

LETTER TO EDITOR

The Challenges in Reporting Incompetent Practices in Nursing

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Dear Editor,

Professional competency has been proposed as a vital and fundamental component of nursing care provision, but it may not be necessarily easy to achieve (1). It has always been recommended that nurses should understand their professional limitations, which is to exercise only the nursing skills allowed within their scope of practice. A deficiency in knowledge or skills, including communication and collaboration, can harm a nurse's ability to function properly (2) and may negatively erode confidence and trust in the profession. For example, nurses' incompetent communication skills, leading to wrong administration of drugs to patients, have contributed to a disastrous outcome or death (3).

Reporting incompetent practice in itself is considered a professional duty by professional regulatory bodies. However, reporting is often perceived as a high-risk-low-benefit action (4) mainly when it involves any suspicion of incompetent practice whereby reporting such uncertainty may be less straightforward (5). Reporting incompetence presents major challenges whereby when asked about how best to deal with an inept colleague, not many nurses know the answer. Nurses' decisions to raise concerns about practice standards are influenced by factors such as the fear of consequences, labelling and accusation for raising concerns as a disincentive to express concerns.

There are also negative suggestions that presumed nurses' objections regarding their colleagues' bad practice. For some nurses, it is critical that they look out for one another. Additionally, in line with allegiance, nurses do not want to be considered traitors of their own 'clan'. It must be reiterated that incompetence can occur when the contributing factors – such as staff shortage and stressful work environment – outweigh one's ability to manage. As colleagues, somehow, there is a need to

empathise with them and put ourselves in their position. Besides, where is the line between reporting issues and perception of real incompetence? Furthermore, although nurses need not accept a clinical assignment in which they do not feel able to work, sadly, this is not always the case in practice. In several studies, nurses may have been ordered to carry out tasks beyond their scope and competence level (6). Grosso et al. reported that nurses perform a wide range of non-nursing activities in their daily practice below, above, and horizontal to their competencies (7). While this may be one of the reasons why a nurse fails to report a colleague, it is important not to take this notion at face value, especially when several monitoring methods have been developed to enhance nursing competency.

Under the ethics code of the International Council of Nurses (8), nurses must take reasonable measures to protect patients when a colleague threatens their safety. Compromising the acceptable standards of practice is a clear violation of nursing ethics, norms and laws, particularly public trust and confidence in the nurses and the nursing profession as a whole. Failure to report to the superior seems to send the wrong message to the public about handling staff incompetence and improving patient safety. The Nursing and Midwifery Council (9), for example, acknowledges that sometimes, nurses make mistakes. A single clinical incident would not necessarily indicate a general lack of competence on the part of a nurse. Incidents are symptoms of a more significant problem. Instead of pointing the 'symptoms', it seems better in the long term to address the 'causes of the disease' (10). The nursing profession expects the nursing staff to conduct themselves to maintain public trust in the profession by delivering safe and competent care. The professional nursing standards established by accredited organisations and national regulatory agencies are set very high. Therefore, all nurses

must keep them or exceed them so that there is no compromise in their care.

On the other hand, it is equally important that the action of reporting itself is meaningful and results in something good in return are significant. The belief that nurses' concerns will be ignored, not wanting to cause any trouble and fear of retribution or repercussions, is frequently identified as factors that discourage nurses from reporting poor care associated with incompetency or raising concerns about patient safety (11) can lead to abuse and neglect. It would be complicated, however, if the superior were the incompetent one. This reflects the grim issue of hierarchy. Research indicates that organisational structures and dynamics of control in acute care teams are a deterrent for team members to voice concerns and suggestions openly (12).

In summary, no nurse wishes to be labelled incompetent nor get reported for being incompetent. Therefore, it is crucial to note that incompetence should not be quickly dismissed as the individual fault, but rather it is influenced by various factors such as fear of consequences, staff shortage and stressful work environment. Nurses must also accept a professional and ethical responsibility to protect patients from injury, and patient safety and well-being are critical. In truth, the incompetence practice becomes much more complicated in the healthcare context because the patient will be one who will suffer the adversity. Suppose a nurse decides to do nothing to stop a colleague's or management's harmful conduct. In that case, they may be breaching a fundamental professional commitment to promote and protect patients' health and welfare. Furthermore, the goal of reporting is not only about protecting patients from harm, but it is also about helping the individual nurse to receive timely support and assistance to practice safely and ethically. It should also be a collaborative effort with a sense of duty for the patient, as everyone engaged is professionally accountable of their conduct and practice.

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