its inception. Inherently, it contradicts the very purpose of nurse education: the desire to develop "autonomous" "critical thinking" "future nurses" simply cannot square with a rigid curriculum approach that pre-determines exactly what future nurse 'subjects' should or must look like (Nursing and Midwifery Council (NMC), 2018, p. 3).

Indeed, reducing independent, critical thinking to a series of 'dot point' outcomes, or imagining that such a thing is possible, is not without irony (Erikson and Erikson, 2019). Practitioners must be able to confidently address learning needs specific to their time and place. However, knowledge at the point of registration will never suffice to enable cutting-edge practice across a career. Practice is too diverse and dynamic for any curriculum to be all encompassing. New evidence makes redundant even that which has been studied and learnt. And yet, endeavours to foster the critical thinking skills that could enable lifelong learning, and agility to move with the evidence, are subsumed by the demands of pre-determined competencies that drive content-heavy curricula. Instead of centring the development of abilities that the regulatory standards claim to prize, a competency-based education requires that learners do as instructed. Discussion, debate and self-directed learning – activities which develop critical thinking capacities – are sidelined (Erikson and Erikson, 2019). Worse still, we model task-oriented practice.

In this paper we contend that, contrary to the UK's Nursing and Midwifery Council's (NMC, 2018) 'Future Nurse' standards of proficiency, the continued reliance on competency-based education will simply create nursing's future in the image of nursing past. Redirection is urgently needed. It is on the irresolvable tensions in competency-based nurse education that this paper focuses. Our purpose is not, at this stage, to offer alternative solutions, but to raise the hegemony of competencies and standards as an issue for debate. In doing so, we take up and redirect an earlier paper published in this journal by Pijl-Zieber et al. (2013). We start by outlining why competency-based education has been so alluring. This is then contrasted with what we believe our profession both desires and needs – to develop future-ready practitioners, and to protect the public – but which competency-based approaches

* Corresponding author.
E-mail addresses: F.Collier-Sewell@shu.ac.uk (F. Collier-Sewell), i.atherton@napier.ac.uk (I. Atherton), c.mahoney@napier.ac.uk (C. Mahoney), r.kyle@exeter.ac.uk (R.G. Kyle), e.hughes@napier.ac.uk (E. Hughes), lasaterk@ohsu.edu (K. Lasater).

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undermine. Throughout, we use examples from the NMC (2018) standards to illustrate our contentions. Against a backdrop of fraught debates about the increasing genericism of standards in the UK (see, for example, Connell et al., 2022), we offer a timely and alternative line of argument – that the very convention of standards, not only their content, should be called into question. Though the NMC standards are UK specific, the reliance on standards and competency-based approaches to shape nurse education and practice is of international concern.

2. The enduring allure of competency-based education

Internationally, regulators set out the requirements for nurse registration within their jurisdiction through the defining of standards: lists of competencies or proficiencies which prescribe student "performance and learning outcomes in reaching specific objectives and curricular goals" (Pijl-Zieber et al., 2013, p. 676). The rationale for national standards is straightforward and clearly reflects real concerns of key stakeholders; standards ensure that these stakeholders know what to expect of the registered nurse. Educational providers have the benefit of a clear set of attributes and skills around which to produce curricula and assessments. Members of the public can be assured that the nurse looking after them will be safe in their practice having met the standards set out by 'experts'. And employers will have the product they need, ready to slot into their outstanding vacancies. The benefits would appear to be clear – we know what we need and, by taking a competency-based approach, (we think) we know what we are getting. Ensure standards are met and everyone on the register will have a minimum level of knowledge and abilities; ensure standards are met, and safe, 'competent' practice will assuredly follow (Pijl-Zieber et al., 2013).

No wonder then that standards are so widely accepted. Indeed, it seems there is no possibility, or desire, to move away from them (Pijl-Zieber et al., 2013). Yet it is the ubiquity of competency-based standards that is so problematic. It has made competency-based education appear essential and natural when, in fact, it is a choice, and a choice with very real practical and ideological ramifications. For the sake of academic health in nurse education, it is vital that the dominance of competency-based education is questioned and critiqued. In the next section, we explore two drivers of nurse education which we believe are valid, but which competency-based approaches undermine.

3. Nurse education: what do we want?

3.1. Developing the future nurse

We agree that the goal defined in the opening passages to the NMC's (2018, p. 3) standards – that of developing the "autonomous" "critical thinking" "future nurse" – is a worthy starting point for nurse education. Our issue is not with the goal itself, but with the means used to try to achieve it. Critical thinking, in a very real sense, is not something which students can be 'taught' through mere instruction, it is a skill and approach to the world that is modelled through education and then developed through trial, practice and dialogue (Erikson and Erikson, 2019).

To engender a passion for questioning and life-long learning requires that we believe in the agency of our student nurses. We need to let go of hubris – as educators, regulators and senior colleagues – that we know the 'one right way' to do things, and instead, see the educational process as co-created by students, where students are active participants in the direction of their development. Top-down directives – what standards and competencies undeniably represent – can never capture the dynamic and nuanced realities of day-to-day practice, whether now or in unpredictable futures. The Covid-19 pandemic has highlighted this unpredictability; demonstrating that it is difficult to foresee – and indeed control – the conditions of nursing practice. Yet, top-down directives mould and constrain the 'subject' into a predetermined form that attempts to rule out unpredictability (Edwards, 2016). Thus, nurse education becomes a process of socialization into the nursing profession which, instead of opening up questioning, plurality and imagination, forecloses on these very possibilities (Foth and Holmes, 2017). The sheer scale of competencies 'packed in' to curricula means that student learning focuses on content over process. This has ramifications for the ability of registered nurses to "fulfil their professional responsibility to continuously update their knowledge and skills" (NMC, 2018, p. 3). When students miss out on opportunities to self-identify knowledge and skills gaps that arise in practice, and to become curious about those gaps, they miss out on opportunities to develop the reflexive and academic acumen to fulfil on their responsibility – we set them up to fail, not flourish.

Just what knowledge and skills will be required of registrants in the future is impossible to predict with certainty. Here, again, the 'dot point' formulation of the future nurse in standards and competencies falls short. From an evidence-based perspective, all we can know is the current state of practice; beyond that is conjecture. Even addressing current needs is fraught with difficulties. Students go on to enter practice in a wide range of settings, across a variety of roles, and with different populations and communities. The sheer diversity of practice challenges codification and the notion that standards could be anything other than shallow or generic (Pijl-Zieber et al., 2013).

What can be said with certainty is that practitioners need humility to recognise that, at any given moment, their knowledge is limited. They will need the confidence and values to practice despite this lack of certainty, as well as the curiosity and critical capacity to identify and address those inevitable knowledge gaps. This will mean asking difficult questions of themselves and others, and not shying away from complexity. We would go further and argue that the profession must be outward looking and engage with wider issues in society; the wellbeing of patients is only affected by our individual practice to a very limited extent. The health of communities is contingent on structural, social and highly-politicised issues that are simultaneously both *beyond the reach* of, and *reach into*, episodes of immediate care. For nursing to fulfil its potential as an aspiredly social justice profession requires outward-looking perspectives and willingness to engage in debate and actions that impinge on wider society. In essence, it requires nurses to become critical nurse-citizens (Giroux, 2022). Yet in already crammed curricula, making room for these kind of discussions is seen as extra, not essential (Rook, 2022).

Our contention to date is that nurse education should, as it claims (NMC, 2018), aspire to develop autonomous practitioners who can think critically and pluralistically, but that the approach of standards and competencies create barriers to realizing this aspiration. We now turn to the tensions that arise when relying on standards and competencies to ensure safe practice.

3.2. Protecting the public

Safe nursing practice and the protection of the public are principal concerns for regulators (NMC, 2018). Nurse education and statements of competence are, in part, mechanisms which assure the public that healthcare workers have met minimum standards of proficiency – as set out by experts – to practise safely (Pijl-Zieber et al., 2013). However, our belief is that this reassurance is misplaced. We base this view on three central concerns: firstly, a competency-based model stands in contrast to accountable practice; secondly, standards encourage over-engineered courses that model undesirable task-oriented practice; and thirdly, the degree to which competencies can ever provide an 'objective' indication of competence is dubious.

Our first concern addresses the contradiction between competency-based approaches and accountability. Nurses should be independent practitioners who are accountable for their practice (NMC, 2018). Practitioners are expected to justify their care through evidence, values and logic. When nurses' practice is formally questioned, claims that actions were a response to the demands of others makes for a weak

defense (Mid-Staffordshire NHS Foundation Trust Public Inquiry, 2013). And yet, students are often taught that they must know *x* or *y* because it is demanded of them. Further, *x* and *y* are taught as if they are correct and categorical. Telling students what they must learn and how they must do things undermines the personal and professional agency required for accountability. Arguably, we send mixed messages: is it 'do as I say', or is it 'use your own judgement'? Whilst the standards provide limited 'cover' or justification for practice, including educational practice, they certainly do create the conditions in which a double-bind between accountability and agency is inevitable.

Our second concern is that competency-based education over-engineers curricula and models undesirable task-oriented ways of working, antithetical to person-centred nursing (Sharp et al., 2017). On one hand, we teach students that, in practice, they should give their patients space and time to do activities for themselves – to encourage mobilization of their resources and promote their independence. We tell students that recognising patients' personhood is essential to person-centred nursing (NMC, 2018). On the other hand, we educate to a series of competencies, modelling a reductionist mode of reflection and critical appraisal, and thus embody the very kind of task-oriented, paternalistic approach that we claim to be discouraging; an approach which, in the name of 'efficiency', moves our interventions from promoting independence to bearing down on it (Sharp et al., 2017). So too with our students. To engender autonomous practitioners, time is needed in an educational space that is supportive, not overbearing; a space of critique, collaboration and shared educational experience that recognises the personhood of students. As a profession, if we want to consistently communicate that person-centred approaches are what the public needs and expects, then we would do well to apply person-centred approaches to learning as we claim to do with patient care.

Our third concern is that competencies provide a false reassurance for fitness to practice. At the point of registration, students are believed to have met the minimum requirements to practice safely. But that is all it is – a minimum. In the example, by the point of registration the nurse will have the ability to "understand" and "challenge discriminatory behaviour" (NMC, 2018, p. 8), who decides what discrimination looks like – the student nurse, the clinical assessor or the patient? What percentage of time must the student demonstrate that they challenge discrimination to 'achieve' this competency? Who decides what being competent here entails? Though objectivity is a goal of standards, they are often not measurable or observable in a uniform way (Pijl-Zieber et al., 2013). Claims to objectivity drop away when standards meet nursing practice, where multiple human subjectivities relate and collide. Where there is scope to test individual skills – usually procedural skills, such as hand washing, venepuncture or wound-dressing – competency 'achieved' in first year does not guarantee competency in second or third year, or post-graduation. Fragmented assessment of skills can only indicate competence at the point of assessment. After that, trust is the only reality.

4. The future of competencies (is no future at all)

We have argued that competencies and standards offer little more than a veneer of protection to the public and that, fundamentally, the prescription of competencies and standards is at odds with the goal of producing genuinely "critical thinking" "autonomous" "future nurses". It is our belief that a marked shift is needed. Nurse education has stagnated and looks little different from how it did in the 1980s. Pedagogy remains largely didactic, with the lecture continuing to serve as a key mode of teaching delivery. Where content is prized over process, it is little wonder that the lecture dominates – universities can easily demonstrate that students are offered information covering all the competencies that comprise the standards. However, the implications of this for developing dynamic, critical thinking individuals – instilled with the necessary skills and enthusiasm for life-long learning – is less clear (Erikson and Erikson, 2019).

Recent care failings in the UK raise questions about the effectiveness of current educational approaches. Why nurses did not raise concerns about poor care in Mid-Staffordshire NHS Trust or at Shrewsbury and Telford Hospital NHS Trust (Independent Maternity Review, 2022) is perplexing, though arguably less so when we consider the directive, top-down culture into which nurses are socialized from the earliest stages of education. The academic stood in front of a class telling students how to behave is not a progressive model of practice. There is a deep irony in lecturing students on accountability whilst, in this mode of delivery, denying the very agency necessary for genuine accountability. Our approach needs to change. Instead of aiming to produce uniform nurses in the image of standards, we could celebrate the potential for plurality of perspectives that student nurses offer to the profession. This is with a view to a more critical, outward-looking profession that harnesses the agency inherent in the individuals that make-up the professional body. We believe educators and academics have a responsibility towards supporting and encouraging more vocal and troublesome professionals who can respond to the changing landscape of society. Though Pijl-Zieber et al.'s (2013) claim that "competence will likely remain key in nursing practice and education for the foreseeable future" has been borne out, we must trouble the idea that the continued dominance of competency-based nurse education is somehow inevitable. This starts with problematising the hegemony of competencies and standards (the purpose of this paper) and establishing dialogical spaces through which we can begin, collaboratively, to tease out the complexities of alternative approaches and re-imagine the future. This paper is our bid to ignite what we believe is a conversation critical to the future of nurse education. Competencies have had their day.

Declaration of competing interest

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