

REVIEW ARTICLE

COMPARATIVE ANALYSIS BETWEEN NURSING CORE COMPETENCY STANDARDS OF AUSTRALIA AND THE PHILIPPINES

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Abstract

Philippines as one of the top producers of nurses worldwide must benchmark its national nursing standards to the rest of the world. Therefore, the standards must be compared and contrasted with other countries like Australia. The main purpose of this study is to compare and contrast nurse's competency and performance indicators between the Philippines and Australia nursing competency system. This is a review article guided by Donnelly and Weichula's Qualitative- Comparative Analysis (QCA). The process includes identification of the condition of interest, dichotomization and development of truth tables. Two official documents namely the Philippines' *National Nursing Core Competency Standards* and Australia's *National Competency Standards for the Registered Nurse* were selected as the condition of interest. Findings show that Australia adopted a one pronged-generalist, non-linear approach, and policy-based nursing education system while the Philippines emphasized on three-pronged specialization, work-based, and linear approach nursing competency standards. The Australia and Philippine nursing competency trails a different path in adopting standards for nursing education system. The strengths and weaknesses of each national nursing competency standards were discussed.

KEYWORDS

comparative analysis; competency standards; Philippines; Australia

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INTRODUCTION

Globalization has led to augmented interdependence, increased demands, and more complicated system amongst and in-between countries (Deresky, 2014). The concept of globalization twins two separate states namely Australia and the Philippines. Smith (2009) quoted the Australian Ambassador to the Philippines that emphasized the strong bilateral relationship between the two countries, to wit unified by sizable number of immigrants housing 200,000 Filipinos. In Australia, the fifth largest source of migrant people are the health care workers including nurses. With this trend, the Philippines as one of the top producers of nurses to Australia need to keep abreast to this dynamism in order to sustain competitive advantage. This trend seems to be increasing. Micua (2012) reported that 40,000 nurses are needed in Australia. This intricate link mandates the Philippine government through the Philippine Professional Regulation Commission (PRC) to ensure that Filipino nurses have the necessary competencies to meet the nursing standards set by the Australia government.

[The Philippines' Professional Regulation Commission \(2014\)](#) developed the *National Nursing Core Competency Standards*. This breakthrough paves the way to the development of three competency standards among beginning nurse: on client care, on management and leadership, and on research. [The Philippines' Professional Regulation Commission \(2014\)](#) published the *National Nursing Core Competency Standards* which laid down minimum foundations of nurse's performance indicators in the country. In the same manner, the [Nursing and Midwifery Board of Australia \(2006\)](#) published the *National Competency Standards for the Registered Nurse* aiming to describe the expected competency framework of the registered nurses on entry to nursing practice.

To my knowledge, there is limited no research that has examined the Filipino nurse's competency vis-à-vis Australian nurses' standard. The main purpose of this study is to compare

and contrast nurse's competency and performance indicators between Australia and the Philippines.

METHODS

This review article was guided by [Donnelly and Wiechula \(2013\)](#) Qualitative- Comparative Analysis (QCA). This process is defined as the “family of comparative techniques that aim to explain macro-social phenomena in a parsimonious way while working with small- to medium-size data sets” ([Vink & Van Vliet, 2009](#)). [Ragin and Zaret \(1983\)](#) defended the compatibility of QCA in exploring and generalizing sociological analysis saying “methodological procedures, no matter how narrowly construed, allow priorities laid down by theoretical interests and commitment” both in scientific and epistemological viewpoint. [Achen \(2005\)](#) claimed that the goal of this type of qualitative method is similar to capturing the multiple conjunctural causation were the linear statistical tool fails to describe in a complex social structure. QCA method is subdivided into two: congruency and convergence. Though mutually exclusive ([Ragin & Zaret, 1983](#)), this review article is leaned to congruency to create more formidable frontiers in the divergence of the two national core competencies.

QCA is also known as systematic comparison ([Ragin & Zaret, 1983](#)). This is utilized to create symmetry, highlighting the difference of “complexity and generality in sociological analysis.” Central to this methodological strategy is to compensate the “absence of theoretical interests that guide construction of one-sided type concepts” ([Ragin & Zaret, 1983](#)). Somehow precarious and novel method, [Ragin and Zaret \(1983\)](#) put QCA on pedestal saying that it has logical adequacy personifying “methodological strictures, substantive interest, and epistemological commitment.” [Donnelly and Wiechula \(2013\)](#) enumerated two distinct processes ought to be followed: (1) identifying the conditions of interest and (2) dichotomization then the truth tables. The researcher selected the two official documents namely the Philippines' *National Nursing Core Competency Standards* and Australia's' *National Competency Standards for the Registered Nurse* as the condition of interest. Each of the document were read in its entirety and was compared and contrasted to other national nursing competencies. Dimensions of the comparison were identified and developed by the researcher. Then the truth table was developed and discussed.

RESULTS AND DISCUSSIONS

The Philippine national nursing core competency standards and the Australian national competency standards for the Registered Nurses is the nexus of the study. The conditions identified are number of domains, entry gate-keeping, ramification, feasibility, basis, direction, specific provision, and policy making involvement. The study found out that the two standards are almost similar in some aspects and dissimilar in nine dimensions. Perhaps other differentiations are the inherent cultural biases, degree of application, the usability context, and impact it will made in the future of the nursing profession.

The domains on these two competency standards are different. The Australia's number of nursing competency is four as shown in Table 1. These are the descriptions that an entry-level nurse should possess. The first domain is professional practice which relates to the professional, legal, and ethical roles and responsibilities towards its clientele and the society as a whole. The second domain involves the critical thinking and analysis described as the process of self-critiquing, knowing the scientific footing of the profession, and the inherent obligation to improve it. Third domain is the provision and coordination of care encapsulated as the organizational role of the nurse regarding the nursing plan of care. Lastly is the collaborative and therapeutic practice simply put as building relationship with individuals and group.

The Philippine nursing competency is based on work scenario analysis. First, the role of the nurse on client care. This involves the adhesion to ethic-moral and legal responsibilities, records management, collaboration, and the professional growth. Second the essence of management and leadership in the nursing practice. This can be exemplified in the leadership and management skills both in the clinical or community setting. Last is the role on research. There is a need to continuously improve nursing science through quality improvement, nursing audit, and utilization of available reference.

The divergence sets on entry gatekeeping. Australian nurses preferred a generalist one-prong approach while the Philippine nurses opted specialized-three-pronged approach. The primary approach used in Australia is the development of self, others, and community through critical thinking, coordination, and collaboration. These are universal features and competency in nursing practice. The Philippines footing is different, setting on the three major roles of nurses: bedside, leader/manager, and researcher. Both these approaches have pros and cons. Too much generalist may mean confusion since the roles is unclear while specific roles may limit the nurse and no longer explore innovative and novel ways to practice nursing. Philippine nursing standards highlights the three major role of a clinician nurse while Australian nursing competency deals emphasizes entry level competency.

Most tension can be felt on the ramification, feasibility, basis, and direction of the nursing core competency. Truth be told that the dichotomization between the two nursing competencies needs revisiting as gleaned on Table 1. The broadness on the Australian nurse's competency ramifies incessantly because the role is unclear, boundaries appeared without limit, and the horizon role is extremely wide. Although feasibility is likely since that approach is the usual practice in today's nursing. The arrangement basis and the competency-fundamentals are almost similar to the nursing process. The non-linear attitude of the Australian nursing competency may work today but may pose problems in the future. The main aim of the Australian approach seems unclear because of the seemingly blurs pathway. Whether the competency standards lead to Advanced Practice Nursing needs further elaboration.

Table 1 Dichotomization and Truth Table

Dimensions	Australia Nursing Competency	Philippine Nursing Competency
1. Number of domains	Four <ul style="list-style-type: none"> ➤ Professional practice ➤ Critical thinking and analysis ➤ Provision and coordination of care ➤ Collaborative and therapeutic practice 	Three <ul style="list-style-type: none"> ➤ Beginning nurse's role on client role ➤ Beginning nurse's role on management and leadership ➤ Beginning nurse's role on research
2. Entry gatekeeping	Generalist (one-pronged)	Specialization (three-pronged)
3. Ramification	Complicated	Specific
4. Feasibility	Yes	Maybe (unsure)
5. Basis	Nursing-process based	Work-based
6. Direction	Non-linear	Linear
7. Provisions on caring across race, culture, religion, age, gender, sexual preference, physical or mental state.	Explicit	Implicit
8. Policy making involvement	Yes	Limited

Perhaps protracted competencies guide like these implicitly supports [Carper \(1978\)](#) four patterns of knowing, which hold true to the ideals and science of the nursing profession. A study in Queensland by [Eley et al. \(2013\)](#) posited that constricted career progression may heed nurses to leave the nursing practice. The significant reduction in nursing career perhaps affects nurse's career advancement. This might be the reason why the horizon of nursing epistemology in Australia is limitless and borderless. In Portugal, for instance, [Nunes \(2019\)](#) discussed the history of research integration in their academic nursing history. This implies the importance given by various nursing competency developers on science among beginning nurses.

On the other hand, the Philippine nursing core competency seems to be geared towards specialization through three-pronged and work-based approach. The feasibility might pose problems when linearity aspect is not given due attention. The three-pronged approach is clearer and may serve more as guide for entry level nurses. On the other hand, this might pose problems on the educational footing of the neophyte nurses. For example, doing research must be based on rigorous process before it will be called science. If the background footing of a novice nurse is sloppy and 'un-scientific', he/she might adverse research. The point is the role that core competency standards proves is too idealistic and specific. The idealism of the Filipino nurse competency especially along research might be skewed.

The research group had to discover knowledge through close coordination to these two specialists the management to ease out the process, while the practice feedback the research and management to the tensions inside the practice. Therefore, the gap between the theory, research, and practice is shortened. The bottom line is that this linear direction sets a clear footing on Advanced Nursing Practice (APN). This is important because it will set the direction of APN practice to developing and developed countries alike. This situation is true to other Asian countries like Japan, Taiwan, and Thailand were the career

pathways to guide and retool nurses on their routes towards advancing nursing practice is facilitated by the system, policy, and the strong foothold of nursing science ([Chiang-Hanisko et al., 2008](#)). Pressures to nursing competency developers like Egypt can be felt to set the national standards at par internationally ([Brownie et al., 2018](#)).

In order to be globally competitive a nurse has to consider the worldwide changes that may affect the delivery of health care services. Variables like race, culture, religion, age, gender, sexual preference, physical or mental state may dictate the preferred nursing care of these clientele. [Wilson and Jallah \(2019\)](#) exposed the importance of transcultural competency especially when working abroad. The Australian competency has been explicit about it since they are nation of immigrants. On the other hand, the Philippines despite of the large exodus of nurses abroad has somehow left the transcultural nursing competency in the national standards. Although the code of ethics explicitly states it, no performance indicator addresses this significant competency. The Australians have been explicit about the caring across different profile. Plus, the strength of the Australian competency is that it involves nurses on health policy making while in the Philippines it seems unclear. Whether we like it or not, policy making is an important competency that should be taught to beginning nurses. The politics in the health care delivery system need not to be ignored. Notably, important trends and issues were not addressed in the two national nursing competencies including genomics, informatics, and emerging health trends. Modernization of the nursing competency standards to cope with the needs of the 21st century health workforce has been called for by the [National Council of State Boards of Nursing \(2018\)](#).

CONCLUSIONS

Despite the susceptibility of the Qualitative-Comparative Analysis (QCA) method to the discriminatory power of the

researcher, several significant inferences can be drawn. There are advantages and disadvantages in the application of the two national nursing core competencies. QCA can be used as method to identify the strengths and weakness of each policy by means of scientific comparison. Clear differences between the Philippine and Australian national nursing competencies were noted. Both the ideologies and application have its own respective strengths and weaknesses. The researcher recommends revisiting the National Nursing Competency standards of the two selected countries.

Declaration of Conflicting Interest

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Author Contribution

This is the original work of the corresponding author.

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