

# Community Nurse Managers' Views of Incompetent Nursing Practice: An Interview Study

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## ABSTRACT

**Introduction:** Nurses' professional competence is a key factor for the quality of nursing practice, as the competence level directly influences the patient's safety. A lack of competence among nurses raises several concerns and thus contributes to adverse effects of patient outcomes. These concerns, particularly how nurse managers understand and address incompetent practices, have not been thoroughly explored in the local context. **Objective:** The purpose of the study was to explore nurse managers' views of incompetent nursing practice in a community healthcare setting. **Methods:** A descriptive qualitative research was conducted in one single district in Brunei Darussalam with a purposive sample of nine community nurse managers from six healthcare centres. Data collection was by audio recorded of in-depth interviews. These interviews were coded and thematically analysed. **Findings:** The study participants discussed their perspectives on incompetent practice, the reasons for incompetence, and nurse managers' reactions to incompetence. **Conclusion:** The findings show that the standard views of 'incompetent' meant were elusive and inconsistent among nurse managers. Such inconsistency resulted in poor identification and management of ethical issues. Therefore, to ensure consistency, a clear view and understanding of what constitutes incompetent nursing practice must be established.

**Keywords:** Nurse Managers, Brunei, Professional Competence, Community Health Services, Qualitative

## INTRODUCTION

Nurses provide direct patient care activities in the healthcare organisation and have also experienced increased managerial responsibility (1). Furthermore, nurses play an essential role in representing the organisation's competence, whereby their attitudes and behaviour toward patients significantly influence patient satisfaction and their perception of quality of service (2). Nurses are obliged to act personally and professionally to uphold public trust and excellence in the profession (3), providing safe and competent care that is responsive to the patient, family, community and profession while

simultaneously coping with job stress, fatigue and burnout (4). Hence, maintaining clinical integrity is crucial, whereby nurses' knowledge and awareness of professional values influence decision-making and patient care (5).

Nurses' professional competence is a critical factor for the quality of nursing practice, whereby the competence level of nurses directly influences the patient's safety, health status, morbidity, and mortality. Other aspects include the patient's, nurses own-self and the higher authorities' satisfaction with nursing care (6,7). Clinical nursing competencies are essential for providing high-quality patient care; hence it is imperative that nurses achieve a high competence level (8). A competent person must possess the attributes of personable characteristics, professional attitude, values, knowledge and skills, desire to fulfil their professional responsibility through practice and subsequently have the motivation and ability to utilize them and must effectively use them to provide safe, effective and professional nursing care to the patient (9,10). Therefore, a lack of competence among nurses will negatively affect patient outcomes (11-12). Nursing faces a challenge in establishing definitions of nursing

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competency and determining how to measure and maintain competence. Therefore, understanding the competence development process and continuously assessing competence levels of practising nurses influence the quality of care (13).

The Community Health Services' goal in Brunei Darussalam is to provide reliable and comprehensive services that are readily available and appropriate to the community, concentrating on primary health care, school health, treatment and control of diseases, and promoting health (14). Community health nursing involves a holistic approach to patient care where interventions are aimed at individuals, families and groups within a geographic area (15). These nurses carry the key roles and responsibilities as clinician, educator, advocator, manager, collaborator, leader and researcher in the community field (16). Their nursing care focuses on managing and preventing diseases and educating a community about maintaining well-being (17). Nonetheless, in various circumstances, as the nurses have multiple roles and responsibilities, issues such as unsafe storage and keeping the patient's record, nurse-prescribing and medication errors, missed care, and breach of patient's confidentiality may arise (18). Such issues may create a stressful working environment for the nurses, patients, relatives, and other healthcare providers, including the nurse managers. The stressor may also be higher in nurse managers as they are involved in patient care and have supervision responsibilities to their subordinates and management responsibilities to the higher authority (19, 20).

Hence, to develop better insight into incompetent nursing practice, the researchers undertook a qualitative study using semi-structured interviews. The present study was aimed to examine the views of incompetent practice from community nurse managers' perspectives.

## METHODS

### Study Design

A qualitative descriptive study design was undertaken as it was the most appropriate in addressing the research questions. It allows the voices of community nurse managers in Brunei to be heard, thereby creating a real opportunity to explore views of incompetent nursing practice in Brunei Darussalam.

### Research Participants

The study was conducted in six community-based centres in one single district in Brunei Darussalam.

The participants were selected using a purposive sampling technique whereby they were approached by two department nurse managers who acted as gatekeepers. Ten community nurse managers attended the recruitment briefings, and only nine agreed to participate. The participants consisted of nursing officers, senior staff nurses and Staff Nurses with different educational backgrounds (from Post-basic Diploma to Bachelor in Nursing). All participants had experienced the role of managerial duty of the health centre for at least six months.

### Data Collection

This study was conducted in Brunei Darussalam between October 2020 and November 2020. The research team conducted a semi-structured individualised interview whereby six questions was presented in Malay and English. Follow-up questions included examples of incompetent practices that they had encountered, the factors that may have contributed to incompetent practice, the impact of the identified incompetent practices and how the nurse managers managed the identified issues. All interviews took place in a private meeting room within the community-based health centres. The interviews, which lasted between 25 and 50 minutes, were audio recorded.

### Data Analysis

All interviews were transcribed verbatim and analysed using six phases of the thematic process described by Braun and Clarke (21). The first phase involved the research team reading and re-reading to become familiar with its content. In contrast, the second phase entailed coding the transcripts and collating all relevant data extracts for further stages of analysis. The third phase prompted the research team to examine the codes and collected data to establish meaningful broader patterns of potential themes. Phase four involved comparing the themes to the transcripts to ensure they presented a credible story about the data and answered the research question. The fifth phase involved doing a detailed analysis of each theme and defining its scope and focus. Finally, in phase six, the research team combined the analytic narrative and data extracts and contextualised the results in the existing literature. It is critical to highlight that all phases were followed recursively, whereby we moved back and forth between phases. These phases were viewed as a roadmap for analysis, facilitating a complete and in-depth engagement with the data analysis. English words or phrases were used when translating from Malay to English since the source words have an English translation. There were no complicated words or

phrases to translate or interpret.

### Trustworthiness of study findings

The four aspects of trustworthiness in qualitative research are credibility, dependability, conformability and transferability, recognized and applied in this study (22). The participants were guided through interviews using semi-structured open-ended questions, allowing them to speak freely on their views and experiences. The researchers strived to promote dialogue and asked for clarification of the narratives to achieve credibility. The analysis process was conducted in the form of a reflective dialogue between the researchers. To achieve dependability, the research team conducted the interviews. The recordings were transcribed verbatim, and quotes from the participants were presented in the findings to achieve conformability. The participants' age range, level of experience as community nurse managers and qualifications background were broad, thus contributing to the findings' transferability.

### Ethical considerations

Approval was obtained from the Institute of Health Science Research Ethics Committee and Ministry of Health Medical and Health Research Ethics Committee (reference UBD/PAPRSBIHSREC/2020/65). The four ethical principles of respect for autonomy, beneficence, non-maleficence and justice were considered. All participants were given verbal and written information about the aim of the study, about the design, and they were each informed that their participation was voluntary. Participants had the right to withdraw from the study at any time before completing data analysis with the provision that confidentiality would be maintained. The participant information sheet and consent form were given to the participants before the interview was carried out.

## RESULTS

### Findings

A total of nine participants were interviewed during the data collection phase. Three main themes were derived from the participants' experiences in incompetent nursing practice.

#### Theme 1: Views of incompetence

The findings of the study described how the participants viewed the meaning of incompetent nursing practice. In the interview, the majority of

the participants associated incompetence with the standard of practice. This standard was related to the degree of knowledge of the nurses:

*Incompetent practice, in my view, is being inept, lacking abilities, and failing to meet minimum requirements. (Participant 2)*

*Incompetence includes unsafe care practices, such as what we do is not safe for patients and a work ethic that does not follow the standards, such as nursing practice that does not adhere to the Ministry of Health's Standard Operating Procedures. (Participant 7)*

According to the majority of participants, standard practice is already set out by the Ministry of Health. One of the participants, however, described difficulties in meeting set standards. This included missed skills:

*Some nurses have been known to skip steps when administering the vaccination. This is not in line with the seven rights of administering the injection to a patient. (Participant 4)*

Furthermore, the participants recurrently highlighted nurses who were not following the 'proper' SOPs. Standard Operating Procedure (SOP) guidelines were accessible to all nurses working in a community setting, and nurses were expected to adhere to these guidelines:

*The level of experience varies greatly. It also does not correspond to the standard skillset required to provide patient care. (Participant 3)*

One of the participants reported that some nurses were 'taking shortcuts' and skipped the necessary steps to provide care, mainly when performing nursing procedures:

*Incompetent does not always imply that they are inept in the true sense of the word. Maybe they just did not follow the proper procedure. They did not check the respiration rate or pulse rate, for example. Something that some nurses are likely to overlook. (Participant 1)*

#### Theme 2: Reason for incompetency

The second theme sketched the viewed reason for incompetency in nursing practice. The nature and number of tasks were cited as critical reasons for incompetency. The participants perceived that some of the routine nursing tasks were carried out in a rushed manner:

*Some nurses prefer to take shortcuts due to a high*

*workload and too many patients to see in a short period of time. (Participant 7).*

*During an interview with the child's parents, the nurses may seem to ignore the child because they are accustomed to asking the same questions repeatedly and hurriedly. They enjoy asking simple questions like, "Is your child doing well?" They just inquire in this approach while observing the child's behaviour and carefully assessing the child or asking about their issues. (Participant 6)*

The participants also expressed that the inability to accept changes in patient care influenced the nurses' degree of competency. When new SOPs were introduced or current ones updated, nurses were expected to adhere to the changes made or had to keep up-to-date with new skills or procedures that had been introduced. It was clear that some senior nurses were unable to follow the changes:

*Senior nurses seem to be unable to embrace new changes or ways of doing things. They have a habit of doing things the way they used to. They may, for example, fail to document correctly according to the checklist given during nursing home visits, or they may forget. (Participant 3)*

Moreover, some participants stated that accounts of tasks and practices that nurses were still following were outdated. This situation appeared to be related to the different educational backgrounds of the nurses, whether from the school of nursing or college of nursing and whether they were staff nurses or assistant nurses. Hence, some nurses tended to follow the outdated practice of carrying out procedures:

*Nurses may simply follow the previous practice demonstrated by senior nurses. (Participant 4)*

Subsequently, some of the participants identified a lack of self-confidence among the nurses contributing to incompetent practice. Nurses who had not been practising a specific procedure may not be confident in performing the task independently:

*A nurse may appear less confident. For example, if they are administering an injection, they may feel inadequate because they have not done so in a long time. (Participant 5)*

### **Theme 3: Reaction to perceived incompetency**

The third theme related to how the participants reacted to or dealt with nurses deemed incompetent. In most interviews, the participants

strongly believed in taking the initiative through further investigation:

*Some nurses will notify me if they discover a mistake made by a colleague. I would contact the nurse concerned and inquire about the situation to see if he is aware of any errors he may have made and what may have led it to happen. (Participant 1)*

The majority of participants would also monitor the nurses closely. One participant reflected as follows:

*I usually keep an eye on the staff, either by monitoring them or by working with them. I will be able to see how they do things from there. Are they adhering to the standards? This is how I go about things. (Participant 8)*

In some cases, the participants would assess and test the nurses' competence levels:

*For around three months, the nurses will work in pairs with a friend. We will re-evaluate the nurses' competence. We will allow them to practice independently if they can prove a provision of safe care. However, if they continue to practice incompetently, they will be reassigned to other duties for the time being. (Participant 3)*

Additionally, most participants spoke about the best preventive measures to deal with the incompetent practice, which seemed to be a collective concern. They felt that providing courses and training for all nurses regarding the latest skill updates or SOPs could help nurses improve their competency. The participants also held that it is their role to carry out checks on their subordinates. This was to ensure that competency in practice could be maintained:

*Junior and senior nurses require CNE or refresher courses, as well as in-house training. We know that there will always be new SOPs or skills to learn. Nurses who have completed the updated course can share what they have learned with their colleagues. (Participant 6)*

*I often review the patient's notes to see whether the nurses have updated the notes in the system since their visits. Some staff was entering repeated notes. There will be problems if patient admission notes are not updated. For example, other staff may not be aware of the patient's condition. The completed nursing task must be reported accordingly. (Participant 9)*



## DISCUSSION

In the first and second themes of the study findings, the participants identified that one of the factors contributing to incompetency was the nurses' workload, especially during peak hours of the clinic, where the nurses tended to rush to do their tasks. As a result, there is a collective concern among the community nurse managers over the standards of the nursing care itself. Nursing standards of care are essential in establishing the nurses' professional expectations. The standards guide nurses about correct protocol and give them an objective standard to evaluate other nurses and provide consistency throughout the profession to receive quality care. Meanwhile, the participants have associated incompetent practice with missed skills. Missed skills comprised of missed nursing care, short-cuts and were denoted by any aspect of required patient care that was omitted (either in part or in whole), delayed or failed to do something correctly (23). The missed nursing care may also include inadequate staffing and insufficient time to perform nursing interventions (24). Evidently, nurses cut corners to manage their time and workload when faced with time and resource constraints in a busy and challenging clinical environment (25, 26).

Furthermore, adequate staffing should be based on patient acuity and the skill mix required for safe care (27). The previous study has established that nurse managers have a role to play for missed care, whereby greater clarity, efficient management and positive employee relationships can help to minimise missed care (28). Subsequently, managers should be more assertive about appropriate clinical workloads, engage workers in decision making, and follow a structured planning strategy that may otherwise impact patient safety (29).

Meanwhile, the third theme has described how the participants handled the perceived incompetency issues. It was clear that most of them reacted by taking the initiative and carrying out further investigations. In a study that focused on missed care, investigating the causes with the cooperation of nurses and nursing managers was critical in preventing any further missed care. This was done by having a one-to-one discussion with the nurse and determining how and why the issue arose. Furthermore, monitoring the nurse was usually the best option using a buddy system over three months. If the nurse was still deemed unsafe to perform, then other duties were assigned (30).

Subsequently, if the nurses lacked specific nursing

practice skills, they would be required to attend an in-house training talk on the topic. In-house training or lectures were given to all staff for updates relating to the standard of practice. Continuing professional development for nurses is crucial in keeping abreast of rapid changes in patient care due to advances in expertise and technology (31). Furthermore, competency tests were conducted for the affected nurses and all nurses in the workplace. From the above strategies and action taken, it was clear that managers tried to manage any incident or issues internally or reported the matter to the higher nursing administration team for further action. This was similar to a study in Malaysia that stated nurse managers usually relied on three things in managing ethical issues: their skills, the management team or other nurses, or the code of ethics, but in most cases, the latter was the least preferred (19).

A review of the literature has also clarified that incompetent nursing practice exists among nurses throughout the world. Competence does not necessarily mean being an expert as to various levels of competence exist. However, each of these competence levels has a minimum acceptable standard. A nurse might be competent in one skill but not in another, based on their speciality area or background (31). The nurse deemed incompetent in a particular skill should take the experience as a challenge and reflect on the incident. This may build up nurses' confidence and increase their willingness to develop their skills and knowledge. Therefore, the nurses will be more vigilant in practising safe nursing care and not merely transform the incident into a blaming culture. Hence, nurse managers should also create a supportive and non-punitive practice environment where nurses feel their concerns are listened to, and their needs are met (28).

## LIMITATION

The only limitation of the study is that it only focuses on community nurse managers in one single district. Therefore, it is deemed appropriate to include other districts to obtain a more comprehensive view of the topic. Including a broad group of people can help substantiate personal views against others, resulting in a complete picture of the topic.

## CONCLUSION

This study aimed to explore nurse managers' views and experiences in incompetent nursing

practice. The study found that the participants have their views of what incompetent nursing practice is. This includes lacking skills, unsafe nursing practices, work ethics that did not meet the standard of practice and missed care comprised some of the managers' views of the incompetent practice. Heavy workloads, time constraints and lack of self-confidence were implicated as contributing factors to incompetent practice. Furthermore, the participants provided different insights about how the issues relating to incompetent nursing practices were addressed. The reaction was positive, whereby the participants would carry out an investigation and monitor the situations closely. They were generally proactive and took preventive measures before any issues arose. Hence, it is crucial to have a shared view of the incompetent nursing practice to avoid inconsistency and insufficient understanding, resulting in poor identification and management of incompetency. A future study determining what incompetent nursing practice is, specifically in Brunei Darussalam, is suggested. A better understanding will lead to safer, competent and more consistent nursing practice.

#### CONFLICT OF INTEREST

None

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