

Actual Nursing Competency among Nurses in Hospital in Vietnam

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Abstract—Background: Competency of nurses is vital to safe nursing practice as well as essential component to drive quality of nursing services. There exists little up to date information concerning actual competency among Vietnamese nurses. Purposes: The purpose of this study is to identify the actual nursing competency among nurses in clinical settings in Vietnam. Methods: A qualitative study, ethnographic method, comprised of the participant-observation, in-depth interview, and focus group discussion with multidisciplinary groups of nurses employing in Cho Ray hospital, Vietnam, managers/administrators, nurse teachers, medical doctors, other health care providers, patients and family members which derived from purposeful sampling technique. Content analysis was used for data analysis. Results: Five essential themes of nursing competencies among nurses were identified include (1) knowledge, (2) skills, (3) attitude and value-based nursing practice, (4) legal and ethical competencies, and (5) transcultural competencies. Basic and advanced knowledge were identified as further two dimensions of knowledge. There were five sub themes identified as further dimensions of skills include technical skills, communication skills, organizing and management skills, teamwork and interrelationship, and critical thinking skills. Conclusions: The findings from this study provide valuable information and understanding of the actual competency among nurses in clinical settings in Vietnam. It is expected that this understanding would assist in developing a guide to nursing education and training, nursing practice and relevant policy regulation used for promoting nursing competency among nurses.

Keywords—Nursing competency, qualitative design, ethnographic method, Vietnam.

I. INTRODUCTION

NURSES constitute the backbone of the healthcare system in all countries [1]; a lack of competency among nurses will therefore have substantial negative effects on nursing care and patient outcomes. Nursing competency hence is of crucial significance to the nursing profession as well as is a contributor to positive patient outcomes.

According to the International of Nursing Council [ICN] [2] “Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health system management, and education are also key nursing roles”. Each nurse must thusly be educated in such a

way that expert clinical practice evolves from the basic educational preparation in order to meet the assertions of the ICN’s definition. Competency therefore must be evident in every clinical interaction with patients, families, and communities. Nursing profession is purported to be an art and science, nurses will be able to interpret clinical situations and make complex decisions that serve as the essence of nursing care and the basis for advancement of nursing practice and the development of nursing science is being the expectation [3].

Across a broad field of care, health issues, health care needs as well as the current health care system and nursing workforce issues stipulate that nurses be capable of performing optimally and assuming mounting responsibilities. Throughout the course of providing care to patients, nurses must be proficient in adjusting, applying critical thinking and problem-solving skills and corresponding efficiently with multidisciplinary team members. For nurses to be able to meet the complex blend of nursing practice, they need to be able to incorporate the various threads of experience into their personhood. In other words, clinical nurses need to further acquire various knowledge and skills, beyond the focus of basic knowledge and technical foundation skills that they have been educated and trained on during their nursing education courses, in order to become competent individuals.

According to literature review, many studies have identified several aspects concerning nursing competency [4]-[6], [19]. In Benner’s competency model from novice to expert, seven dimensions are articulated according (a) organization and work-role competencies, (b) administering and monitoring therapeutic interventions and regimens, (c) teaching-coaching role, (d) effective management of rapidly changing situations, (e) helping role, (f) diagnostic and monitoring functions, and (g) monitoring and ensuring the quality of healthcare practice [4], [5]. What’s more, the COPA model of Lenburg [6] (the competency outcomes and performance assessment model) provides a framework for assessing a full range of core competencies essential for nursing practice. The model depicts eight core competencies of nursing practice including assessment and intervention skills, communication skills, critical thinking skills, human caring and leadership skills and knowledge integration skills. In fact, these dimensions were across psychomotor, cognitive, and affective domains in all specialty content areas of nursing.

Recently, in a review of literature, eight main categories – based upon 67-competence areas within professional nursing competence – were identified by Kajander-Unkuri and colleagues [17]. The main categories were: (1) professional and ethical values and practice, (2) nursing skills and

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intervention, (3) communication and interpersonal skills, (4) knowledge and cognitive ability, (5) assessment and improving quality in nursing, (6) professional development, (7) leadership management and teamwork, and (8) research utilization.

In an effort of response to regional and WHO strategies of improving quality of nursing care, Vietnam has developed the Core Competencies for Vietnamese Nurses in 2012 which is applied at both the college and bachelor of nursing levels. The goal of the core competency requirements is to contribute to safe and high-quality patient care. These core competency requirements, comprising of 110 statements, are presented in a document from the Ministry of Health of Vietnam as three domains of nursing professional competency including (a) Nursing Care Practice Competencies; (b) Management and Professional Development Competencies; and (c) Legal and Ethical Competencies [7].

To date there has been very little formal information regarding the nursing profession as well as quality of nursing care in Vietnam. Although the basic competency requirement has been in force for almost three years, it has not yet been implemented in clinical settings. A reason for the slow progress in this area might be due to the absence of the requirement regulation of professional competencies throughout the profession. Besides, the lack of top experts in the nursing profession as well as nurse researchers in Vietnam at present might be the cause of the absence of the identification of nurse competencies. Most of the researcher's knowledge and information concerning nursing competencies have come from previous studies in other countries. So, the findings from these studies may have a difference from those in Vietnam because of different socio-cultural contexts.

Understanding actual competencies of Vietnamese nurses, in particular cultural and social contexts as perspectives, therefore is essential in identifying needs and information used to investigate strategies to improve quality of nursing care in the country. The purpose of this research was to investigate the actual nursing competencies among nurses in hospital in Vietnam. Deeply understanding these aspects would indeed benefit development and innovating strategies to improve nurse competencies in Vietnam; thereby having a positive effect in enhancing quality of nursing care. Importantly, an understanding of the above can also assist nurse managers and nursing educators to identify and implement nursing education programs and strategies that can effectively boost competency development among students and nurses.

II. METHODS

An ethnographic method, qualitative research approach, were selected in this study by allowing the voice of Vietnamese nurses and other stakeholders to be heard, thusly providing opportunity to actually truly discover how stakeholders perceive nursing competency.

Qualitative research methods have become increasingly important as models of inquiry among various disciplines such as sociology, psychology, education and nursing [8]. The purpose of this approach is not to test or verify researcher

hypotheses on a given topic; rather, it is to obtain a deep understanding of participants' perception and experience and the meaning they take from that experience. Qualitative research is used for the understanding of what lies behind the phenomena as well as providing intricate details of the phenomena that are difficult to convey quantitatively [9]. Qualitative research has been gaining recognition in nursing, particularly by nurse researchers who are involved in anthropology, philosophy and education programs [10], [11]. A major goal of nursing research is the improvement of nursing practice. Qualitative research contributes to this goal by providing nurses with new and more meaningful insights concerning people, specifically the meanings and essence of care, health and illness. Nursing knowledge is closely linked to the cultural life ways, values and patterns of human groups. Such knowledge of different world cultures contributes to the discovery and modification of the nature and essence of nursing [8]. Accordingly, qualitative research is essential in gaining a holistic perspective to nursing phenomena.

The purpose of this study was to obtain a succinct understanding of the situation in each clinical setting and understanding of the context of nursing practice there in order to elaborate on how competencies are relevant to nursing practice in real situations. Furthermore, by applying this qualitative approach, the researcher believed that rich and accurate information with regards actually competencies among nurses would arise also what are the competencies nurses used in their daily practice. The qualitative approach in this study was a systematic study of everyday experiences that took place in a natural setting in which clinical nurses worked. It focused on the characteristics and the significance of nurses' perceptions, beliefs, attitudes and experiences described by themselves as interpreted by the researcher. Thusly, a qualitative approach is a systematic one used to understand the essential nature of clinical nurses' competency within a particular context. Moreover, the goal was to have the participant reconstructed his/her experiences within the topic of study.

Ethnography is particularly valuable because of its multi-method approach and its attention to context [12]. This approach is interested in how human beings create meaning and behave within their culture contexts. Ethnography allows the researcher to understand the 'context of practice and the cultural rules that people have for making sense of their worlds' [13]. According to Sharkey and Larsen, ethnography aims to provide 'an insider perspective on everyday life through the researcher's engagement with people over time and to explore human experience and social interaction as well as the meaning people apply to their experiences, that is, their symbolic world' [13].

Ethnography underscores cultural relativism, which is a perspective affirming that cultures must be understood within their own social and cultural contexts. Importantly, cultures should not be judged by the values and beliefs of others, particularly by more "powerful" cultures [14]. Within ethnography, researchers adopt 'a holistic perspective, viewing all aspects of the phenomenon under study as part of

an interrelated whole' [13].

Ethnographers study actual practices in real world situations; this enables researchers to investigate field sites as complex social, cultural and political systems. This also implies that researchers have to consider various perspectives. It is thusly also necessary to look at the view of different stakeholders in the field. Therefore, an ethnographic approach was appropriate for identifying the nursing competency of nurses working in hospitals in Vietnam. The adaptive nature of the ethnographic approach provides maximum flexibility in data collection.

A. Research Site

This study was conducted within the context of Cho Ray hospital, one of the two biggest national general hospitals in Vietnam under the Ministry of Health of Vietnam, which is located in district 5 in Ho Chi Minh City. Currently, the hospital incorporates thirty-eight clinical with almost two thousand beds, eleven subclinical and eight functional departments. Cho Ray hospital was selected because this facility employs a largest number of registered nurses as well as a highest percentage of nurses who hold a college or bachelor's degree in nursing profession with 21% compared to 9% of other facilities in Ho Chi Minh City [15]. What's more, the hospital has maintained of stability and development, management and operation of the hospital well synchronized and most modern techniques and technologies and innovations are applied, health care providers' capacities are concerned in order to provide health care services for Vietnamese and foreign clients. These supported researchers to gain richer information from nurse informants working in unlike working environments and contrasting contexts and other stakeholders.

There were twelve clinic departments of Cho Ray hospital included in this study included Emergency Department, Out Patient Department, Intensive Care Unit, Operating Department, Department of Hepatobiliary-pancreatic Surgery, Orthopedic Department, General Medical Department, Cardiology Department, Clinical Hematology Department, Endocrinology Department, Oncology Department, and Tropical Diseases Department.

B. Research Participants

In order to gain rich information concerning research topic, multiple data sources were used to elicit information. Data sources included participant-observations, in-depth interviews, and focus group discussion. In this study, inclusion of multiple stakeholders and used of multiple data sources provided triangulation of data sources. The key informants of interest were nurses working in the twelve participating departments in Cho Ray hospital. Besides, to gain richer understanding of actual nursing competency of nurses, other health care professionals, patients and their family members were also included in the study.

In order to recruit enough informants, clinical setting visits and purposive sampling were applied to enroll participants. Nurses met inclusion criteria were invited to participate in the study that not excluded to gender, ethnic, or social background

and no matter they are official staff nurses or who work in contract. The predetermined criteria for nurse informants included: has worked in nursing profession for at least 2 years in the participating clinical departments and willing to evolve in the study and share information and experience regarding research topic. The criteria included for selecting patient subjects were that patients were in discovery phase of their illnesses were not in critical physical as well as mental conditions; willing and able to participate in the study; and have no contact with any nurse participant in the study during their current hospitalization.

Forty-one participants, eight males and thirty-three females, participated in this study. Of these forty-one participants, there were twenty-six nurses who worked in the twelve clinical departments, twenty of them directly provided caring of patients and six are clinical departments' head nurses; two head nurses of the hospital, one had been retired on the first day of 2016 meanwhile the last one has been assigned to be the new head nurse; two nurse lecturers in the universities; one head nurse of Department of Health of Ho Chi Minh City, Vietnam; three medical doctors, one of them was the dean of nursing faculty of university; two medical technicians, one was an anesthetist and another was physiotherapist; two patient and two family members.

C. Ethical Approval

Ethical approval was both obtained from the Khon Kaen University Ethics Committee in Human Research and the Research Division of Cho Ray hospital. An information sheet, invitation letter, and consent form were sent to all participants directly with a clearly explanation about purpose, method, procedures, potential risks and benefits of the study. Participation was voluntary and written informed consent was obtained or verbally consent. Participants were free to withdraw from the study at any time.

D. Data Collection

A seven-month period of fieldwork was carried out for this study, starting in 2015. The researcher entered and lived in the sites for establishing a rapport and developing a trusting relationship with nurses and people in the setting as well as gathering the data in order to achieve the research goal.

During the fieldwork, the data were gathered through participant-observations, in-depth interviews, and focus group discussions. The researcher went to the hospital and did observed surrounding the hospital for one week and then accessed to each studied facilities for at least four days for gathering of data. All of the observation took notes and transcripts contained detailed descriptions of the studied hospital, working environments, and studied facilities organizing structures. Nurses' actions, interactions, statements, reflections, feelings, thoughts as well as overall performance in the duties of patient care were also note taken and described in detail.

After building the rapport and close relationship with nurses and other health professionals in each studied facilities, the researcher investigated the working environment; size of the

facilities, kind of diseases, types of working especially regarding nursing activities; the distribution of working shift among nurses, as well as general essential information by asking the head nurse of the department to support and by observation. Of the twenty nurse participants who had directly provided nursing care to patients, fourteen nurses were observed performing patient care duties during their working shifts, both day shift and night shift. The researchers accompanied each nurse in his/her normal shift routine, being limited interacts with the patients, visitors or other hospital personnel. The researcher sometimes involved in simple activities of the nurse in order to support him/her in taking care of patients; such as, cleaned patients' body, supported the nurse to change patients position, lifted patients' led up while the nurse provided would care to patients, etc. By this way, the researcher provided little notice to the nurse participants during observation experiences in order to avoid "prepping" the nurses for the experience. The participant-observation was recorded in field notes and a research diary.

There were twenty-nine participants involved in the in-depth interview process. Each interview participants in this study gave 1 to 3 times of interview, lasting from 30 to 90 minutes. The interviews took place at a venue convenient to the participants in an effort of increasing the convenience and comfort to the participants as well as the successfulness of the interview. An interview schedule was used to guide the interviews with the interview questions referenced to the research questions, such as, what nursing competency means to you? What knowledge, skills do you think a nurse need in order to become competent? etc. All the interviews were digitally recorded, with the participants' permission, and supplemented with detailed take notes.

The three focus group discussions were produced. Each group was composed of four to six members. The participants involved in this session were nurses, managers and administrators. Many of these participants had been involved in the in-depth interview situation before. The researcher acted as moderator to direct the participants regarding the topic to be discussed and to ensure that all voices of the participants to be heard. During the discussions, the researcher recognized both verbal and nonverbal inputs shared by the research participants.

E. Data Analysis

Content analysis was applied for analyzing data. Triangulation methodology was also applied. The analysis and synthesis process were immediately conducted at the completion of each participant-observation, individual interview and focus group discussion. Data from participant-observation and field notes including jotting, diary or notes were read, coded integrated and analyzed carefully in order to maintain rich detail. In generating categories, themes, patterns and coding, the key to unlock the data analysis process was looking for insights into situations, settings, images, meaning and nuances. A coding scheme was developed in relation to the research questions. Individual passages were marked and grouped into categories and studied for thematic connection

within and among them; this helped to capture some recurring patterns that cut across the preponderance of data. Definition or description for each category as they related to the research questions was given to provide clarity.

III. FINDINGS

This paper presents findings from the qualitative data, participant-observation, in-depth interview and focus group discussion, relating to how the participants perceived and identified actual nursing competency among nurses working in hospital in Vietnam.

Nursing competency, as learned from this study, can be defined as a complexity combination of needed knowledge, skills, attitude and values of a nurse in completing her/his tasks effectively. As findings, the essential themes, sub themes, and thematic statements constitute the components of nursing competency. There were five main themes were identified in this study include (1) knowledge, (2) skills, (3) attitude and value-based nursing practice, (4) legal and ethical competencies, and (5) transcultural competencies. It was important to note that, the components of knowledge, skills, and others often overlapped. Such as, in order for a nurse to carry out a particular skill, there was underlying knowledge that had to be in place before implementing the skill. Conversely, the nurse may have had the ability to perform the skill but he/she had to possesses the requisite knowledge to perform the skill accurately, safe, and thoroughly. This phenomenon was apparent as well with other requirements.

Theme 1: Knowledge

Knowledge, in this study, can be defined as the possession of facts, information, and principles nurses gained through education at nursing schools, life, or through experience. Knowledge was identified as a key and basic component of competency of nurses for implementing the facets of nursing process. Basic knowledge and advanced or specialty knowledge were identified as sub themes of knowledge. The nursing competencies are presented in Fig. 1.

A. Basic Knowledge

Basic knowledge was considered the knowledge a nurse obtained during his/her studying in nursing education program in nursing schools. Basic knowledge consisted of information regarding various wellness, illness and disease conditions that a nurse not only knows but also understands. A general understanding of nurses in medicine and nursing as well as scope of nursing practice and fundamental principles such as medication administration, infection control or patients' needs understanding were the basic requirements.

"...A nurse needs to have a basic knowledge...she (nurse) needs to know and understand all general information, ... most general information in medicine... especially in nursing she has been learned from schools". (Female nurse participant).

While a male nurse participant highlighted the importance of nursing profession in providing nursing services to clients as human being, a convincing reason that a competent nurse

need to have at least, but not limited to, basic knowledge relevant to nursing:

“...As you know, nursing is a very ...very important profession. It (nursing profession) relates to human... relates to people health. So, to taking care of them (clients) in effectively way, a nurse need to be very knowledgeable. First, he (nurse) must be knowledgeable in nursing theory, nursing care, wellness as well as illness conditions...Or in simple way, he (nurse) needs to know and understand all of the things that he had been learned according to the standard points”.

Beyond the general knowledge that a nurse had been acquired from nursing schools, basic knowledge in the workplace delivered another meaning. The physician and patient interview participants expected a nurse “knows and understands all the patient’s needs”. Further than the basic knowledge of medical and nursing fields, most of the interview participants confirmed that “better a nurse knowledgeable in a diversity of transculture better she/he taking care of clients effectively”, and “a competent nurse need to be very knowledgeable about laws and regulations according to nursing and health care”. These were in accordance with the views from the focus group discussions. Furthermore, an understanding of law and regulation relevant to nursing care as well as social and cultural understanding were also included.

B. Advanced Knowledge

Advanced or specialized knowledge was defined as going beyond knowing the essential elements of patient care to knowing the additional needs of a particular population, such as pregnancy women, adolescents or aging groups with special conditions included patients with diabetes, heart disease or orthopedic problems, etc.

“...It's specialized knowledge. Not only you (nurse) must know how to care but also to know the disease, ...specific disease, know how to detect complications, how to prevent complications occur. So you (nurse) need to understand deeply ... more than the basic knowledge studied at schools”. (A female nurse). She continued “...in general, if you (nurse) would like to take care of patients with a high quality, not only you (nurse) know in general, but also you (nurse) must know the needs of specific group of your patients”.

One nurse manager pointed out:

“Never be subjective. What’s an old man like? He (aging person) is like an old tree, an old tree in the street. It (the tree) stands out, very robust...but its (the tree) roots ...cut off, already died. Just with a storm... it (the tree) will be downed... So a nurse needs to understand the elderly’s situation...as caring of them (the elderly)”.

Theme 2: Skills

Skill was recognized as the second major theme of nurse competency and defined as the ability of nurses to do something well arising from talent, training, or daily practice, including both general and specific skills. Skills, in this study,

indicated some types of nursing action that was performed in the process of meeting patient needs in the implementation phase of the nursing process. There were five sub themes identified as further dimensions of skills include technical skills, communication skills, organizing and management skills, teamwork and interrelationship, and critical thinking skills.

It’s important to note that, the skills and knowledge identified always accompany each other. The majority of participants felt that nurses were required to utilize the knowledge and skills they gained through their education to improve nursing practice. “You (nurse) cannot do well if you (nurse) are very skilled but ...poor knowledge”. Furthermore, nursing actions under the heading of “skills” often overlapped and were not performed in isolation; rather, the nurse would and could perform multiple skills or tasks at the same time.

“Nurses perform with multiple skills during taking care of patients. Right.... During injection, they (nurses) must communicate with them (patients) as well as recognize the side effects of medication”. (The nurse manager stated).

Group working and collaboration were stressed as a vital skill that a competent nurse needs to serve and utilize into practice effectively. No one can do alone or achieve an optimal goal in providing health care services to clients without support from or collaboration with other health care professionals. Interestingly, a head nurse participant stressed the importance of the interrelationship among a health care team with a football team:

“...So important! The capacity in collaboration and working with others. You (the researcher) can image: one team (health care professional team)... as a ...football team... goalkeeper, midfielder, striker...right? Each... has a particular task...but has the same goal is that ... kick the ball into the net... to do so, all team members, everyone need to work rhythmically”.

The sub skill of communication was seen as the fundamental element central in working as a team in the management of patient care. Besides, critical thinking was another needed requirement. Critical thinking, as learned from this study, encompassing the nurse's ability to make judgments about patient care and the subsequent decision-making ability was another set of observed behaviors that overlapped with the theme of knowledge and were imbedded in nursing actions.

“...a competent nurse ...she will understand why she does this ...does that (nurse’s performants) and she (nurse) makes a reflection up on her performants. ...She (nurse) can ...self-decide what she need to do...”. The director of a nursing education institution and the medical technician interview participants proposed “Why nurses just perform according doctors’ orders and just focus on technical skills? Nurses need to assess patients’ health problems and identify patients’ needs first. They (nurses) need to think critically and find the ways to support the patients not only physical but also psychological and social aspects. Not just only carry out physician’s orders”.

What's more, to become a competent nurse, he/she certain serves management skills. Nurses need to deliver number of tasks in the certain time, managing their performants, time, or working environment would support them in completing the tasks optimally. An administrator indicated out: "...overload work...very... very crowded

patients... if nurse doesn't know how to manage their activities, don't manage time...he (nurse) cannot finish his tasks...patients need to wait for him... He will provide patient medication very late...". A medical doctor interview participant also pointed: "nurses need to arrange their (nurses) works scientifically".

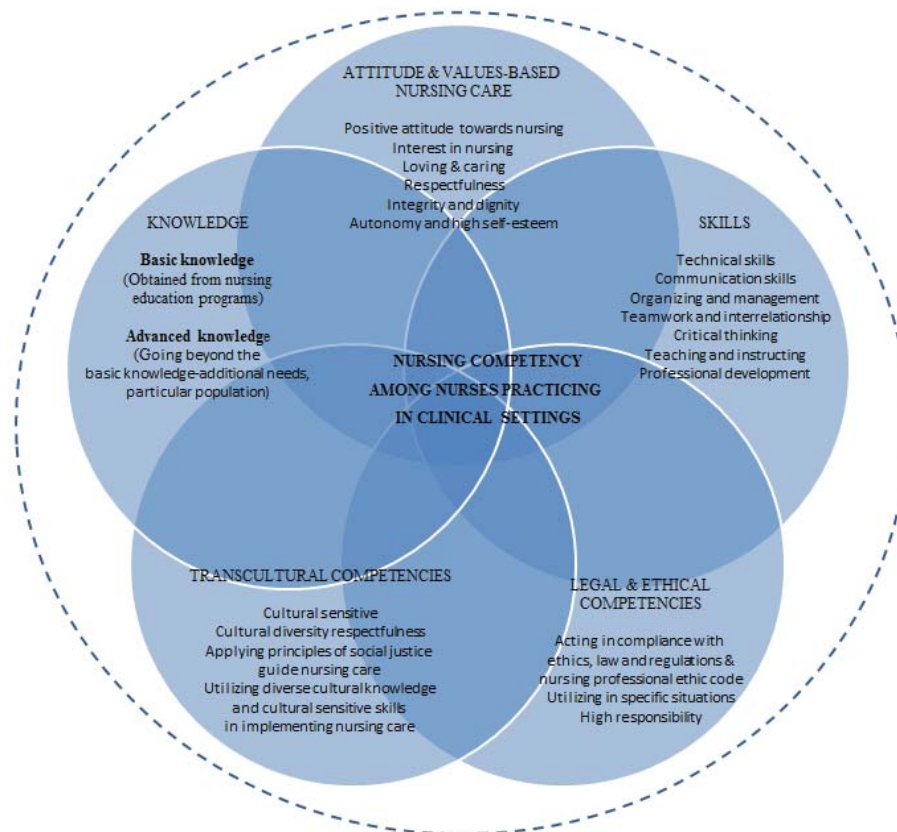


Fig. 1 The Sphere of nursing competency among nurses in hospital

Theme 3: Attitude and Values-Based Nursing Care

All the key informants indicated that nurses must have very positive view towards nursing profession and nursing care. The interest in nursing and nursing practice facilitated nurses having great motivation in performing their works as well as improving their own nursing competencies. Respectfully communication with patients, relatives, other health care professionals or staffs meant nurses respect themselves. Performing nursing care based on humanistic values and demonstration respectfulness for patient autonomy, integrity and dignity as well as expressing respect for different values and beliefs.

"A nurse needs to respect patients.... And also learn how to share... share with patients and their relatives, ...as I had told you before.... Nurse need to have a heart (mind) and interested in nursing. If she (nurse) does not have a sweet and lovely heart, sure, she will not become a good nurse" (a female nurse participant).

In the same line, another nurse and the patient's relative

participants expressed "as Uncle Ho (the senior President of Vietnam) taught us

"Health care professional is as gentle mother". We (nurses) need to concern here, ...the mother not only takes care of the healthy children...but here...illness people.... her children are in illness condition (mean nurse take care for person in an illness condition)".

Loving and caring of nurses were also maintained during the observation. One observed nurse participant provided would care of a 68-year old female patient in her respective shift carefully with all loving, responsibility and respectfulness although she was so busy at that time. These were also indicated by the participants involved in the focus group discussion sessions.

A competent nurse was also viewed as person who acts upon clients' wishes and needs, apply all principles of research ethics and contribute to a holistic view of the patients.

Theme 4: Legal and Ethical Competencies

These competencies among nurses were viewed as acting in

compliance with ethics, law and regulations. Nurses are required to have a good complying with behavioral rules applying for health care providers and accordance with nursing professional ethic code.

A medical doctor stated that:

"...every her performant (nurse's performant) need to be in accordance with law and regulations. She cannot break the rules. Why? ...to protect patients and protect herself". The focus group discussion participants also agreed that "Everyday nurses work in a complexity environment. Our job (nurses' job) is really not simple. We (nurses) deal with many difficult and sensitive situations daily. So we need to really understand the law, regulations as well as ethic codes... and know how to utilize them to specific situations in a right way".

One of the observation nurses asked patients admitted to the hospital and their family member(s) to provide patient's demographic information carefully and this nurse checked their insurance and identification cards prudently in order to avoid fault and provide appropriate health care services to patients.

Accepting individuals or groups regardless of ethnic, religion, culture, economic and social status, age, gender, physical or mental state or conducting assessments that are sensitive to the needs of each client or group were mentioned. Recognizing mistake and accepting individual responsibility for own decisions and interventions as well as complying with the professional ethics standards of nursing professional in practice were essential competency aspects of nurses.

"...you know, no one perfect... the important thing that...she (nurse) recognizes her own mistake/fault and takes responsibility for this... then she will learn from her mistake to enhance her competency" (female nurse participant).

Another nurse also indicated:

"For example, I do here, with almost unconsciousness patients. I provide a wrong medication. Who... Who know...The patient will not know... Family members... not be here. My colleagues don't know. May be me... just only me know that. However, as a good nurse with high responsibility I should report this issue immediately with the doctor or someone else that better than me to find the solution to solve the issue. And I should response all for this mistake. You know... because this wrong may cause danger to the patient".

Nurses were also required practice in accordance with guidelines principles at particular working places. A competent nurse can identify and effort to overcome situations which may constrain ethical decisions or maintain an effective care process when challenged by contradictory values and beliefs.

Theme 5: Transcultural Competencies

Nurses were required to be sensitive and respectful to cultural diversity. In daily working, applying principles of social justice guide nursing care and providing nursing care in accordance with cultural health beliefs and practices and

preferred language in order to provide appropriate and effective nursing services to the clients.

A nurse teacher participant stated:

"as you know, Ho Chi Minh City is a diversity of cultures... many group of people...they come from different ethnic groups, different religions and social cultural backgrounds.... and different education levels...in order to take care of them effectively, you (nurses) need to understand them (patients)... where this patient come from? What his job? What religion is he (patient)? Family status, etc.... and you (nurses) need to use ... um...very simple words... I mean appropriate words and behaviors to communicate and explain to them (patients)..."

Recognizing the effect of healthcare policies and resources on particular group of clients in an effort of advocating and empowering clients was indicated as needed requirement of nurses. What's more, nurses need to utilize diverse cultural knowledge and cultural sensitive skills in implementing nursing care and act according patients beliefs, norm and practices.

"As I tell you, we (ASEAN nations) will be a big family soon, including at least 10 of ASEAN countries.... And you know, globalization era... If Vietnamese nurses don't know how to take care of diversity of group of clients effectively, you (Vietnamese nurses) don't understand them (diversity clients), you are not sensitive and don't accept their differences...You will never be a competent nurse. You will lose...at your home (Vietnam)".

IV. DISCUSSION

There are many definitions of nursing competency emerged from the literature review. In rapidly changing health care delivery systems, the nursing profession requires practice-defined competency. As learned from this study, nursing competency is defined as a complexity combination of needed knowledge, skills, attitude and values of a nurse in completing her/his tasks effectively.

The literature review has provided a broad and extensive aspect of nursing competency. At the national and global levels, nursing competency has been identified in various ways and proposed as multi-dimensions in the national contexts of nursing standards.

Several of the competencies identified by the key informants in this study are consistent with the aspects of nursing competencies indicated by former authors and also in the same line with core competencies of Vietnamese nurses regulated by the Ministry of Health of Vietnam. In this study, knowledge, skills, attitude and value-based nursing practice, legal and ethical competencies, and transcultural competencies were the five essential themes of nurse competency.

Knowledge defined in this study, as a component of competency, includes two dimensions: basic knowledge and advanced knowledge. These are concert with those in the review of literature [6], [16], [17]. Furthermore, the second component identified in this study, skills, consists of the five

dimensions: technical skills, communication skills, organizing and management skills, teamwork and interrelationship, and critical thinking skills are partially supported by the review of literature. These competencies discussed in the literature arbitrarily as singular or partially grouped entities [18]. The components of knowledge, skills, and other components emerged from this study are often overlapped. This is consistent with literature reviewed that skills were important but nurses performing without proper knowledge do not constitute nursing. Therefore, integration of the knowledge, abilities, skills and attitudes of nursing is the essential key to understanding and performing competencies.

The findings of this study were also supported by the main categories of nursing competency emerged from the review of literature of [17] which included professional and ethical values and practice, nursing skills and intervention, communication and interpersonal skills, knowledge and cognitive ability, assessment and improving quality in nursing, professional development, leadership management and teamwork, and research utilization.

There are some gaps emerged between the contents of expectation national core competency of Vietnamese nurses and findings from this study. While the national core competency mostly mentioned about the requirement of performant tasks as essential skills among nurses; the competency, as identified in this study, focused not only on nurses' performants but also the nursing knowledge, attitude and values-based nursing care requirements. What's more, in the era of globalization, transcultural competencies have been also stressed. The tenets become clearer with the new knowledge have been investigated. It would be beneficial for the innovation of the Vietnamese national nursing competency standards.

It is recommended that in addition to modifying the national core competency standards, the nurse competency offered from this study's findings suggests a foundation upon which to discuss the role of the nurses in providing nursing services and nursing care for clients. Study findings also help further the understanding of nursing competency among nurses practicing in clinical settings in specific sociopolitical and cultural contexts in Vietnam.

V. CONCLUSION

The components of nursing competency emerged from this study have a significant contribution in order to provide a deep understanding concerning actual nursing competency among nurses practicing in hospital. Positive patient outcomes are often reflective of the nursing care received in clinical settings. Each country sets its own legal and professional boundaries for the roles of nurses. While many nations have established nursing competencies applying for nurses both generally and particular areas; this still lacks evidences and consensus on what constitutes clinical nursing practice in Vietnam. The core competency of Vietnamese nurses regulated nationally by the Ministry of Health of Vietnam in 2012 is still general. The knowledge from nurses who have been experienced in clinical practicing environments as well

as other experienced stakeholders in this study would contribute to the innovation of those from the national standards in an effort of meeting the competency requirements of nurses practicing in clinical settings. What's more, this would also assist nurse educators and managers to develop competency-based curriculum and appropriate nursing education training programs as well as nursing practice and provide valuable information to policy makers to produce relevant and appropriate policies used for promoting clinical nurses' competency and quality of nursing care in Vietnam.

ACKNOWLEDGMENT

This paper reports part of findings from research conducted by D. T. Ha in the fulfilment of a PhD degree in nursing at Khon Kaen University, Thailand under the supervisor of Assoc. Prof. Dr. K. Nuntaboot. The researcher thanks all the participants participated in the study and any person who facilitated the work through conducting this research.

REFERENCES

- [1] World Health Organization (WHO). *The world health report: working together for health*, Geneva, 2006.
- [2] International Council of Nursing (ICN), 2002, retrieved January 3, 2015, from <http://www.icn.ch/who-we-are/icn-definition-of-nursing/>.
- [3] P. A. Potter, A. G. Perry, P. Stockert, and A. Hall, *Fundamentals of nursing*. Elsevier Health Sciences, 2013.
- [4] P. Benner, *From novice to expert: excellence and power in clinical nursing practice*, San Francisco: Addison-Wesley, 1992.
- [5] P. E. Benner, C. A. Tanner, and C. A. Chesla, *Expertise in nursing practice: Caring, clinical judgment, and ethics*, Springer Publishing Company, 2009.
- [6] C. B. Lenburg, The framework, concepts and methods of the competency outcomes and performance assessment (COPA) model. *Online Journal of Issues in Nursing*, vol. 4, no. 2, pp. 1–12, 1999.
- [7] Ministry of Health of Vietnam, *Chuan nang luc cua Dieu duong Viet Nam*, Retrieved March 5, 2014, from <http://sytt.thanhhoa.gov.vn/Tintuc/Nam2012/Thang12/DiaPhuong/1352BYT.pdf>.
- [8] M. M. Leininger, *Qualitative research methods in nursing*. Saunders, 1985.
- [9] A. L. Strauss, J. M. Corbin, *Basics of qualitative research: grounded theory procedures and techniques*, Sage Publications, 1990.
- [10] J. Morse, and P. A. Field, *Qualitative Research Methods for Health Professionals*, 2nd Edition, SAGE Publications, Inc, ISBN-10: 0803973276, June 9, 1995.
- [11] M. Leininger, Importance and uses of ethnomethods: Ethnography and ethnonursing research. *Recent Advances in Nursing*, vol. 17, no. 2, pp. 12–36, 1987.
- [12] M. Hammersley, and P. Atkinson, *Ethnography: Principles in Practice*, 3rd Edition, Publisher: Routledge, July 8, 2007.
- [13] H. S. Speziale, H. J. Streubert, and D. R. Carpenter, *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins, 2011.
- [14] D. M. Fetterman, *Ethnography: Step-by-step* (Vol. 17). Sage, 2010.
- [15] Cho Ray Hospital, Retrieved from http://choray.vn/TinTuc.aspx?NEWS_ID=409.
- [16] American Association of Colleges of Nursing (AACN), *Colleagues in Caring project*, 2001, retrieved March 7, 2014, from www.aacn.nche.edu/publications/annual.../AR2001.pdf.
- [17] S. Kajander-Unkuri, R. Meretoja, J. Katajisto, M. Saarikoski, L. Salminen, R. Suhonen, and H. Leino-Kilpi, Self-assessed level of competence of graduating nursing students and factors related to it. *Nurse Education Today*, vol. 34, no.5, pp. 795–801, 2014.
- [18] American Association of Colleges of Nursing [AACN], *The Essentials of Baccalaureate Education for Professional Nursing Practice*, Washington, D.C.: Author, 1998.
- [19] D. T. Cowan, J. Wilson-Barnett, & I. J. Norman, A European survey of general nurses' self-assessment of competence, *Nurse Education Today*, vol. 27, no. 5, pp. 452–458, 2007.