COMPLIANCE OF NURSES TO NATIONAL CORE COMPETENCY STANDARDS

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Abstract

This study was conducted to determine the compliance of 446 staff nurses to National Core Competency Standards. Based on the results, generally the staff nurses were Nurse 3 assigned at the General Wards, mostly from Hospital D and with work experience of 1 to 3 years; the respondents and their supervisors gave a rating of very high level of compliance in Patient Care, Empowering, Enhancing and Enabling Competencies; When grouped according to work position, there was a significant difference on the level of compliance in terms the competency: Patient Care – Communication, Enhancing and Enabling; in terms of unit of practice / department, there was a significant difference on the level of compliance in terms Enabling Competency; in terms of length of work experience as nurse practitioner, there were no significant difference in any of the 4 Competency Standards; in terms of hospital assigned; there was a significant difference in terms of the competencies: Patient Care, Enhancing and Enabling; lastly, there was a significant differences in the evaluation of the staff nurses and their supervisors in terms of the competencies: Patient Care – Safe and Quality Nursing Care,

Empowering, Enhancing and Enabling; The problems encountered by staff nurses in complying were time constraints, work overload, communication barriers and lack of feedback.

It is recommended that staff nurses should continue to become familiar and updated with the Core Competency Standards. Further analysis of their compliance to competency standards should be done for the basis of planning relevant and targeted educational programs and interventions to enhance nurses' professional competence. With regards to the patients, they should be educated about being active partners in the provision of care through accurate reporting of data and assessment feedback, so that staff nurses will be aware as to how to comply with the care they need.

1. Introduction

Nurses are healthcare professional that plays a crucial role in all aspects of patient-care as they are involved from prevention to treatment and end-of-life care. They are largest group of health care providers and have a key role in promotion of public health (Kemppainen, Tossavainen, Turunen, 2013) and delivering better services (Heydari, Mazlom, Ranjbar and Scurlock-Evans, 2014). According to Benner et al (2010), they must be better educated to deal with the complex patient population that is aging, has increasing levels of chronic disease, and is more acutely ill when accessing health care. As part of the healthcare team, they must always ensure that they give the best care possible. These are necessary for assessing and evaluating their clinical competence which is central to patient care outcomes. As Axley (2008) noted, "competency is clearly more than the mere attainment of skills as it also involves other qualities such as attitudes, motives, personal insightfulness, interpretative ability, receptivity, maturity, and self-assessment." Consequences of having competency included "safety of patients, high standards of patient care, application of core knowledge, and internal motivation for continued care. Furthermore, the absence of competency contributed to serious medical errors, poor patient outcomes, and an inability to make sound decisions. As Hennenman et al., (2010) stated in their work, nurses are in a key position to identify, intercept and correct errors before medication

errors (MEs) affect patients, since nurses are involved both in the dispensing and preparation of medications (in a similar role to pharmacists), such as crushing pills and drawing up a measured amount for injections. These medication errors can be used as a nurse-sensitive indicator of quality and safety of care (Burston et al., 2014).

Actual competencies were specific skills and behaviors important to the role (McCarthy and Fitzpatrick, 2009). Some authors believed that competencies can be learned but some were inherited, that some competencies were skills that decreased when not used, and that some occurred on a continuum (Garman and Johnson, 2006; O'Hearne, 2006; Verma et.al., 2009).

In the Philippines, nurse's competence must be demonstrated in accordance to the Eleven (11) Core Competency Standards for Nursing Practice (also known as the Key Areas of Responsibility) as follows: 1) safe and quality nursing care; 2) management of resources and environment; 3) health education; 4) legal responsibility; 5) ethico-moral responsibility; 6) personal and professional development; 7) quality improvement; 8) research; 9) record management; 10) communication; and 11) collaboration and teamwork (Association of Deans of the Philippine Colleges of Nursing, 2006). The creation of this Core Competency Standards for Nursing Practice served as a unifying framework for nursing education, regulation and practice in the Philippines.

According to the Commission on Higher Education Memorandum Order (CMO) No. 5, Series of 2008, entitled "*Policies and Standards for Bachelor of Science in Nursing (BSN) Program,*" the competencies in each Key Areas of Responsibility have a number of key generic examples of competence performance called indicators. These are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence. The indicators are designed to assist the assessor when using his/her professional judgment in assessing the attainment of the competencies. The indicators further assist curriculum development for bachelors' degrees in nursing or first year of practice programs. These competencies have been designed to be applied to registered nurse practice in a variety of clinical contexts. They take into account the contemporary role of the registered nurse, who utilizes nursing knowledge and complex nursing judgment to assess health needs, provide care, and advice and support people to manage their health: that the registered nurse 1) practices independently and in collaboration with other health professionals; 2) performs general nursing functions, and delegates to, and directs enrolled nurses and others; 3) provides comprehensive nursing assessments to develop, implement, and

evaluate an integrated plan of health care; and 4) provides nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families and communities.

In 2009, the Philippine Board of Nursing created the Task force on Nursing Core Competencies Revisiting Project in collaboration with the Commission on Higher Education (CHED) Technical Committee on Nursing Education with the primary goal of determining the relevance of the current nursing core competencies to expected roles of the nurse and to its current and future work setting. They were also the ones responsible for the release of the National Core Competency Standards based on the 11 Key Areas of Responsibility (KAR). This NCCS served as a guide for the development of the following: 1) *Basic Nursing Education Program in the Philippines* through the Commission on Higher Education (CHED). This is the guide in nursing curriculum development; 2) *Competency-based test Framework* as the basis for the development of course syllabi and test questions for "entry level" nursing practice in the Philippine Nursing Licensure Examination. This leads to unifying framework for nursing practice, education, regulation; Served as the framework in developing test syllabus for nursing profession entrants; 3) *Standards of Professional Nursing Practice* in various settings in the Philippines which served as the framework for developing nursing training curriculum; 4) *National Career Progression Program (NCPP)* for nursing practice in the Philippines which is the basis for advanced nursing practice, specialization, also for public protection from incompetent practitioners, and as a yardstick for unethical, unprofessional nursing practice; 5) *Any or related evaluation tools in various practice settings in the Philippines* which is the tool for nurses' performance evaluation.

In complying with the NCCS, part of the competencies of a registered staff nurse includes the use of clinical reasoning to respond to the needs of the populations they serve and to develop strategies to support optimal outcomes that were most appropriate to the patient or situation while being mindful of resource utilization. To be able to do this, they must acquire skills, knowledge, understanding and confidence in their field of practice to be able to demonstrate how they can meet the increasingly challenging levels of competence inside the hospital. Article VI of the Philippine Law of 2002 (RA 9173), has stipulated under Section 28 that nurse is required to maintain competency by continual learning through continuing professional development in any recognized professional nursing organization.

Registered staff nurses follow the core competency standards set for nursing practice in doing their tasks because these were their foundation for clinical decision-making and evidence-based practice. However, there were some who do not follow these standards because of different factors like shortage of staff, limited time to perform skills, overload, etc.; that time there were some nurses who cannot provide quality nursing care because they have plenty of patients to attend who needs different kinds of assistance and care from the nurse. This is supported by the study of Ahmadi (2011) which referred the effects of workload and stated that most nurses suffer from heavy workload and do not have the opportunity to consider patients' various needs and provide holistic care. Krichbaum et al. (2007) also identified this nurse care-delivery experience and termed it as complexity compression that occurs when nurses are expected to assume, in a condensed time frame, additional, unplanned responsibilities while simultaneously conducting their other multiple responsibilities.

In considering the different factors that may affect the compliance of nurses to the core competency standards set for their profession, this study aimed to determine the level of compliance of registered nurses to National Core Competency Standards for a Transformed Care Service Program. According to Bahreini (2011) nurses play a crucial role in patient-care. Therefore, assessing nurses' clinical competence is essential to achieve qualified and safe care. This is especially important since present-day health services are highly complex and high quality care is mandatory. According to McMullan (2006), assessment of competence of registered nurses has been identified as crucially important in maintaining professional standards, identifying areas of professional development and educational needs and ensuring that nurse competencies are put to the best possible use in patient care (Meretoja et al., 2012).

2. Objectives of the Study

This study was generally conducted to determine the level of compliance of staff nurses to National Core Competency Standards. Specifically, it answered: what are the profile of the nurses in terms of work position, unit of practice / department, length of experience as nurse practitioner and hospital assigned; what is the level of compliance of staff nurses in terms of the following dimensions of the National Core Competency Standard as evaluated by themselves and their supervisors as to Patient Care Competency (Safe and Quality Nursing Care, Communication, Collaboration and Teamwork), Empowering Competency (Ethico-Moral

Responsibility), Enhancing Competency (Records Management) and Enabling Competency (Quality Improvement); is there a significant difference in the level of compliance of staff nurse-respondents in terms of the four dimensions of the National Core Competency Standards when grouped according to their profile; is there a significant difference in the evaluation of the registered staff nurse-respondents and their supervisors in terms of the four dimensions of the National Core Competency Standards; and what are the problems encountered by the respondents in complying with the National Core Competency Standards.

3. Method of the Study

This study utilized the sequential explanatory mixed method research design. This design is described by Creswell et al., (2009) as the collection and analysis of quantitative data followed by a collection and analysis of qualitative data. In this study, quantitative method was used to determine the compliance of staff nurses to National Core Competency Standards, followed by the use of focused group discussions as a tool for gathering data to get qualitative results that were used for in-depth analysis of the quantitative findings.
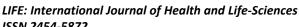
4. Ethical Considerations

The human rights and ethical considerations were protected during the entire conduct of the study. The researcher obtained the ethical approval to use the study instrument. Participants were informed of the purpose of the study, and their right to withdraw without penalty at any time. To keep the anonymity, the questionnaires did not include any information regarding the participant identity. Return of completed questionnaires by the nurses was considered as a signed agreement to participate in this study. After filling the questionnaire by the participant it was coded by a number and kept in a secure place; no one has an access to the data except the researcher.

5. Results and Discussions of the Study

5.1. Profile of the Nurse-Respondents

After the data gathering, the researcher found that most of the staff nurses were: Nurse 3 senior staff nurse (with 43% or 189 out of 446); assigned at the general Wards (Medical Ward, OB Ward, Pediatric Ward, Surgery Ward, Pay Ward) with 48% or 213 out of 446 respondents;

mostly from Hospital D (with 26% or 116 out of 446) and with work experience of 1 to 3 years (43.70% or 195 out of 446).

5.2. Compliance of Registered Staff Nurse-Respondents to National Core Competency Standards

To determine the compliance of registered staff nurse-respondents to National Core Competency Standards, Weighted Mean was used. The results showed that registered staff nurse-respondents were found to have a very high level of compliance in terms of the dimension patient care competency (safe and quality nursing care (3.66 and 3.61 overall mean scores), communication (3.46 and 3.49 overall mean scores), and collaboration and teamwork (3.55 and 3.45 overall mean scores), empowering competency – ethico-moral responsibility (both with 3.60 overall mean scores), enhancing competency – records management (3.68 and 3.71 overall mean scores), enabling competency – quality improvement (3.44 and 3.48 overall mean scores), as evaluated by themselves and their nurse supervisors.

5.2.1 Patient Care Competency - Safe and Quality Nursing Care

Table 1: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Patient Care Competency (Safe and Quality Nursing Care) As Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
1. Identifying the health needs of my clients	3.82	Very High Level of Compliance	3.75	Very High Level of Compliance
2. Performing age-specific safety measures, comfort and privacy in all aspects of my client care	3.61	Very High Level of Compliance	3.53	Very High Level of Compliance
3. Determining the appropriate nursing care to address priority for my clients while explaining interventions to them before carrying it out to achieve identified outcomes	3.65	Very High Level of Compliance	3.55	Very High Level of Compliance
4. Conforming to the 10 golden rules in medication administration and health therapeutics	3.73	Very High Level of Compliance	3.75	Very High Level of Compliance
5. Developing comprehensive client care plan	3.48	Very High Level of Compliance	3.49	Very High Level of Compliance
Overall Mean Score	***3.66***	***Very High Level of Compliance***	***3.61***	***Very High Level of Compliance***

LEGEND
Very High Level of Compliance : 3.25 – 4.00
High Level of Compliance : 2.50 – 3.24
Low Level of Compliance : 1.75 – 2.49
Very Low Level of Compliance : 1.00 – 0.74

The finding of small difference in the ratings of the respondents above signified that the staff nurse - respondents have evaluated themselves slightly higher than their supervisors. Both respondents considered that the nurses complied in providing safe and high-quality care. This was similar to the results of the study by Bahreini et al., (2011) entitled *"Comparison of head nurses and practicing nurses in nurse competence assessment,"* which showed that the managers' assessments of their nurses' competence were significantly lower than nurses' self-assessments, although the competence profiles were mainly in line.

The findings of very high level of compliance as displayed in the table above for both respondents (staff nurses and nurse supervisors) implicitly says that the staff nurses complied greatly in providing safe and high-quality care. This kind of attribute by the staff nurses is helpful in providing more nurses to care for the increased number of patients requiring higher acuity care especially nowadays that there has been greater number of invasive procedures, more powerful medications, and a growing number of patients with chronic acute illness that markedly increased the intensity of nursing care needed. This finding is supported by the works of Benner et al., (2010) entitled, *"Educating Nurses: A Call for Radical Transformation,"* which reported that nurses are involved in all aspects of patient care, from prevention to treatment and end-of-life care, that is why they must be better educated to deal with a complex patient population that is aging, has increasing levels of chronic disease, and is more acutely ill when accessing health care. Appropriate opportunities are needed for them to develop leadership skills and have greater decision-making authority, thus allowing frontline nurses to create innovative solutions to patient care issues.

The findings above was also conferred by the verbalization of nurse-participants during the Focused Group Discussions (FGD) when the participants agreed that they have a very high level of compliance in performing patient care competency as to safe and quality nursing care. The nurse-participants stated that the value of the need for safe, patient-centered and high quality care drew them to become nurse that was why they have so much knowledge about patient care and how to bring about safe and quality nursing care.

One nurse-participant during the Focused Group Discussions (FGD) added that their participation in their hospital's improvement activities which enhanced their effectiveness as members of their hospital's health care teams and accelerated the pace of change within their workplace in terms of rendering quality nursing care to patients, made them think that they have

very high level of compliance in terms of patient care competency as to safe and quality nursing care.

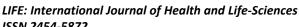### 5.2.2   Patient Care Competency – Communication

Table 2: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Patient Care Competency (Communication) As Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
6. Listening actively to client, significant others and members of the health team's concerns	3.61	Very High Level of Compliance	3.75	Very High Level of Compliance
7. Validating client's body language and facial expressions	3.54	Very High Level of Compliance	3.55	Very High Level of Compliance
8. Utilizing effective channels of communication like from unit to unit or horizontal communication that is relevant to client care management	3.54	Very High Level of Compliance	3.47	Very High Level of Compliance
9. Providing reassurance through therapeutic touch, warmth and comforting words of encouragement	3.44	Very High Level of Compliance	3.38	Very High Level of Compliance
10. Use telephone, mobile phone, electronic media and informatics to facilitate communication	3.15	High Level of Compliance	3.33	Very High Level of Compliance
General Weighted Mean	*3.46*	*Very High Level of Compliance*	*3.49*	*Very High Level of Compliance*

Data on the table implied that the registered staff nurse-respondents were very much compliant in performing patient care competency specifically in terms of communication. This means that they understood each other's roles and are able to communicate and work together effectively resulting to safe and quality patient care. With this kind of attributes, the staff nurses were able to encourage collaboration, foster teamwork, and help prevent errors. This result is in consonance with the works of Rickard et al., (2012) which reported that communication between nurses and coworkers, in conjunction with good interpersonal relationships and social interaction are considered indispensable conditions for feeling comfortable with one's work.

Group of nurse-participants in the FGD when asked about how they complied in performing patient care competency as to communication answered that they regard their level of performance as very high level because when it comes to communication, relating to people such

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as their patient was always on their minds and that they were good at it. They added that this was the reason why they work in harmony as a team."

One nurse-participant said: "*in terms of communication, what comes to our mind is relating to people such as our patients. And because of this, I regard our level of performance as very high level.*"

5.2.3. Patient Care Competency - Collaboration and Teamwork

Table 3: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Patient Care Competency (Collaboration and Teamwork) As Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
11. Contributing ideas for decision making regarding clients' needs and concerns	3.52	Very High Level of Compliance	5	3.47
12. Participating actively in client care management	3.54	Very High Level of Compliance	2	3.45
13. Monitoring effectiveness of nursing interventions	3.56	Very High Level of Compliance	2	3.42
14. Maintaining good interpersonal relationship with clients , colleagues and other members of the health team	3.60	Very High Level of Compliance	1	3.55
15. Acting as an advocate of the client (involving the client, family, significant others and other resources in identifying learning needs on behavior change for wellness, lifestyle or management of health problems)	3.54	Very High Level of Compliance	4	3.36
General Weighted Mean	*3.55*	*Very High Level of Compliance*		*3.45*

The findings of very high level of compliance as displayed in the table above for both respondents (staff nurses and nurse supervisors) indicates that the staff nurse-respondents have developed partnerships with other healthcare workers in the hospital or worked as part of the healthcare team to achieve the best possible outcomes which is safe and quality nursing care while utilizing individual skills and talents to reach the highest of patient care standards. This finding is supported by the study of Choi et al., (2014) which reported that the modeling of expert nurses and team-based learning emerged as essential factors facilitating the development of nurses' advocacy role and practices. Also according to Menenghini et al (2011), the proper use of relationship attitudes and skills helped nursing professionals express problems to the

institutions, to seek solutions among peers, improve job satisfaction and reduce their experience of occupational stress.

According to the World Health Organization (2009) an entire team of health workers are now responsible for the patient's health as they work together and coordinate / collaborate. Because of this, the healthcare teams support the lowering of hierarchy and centralized power of health organizations, giving more control to health workers (Carvalho and de Campos, 2014) and become more satisfied with their work.

Group of nurse-participants in the FGD when asked about how they complied in performing patient care competency as to collaboration and teamwork, described that in their hospital they love to share common goals of safe care / delivering safe and efficient patient care. Other staff nurses said that mostly all of them have an open attitude and feelings of mutual respect and trust for each other.

5.2.4. Empowering Competency- Ethico-Moral Responsibility

Table 4: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Empowering Competency-Ethico-Moral Responsibility as Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
1. rendering nursing care consistent with the client's bill of rights: (i.e. confidentiality of information, privacy, etc.)	3.68	Very High Level of Compliance	1	3.67
2. justifying basis for nursing actions and judgment	3.62	Very High Level of Compliance	4	3.53
3. projecting a positive image of the profession	3.64	Very High Level of Compliance	3	3.67
4. adhering to the Code of Ethics for Nurses and abides by its provision	3.64	Very High Level of Compliance	2	3.67
5. reporting unethical and immoral incidents to proper authorities	3.43	Very High Level of Compliance	5	3.45
General Weighted Mean	*3.60*	*Very High Level of Compliance*		*3.60*

The findings above indicates that the registered staff nurse-respondents have been delivering nursing care to their patients using ethical and legal principles as their foundation to guide their behavior and decision-making practices. This made them act more professionally and with integrity especially that they work within recognized professional, ethical and legal frameworks. This has been the practice of all nurses as early as the time of Florence Nightingale,

the founder of modern nursing. With the emergence of code of ethics, nurses were trained to provide proper behavior and conduct on each independent nursing service they render to each patient. This means that as staff nurses they were able to recognize and address ethical challenges relating to their patient care and decision-making about their care, and act within the law to help their patients and their families find acceptable solutions to their health problems. As Pavlish et al (2011) stated, nurses acted in several ways to address their problems such as communicating and speaking up, advocating and collaborating, being present and empathetic, and being informed. According to ANA (2015), the Code of Ethics can provide direction for multiple levels of direct and indirect care. It also applies to other areas of nursing practice such as nursing education, research, and policy making. In addition, according to Zahedi et al (2013) nurses are indisputably confronted with various ethical challenges in their professional practice; since they are responsible in providing high quality care to their clients/patients, they should be familiar with ethical codes of conduct and the essentials of ethical decision making.

Examples of those most common problems faced by nurses include: medical errors, accidents, delegation problems, end-of-life care, high technology use and over fatigue. Well management of these encounters by nurses contributes to safe, compassionate, quality care. This made the Code (ANA, 2015) as an important document that can provide effective guidance as the nurse negotiates the complexities inherent to many situations.

The required elements for ethical conduct were set out by the code of ethics, empowers nurses to make ethical decisions more perfectly as they perform as clinical nurses, researchers, administrators and policy-makers. It is also a reminder for nurses of how valuable is their profession and what they should attempt to uphold as a nurse in providing direct care to clients/patients (Zahedi et al (2015).

Group of nurse-participants when asked about their level of compliance with the National Core Competency Standards as to Empowering Competency – Ethico-Moral Responsibility, answered that they were sure that they complied with it to the highest level. They explained that as nurses, they maintained public trust and confidence in their profession as they provide their patients safe and quality nursing care. They added that they are familiar with relevant laws and ensure they do not engage in clinical or other practices prohibited by such laws or delegate to others activities prohibited by those laws. As Zahedi et al (2015) stated in their works, nurses should be sensitive to the ethical challenges and must do their best to fulfill their moral duties.

5.2.5. Enhancing Competency - Records Management

Table 5: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Enhancing Competency – Records Management As Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
1. Making record readily accessible to facilitate client care	3.61	Very High Level of Compliance	5	3.56
2. Utilizes a records system ex. Kardex or Hospital Information System (HIS)	3.69	Very High Level of Compliance	3	3.82
3. Using data in their decision and policy making activities	3.64	Very High Level of Compliance	4	3.56
4. Observing confidentially and privacy of the clients' records	3.72	Very High Level of Compliance	2	3.75
5. Following protocol in releasing records and other information	3.73	Very High Level of Compliance	1	3.84
General Weighted Mean	*3.68*	*Very High Level of Compliance*		*3.71*

The findings above indicate that the staff nurses were greatly complying with the National Core Competency Standards for Records Management. This compliance was based from the fact that records management or documentation is not separated from care given by the nurses and it is not optional. It is an integral part of registered nurse practice and is an important tool that registered nurse use to ensure high-quality patient care. Its primary purpose (recordkeeping systems and documentation) is to facilitate information flow that supports the continuity, quality, and safety of care. This is supported by the works of Potter and Perry (2012) which stated that clear, complete and accurate documentation in a health record ensures that all those involved in a client's care, including the client, have access to information upon which to plan and evaluate their interventions. The authors added that all members of the health care team require accurate information about clients to ensure the development of an organized comprehensive care plan; and that the risk of inaccurate or incomplete documentation includes care that is fragmented, tasks that are repeated and therapies which could be delayed or omitted.

Group of nurse-participants when asked about their level of compliance with National Core Competency Standards specifically Records Management expressed that they have been greatly complying with it and that they knew that this task was not optional but is connected with the caring they give to their patients. Other group of nurse-participants said that they also know

that records management is part of the care they give to the patients. They added that this task was carefully done because it helps in the continuity of care management given to the patient.

5.2.6. Enabling Competency - Quality Improvement

Table 6: *Level of Compliance of Registered Staff Nurses to National Core Competency Standard in terms of the Dimension Enabling Competency – Quality Improvement As Evaluated by Themselves and their Supervisors*

Item	Staff Nurse		Supervisor	
	Mean	Interpretation	Mean	Interpretation
1. Soliciting feedback from client and significant others regarding care rendered	3.22	High Level of Compliance	5	3.04
2. Sharing with the team relevant information regarding clients' condition and significant changes in clients' environment	3.45	Very High Level of Compliance	4	3.58
3. Performing daily check of clients' records / condition	3.55	Very High Level of Compliance	1	3.58
4. Documenting and reporting observed variances regarding client care	3.5113	Very High Level of Compliance	2	3.60
5. Giving an objective and accurate report on what was observed rather than an interpretation of the event	3.46	Very High Level of Compliance	3	3.62
General Weighted Mean	*3.44*	*Very High Level of Compliance*		*3.48*

The findings above means that the staff nurses were very much compliant with performing enabling competency as to quality improvement. With this kind of attributes means that the staff nurses understood variations and measurement to assess quality of care; and they also knew different strategies for learning about the outcomes of care related their practice (for example, knowing the wound infection rate in one's area of specialty), and designing approaches to decrease rates, thus increase level of patient satisfaction. According to Izumi (2012) part of their ethical responsibilities, nurses as professionals should provide quality service and strive for excellence. This is why they need to give careful consideration to what quality nursing care is and how to measure it.

Group of nurse-participants when asked how they have complied with the National Core Competency Standards as to Enabling Competency - Quality Improvement, verbalized that they have been greatly complying with the standards. They expressed that in their hospital, this competency is being regarded as the one of the highest, next to safe and quality nursing care. They added that they have been into trainings for quality improvement and from that they

learned that it is a collective effort among the nurses and everybody in the hospital. It gives rise to solutions to the root cause of the problems in the hospital especially when we want to have an error-free environment.

5.3. Significant Difference in the Level of Compliance of Registered Nurses in terms of the Four Dimensions of the National Core Competency Standards When Grouped According to Registered Staff Nurse-Respondent's Profile

One-Way ANOVA was used in determining the significant difference in the level of compliance of registered nurses in terms of the four dimensions of the National Core Competency Standards when grouped according to registered staff nurse-respondent's profile.

Results showed that there were significant differences between the level of compliance of staff nurses as to: 1) Patient Care Competency – Communication, Enhancing Competency – Records Management, Enabling Competency - Quality Improvement when grouped according to work position (Sig. = 0.005, 0.0021, and 0.0028); 2) Enabling Competency – Quality Improvement when grouped according to unit of practice / department (Sig. = 0.004); and 3) Patient Care Competency – Safe and Quality Nursing Care, Communication, Collaboration and Teamwork, Enhancing Competency – Records Management and Enabling Competency – Quality Improvement (Sig. = 0.008, 0.038, 0.001, 0.000, and 0.000), when grouped according to hospital assigned.

5.3.1. Work Position

Table 7: *Significant Difference in the Level of Compliance of Registered Staff Nurses in Terms of the Four Dimensions of the National Core Competency Standards When Grouped According to Work Position*

Competency	Work Position	Mean	F computed	p-value (Sig.)	Decision	Interpretation
Patient Care Competency– Safe and Quality Nursing Care	NURSE 1	3.6779	0.376	0.687	Accept Ho_1	No Significant Difference
	NURSE 2	3.6479				
	NURSE 3	3.6413				
Patient Care Competency– Communication	NURSE 1	3.5176	5.363	0.005	Reject Ho_1	Significant Difference
	NURSE 2	3.3554				
	NURSE 3	3.4762				
Patient Care Competency– Collaboration and Teamwork	NURSE 1	3.5074	1.002	0.368	Accept Ho_1	No Significant Difference
	NURSE 2	3.5686				
	NURSE 3	3.5725				
Empowering Competency– Ethico-Moral Responsibility	NURSE 1	3.5941	0.106	0.899	Accept Ho_1	No Significant Difference
	NURSE 2	3.5917				
	NURSE 3	3.6116				
Enhancing Competency– Records Management	NURSE 1	3.6838	3.887	0.021	Reject Ho_1	Significant Difference
	NURSE 2	3.7438				
	NURSE 3	3.6085				

Enabling Competency– Quality Improvement	NURSE 1	3.5132	3.621	0.028	Reject Ho$_1$	Significant Difference
	NURSE 2	3.4512				
	NURSE 3	3.3735				

The table above showed that there were significant differences between the level of compliance of registered nurses in terms of Patient Care Competency – Communication, Enhancing Competency – Records Management, Enabling Competency – Quality Improvement, when grouped according to work position, with p-values less than 0.05 level of significance (Sig. = 0.005, 0.0021, and 0.0028 respectively). These findings can be attributed to the nurse's knowledge about the competency and how it will be performed. Nurse 1 is only new to the hospital and also in their work or in their novice stage of competency. In terms of patient care competency – communication, these nurses have no experience with the situations in which they are expected to perform (Benner, 1984; 2012) and depend on rules to guide their actions, hence they cannot decide at once regarding information or messages to be transferred or communicated; while those registered nurses in Nurse 2 position were working in the said hospital for more than 1 year and in their advance beginner stage of competency. They are those nurses who has coped with enough real situations to note (or to have them pointed out by a mentor) the recurrent meaningful aspects of situations as to patient care competency – communication. Therefore they can easily decide on what to do with the information / messages for transfer or for recording.

Nurse 1 also was different from Nurse 3 in terms of enabling competency – quality improvement because Nurse 3 are nurses who are competent professional and has been in practice two or three years. They can rely on long-range goals and plans to determine which aspects of a situation are important and which can be ignored (Benner, 1984; 2012); while Nurse 1 is still beginning to learn the protocols and ways and means of hospital quality improvement;

Nurse 2 and Nurse 3 were found to be different in terms of Patient Care Competency – Communication and in terms of Enhancing Competency – Records Management because Nurse 2 is only an advanced beginner that needs help setting priorities since she/he operates on general guidelines and is only beginning to perceive recurrent meaningful patterns (Benner, 1984; 2012). This means they rely on other person to guide them in communicating information, messages and even in managing records; while Nurse 3 characterized by a feeling of mastery and the ability to cope with and manage contingencies of practice.

The finding of no significant difference between Patient Care Competency - Safe and Quality Nursing Care, Collaboration and Teamwork, and Empowering Competency – Ethico-Moral Responsibility, when grouped according to work position indicates that all the nurses despite their work position possessed competency as to safe and quality nursing care, knows how to collaborate and work in teams, and most especially they all know the Code of Ethics for nurses as their guide for their Ethico-Moral responsibility. This Code of Ethics for Registered Nurses in the Philippines is promulgated by the Board of Nursing and was consulted with accredited professional organizations. It coincides with the ideals of Republic Act no. 9173 or the "Philippine Nursing Act of 2002."

The findings above is supported by the statement of World Health Organization (2005) that as autonomous health professionals with advanced education, nurse practitioner's competency provide essential health services grounded in professional, ethical and legal standards. They integrate their in-depth knowledge of advanced nursing practice and theory, health management, health promotion and disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. Nurse practitioners work in collaboration with their clients and other health care providers in the provision of high quality patient-centered care. They work with diverse client populations, in a variety of contexts and practice settings.

5.3.2. Unit of Practice / Department

Table 8: *Significant Difference in the Level of Compliance of Registered Staff Nurses in Terms of the Four Dimensions of the National Core Competency Standards When Grouped According to Unit of Practice / Department*

Competency	Unit of Practice	Mean	F computed	p-value (Sig.)	Decision	Interpretation
Patient Care Competency– Safe and Quality Nursing Care	SPECIAL AREA	3.6970	1.926	.125	Accept Ho$_1$	No Significant Difference
	GEN WARDS	3.6498				
	SPECIAL. SERVICE	3.5585				
	SPECIAL OFFICE	3.5867				
Patient Care Competency– Communication	SPECIAL AREA	3.5030	1.505	.212	Accept Ho$_1$	No Significant Difference
	GEN WARDS	3.4432				
	SPECIAL. SERVICE	3.3887				
	SPECIAL OFFICE	3.3600				
Patient Care Competency– Collaboration and Teamwork	SPECIAL AREA	3.5673	2.044	.107	Accept Ho$_1$	No Significant Difference
	GEN WARDS	3.5756				
	SPECIAL. SERVICE	3.4151				
	SPECIAL OFFICE	3.5200				
Empowering Competency– Ethico-	SPECIAL AREA	3.5842	2.179	.090	Accept Ho$_1$	No Significant Difference
	GEN WARDS	3.6451				
	SPECIAL.	3.5170				

Moral Responsibility	SERVICE					
	SPECIAL OFFICE	3.4533				
Enhancing Competency– Records Management	SPECIAL AREA	3.6121	2.670	.050	Accept Ho$_1$	No Significant Difference
	GEN WARDS	3.7249				
	SPECIAL. SERVICE	3.6491				
	SPECIAL OFFICE	3.5467				
Enabling Competency– Quality Improvement	SPECIAL AREA	3.4703	4.530	.004	Reject Ho$_1$	Significant Difference
	GEN WARDS	3.4723				
	SPECIAL. SERVICE	3.2377				
	SPECIAL OFFICE	3.2800				

In terms of the unit of practice / department, the significant difference between Enabling Competency – Quality Improvement when grouped according to unit of practice / department suggests that registered nurses were different in their level of understanding as to quality improvement when they are grouped according to unit of practice; and that different area in the hospital has different quality improvement procedures, depending upon the situation in the area at hand. According to Izumi (2012) providing quality care that meets a high standard is an ethical responsibility of healthcare professionals. Thus, when choosing where to focus quality efforts, hospitals need to identify potential and the likelihood of success (American Hospital Association, 2009). For example, instituting protocols around proper catheter insertion requires educating and training clinicians in areas like Special Areas (OR, ER, DR, ICU) whereas reducing avoidable hospital readmissions often requires that providers monitor and influence patient behavior post-discharge in areas like Special Service Areas (OPD, EENT), over which they have little control (American Hospital Association, 2009). According to Nobahar (2016) one of the benefits of competence leads to improved quality of patient care and satisfaction of patients and nurses which in turn helps elevate nursing profession, improve nursing education, and clinical nursing.

Group of Nurse-participants in the FGD when asked about their level of compliance as to Quality Improvement verbalized that they have different protocols per unit about Quality Improvement efforts. They added that this was based on the priority tasks that should be improved in the area.

According to the works of many authors (Kalisch, (2006); Krichbaum, et al., (2007); Potter et al., (2005) and Tucker and Spear (2006)) compliance of nurses to competency regarding Quality Improvement relates to how nurses perform their tasks in their respective units.

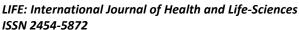### 5.3.3. Length of Experience as Nurse Practitioner

Table 9: *Significant Difference in the Level of Compliance of Registered Staff Nurses in Terms of the Four Dimensions of the National Core Competency Standards When Grouped According to Length of Work Experience as Nurse Practitioner*

Competency	Length of Work Experience	Mean	F computed	p-value (Sig.)	Decision	Interpretation
Patient Care Competency– Safe and Quality Nursing Care	LESS THAN 1 YEAR	3.6000	1.898	.110	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.7087				
	4 - 6 YEARS	3.6143				
	7 - 10 YEARS	3.5897				
	MORE THAN 10 YEARS	3.6667				
Patient Care Competency– Communication	LESS THAN 1 YEAR	3.4774	.351	.843	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.4390				
	4 - 6 YEARS	3.4857				
	7 - 10 YEARS	3.4256				
	MORE THAN 10 YEARS	3.4333				
Patient Care Competency– Collaboration and Teamwork	LESS THAN 1 YEAR	3.4742	2.656	.052	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.6133				
	4 - 6 YEARS	3.5460				
	7 - 10 YEARS	3.4923				
	MORE THAN 10 YEARS	3.3750				
Empowering Competency– Ethico-Moral Responsibility	LESS THAN 1 YEAR	3.5419	1.305	.267	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.6400				
	4 - 6 YEARS	3.5873				
	7 - 10 YEARS	3.6205				
	MORE THAN 10 YEARS	3.4750				
Enhancing Competency– Records Management	LESS THAN 1 YEAR	3.7097	1.722	.144	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.6974				
	4 - 6 YEARS	3.6603				
	7 - 10 YEARS	3.5179				
	MORE THAN 10 YEARS	3.6083				
Enabling Competency– Quality Improvement	LESS THAN 1 YEAR	3.4452	2.427	.050	Accept Ho_1	No Significant Difference
	1 - 3 YEARS	3.4482				
	4 - 6 YEARS	3.4968				
	7 - 10 YEARS	3.2718				
	MORE THAN 10 YEARS	3.2833				

The findings that there were no significant differences between Patient Care Competency – Safe and Quality Nursing Care, Communication, Collaboration and Teamwork, Empowering Competency – Ethico-Moral Responsibility, Enhancing Competency – Records Management, and Enabling Competency – Quality Improvement, in terms of length of experience as nurse practitioner is contradictory to the studies by O'Leary (2012) which reported that there was a statistically significant relationship between the level of self-assessed nursing competence and age and experience in nursing; and by Takase (2013) which revealed that the relationships between the levels of nursing competence and the length of clinical experience were illustrated with a rapid increase in competence levels at the early stage of the nursing career and a slower increase later; by Kalisch et al. (2013) which stated that nurses who had two or more years of experience in their role reported more missed nursing care (MNC) than those who had six or less months of experience. As well as staff with 10 years' experience reported more missed nursing

care (MNC) (Kalisch et al, 2013)**; by** Castner (2012) which reported that hospital with the least amount of missed nursing care (MNC) had participants with most years of experiences.

For the present study, the findings of no significant differences simply implied that the years of experience of registered nurses did not affect their level of compliance with the National Core Competency Standards. This is because in all of these hospitals, adherence to National Core Competency Standards is a mandate and should not be different for nurses with varying length of work experiences. These were formulated to resolve issues on continuing competence that affects nurses in all practice settings (Republic Act (RA) 9173 or the "Philippine Nursing Act 2002"). This were based on the demands of the society which stated that nurses should demonstrate their competence even with increased pressure from multiple healthcare regulatory agencies from which the public necessitates comprehensive evaluation of staff competency.

Some nurse-participants during the Focused Group Discussion (FGD) expressed that they were mandated to adhere to the National Core Competency Standards as part of their practice. The hospital administrators have been explaining to them that this was necessary for them to attain their goals of safe and quality patient care.

5.3.4. Hospital Assigned

Table 10: *Significant Difference in the Level of Compliance of Registered Staff Nurses in Terms of the Four Dimensions of the National Core Competency Standards When Grouped According to Hospital Assigned*

Competency	Hospital Assigned	Mean	F computed	p-value (Sig.)	Decision	Interpretation
Patient Care Competency–Safe and Quality Nursing Care	HOSPITAL A	3.6478	3.509	.008	Reject Ho_1	Significant Difference
	HOSPITAL B	3.6298				
	HOSPITAL C	3.5758				
	HOSPITAL D	3.5910				
	HOSPITAL E	3.7621				
Patient Care Competency–Communication	HOSPITAL A	3.3609	2.564	.038	Reject Ho_1	Significant Difference
	HOSPITAL B	3.4681				
	HOSPITAL C	3.3515				
	HOSPITAL D	3.5027				
	HOSPITAL E	3.5069				
Patient Care Competency–Collaboration and Teamwork	HOSPITAL A	3.5087	4.552	.001	Reject Ho_1	Significant Difference
	HOSPITAL B	3.5766				
	HOSPITAL C	3.4061				
	HOSPITAL D	3.4775				
	HOSPITAL E	3.6776				
Empowering Competency–Ethico-Moral Responsibility	HOSPITAL A	3.6435	2.271	.061	Accept Ho_1	No Significant Difference
	HOSPITAL B	3.6000				
	HOSPITAL C	3.4606				
	HOSPITAL D	3.5441				
	HOSPITAL E	3.6621				

	HOSPITAL A	3.7152				
Enhancing Competency– Records Management	HOSPITAL B	3.6000	5.395	.000	Reject Ho$_1$	Significant Difference
	HOSPITAL C	3.5879				
	HOSPITAL D	3.5748				
	HOSPITAL E	3.7983				
Enabling Competency– Quality Improvement	HOSPITAL A	3.3761	6.927	.000	Reject Ho$_1$	Significant Difference
	HOSPITAL B	3.3426				
	HOSPITAL C	3.2424				
	HOSPITAL D	3.4486				
	HOSPITAL E	3.6069				

In terms of hospital assigned, there was mostly difference in the manner of how registered nurses complied with the National Core Competency Standards between other hospitals and Hospital E. This can be attributed to the fact that Hospital E was formerly a Maternal and Child Care Hospital (hospital specially catering for pregnant and laboring woman) which was transformed to a General Hospital (which now provides a broad range of services). A hospital is a healthcare establishment that provides medical care for patients. The best known type of a hospital is a general hospital which is a large institution with an emergency department to treat urgent medical attention ranging from simple to complicated cases. Specialized hospitals like maternity and trauma hospitals, deal with specific medical needs and certain disease categories. Specialized hospitals can help reduce health care costs compared to general hospitals.

In terms of the competency safe and quality nursing care, collaboration and teamwork, and record management, Hospital D compliance was different from Hospital E because it specialized in attending patients that were mostly affected by trauma (also a specialized hospital) wherein the teams usually evolved around attending emergency cases like accidents and spontaneous medical-health problem attacks; while Hospital E focuses on mostly for maternal and child care cases wherein teams attend to laboring and pregnant mothers on their first years of existence then turned into a general hospital attending to all kinds of medical cases;

For the competency the competency collaboration and teamwork and quality improvement, Hospital A and Hospital B was different from Hospital E because Hospital A and Hospital B was established long before the establishment of Hospital E. The nursing staffs of the two hospitals were more acquainted with each other and were working hand-in-hand since its establishment towards quality improvement than those of Hospital E (which is only three years old, one year as maternal and child care hospital and two years as general hospital).

For the competency the competency record management and quality improvement, Hospital C was different from Hospital E because Hospital C is a 300-bed non-profit tertiary, general and training hospital. It is the laboratory hospital of health science students (students of

medicine, nursing and physical therapy) enrolled at one of the Philippines' most prestigious universities. Thus, as public tertiary teaching hospitals it also train large numbers of staff and students and have significant health and medical research programs which needs extensive record management and quality improvement activities; while Hospital E is simply a 150-bed capacity, tertiary hospital that caters for patients that needs a higher level of specialty care. This was formerly a maternal and child care hospital turned into a general hospital.

Table 11: *Post-hoc Tukey Test Table of Multiple Comparison*

Competency	Hospital Assigned		Mean Difference	Std. Error	p-value (Sig.)	Interpretation
Patient Care Competency– Safe and Quality Nursing Care	HOSPITAL D	HOSPITAL E	-.17108*	.05081	.009	Significant Difference
Patient Care Competency - Collaboration And Teamwork	HOSPITAL A	HOSPITAL E	-.16889*	.06013	.041	Significant Difference
	HOSPITAL B	HOSPITAL E	-.27153*	.08498	.013	Significant Difference
	HOSPITAL D	HOSPITAL E	-.20011*	.05719	.005	Significant Difference
Enhancing Competency - Record Management	HOSPITAL C	HOSPITAL E	-.19828*	.05812	.006	Significant Difference
	HOSPITAL D	HOSPITAL D	.22350*	.05560	.001	Significant Difference
Enabling Competency - Quality Improvement	HOSPITAL A	HOSPITAL E	-.23081*	.06383	.003	Significant Difference
	HOSPITAL C	HOSPITAL E	-.26434*	.06345	.000	Significant Difference
	HOSPITAL B	HOSPITAL E	-.36447*	.09020	.001	Significant Difference

5.4. Significant Difference in the Evaluation of the Respondents and the Supervisors In Terms of the Following Dimensions of the National Core Competency Standard

Paired sample T-test was used in determining the Significant Difference in the Evaluation of the Respondents and the Supervisors in Terms of the Following Dimensions of the National Core Competency Standard. Results showed that there were significant differences between the evaluation of the registered staff nurse-respondents and their nurse supervisors as to the dimension: Patient Care Competency – Safe and Quality Nursing Care, Empowering Competency – Ethico-Moral Responsibility, Enhancing Competency – Records Management, and Enabling Competency – Quality Improvement with value of $t\ (5) = 0.894$ and p value of 0.016, $t\ (5) = 0.887$ and p value of 0.018, $t\ (5) = 0.929$ and p value of 0.007 and $t\ (5) = 0.940$ and p value of 0.005 respectively.

The findings suggest that supervisor evaluated the level of compliance to core competency standards of staff nurses slightly higher than those of the evaluation of the staff nurses. This finding is similar to that of the study by Numminen, Leino-Kilpi and Meretoja (2015) which reported that managers assessed the level significantly higher than nurses themselves. These findings can be attributed to the fact that the supervisors can clearly observe how the staff nurses practice their Empowering Competency – Ethico-Moral Responsibility, Enhancing Competency as to Record Management and Enabling Competency as to Quality Improvement than the nurse's themselves. Competencies were basically being performed by the staff nurses in front of the supervisors / or being monitored by the supervisors consistently. According to Batson and Yoder (2012) managers' higher assessments imply that they want to show appreciation and support to their nurses to maintain quality care and healthy work environment for the benefit of the patients, nurses, organization, and themselves. The authors added that positive relationship with nurses by the managers was built based on trust and respect, setting of clear expectations for performance, providing feedback, setting goals and providing adequate resources.

5.5. Problems Encountered by the Respondents in Complying with the National Core Competency Standard

Using the seven procedural steps proposed by Collaizi (1978) cited in Polit and Beck (2006) as a guide for the data analysis, the researcher found four (4) main themes that emerged at the end of the data analysis. These were as follows: 1) time constraints, 2) work overload, 3) communication barriers, and 4) lack of feedback.

In complying with the National Core Competency Standards, staff nurses verbalized that they face usual hindrances / challenges that limits their time (time constraints) and communication among each other (communication barriers) in taking care of their patients such as inadequate staffing or uneven distribution of schedules in their workplaces. They stated that this don't just involve the total number of nurses employed but included other factors like the ratio of nurses to patients, shifts unevenly distributed to cover over-admission of patients (work-overload) with novice nurses organized alongside experienced ones; length of experience, performance of skills and education of nurses assigned. In some ways, they also face demanding responsibility that encompasses all aspects of patient care, ineffective hospital nurse training and inefficient hospital administrative tasks which often clashes with advancing nursing techniques.
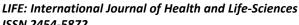
They also lack feedbacks coming from patients who could give them an initial assessment as to what kind of care the patient needed and wants to be performed.

The researcher examined the descriptions of the meanings of the statements made by the registered staff nurses and their supervisors regarding the problems they encountered in complying with the National Core Competency Standards to formulate statements describing the meaning of the phenomenon. Once satisfied that the emerging themes became the reflection of the data describing the problems the registered nurses encountered, the researcher went back to the participants with the results to validate whether the descriptions matched their own experiences. This was one of the steps taken to ensure trustworthiness of the study, and is known as member checking (Polit & Beck, 2006).

6. Conclusion

There were significant differences between the level of compliance of staff nurses in terms of: 1) Patient Care Competency – Communication, Enhancing Competency – Records Management, Enabling Competency - Quality Improvement when grouped according to work position; 2) Enabling Competency – Quality Improvement when grouped according to unit of practice / department; and 3) Patient Care Competency – Safe and Quality Nursing Care, Communication, Collaboration and Teamwork, Enhancing Competency – Records Management and Enabling Competency – Quality Improvement when grouped according to hospital assigned. There were also significant differences between the level of compliance of staff nurses when evaluated by the staff nurses and their nurse supervisors as to the dimension: Patient Care Competency – Safe and Quality Nursing Care, Empowering Competency – Ethico-Moral Responsibility, Enhancing Competency – Records Management, and Enabling Competency – Quality Improvement.

These significant differences stated above shows that registered nurses have varied knowledge, skills, judgments and attributes while working within the complexity of the healthcare environment. Despite these differences, as nurse practitioners, they greatly comply with the National Core Competency Standards in performing activities necessary for safe, competent, ethical nurse practitioner practice that requires the integration and performance of many competencies simultaneously. However, there were also times that problems pertaining to 1) changes in the healthcare environment, 2) work overload, 3) time constraints, and 4) lack of

feedback were encountered, as verbalized by the registered nurses which delayed their compliance.

7. Recommendation

It is recommended that staff nurses should continue to become familiar and updated with the Core Competency Standards. Further analysis of their level of compliance to core competency standards should be done for the basis of planning relevant and targeted educational programs and interventions to enhance nurses' professional competence. With regards to the patients, they should be educated about being active partners in the provision of care through accurate reporting of data and assessment feedback, so that staff nurses will be aware as to how to comply with the care they need.

In addition, comparison between the level of compliance to core competency standards of staff nurses from government and private hospitals will also make future studies become more interesting and informative, with the inclusion of the patients as one of the respondents.

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