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2009 TUNING Analysis:
A Comparison of
U.S. and International
Nursing Educational
Competencies



Report of Findings from the

**2009 TUNING Analysis:
A Comparison of U.S. and International
Nursing Educational Competencies**

National Council of State Boards of Nursing, Inc. (NCSBN®)

Mission Statement

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EXECUTIVE SUMMARY

A new initiative seeks to understand the role of nurses and nursing education from an international perspective. The goal of this study was to evaluate the consistency of nursing educational competencies globally. This study was conducted to evaluate the importance of nursing education competencies in the U.S. In addition, results from the current study were compared to the results of a similar study, called TUNING, conducted in the following European Union (E.U.) countries: Denmark, Finland, Flanders, France, Germany, Hungary, Ireland, Italy, Lithuania, Malta, Norway, Netherlands, Portugal, Slovakia, Spain, Ukraine and the United Kingdom.

Survey Development

A previous study was conducted in the E.U. to evaluate education competencies that are important to the nursing profession; 17 E.U. countries took part in the study. The E.U. survey was used as the basis for creating the U.S. version. For this U.S. study, the 47 nursing education competency statements in the E.U. study were used. To stay congruent with previous nursing surveys conducted by NCSBN, the U.S. survey also included questions about nurses' practice settings, past experiences and demographics.

The survey contained four sections. In the first section, the questions were related to nurse education. The second section contained the actual competencies, which were rated by an importance rating scale. The third section focused on work environments, including type and age of clients, employment setting and type of facility. The fourth section asked basic demographic information.

Survey Process

Sample Selection

Remaining congruent with the sampling method of the E.U. surveys and the methodology of previous NCSBN survey studies, respondents of this study were drawn from four samples. The first sample was drawn from recent NCLEX® registrants from nursing programs who registered for the NCLEX-RN® in May 2009. The majority of these candidates

were scheduled to take the examination in June or July 2009. The second sample was drawn from NCLEX-RN candidates who passed the examination between May and August 2008. By the time the current study was in progress, the majority of individuals in this group had been working as registered nurses (RNs) for approximately one year. This group represents first-year RNs. Surveys for the recent NCLEX registrants and first-year RNs were administered electronically. The second two samples, who were mailed paper surveys, were nursing educators and supervisors of nurses.

Mailing Procedure

A five-stage mailing process was used to engage participants in the study. A presurvey letter was sent to each participant through regular mail, except for the recent NCLEX registrants' cohort. For the recent NCLEX registrants' cohort, the sample was split in half randomly; one-half was sent the presurvey letter by regular mail and the other half by e-mail. A week later, an e-mail invitation with a login address and a unique access code was sent to the recent NCLEX registrants and first-year RNs; the paper survey, with a cover letter and postage-paid return envelope, was mailed to educators and supervisors. One week later, reminder e-mails were sent to the electronic survey nonresponders and reminder postcards were sent to paper survey nonresponders, reiterating the importance of the study and urging participation. Reminder e-mails and postcards were sent three times. The first two reminder communications were sent one week apart, starting from the initial invitation. The final notification was sent two weeks after the second reminder notification.

Return Rates

Of the 6,000 total Web surveys sent to recent NCLEX registrants, a total of 2,857 were completed and returned. There were 76 that were undeliverable due to incorrect e-mail addresses, resulting in an adjusted return rate of 48.23%.

Of the 2,500 total Web surveys sent to first-year RNs, a total of 590 were completed and returned. There were 175 that were undeliverable due to incorrect e-mail addresses, resulting in an adjusted return rate of 25.38%.

Of the 2,751 surveys sent to RN educators, a total of 1,380 were completed and returned. There were four that were undeliverable due to incorrect addresses, resulting in an adjusted return rate of 50.24%.

Of the 2,750 surveys sent to RN supervisors, a total of 657 were completed and returned. There were 166 that were undeliverable due to incorrect addresses, resulting in an adjusted return rate of 25.43%.

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

Demographic information, including gender, age, racial and ethnic backgrounds, and educational preparation are presented next, followed by a description of responders' work environments.

Gender

The majority of survey responders reported being female. Educators had the highest percentage of females responding (96%) and first-year RNs had the lowest percentage (89%).

Age

Participants in the study varied in reported age. The recent NCLEX registrant cohort was the youngest with an average age of 26.87. The first-year RN group had an average age of 32.03. The educator and supervisor group had an average age of 51.48 and 50.58, respectively.

Race/Ethnicity

Participants in the current study were consistent with the general ethnic distribution of nurses in the U.S. with 71% to 90% reporting being White across the four respondent groups. The second largest racial group represented was African-American (3% to 8%).

Educational Background

Recent NCLEX registrants in the current sample listed RN baccalaureate degree in the U.S. most frequently (80%) as their highest nursing degree. For first-year RNs, 88% of the respondents selected either RN associate or RN baccalaureate degree. Nurse supervisors and nurse educators held higher degrees when compared to recent NCLEX registrants and first-year RNs.

Employment Setting/Specialty Area

Overall, the majority of respondents, regardless of survey group type, reported working in hospitals (ranging from 49% to 82%). A large group of nurse supervisors reported working in long-term care (40%). Approximately 36% of the recent NCLEX registrant sample was not working as an RN, which is likely reflective of the sample's new graduation status. For the other three categories (first-year RN, educator and supervisor), more than 97% were working as an RN.

Competency Statement Characteristics

Reliability

Reliability indices were calculated to evaluate the internal consistency of the survey instruments. The survey ratings exhibited high reliability estimates.

Competency Averages

Descriptive statistics were calculated for each competency. Data were compared by the four respondent groups. The average competency ratings ranged from 2.82 to 3.73 for recent NCLEX registrants, from 2.52 to 3.70 for first-year RNs, from 2.29 to 3.86 for educators and from 2.05 to 3.75 for supervisors.

E.U. and U.S. Rating Comparisons

Data for the four U.S. respondent groups were compared to the four E.U. cohorts. Similar to the U.S. results, Competency 17 - *Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medicines and other therapies* was rated

most important by E.U. respondents. Competency 27 - *Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty* was rated least important by all groups, except E.U. employers.

Nonresponder Survey

In order to ensure validity of the results, a survey of nonresponders was conducted to determine if the individuals in the U.S cohort sampling frame not responding would have rated the educational competency statements comparably. Based on the nonresponder data, the ratings for nonresponders were similar to the ratings of responders, which provides support for the validity of the survey results.

Conclusion

There is evidence to suggest that the basic nursing education competencies are equally important, regardless of nursing role or geographic setting. Average importance ratings were very similar for the 47 competencies. Correlations for the 47 competencies were high and statistically significant. A limitation of the study may be the construction of the competencies. Some of the education competency statements were long and contained multiple concepts. The researchers of this study recommend that the education competency statements be revised to increase ease of use and interpretation prior to inclusion in future research studies.

Report of Findings from the

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BACKGROUND OF STUDY

A new initiative seeks to understand the role of nurses and nursing education from an international perspective. The goal of this study was to evaluate the consistency of nursing educational competencies globally, as well as evaluate the importance of nursing competencies in the U.S. Results from the current study were compared to the results of a similar study called TUNING, which was conducted in the following European Union (E.U.) countries: Denmark, Finland, Flanders, France, Germany, Hungary, Ireland, Italy, Lithuania, Malta, Norway, Netherlands, Portugal, Slovakia, Spain, Ukraine and the United Kingdom.

To better understand the initial E.U. research, below is a quote from *Competencies in Education and Cross-Border Recognition: Evaluation of the Usefulness of Learning Outcomes and Competences for International Recognition*, published in 2007.

The TUNING project was launched in 2000, in order to support universities across Europe in the implementation of the Bologna Process at university level. TUNING proposes and promotes the redefinition of educational programs in an outcomes-oriented manner. Learning outcomes are expressed in terms of generic and subject-specific competences as well as ECTS [European Credit Transfer and Accumulation System] credits that are based on workload. Currently, universities from about 35 countries in Europe work together in the TUNING process. Since 2005, the TUNING project has also been extended to the Latin American continent, from which institutions in a further 18 countries also joined the process. The focus of the TUNING project is not on the various educational systems of countries, but on the educational structures and content of educational programs. Across all the participating countries, the project aims at identifying reference points for generic and subject-specific competences for both first (Bachelor) and second (Master) cycle graduates in a series of subject areas. In order to be able to

understand individual curricula and make them comparable, a methodology has been designed according to which common reference points could be identified. Within this methodology, the following five lines of approach were distinguished (González, J., & Wagenaar, R., 2005):

1. definition of generic (general academic) competences;
2. definition of subject-specific competences;
3. the role of ECTS as an accumulation system;
4. approaches to learning, teaching and assessment;
5. the role of quality enhancement in the educational process.

These five lines of approach will allow universities to tune their curricula without losing their autonomy and at the same time stimulate their capacity to innovate (CoRe Project, 2007).

METHODOLOGY

A number of steps are necessary to perform an analysis of the core nursing education competencies.

Methodology Reviewers

There were three methodology reviewers, chosen for their expertise in survey studies and certification examination development, who reviewed the methodologies and procedures utilized in this study. All three reviewers indicated this methodology was psychometrically sound and in compliance with professional standards for survey studies. See *Appendix A* for a listing of methodology reviewers.

Survey Development

A previous study was conducted in the E.U. to evaluate education competencies that are important to the nursing profession; 17 E.U. countries took part in the study. The E.U. survey was used as the basis for creating the U.S. version. For this U.S. study, the 47 nursing education competency statements in the E.U. study were used. To stay congruent with previous nursing surveys conducted by NCSBN, the U.S. survey also included questions about the nurses' practice settings, past experiences and demographics.

Following the sampling method of E.U. surveys, respondents of the present study were drawn from four samples. The first sample was drawn from senior nursing students or recent NCLEX® registrants from nursing programs who registered for the NCLEX-RN® in May 2009. The majority of these candidates were scheduled to sit for the examination in June or July 2009. The second sample consisted of individuals who graduated from a nursing program within the past year. This sample was drawn among NCLEX-RN candidates who passed the examination between May and August 2008. By the time the current study was in progress, the majority of individuals in this group had been working as registered nurses (RNs) for approximately one year. This group represents first-year RNs. Surveys for the recent NCLEX registrants and first-year RNs were administered electronically. The second two samples, who

were mailed paper surveys, were nursing educators and supervisors of nurses.

The survey contained four sections. In the first section the questions were related to nurse education. The second section contained the actual education competency statements, which were rated by an importance rating scale. The third section focused on work environments, including type and age of clients, employment setting and type of facility. The fourth section asked basic demographic information. *The Web and paper versions of the survey may be found in Appendix B.*

Survey Process

Sample Selection

The E.U. TUNING survey for core nursing competencies was administered to four groups of individuals: supervisors of nurses, newly licensed nurses, recent nursing school graduates and other individuals who completed the survey, which includes professional association members, physicians and nursing educators. This study primarily followed the respondent groups sampled in the E.U. TUNING survey. To stay congruent with other NCSBN survey studies, registered nurse educators were also sampled for the present study.

Recent NCLEX registrants: This cohort consisted of a random sample of 6,000 candidates who were first-time NCLEX-RN test-takers who registered for the NCLEX-RN Examination between May 1 and May 30, 2009. Please note that the E.U. study only sampled baccalaureate level nurses. To replicate the design of the E.U. study as much as possible, the researchers purposefully over-sampled baccalaureate-level registrants in this group. The resulting responses show that this over-sampling strategy was successful, as 84% of the sample was at the baccalaureate level and 16% held an associate degree.

First-year RNs: A random sample of 2,500 NCLEX-RN candidates were selected among those who had passed the NCLEX-RN between May 1 and August 31, 2008, and had provided valid e-mail addresses during registration. This sample

included all graduates, regardless of degree level. The NCLEX-RN candidate pool includes nurses who hold an associate degree to those with doctoral degrees, with the majority graduating at the baccalaureate level. There were 10 NCSBN member boards that opted out of this project; thus, candidates from those jurisdictions were not sampled.

Registered nurse educators (nursing school faculty): Finally, surveys were sent to 2,751 deans or directors of 917 RN nursing programs across all levels. Each dean/director sampled received three surveys. They were asked to distribute the surveys to a medical/surgical nursing instructor, an obstetrics/gynecology (OB-GYN)/pediatric nursing instructor and a mental health or community health nursing instructor in their institution. All programs in the sample graduated at least nine NCLEX-RN candidates in 2008.

Supervisors of newly licensed RNs (supervisors of nurses): In addition to nurses new to the profession, 2,750 supervisors of newly licensed RNs were surveyed. This list came from a substantially larger mailing list of medical facilities, but the selection of the supervisors was based upon the number of RN employees. This criterion was applied to maximize the likelihood that supervisors sampled worked with newly licensed RNs.

Mailing Procedure

A five-stage mailing process was used to engage participants in the study. A presurvey letter was sent to each participant through regular mail, except for the recent NCLEX registrant cohort. The recent NCLEX registrant cohort sample was split in half randomly; one-half was sent the presurvey letter by regular mail and the other half was sent the presurvey letter by e-mail. A week later, an e-mail invitation with a login address and a unique access code was sent to recent NCLEX registrants and first-year RNs; the paper survey, with a cover letter and postage-paid return envelope, was mailed to educators and supervisors. One week later, reminder e-mails were sent to the electronic survey nonresponders, and reminder postcards were sent to paper survey nonresponders, reiterating the importance of the study and urging participation. Reminder e-mails and postcards were sent three times. The first two

reminder communications were sent one week apart, starting with the initial invitation. The final notification was sent two weeks after the second reminder notification.

Confidentiality

All nurses surveyed were promised confidentiality with regard to their participation and their responses. Files containing mailing information were kept separate from the data files. Preassigned code numbers were used to facilitate cost-effective follow-up mailings. The study protocol was reviewed and approved by NCSBN's CEO for compliance with organizational and industry guidelines for research studies involving human subjects.

Return Rates

Of the 6,000 total Web surveys sent to recent NCLEX registrants, a total of 2,857 were completed and returned. There were 76 that were undeliverable due to incorrect e-mail addresses, resulting in an adjusted return rate of 48.23%.

Of the 2,500 total Web surveys sent to first-year RNs, a total of 590 were completed and returned. There were 175 that were undeliverable due to incorrect e-mail addresses, resulting in an adjusted return rate of 25.38%.

Of the 2,751 surveys sent to RN educators, a total of 1,380 were completed and returned. There were four that were undeliverable due to incorrect addresses, resulting in an adjusted return rate of 50.24%.

Of the 2,750 surveys sent to RN supervisors, a total of 657 were completed and returned. There were 166 that were undeliverable due to incorrect addresses, resulting in an adjusted return rate of 25.43%. *Adjusted return rates are presented in Table 1.*

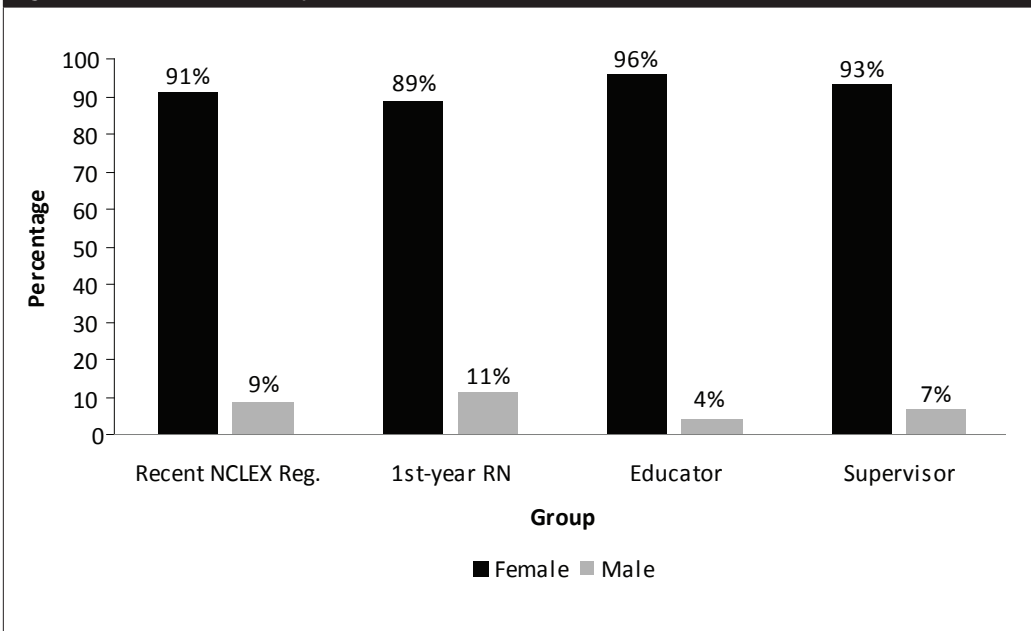
Table 1. Adjusted Return Rates

| Survey Format | Sample | Bad Addresses | Adjusted Sample | Adjusted Responses | Adjusted Return Rate |
|-------------------|--------|---------------|-----------------|--------------------|----------------------|
| Recent NCLEX Reg. | 6,000 | 76 | 5,924 | 2,857 | 48.23% |
| First-Year RN | 2,500 | 175 | 2,325 | 590 | 25.38% |
| Educators | 2,751 | 4 | 2,747 | 1,380 | 50.24% |
| Supervisors | 2,750 | 166 | 2,584 | 657 | 25.43% |
| Total | 14,001 | 421 | 13,580 | 5,484 | 40.38% |

Table 2. Descriptive Age Information

| Survey | N | Average | Standard Deviation |
|-------------------|-------|---------|--------------------|
| Recent NCLEX Reg. | 2,853 | 26.87 | 7.61 |
| First-Year RN | 585 | 32.03 | 9.27 |
| Educators | 1,137 | 51.48 | 8.77 |
| Supervisors | 633 | 50.58 | 8.1 |

Figure 1. Gender of TUNING Respondents



DEMOGRAPHICS, EXPERIENCES AND PRACTICE ENVIRONMENTS OF PARTICIPANTS

Demographics/Past Experiences

Demographic information, including gender, age, racial and ethnic backgrounds, and educational preparation are presented next, followed by a description of responders’ work environments.

Gender

The majority of survey responders reported being female. Educators had the highest percentage of females responding (96%) and first-year RNs had the lowest percentage (89%).

Age

Participants in the study varied in reported age. The recent NCLEX registrant cohort was the youngest, with an average age of 26.87. The first-year RN group had an average age of 32.03. The educator

and supervisor group had an average age of 51.48 and 50.58, respectively. *Descriptive respondent age statistics are presented in Table 2.*

Race/Ethnicity

Participants in the current study were consistent with the general ethnic distribution of nurses in the U.S., with 71% to 90% reporting being White across the four respondent groups. The second largest racial group represented was African-American (3% to 8%). See Figure 2 for racial/ethnic backgrounds compared among the four respondent groups.

Educational Background

As anticipated, based on the sampling method described earlier, the recent NCLEX registrants in the current sample listed RN baccalaureate degree

Figure 2. Race/Ethnicity of TUNING Respondents

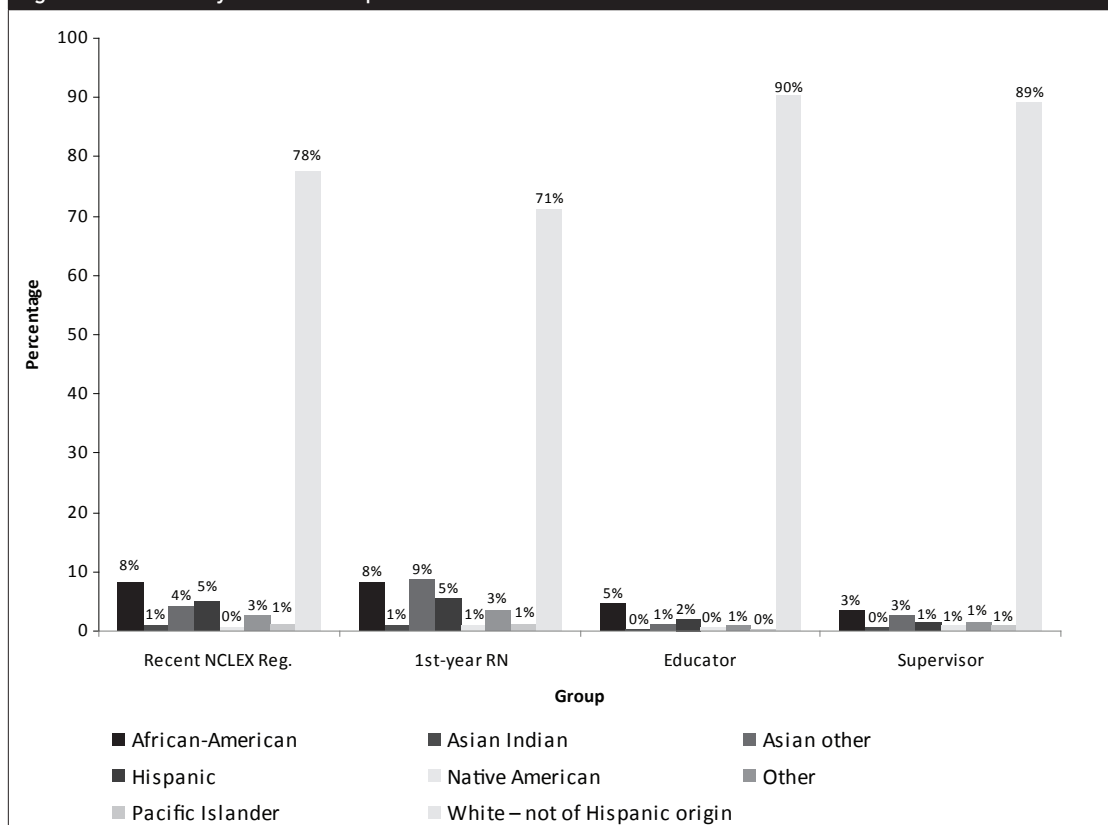
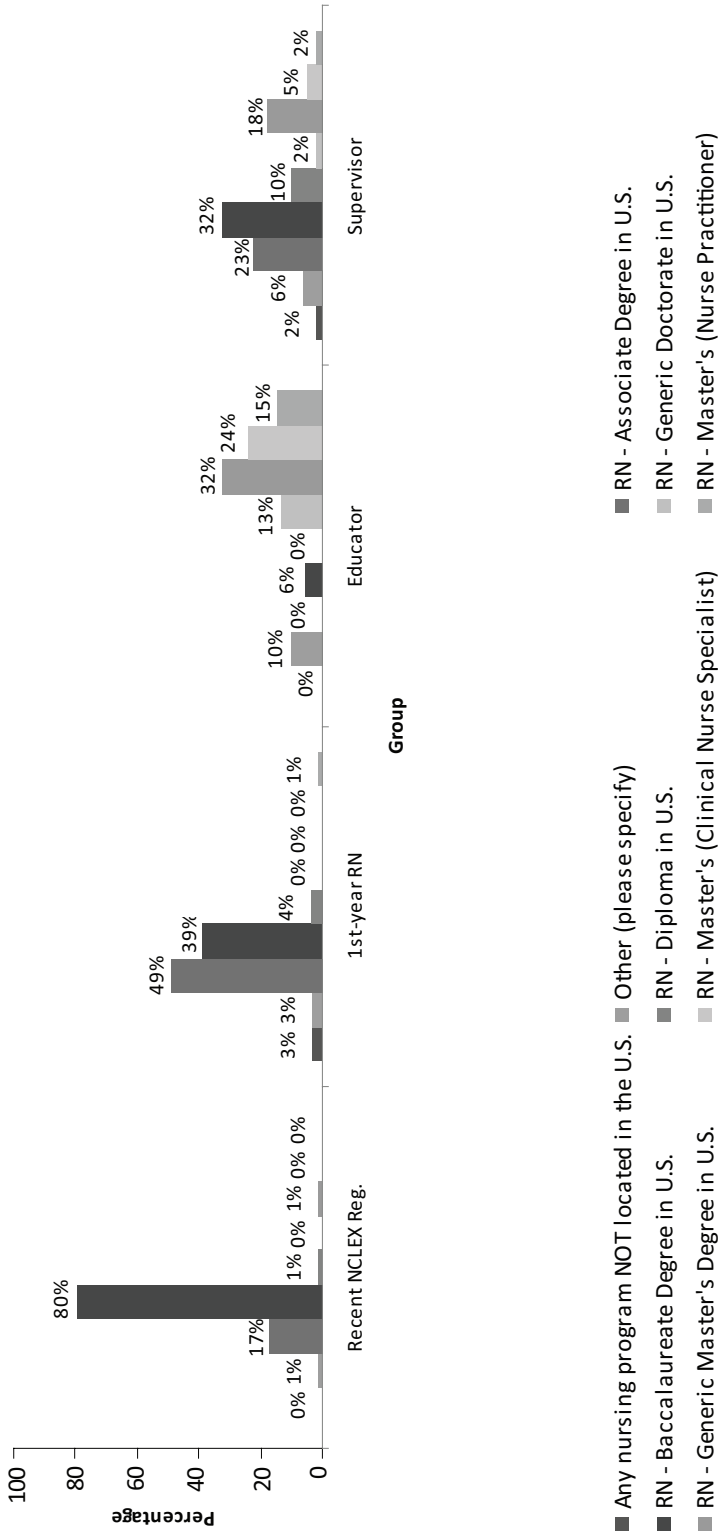


Figure 3. Highest Nursing Degree



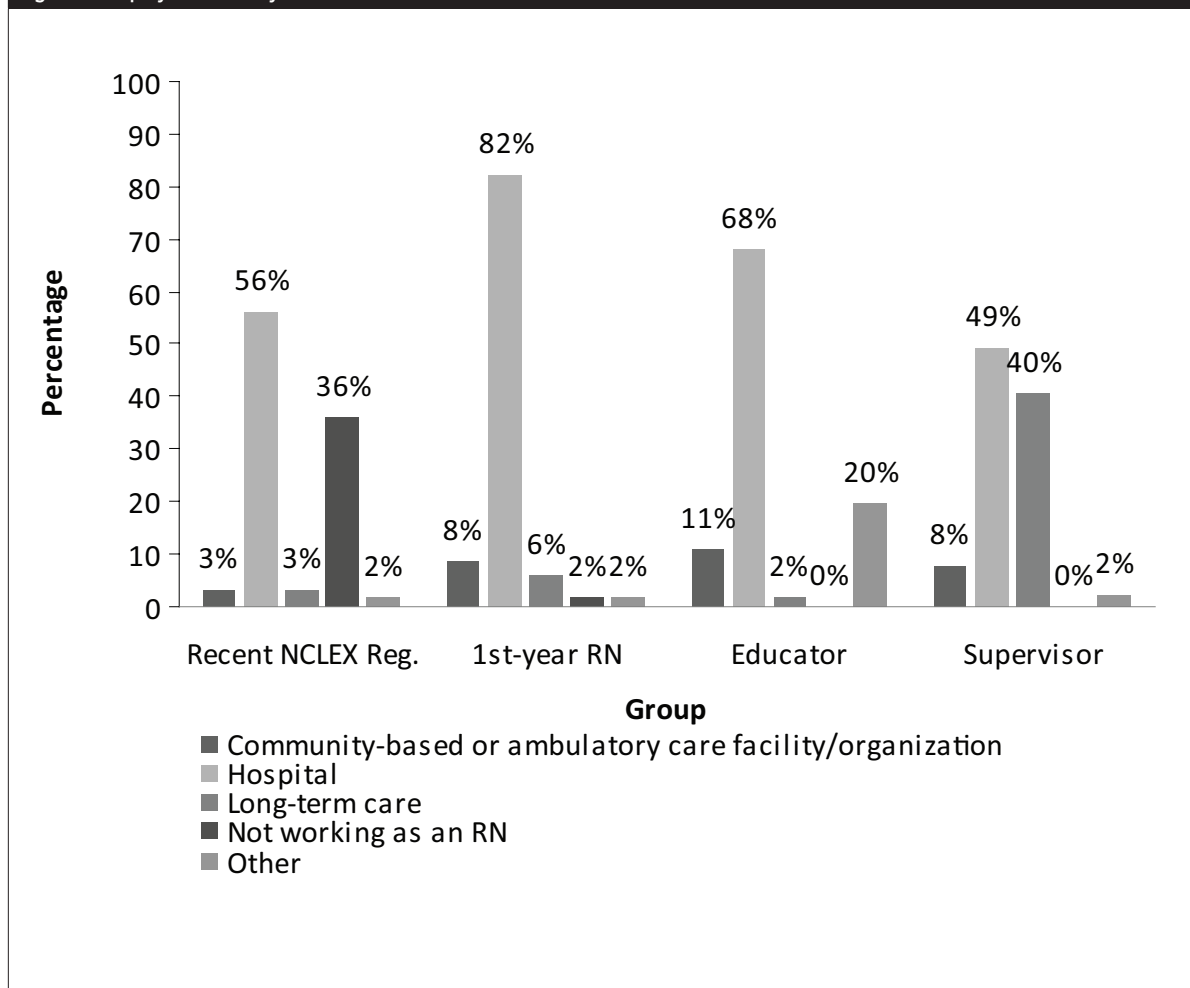
in the U.S. most frequently (80%) as their highest nursing degree. For first-year RNs, 88% of the respondents selected either RN associate or RN baccalaureate degree. Nurse supervisors and nurse educators held higher degrees when compared to the recent NCLEX registrants and first-year RNs. See Figure 3.

status. For the other three categories (first-year RN, educator and supervisor), almost all were working as an RN. See Figure 4.

Employment Setting/Specialty Area

Overall, the majority of respondents, regardless of survey group type, reported working in hospitals (ranging from 49% to 82%). A large group of nurse supervisors reported working in long-term care (40%). Approximately 36% of the recent NCLEX registrant sample was not working as an RN, which is likely reflective of the sample’s new graduation

Figure 4. Employment Facility



COMPETENCY STATEMENT FINDINGS

Findings relative to the competency statements are presented in this section. The methods used to collect and analyze the statements will be discussed. In addition, the U.S. findings are compared to the E.U. findings to see if there is consistency. A validation of survey findings with estimates provided by the subject matter expert panel will also be provided.

Overview of Methods

The current study replicated the methodology of the E.U. TUNING survey whenever applicable. The present TUNING survey asked responders to answer one question about each competency statement. They were asked to rate the overall importance of the competency on a scale of 1 to 4, with 1 being not important to 4 being vital.

Staying congruent with the design of the E.U. study, only data from the baccalaureate-level recent registrants sample were analyzed for competencies. Additional analyses were conducted to ascertain whether diploma, associate and baccalaureate-level recent registrants rated the competencies comparably (Appendix D). There were essentially no differences in the average importance ratings between the U.S. associate and baccalaureate-prepared nurses. Because of the low prevalence of recent NCLEX registrants reporting graduation from RN diploma programs, any results comparing educational competency statement data to either associate or baccalaureate-prepared nurses should be interpreted cautiously.

The responder ratings were analyzed in two parts. First, average importance ratings were compared within the U.S. and the E.U. Next, average importance ratings were correlated to see if the

importance ratings for each of the 47 competencies were related across the cohorts. The correlation analysis used both U.S. data and E.U. data.

Competency Statement Characteristics

Reliability

Reliability indices were calculated to evaluate the internal consistency of the survey instruments. Cronbach's alpha coefficients were calculated for the importance ratings (Cronbach, 1951). *As seen in Table 3, the survey ratings exhibited high reliability estimates.*

Competency Averages

There were four groups of U.S. respondents who completed the surveys. The groups were recent NCLEX registrants, first-year RNs, educators and supervisors. Descriptive statistics were calculated for each competency. Data were compared by the four respondent groups.

Competency 17 - *Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medicines and other therapies* was rated most important by all groups. In the E.U. survey, students and graduates also rated Competency 17 as the most important. Recent U.S. NCLEX registrants rated Competency 9 - *Demonstrates the ability to recognize and interpret signs of normal and changing health/ill health, distress, or disability in the person (assessment/diagnosis)* equally as important as Competency 17.

Competency 27 - *Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty* was rated least important by all four U.S. groups. In addition, four E.U. groups rated Competency 27 least important as well. The range of average ratings was 3.86 to 2.05 across the four respondent cohorts. *Table 4 presents the U.S. competency ratings in survey order.*

Table 3. Reliability Estimates (U.S. Study)

| | Importance | | |
|-------------------|------------|---------|-------------------|
| | N Items | N Cases | Scale Reliability |
| Recent NCLEX Reg. | 47 | 2,624 | 0.98 |
| First-year RN | 47 | 532 | 0.97 |
| Educators | 47 | 1,084 | 0.96 |
| Supervisors | 47 | 521 | 0.96 |

Table 4. Competency Averages (U.S. Study)

| Com # | Competency | Recent NCLEX Reg. | | | First-year RN | | | Educators | | | Supervisors | | |
|-------|--|-------------------|------|-----------|---------------|------|-----------|-----------|------|-----------|-------------|------|-----------|
| | | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. |
| 1 | Demonstrates the ability to practice within the context of professional, ethical, regulatory and legal codes, recognizing and responding to moral/ethical dilemmas and issues in day to day practice. | 2879 | 3.60 | 0.01 | 600 | 3.50 | 0.03 | 1362 | 3.80 | 0.01 | 644 | 3.59 | 0.02 |
| 2 | Demonstrates the ability to practice in a holistic, tolerant, non judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | 2879 | 3.56 | 0.01 | 599 | 3.38 | 0.03 | 1363 | 3.68 | 0.01 | 645 | 3.50 | 0.02 |
| 3 | Demonstrates the ability to educate, facilitate, promote, support and encourage the health, well-being and comfort of populations, communities, groups and individuals whose lives are affected by, illness, distress, disease, disability or death. | 2875 | 3.56 | 0.01 | 598 | 3.32 | 0.03 | 1362 | 3.46 | 0.02 | 642 | 3.15 | 0.03 |
| 4 | Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | 2872 | 3.43 | 0.01 | 598 | 3.33 | 0.03 | 1363 | 3.44 | 0.02 | 641 | 3.36 | 0.03 |
| 5 | Within the scope of his/her professional practice and accountability, demonstrates the ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs. | 2871 | 3.38 | 0.01 | 594 | 3.20 | 0.03 | 1361 | 3.20 | 0.02 | 643 | 3.10 | 0.03 |
| 6 | Demonstrates the ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon his/her performance so as to enhance the quality of service delivery. | 2868 | 3.48 | 0.01 | 595 | 3.34 | 0.03 | 1356 | 3.51 | 0.02 | 641 | 3.39 | 0.03 |
| 7 | Demonstrates the ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors. | 2861 | 3.51 | 0.01 | 595 | 3.34 | 0.03 | 1361 | 3.65 | 0.01 | 641 | 3.52 | 0.02 |
| 8 | Demonstrates the ability to perform an effective risk assessment and take appropriate actions. | 2857 | 3.49 | 0.01 | 596 | 3.39 | 0.03 | 1358 | 3.46 | 0.02 | 641 | 3.43 | 0.03 |
| 9 | Demonstrates the ability to recognize and interpret signs of normal and changing health/illness, distress, or disability in the person (assessment/diagnosis). | 2835 | 3.73 | 0.01 | 589 | 3.67 | 0.02 | 1360 | 3.76 | 0.01 | 642 | 3.74 | 0.02 |

Table 4. Competency Averages (U.S. Study)

| Com # | Competency | Recent NCLEX Reg. | | | First-year RN | | | Educators | | | Supervisors | | |
|-------|--|-------------------|------|-----------|---------------|------|-----------|-----------|------|-----------|-------------|------|-----------|
| | | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. |
| 10 | Demonstrates the ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualized programs of care while working in partnership with the patient/client, their caregivers, families and other healthcare workers. | 2860 | 3.47 | 0.01 | 593 | 3.25 | 0.03 | 1359 | 3.57 | 0.02 | 643 | 3.40 | 0.02 |
| 11 | Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | 2862 | 3.45 | 0.01 | 593 | 3.24 | 0.03 | 1368 | 3.38 | 0.02 | 643 | 3.18 | 0.03 |
| 12 | Demonstrates the ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based. | 2853 | 3.55 | 0.01 | 593 | 3.38 | 0.03 | 1368 | 3.60 | 0.02 | 643 | 3.53 | 0.02 |
| 13 | Demonstrates the ability to use modern technologies to assess and respond appropriately to patient/client need (for example through telehealth, multimedia and web resources). | 2848 | 3.01 | 0.01 | 590 | 2.81 | 0.03 | 1363 | 2.79 | 0.02 | 645 | 2.61 | 0.03 |
| 14 | Demonstrates the ability to appropriately use a range of nursing skills, medical devices and interventions/activities to provide optimum care. | 2856 | 3.41 | 0.01 | 592 | 3.31 | 0.03 | 1364 | 3.29 | 0.02 | 644 | 3.23 | 0.03 |
| 15 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to maintain patient/client dignity, advocacy and confidentiality. | 2855 | 3.55 | 0.01 | 592 | 3.44 | 0.03 | 1364 | 3.59 | 0.02 | 644 | 3.41 | 0.03 |
| 16 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to practice principles of health and safety, including moving and handling, infection control, essential first aid and emergency procedures. | 2848 | 3.63 | 0.01 | 591 | 3.57 | 0.02 | 1368 | 3.65 | 0.02 | 645 | 3.54 | 0.02 |
| 17 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medications and other therapies. | 2851 | 3.73 | 0.01 | 592 | 3.70 | 0.02 | 1366 | 3.86 | 0.01 | 644 | 3.75 | 0.02 |
| 18 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to consider emotional, physical and personal care needs, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life. | 2849 | 3.47 | 0.01 | 589 | 3.31 | 0.03 | 1368 | 3.54 | 0.02 | 646 | 3.41 | 0.02 |

Table 4. Competency Averages (U.S. Study)

| Com # | Competency | Recent NCLEX Reg. | | | First-year RN | | | Educators | | | Supervisors | | |
|-------|---|-------------------|------|-----------|---------------|------|-----------|-----------|------|-----------|-------------|------|-----------|
| | | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. |
| 19 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to respond to a person's needs throughout the life span and health/illness experience e.g. pain, life choices, revalidation, disability or when dying. | 2850 | 3.41 | 0.01 | 590 | 3.24 | 0.03 | 1360 | 3.37 | 0.02 | 641 | 3.19 | 0.03 |
| 20 | Demonstrates the ability to inform, educate and supervise patient/caregivers and their families. | 2838 | 3.37 | 0.01 | 587 | 3.20 | 0.03 | 1339 | 3.24 | 0.02 | 632 | 3.13 | 0.03 |
| 21 | Demonstrates current and relevant knowledge of the theories of nursing and nursing practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2827 | 3.06 | 0.02 | 583 | 2.88 | 0.04 | 1364 | 2.78 | 0.02 | 642 | 2.91 | 0.03 |
| 22 | Demonstrates current and relevant knowledge of the theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2827 | 2.98 | 0.02 | 582 | 2.78 | 0.03 | 1361 | 2.70 | 0.02 | 640 | 2.70 | 0.03 |
| 23 | Demonstrates current and relevant knowledge of the natural and life sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2831 | 3.09 | 0.01 | 583 | 2.86 | 0.03 | 1364 | 3.00 | 0.02 | 641 | 2.79 | 0.03 |
| 24 | Demonstrates current and relevant knowledge of the social, health and behavioral sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2827 | 3.10 | 0.01 | 582 | 2.87 | 0.03 | 1359 | 3.00 | 0.02 | 640 | 2.80 | 0.03 |
| 25 | Demonstrates current and relevant knowledge of ethical theory, law and humanities that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2827 | 3.07 | 0.01 | 582 | 2.86 | 0.03 | 1366 | 2.96 | 0.02 | 642 | 2.72 | 0.03 |
| 26 | Demonstrates current and relevant knowledge of technology and healthcare informatics that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2826 | 3.01 | 0.02 | 583 | 2.79 | 0.03 | 1365 | 2.87 | 0.02 | 641 | 2.71 | 0.03 |
| 27 | Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2828 | 2.82 | 0.02 | 583 | 2.52 | 0.04 | 1337 | 2.29 | 0.02 | 631 | 2.05 | 0.03 |
| 28 | Demonstrates current and relevant knowledge of problem solving, decision making and conflict theories that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2827 | 3.25 | 0.01 | 582 | 3.08 | 0.03 | 1335 | 3.08 | 0.02 | 638 | 3.04 | 0.03 |

Table 4. Competency Averages (U.S. Study)

| Com # | Competency | Recent NCLEX Reg. | | | First-year RN | | | Educators | | | Supervisors | | |
|-------|---|-------------------|------|-----------|---------------|------|-----------|-----------|------|-----------|-------------|------|-----------|
| | | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. |
| 29 | Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | 2825 | 2.97 | 0.02 | 582 | 2.78 | 0.03 | 1338 | 2.67 | 0.02 | 634 | 2.60 | 0.03 |
| 30 | Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/activities to provide nursing care that is rigorous and evidence based. | 2821 | 3.08 | 0.01 | 582 | 2.80 | 0.03 | 1345 | 2.82 | 0.02 | 636 | 2.46 | 0.03 |
| 31 | Demonstrates the ability to communicate effectively (including the use of new technologies): with patients, families and social groups, including those with communication difficulties. | 2833 | 3.49 | 0.01 | 584 | 3.40 | 0.03 | 1340 | 3.56 | 0.02 | 632 | 3.38 | 0.03 |
| 32 | Demonstrates the ability to enable patients and their caregivers to express their concerns and can respond appropriately e.g. emotional, social, psychological, spiritual or physical concerns. | 2832 | 3.41 | 0.01 | 585 | 3.24 | 0.03 | 1342 | 3.49 | 0.02 | 633 | 3.35 | 0.03 |
| 33 | Demonstrates the ability to appropriately represent the patient/client's perspective and act to prevent abuse. | 2833 | 3.53 | 0.01 | 585 | 3.39 | 0.03 | 1340 | 3.55 | 0.02 | 634 | 3.50 | 0.03 |
| 34 | Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | 2824 | 3.21 | 0.01 | 580 | 2.97 | 0.03 | 1345 | 2.96 | 0.02 | 636 | 2.82 | 0.03 |
| 35 | Demonstrates the ability to identify and manage challenging behavior (using communication techniques to promote patient well-being). | 2828 | 3.22 | 0.01 | 584 | 3.07 | 0.03 | 1338 | 3.18 | 0.02 | 630 | 3.05 | 0.03 |
| 36 | Demonstrates the ability to recognize anxiety, stress and depression (using communication techniques to promote patient well-being). | 2832 | 3.29 | 0.01 | 584 | 3.09 | 0.03 | 1324 | 3.29 | 0.02 | 630 | 3.12 | 0.03 |
| 37 | Demonstrates the ability to give emotional support and identify when counseling or other interventions are needed. | 2834 | 3.29 | 0.01 | 584 | 3.10 | 0.03 | 1341 | 3.30 | 0.02 | 634 | 3.06 | 0.03 |
| 38 | Demonstrates the ability to identify and use opportunities for health promotion and health education activities. | 2831 | 3.24 | 0.01 | 585 | 3.00 | 0.03 | 1330 | 3.20 | 0.02 | 632 | 2.78 | 0.03 |
| 39 | Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | 2829 | 3.47 | 0.01 | 586 | 3.33 | 0.03 | 1327 | 3.55 | 0.02 | 635 | 3.45 | 0.03 |
| 40 | Demonstrates the ability to realize that patient/client well-being is achieved through the combined resources and actions of all members of the health care team. | 2840 | 3.37 | 0.01 | 586 | 3.23 | 0.03 | 1341 | 3.29 | 0.02 | 632 | 3.28 | 0.03 |
| 41 | Demonstrates the ability to lead and coordinate a team, delegating care appropriately and meaningfully. | 2836 | 3.25 | 0.01 | 587 | 3.04 | 0.03 | 1337 | 3.04 | 0.02 | 632 | 3.09 | 0.03 |

Table 4. Competency Averages (U.S. Study)

| Com # | Competency | Recent NCLEX Reg. | | | First-year RN | | | Educators | | | Supervisors | | |
|-------|--|-------------------|------|-----------|---------------|------|-----------|-----------|------|-----------|-------------|------|-----------|
| | | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. | N | Avg. | Std. Err. |
| 42 | Demonstrates the ability to work and communicate collaboratively and effectively with other nurses in the best interest of the patient/client. | 2833 | 3.51 | 0.01 | 587 | 3.37 | 0.03 | 1338 | 3.56 | 0.02 | 633 | 3.48 | 0.02 |
| 43 | Demonstrates the ability to work and communicate collaboratively and effectively with all support staff to prioritize and manage time effectively while quality standards are met. | 2840 | 3.44 | 0.01 | 588 | 3.27 | 0.03 | 1334 | 3.41 | 0.02 | 633 | 3.41 | 0.03 |
| 44 | Demonstrates the ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves). | 2839 | 3.45 | 0.01 | 588 | 3.29 | 0.03 | 1365 | 3.37 | 0.02 | 647 | 3.22 | 0.03 |
| 45 | Demonstrates the ability to critically use tools to evaluate and audit care according to relevant quality standards. | 2836 | 3.13 | 0.01 | 588 | 2.90 | 0.03 | 1358 | 2.72 | 0.02 | 648 | 2.82 | 0.03 |
| 46 | Within the clinical context, demonstrates the ability to educate, facilitate, supervise and support nursing students and other healthcare students or workers. | 2839 | 3.25 | 0.01 | 588 | 3.00 | 0.03 | 1359 | 2.86 | 0.02 | 643 | 2.66 | 0.03 |
| 47 | Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 2833 | 3.03 | 0.01 | 587 | 2.73 | 0.03 | 1353 | 2.59 | 0.02 | 648 | 2.48 | 0.03 |

E.U. and U.S. Rating Comparisons

The U.S. groups (recent NCLEX registrants, first-year RNs, educators and supervisors) were compared to results from the E.U. TUNING survey. *Table 5 and Figure 5 present these results.*

| Comp # | Competency | Recent NCLEX Reg. U.S. | First-year RN U.S. | Educators U.S. | Supervisors U.S. | Students E.U. | Graduates E.U. | Employers E.U. | Others E.U.* |
|--------|--|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| | | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. |
| 1 | Demonstrates the ability to practice within the context of professional, ethical, regulatory and legal codes, recognizing and responding to moral/ethical dilemmas and issues in day to day practice. | 3.60 | 3.50 | 3.80 | 3.59 | 3.40 | 3.38 | 3.46 | 3.26 |
| 2 | Demonstrates the ability to practice in a holistic, tolerant, non judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | 3.56 | 3.38 | 3.68 | 3.50 | 3.42 | 3.46 | 3.22 | 3.49 |
| 3 | Demonstrates the ability to educate, facilitate, promote, support and encourage the health, well-being and comfort of populations, communities, groups and individuals whose lives are affected by, illness, distress, disease, disability or death. | 3.56 | 3.32 | 3.46 | 3.15 | 3.41 | 3.43 | 3.37 | 3.38 |
| 4 | Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | 3.43 | 3.33 | 3.44 | 3.36 | 3.35 | 3.41 | 3.47 | 3.16 |
| 5 | Within the scope of his/her professional practice and accountability, demonstrates the ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs. | 3.38 | 3.20 | 3.20 | 3.10 | 3.00 | 3.15 | 3.04 | 3.15 |
| 6 | Demonstrates the ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon his/her performance so as to enhance the quality of service delivery. | 3.48 | 3.34 | 3.51 | 3.39 | 3.33 | 3.39 | 3.36 | 3.23 |
| 7 | Demonstrates the ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors. | 3.51 | 3.34 | 3.65 | 3.52 | 3.23 | 3.28 | 3.19 | 3.30 |
| 8 | Demonstrates the ability to perform an effective risk assessment and take appropriate actions. | 3.49 | 3.39 | 3.46 | 3.43 | 3.37 | 3.35 | 3.26 | 3.23 |

Table 5. Competency Averages (U.S. and E.U. Studies)

| Comp # | Competency | Recent NCLEX Reg. U.S. | First-year RN U.S. | Educators U.S. | Supervisors U.S. | Students E.U. | Graduates E.U. | Employers E.U. | Others E.U.* |
|--------|--|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| | | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. |
| 9 | Demonstrates the ability to recognize and interpret signs of normal and changing health/illness, distress, or disability in the person (assessment/diagnosis). | 3.73 | 3.67 | 3.76 | 3.74 | 3.49 | 3.42 | 3.53 | 3.60 |
| 10 | Demonstrates the ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualized programs of care while working in partnership with the patient/client, their caregivers, families and other healthcare workers. | 3.47 | 3.25 | 3.57 | 3.40 | 3.24 | 3.35 | 3.26 | 3.57 |
| 11 | Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | 3.45 | 3.24 | 3.38 | 3.18 | 3.12 | 3.18 | 3.02 | 3.22 |
| 12 | Demonstrates the ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based. | 3.55 | 3.38 | 3.60 | 3.53 | 3.26 | 3.30 | 3.32 | 3.24 |
| 13 | Demonstrates the ability to use modern technologies to assess and respond appropriately to patient/client need (for example through telehealth, multimedia and web resources). | 3.01 | 2.81 | 2.79 | 2.61 | 2.72 | 2.99 | 2.99 | 2.79 |
| 14 | Demonstrates the ability to appropriately use a range of nursing skills, medical devices and interventions/activities to provide optimum care. | 3.41 | 3.31 | 3.29 | 3.23 | 3.42 | 3.39 | 3.52 | 3.14 |
| 15 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to maintain patient/client dignity, advocacy and confidentiality. | 3.55 | 3.44 | 3.59 | 3.41 | 3.55 | 3.43 | 3.49 | 3.43 |
| 16 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to practice principles of health and safety, including moving and handling, infection control, essential first aid and emergency procedures. | 3.63 | 3.57 | 3.65 | 3.54 | 3.54 | 3.46 | 3.58 | 3.54 |
| 17 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medications and other therapies. | 3.73 | 3.70 | 3.86 | 3.75 | 3.63 | 3.57 | 3.49 | 3.60 |
| 18 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to consider emotional, physical and personal care needs, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life. | 3.47 | 3.31 | 3.54 | 3.41 | 3.33 | 3.43 | 3.43 | 3.54 |

| Comp # | Competency | Recent NCLEX Reg. U.S. | First-year RN U.S. | Educators U.S. | Supervisors U.S. | Students E.U. | Graduates E.U. | Employers E.U. | Others E.U.* |
|--------|---|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| | | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. |
| 19 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to respond to a person's needs throughout the life span and health/illness experience e.g. pain, life choices, revalidation, disability or when dying. | 3.41 | 3.24 | 3.37 | 3.19 | 3.41 | 3.41 | 3.58 | 3.47 |
| 20 | Demonstrates the ability to inform, educate and supervise patient/caregivers and their families. | 3.37 | 3.20 | 3.24 | 3.13 | 3.23 | 3.23 | 3.37 | 3.27 |
| 21 | Demonstrates current and relevant knowledge of the theories of nursing and nursing practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.06 | 2.88 | 2.78 | 2.91 | 3.17 | 3.20 | 3.23 | 2.99 |
| 22 | Demonstrates current and relevant knowledge of theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2.98 | 2.78 | 2.70 | 2.70 | 3.07 | 3.11 | 3.14 | 2.97 |
| 23 | Demonstrates current and relevant knowledge of the natural and life sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.09 | 2.86 | 3.00 | 2.79 | 2.87 | 2.99 | 3.07 | 2.93 |
| 24 | Demonstrates current and relevant knowledge of the social, health and behavioral sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.10 | 2.87 | 3.00 | 2.80 | 2.96 | 3.04 | 3.09 | 2.99 |
| 25 | Demonstrates current and relevant knowledge of ethical theory, law and humanities that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.07 | 2.86 | 2.96 | 2.72 | 3.02 | 3.21 | 3.03 | 3.10 |
| 26 | Demonstrates current and relevant knowledge of technology and healthcare informatics that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.01 | 2.79 | 2.87 | 2.71 | 2.76 | 2.96 | 2.96 | 2.98 |
| 27 | Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2.82 | 2.52 | 2.29 | 2.05 | 2.61 | 2.81 | 2.91 | 2.77 |
| 28 | Demonstrates current and relevant knowledge of problem solving, decision making and conflict theories that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 3.25 | 3.08 | 3.08 | 3.04 | 3.14 | 3.28 | 3.24 | 3.35 |

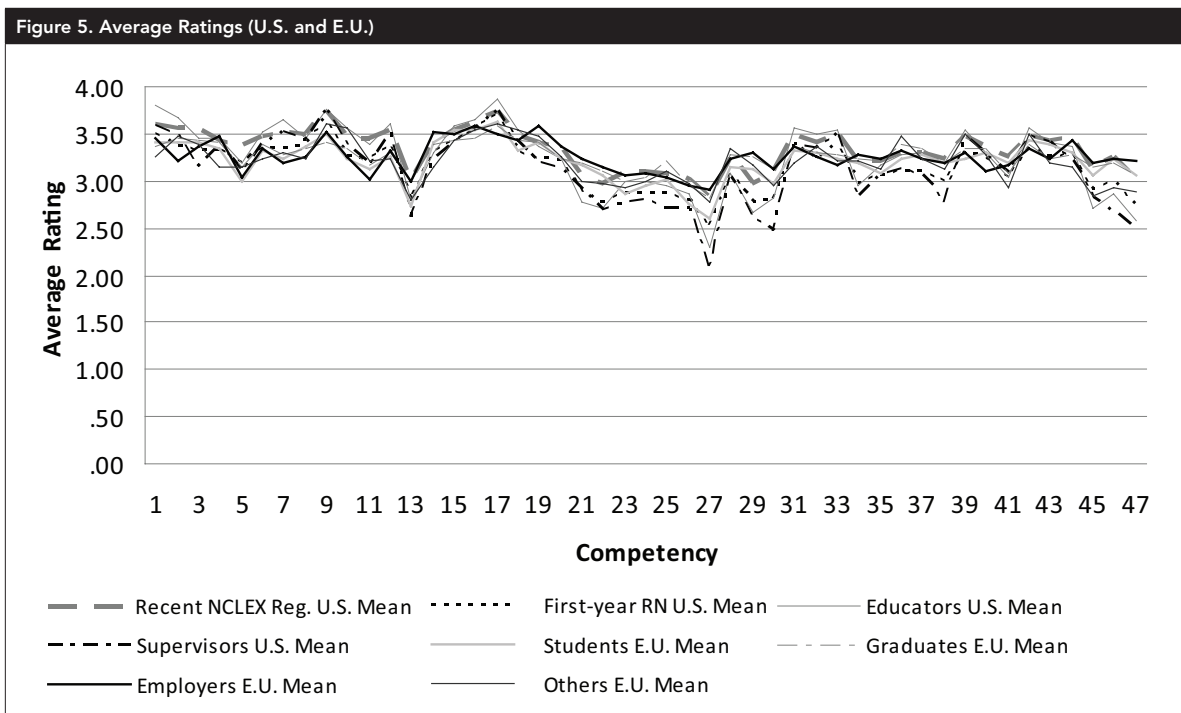
Table 5. Competency Averages (U.S. and E.U. Studies)

| Comp # | Competency | Recent NCLEX Reg. U.S. | First-year RN U.S. | Educators U.S. | Supervisors U.S. | Students E.U. | Graduates E.U. | Employers E.U. | Others E.U.* |
|--------|--|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| | | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. |
| 29 | Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | 2.97 | 2.78 | 2.67 | 2.60 | 3.12 | 3.25 | 3.31 | 3.18 |
| 30 | Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/ activities to provide nursing care that is rigorous and evidence based. | 3.08 | 2.80 | 2.82 | 2.46 | 2.98 | 3.13 | 3.13 | 2.95 |
| 31 | Demonstrates the ability to communicate effectively (including the use of new technologies): with patients, families and social groups, including those with communication difficulties. | 3.49 | 3.40 | 3.56 | 3.38 | 3.33 | 3.36 | 3.36 | 3.20 |
| 32 | Demonstrates the ability to enable patients and their caregivers to express their concerns and can respond appropriately e.g. emotional, social, psychological, spiritual or physical concerns. | 3.41 | 3.24 | 3.49 | 3.35 | 3.30 | 3.30 | 3.25 | 3.36 |
| 33 | Demonstrates the ability to appropriately represent the patient/client's perspective and act to prevent abuse. | 3.53 | 3.39 | 3.55 | 3.50 | 3.24 | 3.28 | 3.17 | 3.20 |
| 34 | Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | 3.21 | 2.97 | 2.96 | 2.82 | 3.18 | 3.24 | 3.29 | 3.22 |
| 35 | Demonstrates the ability to identify and manage challenging behavior (using communication techniques to promote patient well-being). | 3.22 | 3.07 | 3.18 | 3.05 | 3.08 | 3.22 | 3.24 | 3.12 |
| 36 | Demonstrates the ability to recognize anxiety, stress and depression (using communication techniques to promote patient well-being). | 3.29 | 3.09 | 3.29 | 3.12 | 3.24 | 3.39 | 3.32 | 3.47 |
| 37 | Demonstrates the ability to give emotional support and identify when counseling or other interventions are needed. | 3.29 | 3.10 | 3.30 | 3.06 | 3.29 | 3.34 | 3.23 | 3.23 |
| 38 | Demonstrates the ability to identify and use opportunities for health promotion and health education activities. | 3.24 | 3.00 | 3.20 | 2.78 | 3.20 | 3.19 | 3.19 | 3.12 |
| 39 | Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | 3.47 | 3.33 | 3.55 | 3.45 | 3.24 | 3.34 | 3.31 | 3.50 |
| 40 | Demonstrates the ability to realize that patient/client well-being is achieved through the combined resources and actions of all members of the healthcare team. | 3.37 | 3.23 | 3.29 | 3.28 | 3.30 | 3.34 | 3.10 | 3.28 |
| 41 | Demonstrates the ability to lead and coordinate a team, delegating care appropriately and meaningfully. | 3.25 | 3.04 | 3.04 | 3.09 | 3.20 | 3.08 | 3.16 | 2.94 |

Table 5. Competency Averages (U.S. and E.U. Studies)

| Comp # | Competency | Recent NCLEX Reg. U.S. | First-year RN U.S. | Educators U.S. | Supervisors U.S. | Students E.U. | Graduates E.U. | Employers E.U. | Others E.U.* |
|--------|--|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| | | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. | Avg. |
| 42 | Demonstrates the ability to work and communicate collaboratively and effectively with other nurses in the best interest of the patient/client. | 3.51 | 3.37 | 3.56 | 3.48 | 3.44 | 3.38 | 3.35 | 3.49 |
| 43 | Demonstrates the ability to work and communicate collaboratively and effectively with all support staff to prioritize and manage time effectively while quality standards are met. | 3.44 | 3.27 | 3.41 | 3.41 | 3.39 | 3.23 | 3.23 | 3.19 |
| 44 | Demonstrates the ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves). | 3.45 | 3.29 | 3.37 | 3.22 | 3.30 | 3.29 | 3.43 | 3.15 |
| 45 | Demonstrates the ability to critically use tools to evaluate and audit care according to relevant quality standards. | 3.13 | 2.90 | 2.72 | 2.82 | 3.07 | 3.15 | 3.19 | 2.83 |
| 46 | Within the clinical context, demonstrates the ability to educate, facilitate, supervise and support nursing students and other healthcare students or workers. | 3.25 | 3.00 | 2.86 | 2.66 | 3.24 | 3.18 | 3.23 | 2.93 |
| 47 | Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 3.03 | 2.73 | 2.59 | 2.48 | 3.07 | 3.07 | 3.22 | 2.88 |

*This group of respondents includes professional association members, physicians and nursing educators.



Ratings for the 47 competency statements appear to be consistent. Recent U.S. NCLEX registrants, first-year RNs, educators and supervisors appear to have rated the competency statement similarly. Figure 5 shows how similar the importance ratings were across the 47 competency statements with each line representing one of the eight U.S. and E.U. cohorts.

An unweighted average was calculated for each competency by averaging each mean within the U.S. and E.U. categories. The goal was to identify which competencies were most disparate. *Table 6 shows the five most disparate average ratings when comparing all U.S. groups to all E.U. groups.* No difference in this comparison was greater than .50 points. In the difference column, negative values represent a higher E.U. rating.

Correlation Analysis

To evaluate the relationship among the U.S. respondent cohorts and the E.U. cohorts, a correlation study was conducted using the 47 average importance values. All correlations were positively related and statistically significant. The relationship among all groups, except Employers-E.U., had correlations above .76. *Table 7 presents this data.*

TUNING Analysis Survey Nonresponder Study

In order to ensure the validity of the results, NCSBN conducted a telephone survey of nonresponders to determine if the nurses not responding would have rated the nursing competency statements differently than the survey responders. If there are no systematic differences in responders versus nonresponders, it would seem that the results are not biased and the nonresponder study provided evidence to support the validity of survey results. A stratified random sample of recent NCLEX registrants, first-year RNs, educators and nursing supervisors who did not participate in the survey were contacted via telephone. Of the potential contacts, a telephone interview was obtained from a total of 121 nurses: 30 recent NCLEX registrants, 30 first-year RNs, 30 educators and 31 nursing supervisors. The study found that the majority of nonresponders either did not receive the initial survey invitation or were too busy to respond. More importantly, the study found that the nonresponders rated the competency statements similarly to how responders rated them; this similarity supports validity of the results of the study. *See Appendix C for the results of the nonresponder study.*

Table 6. Average Importance Differences (U.S. and E.U.)

| Comp # | Competency | U.S. Average | E.U. Average | Difference |
|--------|--|--------------|--------------|------------|
| 29 | Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | 2.76 | 3.22 | -0.46 |
| 27 | Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2.42 | 2.77 | -0.35 |
| 47 | Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 2.71 | 3.06 | -0.35 |
| 22 | Demonstrates current and relevant knowledge of theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 2.79 | 3.07 | -0.28 |
| 33 | Demonstrates the ability to appropriately represent the patient/client's perspective and act to prevent abuse. | 3.49 | 3.22 | 0.27 |

Table 7. Correlation Between Competency Averages (U.S. and E.U.)

| Measure | Recent NCLEX Reg.-U.S. | First-year RN-U.S. | Educators-U.S. | Supervisors-U.S. | Students-E.U. | Graduates-E.U. | Employers-E.U. | Others-E.U.* |
|------------------------|------------------------|--------------------|----------------|------------------|---------------|----------------|----------------|--------------|
| Recent NCLEX Reg.-U.S. | | .988** | .962** | .947** | .856** | .838** | .675** | .798** |
| First-year RN-U.S. | | | .959** | .962** | .864** | .853** | .706** | .793** |
| Educators-U.S. | | | | .961** | .801** | .826** | .619** | .823** |
| Supervisors-U.S. | | | | | .821** | .820** | .633** | .793** |
| Students-E.U. | | | | | | .926** | .842** | .765** |
| Graduates-E.U. | | | | | | | .816** | .858** |
| Employers-E.U. | | | | | | | | .655** |
| Others-E.U. | | | | | | | | |

* This group of respondents includes professional association members, physicians and nursing educators.

** Correlation is significant at the 0.01 level (2-tailed).

CONCLUSION

There is evidence to suggest that basic nursing education competencies are equally important, regardless of nursing role or geographic setting. Average importance ratings were very similar for the 47 competencies. Correlations for the 47 competencies were high and statistically significant.

A limitation of the study may be the construction of the education competency statements. Some of the competencies were long and contained multiple concepts. The researchers of the present study recommend that the education competency statements be revised to increase ease of use and interpretation prior to inclusion in future research studies.

While the competencies are similar, organizations should consider undertaking an international study on the role of the RN. Specifically, organizations representing different countries should identify basic nursing roles or activities and evaluate them across geographies.

REFERENCES

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APPENDIX A: 2009 TUNING ANALYSES METHODOLOGY REVIEWERS

Ira Bernstein, PhD, is a professor in the department of clinical sciences at the University of Texas Southwestern Medical Center. He also holds joint appointments at the University of Texas School of Health Professions and at the University of Texas at Arlington. For the last 10 years, Bernstein has served as consulting editor for a number of peer review journals, such as *Behavior Research Methods* and *Educational and Psychological Measurements*. Bernstein is an expert in the field of measurement and psychometrics. He was one of the researchers funded by the NCSBN Joint Research Committee (JRC) in 2009.

Deirdre Knapp, PhD, is director of the Assessment, Training and Policy Studies Division at the Human Resources Research Organization (HumRRO). She also serves as vice president of her organization. Knapp has more than 25 years of experience in conducting and managing personnel and testing related research. Her research emphasis is on designing and administering performance assessments. In that capacity, Knapp is a leader in the field of job analyses and practice analyses. Prior to her 20 years of service in HumRRO, she worked as a research psychologist at the U.S. Army Research Institute for the Behavioral and Social Sciences (ARI).

Michael Rosenfeld, PhD, is president of Rosenfeld and Associates. His recent research focused on the development of job analysis procedures as a basis for designing assessment measures, documenting their validity and using the results of job analysis in curriculum design. Throughout his 30-plus years of experience in the testing industry, he has worked on many important testing issues, such as the Americans with Disabilities Act (ADA). Rosenfeld is a lead auditor for the American National Standards Institute in their program accrediting credentialing organizations. He also serves as co-editor of the *CLEAR Exam Review*, a professional testing journal. Prior to his work with Rosenfeld and Associates, Rosenfeld conducted and managed a wide variety of applied research projects for both the American Institutes for Research (AIR) and Educational Testing Service (ETS).

APPENDIX B: 2009 U.S. SURVEYS

National Council of State Boards of Nursing (NCSBN®) First Year

Introduction

This survey is part of an international research study on the importance of specific nursing competencies for Registered Nurses (RNs). The results of the survey will compare U.S. academic nursing competencies with European academic nursing competencies. This study is being conducted by NCSBN with permission from your board of nursing. Please complete this survey as soon as possible. This is your opportunity to contribute to international nursing knowledge.

Instructions:

Please read each question carefully and respond by selecting the option that most closely represents your answer. Choose the answer that **best** applies to your practice and select the appropriate response(s). A few questions ask you to enter information. Your answers will be kept confidential. Your individual responses to the questions will not be released.

Survey Progression:

To progress through the survey, please use the navigation buttons located at the bottom of each page:

Continue to the next page of the survey by clicking the *Continue to the Next Page* link.

Go back to the previous page in the survey by clicking on the *Previous Page* link. This will allow you to move back in the survey to look over the previous answers.

Finish the survey, by clicking the *Submit the Survey* link on the Thank You page.

Section 1

National Council of State Boards of Nursing (NCSBN®) First Year

1. What is the highest nursing degree you completed or are about to complete?

- RN - Diploma in U.S.
- RN - Associate Degree in U.S.
- RN - Baccalaureate Degree in U.S.
- RN - Generic Masters Degree in U.S.
- RN - Masters (Nurse Practitioner)
- RN - Masters (Clinical Nurse Specialist)
- RN - Generic Doctorate in U.S. (e.g., ND, PhD, DNP)
- Any nursing program NOT located in the U.S.
- Other (please specify)

2. What is the month and year you graduated? Please select from the dropdown menus.

| | Month | Year |
|---------|----------------------|----------------------|
| MM/YYYY | <input type="text"/> | <input type="text"/> |

Section 2

Indicate how important you think it is that a graduating nurse (you) should have acquired the following competencies in his/her educational program in order to practice as a professional registered nurse.

For each of the skills listed below rate the importance of the skill or competency using the following scale:

1 = not important, 2 = important, 3 = very important, 4 = vital

SPECIFIC COMPETENCIES – where possible these competencies should be demonstrated in both nursing practice and theoretical assessments.

National Council of State Boards of Nursing (NCSBN®) First Year

A. Competencies: professional values and the role of the nurse

| | Importance |
|---|----------------------|
| 1. Demonstrates the ability to practice within the context of professional, ethical, regulatory and legal codes, recognizing and responding to moral/ethical dilemmas and issues in day to day practice. | <input type="text"/> |
| 2. Demonstrates the ability to practice in a holistic, tolerant, non judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | <input type="text"/> |
| 3. Demonstrates the ability to educate, facilitate, promote, support and encourage the health, well-being and comfort of populations, communities, groups and individuals whose lives are affected by, illness, distress, disease, disability or death. | <input type="text"/> |
| 4. Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | <input type="text"/> |
| 5. Within the scope of his/her professional practice and accountability, demonstrates the ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs. | <input type="text"/> |
| 6. Demonstrates the ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon his/her performance so as to enhance the quality of service delivery. | <input type="text"/> |

National Council of State Boards of Nursing (NCSBN®) First Year

B. Competencies: nursing practice and clinical decision making

| | Importance |
|--|----------------------|
| 7. Demonstrates the ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors. | <input type="text"/> |
| 8. Demonstrates the ability to perform an effective risk assessment and take appropriate actions. | <input type="text"/> |
| 9. Demonstrates the ability to recognize and interpret signs of normal and changing health/illness, distress, or disability in the person (assessment/diagnosis). | <input type="text"/> |
| 10. Demonstrates the ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualized programs of care while working in partnership with the patient/client, their caregivers, families and other healthcare workers. | <input type="text"/> |
| 11. Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | <input type="text"/> |
| 12. Demonstrates the ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based. | <input type="text"/> |
| 13. Demonstrates the ability to use modern technologies to assess and respond appropriately to patient/client need (for example through telehealth, multimedia and web resources). | <input type="text"/> |
| 14. Demonstrates the ability to appropriately use a range of nursing skills, medical devices and interventions/activities to provide optimum care. | <input type="text"/> |
| 15. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to maintain patient/client dignity, advocacy and confidentiality. | <input type="text"/> |
| 16. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to practice principles of health and safety, including moving and handling, infection control, essential first aid and emergency procedures. | <input type="text"/> |
| 17. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medications and other therapies. | <input type="text"/> |
| 18. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to consider emotional, physical and personal care needs, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life. | <input type="text"/> |
| 19. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to respond to a person's needs throughout the life span and health/illness experience e.g. pain, life choices, revalidation, disability or when dying. | <input type="text"/> |
| 20. Demonstrates the ability to inform, educate and supervise patient/caregivers and their families. | <input type="text"/> |

National Council of State Boards of Nursing (NCSBN®) First Year

C. Knowledge and cognitive competencies

| | Importance |
|--|----------------------|
| 21. Demonstrates current and relevant knowledge of the theories of nursing and nursing practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 22. Demonstrates current and relevant knowledge of theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 23. Demonstrates current and relevant knowledge of the natural and life sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 24. Demonstrates current and relevant knowledge of the social, health and behavioral sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 25. Demonstrates current and relevant knowledge of ethical theory, law and humanities that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 26. Demonstrates current and relevant knowledge of technology and healthcare informatics that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 27. Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 28. Demonstrates current and relevant knowledge of problem solving, decision making and conflict theories that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | <input type="text"/> |
| 29. Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | <input type="text"/> |
| 30. Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/activities to provide nursing care that is rigorous and evidence based. | <input type="text"/> |

National Council of State Boards of Nursing (NCSBN®) First Year

D. Communication and interpersonal competencies (including technology for communication)

| | Importance |
|---|----------------------|
| 31. Demonstrates the ability to communicate effectively (including the use of new technologies): with patients, families and social groups, including those with communication difficulties. | <input type="text"/> |
| 32. Demonstrates the ability to enable patients and their caregivers to express their concerns and can respond appropriately e.g. emotional, social, psychological, spiritual or physical concerns. | <input type="text"/> |
| 33. Demonstrates the ability to appropriately represent the patient/client’s perspective and act to prevent abuse. | <input type="text"/> |
| 34. Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | <input type="text"/> |
| 35. Demonstrates the ability to identify and manage challenging behavior (using communication techniques to promote patient well-being). | <input type="text"/> |
| 36. Demonstrates the ability to recognize anxiety, stress and depression (using communication techniques to promote patient well-being). | <input type="text"/> |
| 37. Demonstrates the ability to give emotional support and identify when counseling or other interventions are needed. | <input type="text"/> |
| 38. Demonstrates the ability to identify and use opportunities for health promotion and health education activities. | <input type="text"/> |
| 39. Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | <input type="text"/> |

E. Leadership, management and team competencies

| | Importance |
|--|----------------------|
| 40. Demonstrates the ability to realize that patient/client well-being is achieved through the combined resources and actions of all members of the healthcare team. | <input type="text"/> |
| 41. Demonstrates the ability to lead and coordinate a team, delegating care appropriately and meaningfully. | <input type="text"/> |
| 42. Demonstrates the ability to work and communicate collaboratively and effectively with other nurses in the best interest of the patient/client. | <input type="text"/> |
| 43. Demonstrates the ability to work and communicate collaboratively and effectively with all support staff to prioritize and manage time effectively while quality standards are met. | <input type="text"/> |
| 44. Demonstrates the ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves). | <input type="text"/> |
| 45. Demonstrates the ability to critically use tools to evaluate and audit care according to relevant quality standards. | <input type="text"/> |
| 46. Within the clinical context, demonstrates the ability to educate, facilitate, supervise and support nursing students and other healthcare students or workers. | <input type="text"/> |
| 47. Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | <input type="text"/> |

National Council of State Boards of Nursing (NCSBN®) First Year

Section 3: Work Environment

1. Which of the following best describes most of your clients on the last day you worked? (Select all that apply.)

- Well clients, possibly with minor illnesses
- OB (Maternity) clients
- Clients with stabilized chronic conditions
- Clients with unstabilized chronic conditions
- Clients with acute conditions, including clients with medical, surgical or critical conditions
- Clients at end of life
- Clients with behavioral/emotional conditions
- Not working as an RN
- Other (please specify)

2. Which of the following best describes the ages of the majority of your clients? (Select all that apply.)

- Newborns (less than 1 month)
- Infants/children (1 month-12 years)
- Adolescent (ages 13-18)
- Young Adult (ages 19-30)
- Adult (ages 31-64)
- Older Adult (65-85)
- Older Adult (over 85)
- Not working as an RN
- Other (please specify)

National Council of State Boards of Nursing (NCSBN®) First Year

3. Which of the following choices best describes your employment setting/specialty area on the last day you worked? If you work mainly in one setting, fill in the appropriate box for that one setting. If you worked in more than one setting, fill in the appropriate boxes for all settings where you spent at least one-half of your time. (Select no more than two answers.)

- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit)
- Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology)
- Pediatrics
- Nursery
- Labor and delivery
- Postpartum unit
- Psychiatry or any of its sub-specialties (e.g., detox)
- Operating room, including outpatient surgery and surgicenters
- Nursing home, skilled or intermediate care
- Assisted Living
- Other long-term care (e.g., residential care, developmental disability)
- Rehabilitation
- Subacute unit
- Transitional care unit
- Physician/APRN/Dentist office
- Occupational health
- Outpatient clinic
- Home health, including visiting nurses associations
- Public health
- Student/school health
- Hospice care
- Prison/correctional facilities/jails
- Not working as an RN
- Other (please specify)

National Council of State Boards of Nursing (NCSBN®) First Year

4. Which of the following best describes the type of facility/organization where your employment setting/specialty area is located?

- Hospital
- Long-term care
- Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician/APRN/dentist's office, clinic, school, prison, etc.)
- Not working as an RN
- Other (please specify)

Section 4: Demographic Information

1. What is your gender?

- Male
- Female

2. What is your age in years?

National Council of State Boards of Nursing (NCSBN®) First Year

3. Which of the following is most descriptive of your racial/ethnic background? (Select one answer.)

- African American
- Asian Indian
- Asian Other
- Hispanic
- Native American
- Pacific Islander
- White – not of Hispanic origin
- Other (please specify)

4. What is your primary language?

- English
- English and another Language
- Another Language

Thank you!

We appreciate your participation in this important work.

To finalize your survey, please click the Submit button on this page.

If we need additional information in order to clarify the results of this study, we may call and/or e-mail some participants. If you would be willing to answer a few additional questions by phone or e-mail, please provide your contact information where you can be reached during the day or early evening.

Additional Information:

Name:

Email Address:

Phone Number:

SECTION 2: SPECIFIC COMPETENCIES

Indicate how important you think it is that a graduating student should have acquired the following competencies in his/her educational program in order to practice as a professional registered nurse.

For each of the skills listed below rate the importance of the skill or competency from the scale below.

SPECIFIC COMPETENCIES – where possible these competencies should be demonstrated in both nursing practice and theoretical assessments.

For each of the skills listed below rate the **importance** of the skill or competency using the following scale:

1 = Not important 2 = Important 3 = Very important 4 = Vital

Competencies: professional values and the role of the nurse

| | Not important | Important | Very important | Vital |
|--|---------------|-----------|----------------|-------|
| 1. Demonstrates the ability to practice within the context of professional, ethical, regulatory and legal codes, recognizing and responding to moral/ethical dilemmas and issues in day to day practice. | 1 | 2 | 3 | 4 |
| 2. Demonstrates the ability to practice in a holistic, tolerant, non judgemental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | 1 | 2 | 3 | 4 |
| 3. Demonstrates the ability to educate, facilitate, promote, support and encourage the health, well-being and comfort of populations, communities, groups and individuals whose lives are affected by, illness, distress, disease, disability or death. | 1 | 2 | 3 | 4 |
| 4. Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | 1 | 2 | 3 | 4 |
| 5. Within the scope of his/her professional practice and accountability, demonstrates the ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs. | 1 | 2 | 3 | 4 |
| 6. Demonstrates the ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon his/her performance so as to enhance the quality of service delivery. | 1 | 2 | 3 | 4 |

Competencies: nursing practice and clinical decision making

| | | | | |
|--|---|---|---|---|
| 7. Demonstrates the ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors. | 1 | 2 | 3 | 4 |
| 8. Demonstrates the ability to perform an effective risk assessment and take appropriate actions. ... | 1 | 2 | 3 | 4 |
| 9. Demonstrates the ability to recognize and interpret signs of normal and changing health/illness, distress, or disability in the person (assessment/diagnosis). | 1 | 2 | 3 | 4 |
| 10. Demonstrates the ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualized programs of care while working in partnership with the patient/client, their caregivers, families and other healthcare workers. | 1 | 2 | 3 | 4 |

SECTION 2: SPECIFIC COMPETENCIES (continued)

Competencies: nursing practice and clinical decision making

| | Not important | Important | Very important | Vital |
|---|---------------|-----------|----------------|-------|
| 11. Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | 1 | 2 | 3 | 4 |
| 12. Demonstrates the ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based. | 1 | 2 | 3 | 4 |
| 13. Demonstrates the ability to use modern technologies to assess and respond appropriately to patient/client need (for example through telehealth, multimedia and web resources). | 1 | 2 | 3 | 4 |
| 14. Demonstrates the ability to appropriately use a range of nursing skills, medical devices and interventions/activities to provide optimum care. | 1 | 2 | 3 | 4 |
| 15. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to maintain patient/client dignity, advocacy and confidentiality. | 1 | 2 | 3 | 4 |
| 16. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to practice principles of health and safety, including moving and handling, infection control, essential first aid and emergency procedures. | 1 | 2 | 3 | 4 |
| 17. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medications and other therapies. | 1 | 2 | 3 | 4 |
| 18. Using nursing skills, medical devices and interventions/activities to provide optimum care demonstrates the ability to consider emotional, physical and personal care needs, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life. | 1 | 2 | 3 | 4 |
| 19. Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to respond to a person’s needs throughout the life span and health/illness experience, e.g., pain, life choices, revalidation, disability or when dying. | 1 | 2 | 3 | 4 |
| 20. Demonstrates the ability to inform, educate and supervise patient/caregivers and their families. | 1 | 2 | 3 | 4 |

Knowledge and cognitive competencies

| | | | | |
|--|---|---|---|---|
| 21. Demonstrates current and relevant knowledge of the theories of nursing and nursing practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 22. Demonstrates current and relevant knowledge of theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 23. Demonstrates current and relevant knowledge of the natural and life sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 24. Demonstrates current and relevant knowledge of the social, health and behavioral sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 25. Demonstrates current and relevant knowledge of ethical theory, law and humanities that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 26. Demonstrates current and relevant knowledge of technology and healthcare informatics that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |

SECTION 2: SPECIFIC COMPETENCIES (continued)

Knowledge and cognitive competencies

| | Not important | Important | Very important | Vital |
|---|---------------|-----------|----------------|-------|
| 27. Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 28. Demonstrates current and relevant knowledge of problem solving, decision making and conflict theories that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 1 | 2 | 3 | 4 |
| 29. Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | 1 | 2 | 3 | 4 |
| 30. Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/activities to provide nursing care that is rigorous and evidence based. | 1 | 2 | 3 | 4 |

Communication and interpersonal competencies (including technology for communication)

| | | | | |
|--|---|---|---|---|
| 31. Demonstrates the ability to communicate effectively (including the use of new technologies): with patients, families and social groups, including those with communication difficulties. | 1 | 2 | 3 | 4 |
| 32. Demonstrates the ability to enable patients and their caregivers to express their concerns and can respond appropriately, e.g. emotional, social, psychological, spiritual or physical concerns. | 1 | 2 | 3 | 4 |
| 33. Demonstrates the ability to appropriately represent the patient/client’s perspective and act to prevent abuse. | 1 | 2 | 3 | 4 |
| 34. Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | 1 | 2 | 3 | 4 |
| 35. Demonstrates the ability to identify and manage challenging behavior (using communication techniques to promote patient well-being). | 1 | 2 | 3 | 4 |
| 36. Demonstrates the ability to recognize anxiety, stress and depression (using communication techniques to promote patient well-being). | 1 | 2 | 3 | 4 |
| 37. Demonstrates the ability to give emotional support and identify when counseling or other interventions are needed. | 1 | 2 | 3 | 4 |
| 38. Demonstrates the ability to identify and use opportunities for health promotion and health education activities. | 1 | 2 | 3 | 4 |
| 39. Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | 1 | 2 | 3 | 4 |

Leadership, management and team competencies

| | | | | |
|--|---|---|---|---|
| 40. Demonstrates the ability to realize that patient/client well-being is achieved through the combined resources and actions of all members of the healthcare team. | 1 | 2 | 3 | 4 |
| 41. Demonstrates the ability to lead and coordinate a team, delegating care appropriately and meaningfully. | 1 | 2 | 3 | 4 |
| 42. Demonstrates the ability to work and communicate collaboratively and effectively with other nurses in the best interest of the patient/client. | 1 | 2 | 3 | 4 |
| 43. Demonstrates the ability to work and communicate collaboratively and effectively with all support staff to prioritize and manage time effectively while quality standards are met. | 1 | 2 | 3 | 4 |

SECTION 2: SPECIFIC COMPETENCIES (continued)

Leadership, management and team competencies

| | Not important | Important | Very important | Vital |
|---|---------------|-----------|----------------|-------|
| 44. Demonstrates the ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves). | 1 | 2 | 3 | 4 |
| 45. Demonstrates the ability to critically use tools to evaluate and audit care according to relevant quality standards. | 1 | 2 | 3 | 4 |
| 46. Within the clinical context, demonstrates the ability to educate, facilitate, supervise and support nursing students and other healthcare students or workers. | 1 | 2 | 3 | 4 |
| 47. Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 1 | 2 | 3 | 4 |

SECTION 3: WORK ENVIRONMENT

Use the below instructions for 1-4 in Section 3

INSTRUCTIONS FOR NURSE EDUCATORS: Choose the following clinical setting, practice area, or client population that most accurately describes where you instruct your students.

INSTRUCTIONS FOR NURSE SUPERVISORS: Choose the following clinical setting that most accurately describes the general population you supervise and/or the unit on which you work.

1. Which of the following best describes the clients from your area of practice? (Select all that apply)

- Well clients, possibly with minor illnesses
- OB (Maternity) clients
- Clients with stabilized chronic conditions
- Clients with unstabilized chronic conditions
- Clients with acute conditions, including clients with medical, surgical or critical conditions
- Clients at end of life
- Clients with behavioral/emotional conditions
- Other, please specify: _____

2. Which of the following best describes the ages of the majority of your clients? (Select all that apply)

- Newborns (less than 1 month)
- Infants/children (1 month - 12 years)
- Adolescent (ages 13-18)
- Young Adult (ages 19-30)
- Adult (ages 31-64)
- Older Adult (65-85)
- Older Adult (over 85)

SECTION 3: WORK ENVIRONMENT

3. Which of the following best describes your employment setting/specialty area? If you work mainly in one setting, fill in the appropriate oval for that one setting. If you work in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time. (Select no more than two answers)

- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit)
- Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology)
- Pediatrics
- Nursery
- Labor and delivery
- Postpartum unit
- Psychiatry or any of its sub-specialties (e.g., detox)
- Operating room, including outpatient surgery and surgicenters
- Nursing home, skilled or intermediate care
- Assisted living
- Other long-term care (e.g., residential care, developmental disability)
- Rehabilitation
- Subacute unit
- Transitional care unit
- Physician/APRN/Dentist office
- Occupational health
- Outpatient clinic
- Home health, including visiting nurses associations
- Public health
- Student/school health
- Hospice care
- Prison/correctional facilities/jails
- Other, please specify: _____

4. Which of the following best describes the type of facility/organization where your employment setting/specialty area is located? (Select only one)

- Hospital
- Long-term care
- Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician/APRN/dentist's office, clinic, school, prison, etc.)
- Other, please specify: _____

SECTION 4: DEMOGRAPHIC INFORMATION

1. What is your gender?

- Male
- Female

2. What is your age in years?

| YEARS | |
|-------|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

3. Which of the following is most descriptive of your racial/ethnic background?

(Select ONE answer)

- African American
- Asian Indian
- Asian Other
- Hispanic
- Native American
- Pacific Islander
- White – not of Hispanic origin
- Other, please specify: _____

4. What is your primary language?

- English
- English and another language
- Another language

If we need additional information in order to clarify the results of this study, we may call and/or e-mail some participants. If you would be willing to answer a few additional questions by phone or e-mail, please provide a number where you can be reached during the day or early evening.

Name: _____

Daytime or Early Evening Phone Number with Area Code: ()

E-mail: _____

**THANK YOU FOR PARTICIPATING
IN THIS IMPORTANT WORK!**



APPENDIX C: 2009 TUNING ANALYSIS SURVEY NONRESPONDER STUDY

Introduction

The National Council of State Boards of Nursing (NCSBN®) conducted a study to evaluate the importance of nursing competencies in the U.S. Respondents of the study were drawn from four samples: recent NCLEX registrants, registered nurses (RNs) obtaining their license within the last year (first-year RN), nursing educators and supervisors of nurses.

Out of the 6,000 recent NCLEX registrants who were invited to take the survey online, 2,857 surveys were submitted. In addition, 590 out of 2,500 first-year RNs, 1,380 out of 2,751 nursing educators and 657 out of 2,750 supervisors of nurses returned the surveys, separately.

NCSBN wanted to contact a sample of the invitees who chose not to participate in the survey and compare a sample of competency statements, as well as demographic information, against the 2009 TUNING Analysis Survey responders.

Background of Study

A new initiative seeks to understand the role of nurses and nursing education from an international perspective. This study was conducted to evaluate the importance of nursing competencies in the U.S. In addition, results from the current study were compared to the results of a similar study, called TUNING, conducted in the following European Union (E.U.) countries: Denmark, Finland, Flanders, France, Germany, Hungary, Ireland, Italy, Lithuania, Malta, Norway, Netherlands, Portugal, Slovakia, Spain, Ukraine and the United Kingdom.

Methodology

Sample Selection

A random sample of 30 invitees from the educator, recent NCLEX registrant and first-year RN groups, and 31 nursing supervisors who did not respond to

the 2009 TUNING Analysis Survey was contacted via telephone.

Survey Instrument and Process

There were a total of 121 nonresponders who were contacted via phone. First, nonresponders were asked about their reasons for not completing the survey. In order to facilitate the gathering of data from nonresponders, NCSBN developed a list of possible reasons why invitees may not have responded to the survey based on prior research. Possible reasons included too busy, did not care, do not like/trust surveys, did not receive or other. Second, nonresponders were asked for demographic information in order to provide background, such as employment setting/specialty and length of time since they graduated with a nursing degree. In addition, nonresponders were asked to rate the importance of 10 competencies that were listed in the 2009 TUNING Analysis Survey. Nonresponders were thanked for their time and their data was recorded in a Microsoft Excel 2007 spreadsheet.

Nonresponder Results

Reasons for Not Responding

There were 63% (19/30) of recent NCLEX registrants, 60% (18/30) of first-year RNs, 97% (29/30) of educators and 100% (31/31) of supervisors who did not receive the survey; 30% of recent NCLEX registrants and 37% of first-year RNs were too busy to return the survey. None of the nonresponders indicated

Table C-1. Reasons For Not Responding

| Group | Too Busy | Did Not Care | Do Not Like/Trust Surveys | Did Not Receive It | Total |
|-------------------|----------|--------------|---------------------------|--------------------|-------|
| Recent NCLEX Reg. | 9 | 2 | 0 | 19 | 30 |
| First-year RN | 11 | 1 | 0 | 18 | 30 |
| Educator | 1 | 0 | 0 | 29 | 30 |
| Supervisor | 0 | 0 | 0 | 31 | 31 |

that they do not like/trust surveys as a reason for not returning the survey. See *Table C-1*.

Employment Setting/Specialty

Nonresponders were asked to provide their setting/specialty area. The largest percentages, 43.0% of recent NCLEX registrants and 33.3% of first-year RNs, worked in the medical-surgical unit or any of its sub-specialties (e.g. oncology, orthopedics,

neurology), while 37% of the recent NCLEX registrants, 37% of the first-year RNs and almost all nursing supervisors cited specialties other than those on the list. None of the educators contacted specified their specialties.

Importance Ratings

In general, the importance ratings between nonresponders and responders were very similar, with no

Table C-2. Average Importance Rating of Competencies

| Competency | Responder | | | | | | | | Nonresponder | | | | | | | |
|---|-------------------|------|---------------|------|-----------|------|-------------|------|-------------------|------|---------------|------|-----------|------|-------------|------|
| | Recent NCLEX Reg. | | First-year RN | | Educators | | Supervisors | | Recent NCLEX Reg. | | First-year RN | | Educators | | Supervisors | |
| | N | Avg. | N | Avg. | N | Avg. | N | Avg. | N | Avg. | N | Avg. | N | Avg. | N | Avg. |
| Demonstrates the ability to practice in a holistic, tolerant, non judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | 2879 | 3.56 | 599 | 3.38 | 1363 | 3.68 | 645 | 3.50 | 30 | 3.63 | 30 | 3.67 | 30 | 3.80 | 31 | 3.84 |
| Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | 2872 | 3.43 | 598 | 3.33 | 1363 | 3.44 | 641 | 3.36 | 30 | 3.43 | 30 | 3.63 | 30 | 3.73 | 31 | 3.52 |
| Demonstrates the ability to perform an effective risk assessment and take appropriate actions. | 2857 | 3.49 | 596 | 3.39 | 1358 | 3.46 | 641 | 3.43 | 30 | 3.93 | 30 | 3.83 | 30 | 3.73 | 31 | 3.52 |
| Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | 2862 | 3.45 | 593 | 3.24 | 1368 | 3.38 | 643 | 3.18 | 30 | 3.63 | 30 | 3.53 | 30 | 3.73 | 31 | 3.61 |
| Demonstrates the ability to appropriately use a range of nurse skills, medical devices and interventions/ activities to provide optimum care. | 2856 | 3.41 | 592 | 3.31 | 1364 | 3.29 | 644 | 3.23 | 30 | 3.70 | 30 | 3.47 | 30 | 3.47 | 31 | 3.55 |
| Demonstrates the ability to inform, educate and supervise patient/ caregivers and their families. | 2838 | 3.37 | 587 | 3.20 | 1339 | 3.24 | 632 | 3.13 | 30 | 3.50 | 30 | 3.27 | 30 | 3.50 | 31 | 3.32 |
| Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/activities to provide nursing care that is rigorous and evidence based. | 2821 | 3.08 | 582 | 2.80 | 1345 | 2.82 | 636 | 2.46 | 30 | 3.23 | 30 | 3.20 | 30 | 3.07 | 31 | 2.71 |
| Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | 2824 | 3.21 | 580 | 2.97 | 1345 | 2.96 | 636 | 2.82 | 30 | 3.37 | 30 | 3.17 | 30 | 3.13 | 31 | 3.00 |
| Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | 2829 | 3.47 | 586 | 3.33 | 1327 | 3.55 | 635 | 3.45 | 30 | 3.60 | 30 | 3.47 | 30 | 3.73 | 31 | 3.81 |
| Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 2833 | 3.03 | 587 | 2.73 | 1353 | 2.59 | 648 | 2.48 | 30 | 3.17 | 30 | 2.97 | 30 | 3.00 | 31 | 2.68 |

competency importance rating differing by more than half a point. See *Table C-2*.

Summary

The nonresponder study suggests that the main reasons individuals did not complete the study were they were either too busy or did not receive the survey. Overall, these results provide important information about why individuals do not complete surveys. More importantly, the ratings of the activity statements were quite similar, which indicates that the results of the survey are not systematically biased. The nonresponder study provides support for the validity of the 2009 TUNING Analysis Survey results.

APPENDIX D: U.S. EDUCATIONAL COMPARISON

| Appendix D. U.S. Educational Comparison | | | | | | | | | | | | |
|---|--|---------|------|-----------|-----------|------|-----------|---------------|------|-----------|-----------------|--|
| # Comp | Competency | Diploma | | | Associate | | | Baccalaureate | | | Assoc-Bacc Dif. | |
| | | N | Avg | Std. Err. | N | Avg | Std. Err. | N | Avg | Std. Err. | | |
| 1 | Demonstrates the ability to practice within the context of professional, ethical, regulatory and legal codes, recognizing and responding to moral/ethical dilemmas and issues in day to day practice. | 32 | 3.81 | 0.08 | 490 | 3.58 | 0.03 | 2290 | 3.60 | 0.01 | -0.02 | |
| 2 | Demonstrates the ability to practice in a holistic, tolerant, non judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised. | 32 | 3.81 | 0.08 | 490 | 3.51 | 0.03 | 2290 | 3.57 | 0.01 | -0.06 | |
| 3 | Demonstrates the ability to educate, facilitate, promote, support and encourage the health, well-being and comfort of populations, communities, groups and individuals whose lives are affected by, illness, distress, disease, disability or death. | 32 | 3.78 | 0.07 | 490 | 3.54 | 0.03 | 2286 | 3.56 | 0.01 | -0.01 | |
| 4 | Within the scope of his/her professional practice and accountability, demonstrates awareness of the different roles, responsibilities and functions of a nurse. | 32 | 3.69 | 0.09 | 488 | 3.44 | 0.03 | 2285 | 3.43 | 0.01 | 0.00 | |
| 5 | Within the scope of his/her professional practice and accountability, demonstrates the ability to adjust their role to respond effectively to population/patient needs. Where necessary and appropriate is able to challenge current systems to meet population/patient needs. | 32 | 3.56 | 0.13 | 489 | 3.37 | 0.03 | 2283 | 3.38 | 0.01 | 0.00 | |
| 6 | Demonstrates the ability to accept responsibility for his/her own professional development and learning, using evaluation as a way to reflect and improve upon his/her performance so as to enhance the quality of service delivery. | 32 | 3.66 | 0.12 | 488 | 3.49 | 0.03 | 2281 | 3.48 | 0.01 | 0.01 | |
| 7 | Demonstrates the ability to undertake comprehensive and systematic assessments using the tools/frameworks appropriate to the patient/client taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors. | 32 | 3.66 | 0.10 | 484 | 3.47 | 0.03 | 2279 | 3.51 | 0.01 | -0.05 | |
| 8 | Demonstrates the ability to perform an effective risk assessment and take appropriate actions. | 32 | 3.63 | 0.11 | 483 | 3.49 | 0.03 | 2276 | 3.49 | 0.01 | 0.01 | |
| 9 | Demonstrates the ability to recognize and interpret signs of normal and changing health/illness, distress, or disability in the person (assessment/diagnosis). | 31 | 3.84 | 0.07 | 480 | 3.73 | 0.02 | 2258 | 3.73 | 0.01 | -0.01 | |
| 10 | Demonstrates the ability to respond to patient/client needs by planning, delivering and evaluating appropriate and individualized programs of care while working in partnership with the patient/client, their caregivers, families and other healthcare workers. | 32 | 3.63 | 0.09 | 484 | 3.44 | 0.03 | 2278 | 3.47 | 0.01 | -0.03 | |
| 11 | Demonstrates the ability to critically question, evaluate, interpret and synthesize a range of information and data sources to facilitate patient choice. | 32 | 3.47 | 0.10 | 485 | 3.43 | 0.03 | 2279 | 3.47 | 0.01 | -0.04 | |

Appendix D. U.S. Educational Comparison

| # Comp | Competency | Diploma | | | Associate | | | Baccalaureate | | | Assoc-Bacc Dif. |
|--------|--|---------|------|-----------|-----------|------|-----------|---------------|------|-----------|-----------------|
| | | N | Avg | Std. Err. | N | Avg | Std. Err. | N | Avg | Std. Err. | |
| 12 | Demonstrates the ability to make sound clinical judgments to ensure quality standards are met and practice is evidence based. | 31 | 3.65 | 0.10 | 483 | 3.51 | 0.03 | 2274 | 3.56 | 0.01 | -0.05 |
| 13 | Demonstrates the ability to use modern technologies to assess and respond appropriately to patient/client need (for example through telehealth, multimedia and web resources). | 30 | 3.20 | 0.13 | 483 | 3.06 | 0.04 | 2270 | 3.00 | 0.02 | 0.05 |
| 14 | Demonstrates the ability to appropriately use a range of nursing skills, medical devices and interventions/activities to provide optimum care. | 32 | 3.59 | 0.10 | 483 | 3.45 | 0.03 | 2275 | 3.40 | 0.01 | 0.04 |
| 15 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to maintain patient/client dignity, advocacy and confidentiality. | 32 | 3.59 | 0.11 | 485 | 3.53 | 0.03 | 2272 | 3.55 | 0.01 | -0.02 |
| 16 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to practice principles of health and safety, including moving and handling, infection control, essential first aid and emergency procedures. | 32 | 3.69 | 0.09 | 483 | 3.58 | 0.03 | 2267 | 3.63 | 0.01 | -0.05 |
| 17 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to safely administer medications and other therapies. | 32 | 3.81 | 0.07 | 484 | 3.71 | 0.02 | 2269 | 3.73 | 0.01 | -0.02 |
| 18 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to consider emotional, physical and personal care needs, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life. | 32 | 3.53 | 0.11 | 483 | 3.48 | 0.03 | 2268 | 3.47 | 0.01 | 0.01 |
| 19 | Using nursing skills, medical devices and interventions/activities to provide optimum care, demonstrates the ability to respond to a person's needs throughout the life span and health/illness experience e.g. pain, life choices, revalidation, disability or when dying. | 32 | 3.53 | 0.11 | 484 | 3.40 | 0.03 | 2268 | 3.41 | 0.01 | -0.01 |
| 20 | Demonstrates the ability to inform, educate and supervise patient/caregivers and their families. | 32 | 3.41 | 0.11 | 482 | 3.39 | 0.03 | 2258 | 3.36 | 0.01 | 0.03 |
| 21 | Demonstrates current and relevant knowledge of the theories of nursing and nursing practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 31 | 3.26 | 0.15 | 476 | 3.09 | 0.04 | 2254 | 3.05 | 0.02 | 0.04 |
| 22 | Demonstrates current and relevant knowledge of theories concerning the nature and challenge of professional practice that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.22 | 0.14 | 474 | 3.05 | 0.04 | 2255 | 2.97 | 0.02 | 0.08 |

| Appendix D. U.S. Educational Comparison | | | | | | | | | | | | |
|---|---|---------|------|-----------|-----------|------|-----------|---------------|------|-----------|------------|-------|
| # Comp | Competency | Diploma | | | Associate | | | Baccalaureate | | | Assoc-Bacc | |
| | | N | Avg | Std. Err. | N | Avg | Std. Err. | N | Avg | Std. Err. | N | Dif. |
| 23 | Demonstrates current and relevant knowledge of the natural and life sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.16 | 0.16 | 476 | 3.09 | 0.04 | 2257 | 3.08 | 0.02 | 2257 | 0.00 |
| 24 | Demonstrates current and relevant knowledge of the social, health and behavioral sciences that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.22 | 0.14 | 472 | 3.10 | 0.04 | 2257 | 3.10 | 0.02 | 2257 | -0.01 |
| 25 | Demonstrates current and relevant knowledge of ethical theory, law and humanities that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.09 | 0.16 | 475 | 3.09 | 0.04 | 2254 | 3.07 | 0.02 | 2254 | 0.02 |
| 26 | Demonstrates current and relevant knowledge of technology and healthcare informatics that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.19 | 0.15 | 474 | 3.06 | 0.04 | 2254 | 3.00 | 0.02 | 2254 | 0.06 |
| 27 | Demonstrates current and relevant knowledge of international and national policies that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 2.81 | 0.18 | 473 | 2.92 | 0.04 | 2257 | 2.81 | 0.02 | 2257 | 0.11 |
| 28 | Demonstrates current and relevant knowledge of problem solving, decision making and conflict theories that can be appropriately applied to nursing practice, patient/client care and situations of uncertainty. | 32 | 3.41 | 0.14 | 474 | 3.30 | 0.03 | 2255 | 3.23 | 0.02 | 2255 | 0.06 |
| 29 | Demonstrates current and relevant knowledge of theories related to personal and professional development so as to enhance professional practice. | 32 | 3.09 | 0.16 | 474 | 3.01 | 0.04 | 2253 | 2.96 | 0.02 | 2253 | 0.05 |
| 30 | Demonstrates current and relevant knowledge of the research process and current nursing research that can be appropriately applied to nursing actions/activities to provide nursing care that is rigorous and evidence based. | 32 | 3.34 | 0.14 | 470 | 3.13 | 0.04 | 2253 | 3.07 | 0.02 | 2253 | 0.06 |
| 31 | Demonstrates the ability to communicate effectively (including the use of new technologies); with patients, families and social groups, including those with communication difficulties. | 32 | 3.69 | 0.08 | 479 | 3.45 | 0.03 | 2256 | 3.49 | 0.01 | 2256 | -0.04 |
| 32 | Demonstrates the ability to enable patients and their caregivers to express their concerns and can respond appropriately e.g. emotional, social, psychological, spiritual or physical concerns. | 32 | 3.63 | 0.11 | 478 | 3.38 | 0.03 | 2256 | 3.41 | 0.01 | 2256 | -0.03 |
| 33 | Demonstrates the ability to appropriately represent the patient/client's perspective and act to prevent abuse. | 32 | 3.63 | 0.10 | 478 | 3.51 | 0.03 | 2257 | 3.53 | 0.01 | 2257 | -0.02 |
| 34 | Demonstrates the ability to appropriately use counseling skills to promote patient well-being. | 32 | 3.28 | 0.12 | 475 | 3.23 | 0.03 | 2251 | 3.21 | 0.02 | 2251 | 0.02 |
| 35 | Demonstrates the ability to identify and manage challenging behavior (using communication techniques to promote patient well-being). | 32 | 3.41 | 0.12 | 479 | 3.25 | 0.03 | 2251 | 3.22 | 0.01 | 2251 | 0.03 |

| Appendix D. U.S. Educational Comparison | | | | | | | | | | | | |
|---|------|--|---------|------|-----------|-----------|------|-----------|---------------|------|-----------|-----------------|
| # | Comp | Competency | Diploma | | | Associate | | | Baccalaureate | | | Assoc-Bacc Dif. |
| | | | N | Avg | Std. Err. | N | Avg | Std. Err. | N | Avg | Std. Err. | |
| 36 | | Demonstrates the ability to recognize anxiety, stress and depression (using communication techniques to promote patient well-being). | 32 | 3.41 | 0.12 | 478 | 3.29 | 0.03 | 2256 | 3.30 | 0.01 | -0.01 |
| 37 | | Demonstrates the ability to give emotional support and identify when counseling or other interventions are needed. | 32 | 3.50 | 0.11 | 480 | 3.29 | 0.03 | 2256 | 3.29 | 0.01 | 0.00 |
| 38 | | Demonstrates the ability to identify and use opportunities for health promotion and health education activities. | 32 | 3.38 | 0.13 | 479 | 3.24 | 0.03 | 2254 | 3.25 | 0.02 | 0.00 |
| 39 | | Demonstrates the ability to accurately report, record, document and refer care using appropriate technologies. | 32 | 3.53 | 0.13 | 478 | 3.45 | 0.03 | 2253 | 3.48 | 0.01 | -0.03 |
| 40 | | Demonstrates the ability to realize that patient/client well-being is achieved through the combined resources and actions of all members of the healthcare team. | 32 | 3.44 | 0.13 | 480 | 3.37 | 0.03 | 2262 | 3.37 | 0.01 | 0.00 |
| 41 | | Demonstrates the ability to lead and coordinate a team, delegating care appropriately and meaningfully. | 32 | 3.47 | 0.12 | 478 | 3.28 | 0.03 | 2260 | 3.24 | 0.02 | 0.04 |
| 42 | | Demonstrates the ability to work and communicate collaboratively and effectively with other nurses in the best interest of the patient/client. | 32 | 3.53 | 0.11 | 478 | 3.49 | 0.03 | 2257 | 3.51 | 0.01 | -0.02 |
| 43 | | Demonstrates the ability to work and communicate collaboratively and effectively with all support staff to prioritize and manage time effectively while quality standards are met. | 32 | 3.41 | 0.11 | 480 | 3.40 | 0.03 | 2262 | 3.44 | 0.01 | -0.04 |
| 44 | | Demonstrates the ability to assess risk and actively promote the well-being, security and safety of all people in the working environment (including themselves). | 32 | 3.63 | 0.10 | 481 | 3.43 | 0.03 | 2260 | 3.46 | 0.01 | -0.03 |
| 45 | | Demonstrates the ability to critically use tools to evaluate and audit care according to relevant quality standards. | 32 | 3.31 | 0.12 | 477 | 3.14 | 0.03 | 2261 | 3.13 | 0.02 | 0.01 |
| 46 | | Within the clinical context, demonstrates the ability to educate, facilitate, supervise and support nursing students and other healthcare students or workers. | 32 | 3.47 | 0.12 | 480 | 3.26 | 0.03 | 2261 | 3.25 | 0.02 | 0.02 |
| 47 | | Demonstrates an awareness of the principles of healthcare funding and uses resources effectively. | 32 | 3.25 | 0.13 | 479 | 3.08 | 0.04 | 2256 | 3.01 | 0.02 | 0.06 |