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# Clinical Competencies in Nursing Graduates: Perceptions of Nursing Professionals

Competencias clínicas en egresados de Enfermería: percepción de las enfermeras

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## ABSTRACT:

**Introduction:** Nurses have an academic background that has been established over the years.
**Objective:** To explore the perceptions of nursing mentors/professionals regarding the clinical competencies of newly admitted graduates.
**Methodology:** This was an exploratory qualitative study. Interviews were conducted with 15 nursing professionals from public health institutions lasting 30 minutes. Participants were selected by convenience. The interview guide included 10 questions. A content analysis was conducted.
**Results:** Nine of the fifteen participants were women and six were men. They reported being between 24 and 42 years of age, working morning and evening shifts, and working in care areas such as the emergency department, operating room, neonatal and adult intensive care, and obstetrics/surgical care. The qualitative results of the semi-structured interviews were identified in four categories: knowledge, skills, attitudes, and values.
**Conclusions:** The findings of this study contribute to highlighting the need for greater investment in the training of nursing professionals, which is characterized by improving and facilitating the applicability of theoretical knowledge in simulated and/or real practical environments.

**Keywords:** Clinical competence; Knowledge; Skill; Nursing.

**RESUMEN:**
**Introducción:** Las enfermeras cuentan con una formación académica que se ha consolidado a lo largo de los años.
**Objetivo:** Explorar la percepción de los mentores/profesionales de Enfermería sobre las competencias clínicas que poseen los egresados recién incorporados al mundo laboral.
**Material y método:** Estudio cualitativo exploratorio, se realizaron entrevistas a 15 profesionales de Enfermería pertenecientes a instituciones públicas de salud, con una duración de 30 minutos; los participantes fueron seleccionados por conveniencia. La guía de entrevista incluyó 10 preguntas. Se desarrolló un análisis de contenido.
**Resultados:** Nueve de los quince participantes fueron mujeres y seis hombres, quienes refirieron tener un rango de edad entre los 24 y 42 años, pertenecer a turnos matutino y vespertino y desempeñarse en áreas de atención como: urgencias, quirófano, cuidados intensivos neonatales y adulto y obstetricia/tococirugía. Respecto a los resultados cualitativos de las entrevistas semiestructuradas se identificaron cuatro categorías: conocimientos, habilidades, actitudes, valores.
**Conclusiones:** Los hallazgos de este estudio contribuyen en destacar la necesidad de mayor inversión en la formación de los profesionales de Enfermería, la cual se caracterice por mejorar y facilitar la aplicabilidad de los conocimientos teóricos en entornos prácticos simulados y/o reales.

**Palabras clave:** Competencia clínica; Conocimiento; Habilidad; Enfermería.

# INTRODUCTION

According to the International Council of Nurses[1], Nursing professionals are essential members of the healthcare team at all levels of care, making Nursing a universal necessity. Although Nursing professionals have academic training that provides them with the tools necessary for optimal performance in health care, health institutions currently face challenges and health needs arising from the behavior of social determinants of health and the increasing prevalence of noncommunicable and communicable diseases[2].

Due to the above, the World Health Organization recommended investing in the Nursing sector to achieve the 2030 Sustainable Development Goals, which include areas such as health, education, gender equality, and economic growth[3]. Based on the above, Nursing professionals have been recognized as key players in providing health services. In this regard, in Mexico, there is no precise data on how much is specifically invested in Nursing. However, data from the total budget for the health sector indicates that 21 billion will be invested between 2025 and 2026, a budget that includes investment in Nursing[4].

According to the graduate profile of educational institutions in Mexico, Nursing students must possess defined clinical competencies to provide comprehensive, humanized, equitable, inclusive, and quality care to individuals, families, and groups in states of health and illness, which are characterized by a set of clinical knowledge, skills, and attitudes[5-7].

Consequently, this, together with the global shortage of Nursing professionals, particularly in the Americas, highlights the need for Nursing education to focus on real health needs[8]. Therefore, it is necessary to strengthen clinical competencies to respond to the physiological, mental, and/or emotional needs that arise in health institutions[9-10], an aspect that, in the Mexican context, is established in Official Mexican Standard NOM-019-SSA3-2013, for Nursing practice in the National Health System[11].

According to the literature, Norman[12], a pioneer in the concept of clinical competence, defines it as a set of multidimensional attributes that include clinical skills, knowledge and understanding, interpersonal attributes, problem solving and clinical judgment, and technical skills. Later, in 1994, Patricia Benner pointed out that the acquisition of Nursing competencies is influenced by the development of theoretical knowledge and the expansion of practical knowledge (being practical) through clinical experience[13]. Thus, clinical competence requires mastery of specific knowledge, skills, qualities, and aptitudes that enable the performance of functions and tasks necessary to efficiently and effectively resolve the individual and collective health problems demanded by society[14].

One perspective that could shed light on the clinical competency needs of recent Nursing graduates is the perception of Nursing staff who are involved in patient care at different levels of care, which would allow the clinical competencies observed by Nursing professionals to be identified in a real-life setting. Little scientific evidence has been found in relation to this. Prathibha et al.[15] found that mentors and Nursing professionals reported that most Nursing graduates newly entering the workforce are competent in monitoring vital signs and providing Nursing care, patient safety, infection control, medication administration, and waste management.

However, it is also noted that very few students are competent in providing comprehensive patient care, with deficiencies identified in areas such as fluid balance, test interpretation, medical record management, critical care, in-depth needs assessment, and advanced Nursing procedures. in addition to the lack of interest in communicating with patients and health professionals, as well as assertiveness, which could have a significant impact on patient care, such as safety and quality of care.

Given the limited evidence available on the perceptions of mentors/Nursing professionals regarding the clinical competencies of recent graduates entering the workforce, this study provides an opportunity to explore this phenomenon in greater depth, specifically in the Mexican context, which has specific health demands and training needs. Thus, the findings of this study could be useful for educational authorities and health institutions, which could increase the clinical competencies necessary in healthcare through educational and job induction strategies. For this reason, the objective of this study was to explore the perception of mentors/Nursing professionals regarding the clinical competencies of recent graduates entering the workforce.

# MATERIAL AND METHOD

This study is derived from a larger research project entitled “Educational intervention to strengthen the clinical judgment of newly graduated Nursing professionals,” which has been approved by the Research Ethics Committee and the Research Committee of the Faculty of Nursing at the Autonomous University of Nuevo León. An exploratory qualitative study was conducted to gain a deeper understanding of this phenomenon, which has been studied little. The target population of the study was nurses working in public health institutions with at least three years of work experience, with the aim of ensuring that they had experience working with Nursing graduates who had recently joined the various health services. The accessible population consisted of nurses working in three public institutions, who performed in services such as emergency rooms, operating rooms, neonatal intensive care, adult intensive care, and

obstetrics/toco-surgery. The study included 15 Nursing professionals from public health institutions in the Monterrey Metropolitan Area, Nuevo León, Mexico, who were selected through convenience sampling.

To conduct the study, authorization was requested by the directors and heads of Nursing of the various health services. Participants were then invited to take part in the study via digital media shared by the heads of Nursing. Subsequently, visits were made to the health services of the different public health institutions to reiterate the invitation, and a date and time were set for the semi-structured interview in a distraction-free space with those Nursing professionals interested in participating. It should be noted that the participation of Nursing professionals did not interfere with their activities within the service.

When conducting the semi-structured interview, the participant was explained how the interview would be carried out. The interviews were based on a guide, which included sociodemographic characteristics in the first section and 10 questions in the second section to obtain the participants' perceptions of the clinical competencies of newly employed Nursing graduates.

Some of the questions asked were: How do you perceive the knowledge possessed by professionals who have recently graduated and entered the workforce? What skills do Nursing graduates possess? How would you describe the attitudes of Nursing graduates? Each interview was conducted by the principal investigator of the study and lasted approximately 30 minutes. Once the interviews were completed, each participant was thanked. It should be noted that the study complied with the provisions of the Regulations of the General Health Law on Health Research[16].

To explore the perceptions of mentors/Nursing professionals regarding the clinical competencies possessed by recent graduates entering the workforce, a content analysis was performed, which included the transcription of the interviews in the Word processor. Subsequently, the units of analysis were read and reread line by line from the narratives derived from the semi-structured interviews in order to obtain the analysis through categorization and coding.

# RESULTS

Following the semi-structured interviews, it was identified that nine of the fifteen participants were women and six were men, ranging in age from 24 to 42 years old. Regarding the work characteristics of the mentors/Nursing professionals, it was identified that they belonged to morning and afternoon shifts and to areas of care such as emergency, operating room, neonatal intensive care, adult intensive care, and obstetrics/toco-surgery. It is worth mentioning that three of the fifteen participants have specialists and master's degrees, while the rest have bachelor's degrees in Nursing (Table 1).

**Table 1.** Qualitative results of semi-structured interviews

| Category | Live codes |
|---|---|
| 1. Knowledge | P1… “There is a perceived lack of clinical judgment important for understanding the patient's process” … P2... “They have good general knowledge, but often do not know how to apply it in real situations” ... “They often have difficulty channeling, or do not have a good command of the technique of taking vital signs” ... P3... "In the process of strengthening; that is, they have knowledge of pathologies and Nursing care, but do not go beyond that. In other words, they don't question things” ... P6... “They have theoretical knowledge, but they don't always know how to relate it to practice” ... P11... “Honestly, I feel that they don't arrive with much knowledge. You can tell that they've had classes, but their practice is very limited” ... “Most of them have up-to-date knowledge, but it's theoretical. When it comes to acting in a clinical situation, they freeze or hesitate” ... P15... “They don't have a command of basic techniques; you can see their insecurity. Sometimes they don't even know what equipment to use. They lack real practice and more solid clinical support during their training”. |
| 2. Skills | P1… “Lack of skill” …P2… “Limited, as some graduates have problems performing basic procedures. For example, I have seen that they do not know how to take blood pressure properly or are afraid to insert an IV”... P9... “They lack skill” ... P6... “In theory, they know what to do, but in practice, you can see their insecurity, lack of skill, and lack of clinical experience” ... P11… “Sometimes you have to teach them from scratch how to perform a venipuncture or take vital signs correctly, when they are supposed to already know all these things” … P15… “It sounds bad, but they seem more focused on passing their courses when they come and do their assessments than on understanding what care entails”. |
| 3. Attitudes | P1… “Lack of empathy” … P2… “Well, there’s a bit of everything. Some have a good disposition and attitude of service, but there are also those who show disinterest or little initiative when asked to do things, since some believe they already know everything and don’t accept corrections”… “I also think they should have the humility to accept feedback and improve their practice” … P6… “But there are also others who arrive unmotivated, with little tolerance for criticism or with a passive attitude, as if they were only there to fill in the hours. Sometimes a lack of commitment is noticeable” ... P10... “Lack of empathy towards the beneficiary and their colleagues, as well as a lack of camaraderie at work” ... “They lack confidence and mastery of the basics, especially in situations that require speed or precision, such as when referring a patient or administering intravenous medication” ... P15... “There is a perceived lack of commitment. They do not take care of their appearance, sometimes they do not wear the full uniform, and some get upset when corrected. Although there are also those who are receptive and willing to improve”. |

| Category | Live codes |
|---|---|
| 4. Values | |
| 4.1. Work environment | 4.1. P1... “They are unable to work as a team and lack empathy due to excessive workloads” ... P2... “In many cases, values such as respect and empathy are present, but sometimes they are lost due to the pressure of the work environment” ... P6... “In general, I think many have good intentions, but some fail to uphold their values when faced with the workload or stress of the hospital.” |
| 4.2 Treatment of patients | 4.2. P1... “Lack of tolerance with the team, lack of empathy towards patients and families, as most focus only on healthcare practice” ... P6... "They must be committed to patient well-being, respect for human dignity, honesty in their actions, professional responsibility, and a vocation for service. Without these values, Nursing practice becomes impersonal and mechanical” ... “Not everyone understands the real responsibility that their work entails; they get distracted by their cell phones, arrive late, or do not speak politely." |

Following the qualitative analysis, four categories and two subcategories were derived: knowledge, skills, attitudes, and values. In the latter category, two subcategories were derived: work environment and patient treatment.

# DISCUSSION

The results show that the perception of mentors/Nursing professionals regarding the competencies possessed by recent graduates entering the workforce focuses on the combination of knowledge, skills, attitudes, and values, which is consistent with the literature by Norman[12] and Benner[13], who describe clinical competence as a set of multidimensional attributes involving knowledge, understanding, problem solving, clinical judgment, and technical skills.

In relation to the above, mentors/Nursing professionals emphasize that graduates have adequate general knowledge; however, there is difficulty in applying this knowledge in real practice, an aspect that is reinforced by the participants in the skills category, where they refer to the lack of skill in performing basic Nursing procedures, since they have the theoretical knowledge but lack the mastery and applicability of that knowledge in direct patient care.

The findings mentioned above are consistent with those reported by Prathibha et al.[15], who point out that most Nursing graduates are competent in basic care; However, very few have the clinical skills necessary to provide comprehensive patient care. These findings also coincide with those of Theisen and Sandau[17] and Sousa et al.[18], who identified that Nursing graduates lacked specific skills such as communication, organization, identification of needs, care planning, and critical thinking.

This could be due to factors associated with the process of acquiring clinical skills during academic training, since according to the perceptions of mentors/professionals, most graduates have the knowledge but do not know how to relate it to practice, which limits their ability to respond adequately to patient care demands. This is consistent with the

literature, which emphasizes that inadequate clinical skills could be linked to possible limitations in the teaching-learning process, clinical teaching strategies, and adequate spaces for practice in educational and health institutions[19,20].

Additionally, participants pointed out the attitudes of Nursing graduates, as there is a perceived lack of empathy in the patient care process and passive attitudes characterized by a lack of interest and motivation in professional practice, which is consistent with Prathibha et al.[15], who identified that most Nursing graduates do not show much interest in communicating with patients and Nursing professionals. These findings could be due to the interpersonal attributes of Nursing graduates, where stress may be a factor influencing the attitude, they adopt in the care they provide to patients, as well as an inability to feel empathy, generalize Nursing care, and other possible factors related to the environment in which they work[12,21].

In relation to the above, participants identified limitations in Nursing graduates in terms of establishing respectful working relationships and adequately managing work-related stress, as well as a lack of the sense of responsibility and commitment involved in patient care, which is reflected in the lack of different universal and essential values. This coincides with Theisen and Sandau[17], who reported that some of the clinical competencies that Nursing graduates lack are leadership and stress management; which could be explained by the involvement of other personal and environmental factors that may influence the care process, such as the loss of values, the structure and organization of the health institution, overload, technification and use of technology in care, as well as the lack of human and material resources to provide comprehensive and dignified care[22].

Given this need to improve the clinical skills of newly graduated nurses entering the workforce, participants highlight the importance of more structured clinical support in the training of Nursing professionals. This could be addressed through the development of educational and job placement strategies that increase clinical skills and thereby improve the quality of patient care.

In general, the findings of this study highlight the observations of theorist Patricia Benner, who emphasizes that the acquisition of clinical skills must be based on a combination of theoretical and practical knowledge. In this way, clinical competence will enable the performance of the functions and tasks necessary to efficiently and effectively resolve the individual and collective health problems demanded by society[14].

The study was conducted on a purposive sample which places the findings within a specific context; furthermore, the perceptions gathered may be influenced by the participants' individual experiences and working environment. In this regard, the information gathered through semi-structured interviews may be subject to social desirability bias and interpretation during content analysis; furthermore, only the perspective of the mentor nursing professionals was considered, without including the views of the recent graduates or other professionals involved in the training process.

# CONCLUSIONS

The data obtained from interviews with Nursing professionals allowed us to fulfill the objective of the study: to explore the perception of mentors/Nursing professionals

regarding the clinical competencies possessed by recent graduates entering the workforce. In this sense, important aspects to consider in clinical competencies are emphasized, such as knowledge, skills, attitudes, and values.

The findings of this study reveal significant limitations in the development of clinical skills among recent Nursing graduates, who face a gap between theoretical and practical knowledge. This gap may be linked to inadequate characteristics in the teaching-learning process, as well as the integration of theoretical and practical subjects. This significantly highlights the need to strengthen the training of Nursing professionals, which is characterized by improving and facilitating the applicability of theoretical knowledge in simulated and/or real practical environments. This could be addressed in future intervention research or projects funded by health or educational institutions to strengthen the clinical competencies of Nursing graduates.

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