FACTORS INFLUENCING COMPETENCY DEVELOPMENT OF NURSES AS PERCEIVED BY STAKEHOLDERS IN VIETNAM

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Abstract
Background: Competency of nurses is vital to safe nursing practice as well as essential component to drive quality of nursing services. Competency development is a continuous process of improving knowledge, attitudes and skills, and is influenced by a numerous of factors.

Purposes: This study aims to explore factors that influence the development of competencies of nurses working in clinical settings in Vietnam.

Methods: A descriptive qualitative research was conducted in Ho Chi Minh City, Vietnam with a purposive sample of twenty-seven participants including nurses, nurse managers, administrators, nurse teachers, medical doctors, and other health care providers. Data collection was by in-depth interviews and focus group discussions. Content analysis was used to analyze the data.

Findings: The research participants described numerous of factors that influence the journey of developing nurses’ competencies. The identified factors were relevant to nursing education and training system in Vietnam; working environments of nurses; public image and values of nursing profession; characteristics of nurses themselves; Vietnamese nursing profession; sociocultural-economic and political aspects in Vietnam; and global contexts.

Conclusion: The derived knowledge would greatly benefit clinical nurses, administrators, nursing educators, health care services managers, policy makers as well as other relevant health care stakeholders in proposing of solutions to promote nursing education, nursing workplace environments, and the appropriate regulations in order to enhance the nursing competency and quality of nursing services in Vietnam.

KEYWORDS: qualitative research; Vietnam; nursing services; nurses; competency development

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BACKGROUND

The World Health Organization (WHO) confirms that nurses constitute the backbone of the health care system in all countries (WHO, 2020). Nurses’ competency is a critical component that governs the quality of services (International Council of Nurses, 2020). As a result, deficiencies in nurses’ competencies will negatively affect the quality of nursing services. In the era of the industrial revolution 4.0 and globalization, WHO also calls for all nations to report and implement the plans to improve nurses’ competencies (WHO, 2016). It is critical that nurses develop competencies. However, there are many factors that have a great impact on nursing competency development; these factors might facilitate or impede the nurses’ abilities to become competent including both external and internal factors.

Several previous studies have identified numerous of factors that affect the development of nurses’ competencies. These included working experiences of nurses, levels of nursing education (Chang, Chang, Kuo, Yang, & Chou, 2011), working environment (Numminen, Leino-Kilpi, Isoaho, & Meretoja, 2015), nurses’ personal characteristics, and adherence to professionalism (Kuokkanen et al., 2016).

Types of nursing environment have a significant contribution to the development of nursing competency. Results from the study in Finland revealed the relationship between empowerment, practice environment, ethical climate of the working sites and occupational commitment with competency development of nurses. Higher competency and satisfaction with quality of care were associated with more positive perceptions of practice environment and its ethical climate and higher empowerment and occupational commitment (Numminen et al., 2015). Interpersonal and organizational characteristics were associated to competency development of nurses and access to adequate technology and good morale were also seen to be positive factors. These implicated that social and professional isolation influences competence development and working situation and the differences in leadership influence the quality of nursing care (Furåker & Agneta, 2013). Ying, Kunaviktikul, and Tommavakal (2007) surveyed competency of nursing staff working in a university
hospital. The findings showed that there was a significantly moderate positive relationship between nursing competency and the organizational climate. So, the author suggested that possibly nurses would have a higher level of competency if they had worked in a tertiary type hospital as an appropriate environment to develop nursing competency. Cashin, Chiarella, Waters, and Potter (2008) used a tool that was integrated into the initial employment process as well as at a nurse’s annual review to identify nursing competency at Justice Health; a correctional environment showed that most nurses in a correctional environment were competent in areas such as management of care; but a number of nurses were less competent in most other areas of nursing practice, for example, as medication initiation and administration.

Experience in nursing is the learning process encountered by nurses in the healthcare industry. The relationships between the levels of nursing competence and the length of clinical experience were illustrated by curves with a rapid increase in competence levels at the early stage of the nursing career and a slower increase later (Tsutsumi, 2013). It was shown to significantly influence the acquisition of nurses’ competencies. In addition, it was observed to help newly graduated nurses to develop competencies (Tsutsumi & Sekido, 2015). Nurses who had experience in making diagnoses were also seen to improve their knowledge and skills in this way, and to develop subsequent professional competencies (Kuokkanen et al., 2016). Besides the working experience among nurses, level of nursing education is critical to the development of nursing competency with higher educational level of nurses has a significant effect on improving nurses’ competencies (Takase, Nakayoshi, Yamamoto, Teraoka, & Imai, 2014). Study of Chang et al. (2011) reported that average competencies for nurses with a master’s degree were significant higher than that for nurses with a Bachelor’s degree or lower.

Numminen et al. (2015) revealed that professionalism could improve competencies for nurses. Preceptorship could provide valuable guidance for new graduate nurses to improve their competencies to provide care for patients effectively and mentorships from seniors could also give effect to the development of competencies among nurses (Fater, Weatherford, Ready, Finn, & Tangey, 2014). In a review article, Rizany, Hariyati, and Handayani (2018) also indicated that along with working experience, personal factors such as knowledge, attitude, confidence and health of nurses were identified as having impact on nurses’ competency development. A nurse who has a positive attitude towards nursing and more engages in competency development (Kuokkanen et al., 2016) and confidence was proven to increase the competencies of nurses in the workplace (Clow, Ricciardelli, & Bartfay, 2015). Furthermore, Park and Kim (2009) reported that nurses with a higher level of critical thinking disposition would have a higher level of clinical competency.

There are many studies conducted affirming the existence of multiple-factors influencing the competency development for nurses. However, most of these investigations have been conducted outside Vietnam. So, the findings of the studies from other countries seem difficult to apply in Vietnam because of different socio-cultural contexts. There is clearly a need for more research regarding these concerns in Vietnam. Furthermore, most of the previous studies were in quantitative format. This descriptive qualitative research aims to explore a deep understanding related to factors perceived by stakeholders as influencing competency development for nurses in Vietnamese context. In this study, competency can be recognized as the complex combination of knowledge, skills, values, attitudes, performance and essential personal characteristics to provide needed nursing services most effectively.

METHODS

Study Design
A descriptive qualitative research was applied in order to allow the voices of nurses and other stakeholders in Vietnam to be heard; thereby creating a real opportunity to explore what factors influencing on Vietnamese nurses’ competency development.

Informants
This study was conducted in Ho Chi Minh City (HCMC), Vietnam in 2016. The information was elicited from different data collection methodologies in order to get rich information. Twenty-seven participants, derived from purposive sampling, including sixteen nurses who were working in selected clinical facilities in a national general hospital in HCMC and others included medical doctors, medical technicians, healthcare managers, administrators, and educators involved in the study.

Data Collection
After obtaining the approval for the study from the institution, the researcher contacted and provided clear information about the study to the managers of each selected department. The researcher then contacted potential participants explained the purpose of the study, developed a trusting relationship with them and made appointments for interviewing and focus group discussion (FGD). Data collection was by in-depth interview with twenty-two participants and three focus group discussions. Each interview lasted about thirty to ninety minutes, which organized at an appropriate and private place in order to increase the informants’ comfortable feeling and the interview’s success. The processes of individual interviewing and focus group discussion were repeated until reaching saturated data. Audio tape-recording, detailed take notes and photography were taken during the interviews and FGDs with the permission from the informants.

Rigor and Trustworthiness
In this study, triangulation data were addressed by using multiple methods for gathering data to compare a variety of data sources to meet the accuracy of the findings. To validate the findings, peer debriefing was also undertaken between researchers to reduce bias and to guarantee confirmability.

Data Analysis
Data collection and analysis were conducted simultaneously to gain rich understanding as the research progressed during fieldwork. Data were analyzed through transcribed verbatim and content analysis. Audio tape-recorders from each in-depth interview and FGD were heard and transcribed carefully. Categories and coding were then established. The final emerging themes and categories were established for the influencing factors of the development of nurses’ competencies.

Ethical Consideration
Ethical approval was obtained from the Khon Kaen University Ethics Committee in Human Research No. HE582133. Informed consent was
obtained from each participant before interviewing and FGD. Participants were informed and clearly explained about the objectives, methodologies, procedures and potential risks, as well as the study’s benefits. There was no harm for their health and life from participating in the study. The participants were asked to select their own pseudonyms for de-identification throughout the written transcripts. They are also assumed confidentiality throughout the process of research. Participants were freedom to withdraw from the study at any time and their participation in the study was purely voluntary.

RESULTS

The research participants described numerous factors that impact the development of competencies among nurses. The influencing factors were relevant to nursing education and training system in Vietnam, working environments, public image and values of nursing profession, characteristics of nurses themselves, nursing profession in Vietnam, sociocultural-economic and political aspects in Vietnam, and global contexts. It was important to note that these factors were often overlap and reciprocal interaction.

Nursing Education and Training System in Vietnam

Numerous aspects of nursing education and training were indicated that had a significant contribution to nursing competency development. There were five sub-themes identified: quality of nursing education, nurse teacher human resources, teaching methodology, nursing education environments, and nursing education and training curricula and programs. Most of the participants (in both in-depth interviews and FGDs) perceived that quality of nursing education and training in Vietnam generally was still poor and inappropriate. The facilities supported to nurses in learning were poor either formal or informal styles. As identified, at the stage of being nursing students, nurse students were insufficient supported both psychological and physical aspects. They were not taken care carefully compared to medical students during their practicing in hospitals or clinical settings. Nurse teacher resources were low both quantity and quality. These will hinder competency development of nurses.

“They (nurse students) have to change their uniforms in the toilet. They don’t have study room in the hospital. They just flicker or find a corner, meanwhile the medical students study in their study room within the clinical settings that they practice”. (Nurse Teacher)

The participants also identified that the big gaps between nursing education at schools and nursing practice in clinical settings as well as inadequate knowledge and skills that nurses have prepared impact negative to nurses’ competencies. They identified that nurses were taught sparsely and unilateral, what nurses have been prepared in nursing schools could not apply in the reality.

A head nurse complained: “I don’t know how they (the nursing education institutions) have trained for nurses…However, my mentees here (new graduation nurses), they don’t have basic knowledge…Therefore, taking much time from us to retrain for them…Yes, time-consuming, however, they still could not understand”.

Most of the participants were also dissatisfied with the teaching methodology and nursing education curriculum as well as programs applied currently. Participants explained that, the traditional nursing education which applied medical model in Vietnam has been applying in nursing education. Inappropriate nursing education curricula, which heavy in theory, lack of practice and focus on basic technical skills were also identified as a consequent obstacle of nursing care and nursing competency development.

“…Nurses were taught very sparsely and unilateral and just focus on basic technical skills…we were not be prepared deeply such as disease or injury mechanisms… we therefore could not apply in the real situations because we did not understand”. (FGD)

Besides, scarcity of needed updated documents as well as nursing education programs both bachelor and graduate levels strongly hindered nurses’ capacity improvement. Lack of advanced and specialized training courses in order to facilitate nurses improving their capabilities in particular field that they response was also the impeded factors. Nurses complained that it is difficult to them to find official updated materials and documents relevant to nursing:

“Really lack of nursing documents in Vietnamese, we could not read in English, this impeded nurses to enhance our competency”.

Working Environmental Influences

High pressured working environment was one of the job-related issues perceived by the research participants that both hindered and sustained the development of competencies among nurses. There were five sub-themes identified that caused high pressured working environment. That included crowded patients with severe disease and illness conditions, insufficient facilities or limitation of infrastructures, lack of nurse resource and nurse experts; heavily administrative procedures; and unrelated nurse task expectation.

The participants explained that the most difficulty for nurses is very crowded of patients, always overload. Therefore, nurses had less time to communicate with clients. Nurses really would like to communicate with clients softly, kindly, and carefully; however, they could not because of always burn out. Nurses could not demonstrate their kindness or competencies during providing care for patients although they have already awarded and wished to do such things in an optimal way. Even they could not control their emotion because of lacking of time and high-pressure working environment. They also lack of opportunities to study continue to improve competencies.

“Very crowded of patients…Always overload. We were so busy …We could not control our emotion…Have no time, lack of opportunities to study continue to improve competencies”. (Nurse Participant)

On the other hand, the participants expressed that the high-pressured working environment also affected on nurses psychological and physical aspects. Nurses employ in an overloaded working environment could not provide nursing care for patients as expectation. Working in an inadequate facility also increase stress and burn out of nurses that impact negatively to nurses’ health both psychological and physical aspects and obstruct nursing competency development as well.

“So many patients…They (nurses) do a lot…so they feel boring and don’t want to upgrade their knowledge, don’t want to study higher.”

Many unrelated tasks that nurses had to response every day and wasted their time also caused their stressful and hindered their competency
development and disadvantages for patients as well. As expressed by numerous of nurse participants, the privation of accommodations and beds for patients was one of the most serious issues that nurses had to suffer every day. Other unexpected tasks identified by the participants were that nurses had to do numerous of unrelated expectations; such as doing secretarial jobs, accountant’s jobs, pharmacist’s jobs, or they were as health insurance works or house keepers and so on. These unexpected performances spent much time from nurses.

“...2 patients with the last stage of cancer shared 1 bed... they (the patients) were so pain, extremely pain...the most terrible to me is that I need to convince the patient and their family members to accept sharing bed with other. Almost every day we need to deal with this activity, entreating them (patients)...actually, we are so tired dealing with this work. Wasting time to convince patients to share a bed with other was not nurses’ tasks”. (Nurse Participant)

Public Image and Values of Nursing Profession
Most of participants in this study thought that people nowadays still view nursing in a negative way. The community just view nurses are as physicians’ assistants with low knowledge and less worth. People do not recognize and respect nurses. In other words, as assumed by the participants, there was a negative nursing image perceived from the public and it had a critical negative impact on the development of nursing competency as well as nursing care quality and patient outcomes.

“...Patients just appreciate the medical doctors; they ignore nurses...”. (Doctor Participant)

The knowledge and skills that a nurse has obtained during their nursing education programs in nursing schools are not enough for them to take care their client effectively. To ensure the quality of nursing care, each nurse needs to continue improving their competency according to particular clinical setting requirements. Satisfaction with their job is a vital element encourages nurses engaging in continuing nursing competency. The low public image of nursing is a major concern for nurses and other stakeholders in this study as it was identified as a critical factor obstructed nurses’ competency development. This causes nurses’ feeling of losing motivation in enhancing their knowledge and skills. These opinions diffuse impacted nurses’ competency improvement.

“One of the important factors that has an obstacle on nurses’ competency development is the patients’ attitudes and behaviors (toward nursing)...they don’t respect nursing profession. They sometimes use so crude words to talk with nurses. We just keep silent....Because they think nurses are the physicians’ assistants, so they don’t respect us. They are not compassionate to our situation. A thankless job!”. (Nurse Participant)

Policies and Regulations
There were several issues relevant to national and public policies as well as legislation regulations, as indicated by the research participants, that impact on nursing care and competencies development of nurses. The policies and regulation identified were related to nurses’ salary; working environments and facilities; nursing education; and advertising strategies. The participants concerned that because of low income, therefore nurses needed to find a part-time job to earn their lives, which surely negative impacted on nurses’ performances in the working places. Participants expressed that, besides wages were too low, nurses had to pay for tuition fees and response for expensive for their study to upgrade qualification which caused more difficult to them. Besides, the “brain drain” phenomenon (competent nurses working in public facilities quit their job to move to work at private ones) is happening very regular since the income of nurses working in public hospitals was so lower compared with private facilities’.

“...very low income...after working shifts, they (nurses) do extra jobs to earn money to support family. This (do extra jobs) effects their health...not good. However, if they don’t do extra, not enough finance...big issues”. (Doctor Participant)

Furthermore, policies and regulations relevant to nursing education and training were stressed. The participants perceived that the nursing education mechanisms applied were not appropriate and consequently strongly negative impact to nurses’ competencies. There were several conflicts regarding policies and regulations relevant to nursing education and nursing practice. Meanwhile several private institutions were allowed to train nurses, the quality of nursing education and training as well as outcomes could not be controlled. Seriously, numerous of these institutions were not medical or nursing schools. Consequently, thousands of nurses have graduated with very low competencies. These nurses could not work as a competent nurse after graduation because extremely lack of professional basic knowledge and skills. Clinical settings, such as hospitals, had to spend time to retrain for these nurses if accept them to be staff nurses.

“They could not perform as a nurse. We need to spend time to retrain for them”. (Head Nurse)

“They (Ministry of Health and Ministry of Education and Training) allowed many institutions to train nurses; however, they could not control the quality (nursing education quality). Funny, these institutions are not medical or nursing institutions. You see, nursing...is really important since it (nursing) relevant to clients’ health and well-being. However, economic school, industrial school, oh...many...are allowed to educate nurses.”. (Administrator)

Heavily nursing administrative procedures which strongly impacted on nurses’ performances and nurses’ competencies development were also identified as a negative influencing factor. These, as expressed by the participants, contributed to writing the lies into the patients’ medical records among nurses. These also extremely negative affected on quality of nursing care, nurses’ burn out, lose motivations and energies to improve competencies.

Individual Characteristics
As identified by the participants, characteristics of nurses themselves had a significant contribution in improving individual competencies such as limitation of professional knowledge and skills, low commitment to nursing, or some undesirable individual features. The individual characteristics among nurse participants were varied. Please to be noted that, there were several features that were not their fault. These were influenced by other factors. For instance, knowledge and skill limitations among nurses were not entirely their fault. Instead, those were mainly rooted by nursing education and training system, social and political aspects in Vietnam.
The participants indicated that nurses were still limited of needed knowledge and skills in order to become a competent nurse. The main causes of inadequate needed knowledge and skills among nurses rooted from the traditional nursing education model which was medical model. Furthermore, levels of nursing education also affected on competencies development of nurses. A nurse who earns bachelor level in nursing is more competent than secondary level one, who has been trained mainly medical and nursing technical skills.

“...Nurses in secondary level ... their performances have just based on their experiences and focused mostly on technical skills...because they have been trained focus on technical skills, really low competency”. (FGD)

Besides, attitude and commitment to nursing profession as well as confidence and autonomy among nurses were also critical factors that influence on their competency development. The participants indicated that negative attitudes toward nursing profession and low commitment to nursing profession among nurses were vital obstructions of individual competency development.

“Sometimes I feel sad to be a nurse. Sometimes, I would like to quit the job; however, difficult to quit...because...not easy to find another job. The negative feeling impedes me to develop my competency”. (Male Nurse)

As viewed of the participants, nurses were not confident and autonomous; instead, absolutely depended on the doctors’ orders. This has a negative impact on nursing care and competency development of nurses.

“They (nurses) depend on physicians absolutely. I would say that nurses are very inactive. They just depend and wait for physicians’ orders. I think, nurses’ competencies also depend on ...themselves. They need to change by themselves. They need to shift their thinking and self-recognize their profession in the right way”. (Medical Technician)

Participants also mentioned that because of lacking of autonomy and initiatives, these hinder nursing care quality and competency development. Nurses with positive attitude towards nursing will more engage to improve their competency.

Social Support
The participants indicated that the relationship between nurses and their family members was one of the most important factors that had a significant contribution to individual competency development. As findings generated from this study, competency development among nurses were impacted by nurse’s family circumstances both positive and negative ways.

Most of nurses considered that their opportunity of upgrading their nursing education degree depends on their family’s economic status and the supporting from the family members and the colleagues. The understanding, compassionate and supporting of family realities was strongly influenced on their competency development and their career successfullness as well.

“It’s so difficult for nurses to improve our capacity without the support and facilitation from our family relatives”. (Nurse Participant)

These were indicated that all of the relationships between nurses and other in working place, family, community, or society have reciprocal influences together.

Besides the factors that impeded the development of competencies among nurses, the participants also identified several factors that facilitated their competency development. These included some positive characteristics of Vietnamese women, enthusiasm, core competencies requirement nationally, political and social stability, information and technology development, and Asian and global integration.

As perceived, most of nurses in Vietnam are women meanwhile Vietnamese women traditionally have qualities of diligence, hard work, patience, loving, caring, high tolerance and endurance. These strengths would positive impacted on the development of nurses’ competencies.

“One of the important facilitate factors is that traditionally Vietnamese women are very patient, long-suffering and work hard. These virtues will enable them to overcome the difficult situations as currently to improve their competencies”. (Male Administrator)

The stable laws, policies and regulations as well as the rapidly changing and development of information and technology and globalization foster the growth of Vietnamese nursing profession as well as each nurse individually.

“The political system is very stable and secure and in the era of industrial revolution and globalization, these motivate and facilitate us move forward. We could not just walk on the spot or make no headway”. (FGD)

Some of regulations and principles enacted by the Ministry of Health or the hospital also foster nurses to think critically, self-reflect, re-check performant procedures and improve their competencies in order to meet the requirements.

“...Hot lines, yes; if the patients reflect correctly, we should rerecheck our practicing procedures. Foster us to self-reflect to find out whether we are right or wrong. We reflect ourselves in order to be better”. (FGD)

Another facilitated factor as identified were the presentation of core competencies for Vietnamese nurses and some circulars regulated nationally which encouraged nurses to improve their competencies. The self-management mechanism applied among hospitals also encouraged nurses to improve their completion competencies.

“We have core competencies for nurses and require...I mean bachelor level...so, motivate nurses to study continue to meet the standards and requirements”. (Nurse Administrator)

In short, the participants (in both in-depth interviews and FGDs) identified a number of factors that both impeded and facilitated the development of nursing competencies. The influencing factors were relevant to nursing education and training system in Vietnam; working environments; public image and values of nursing profession; characteristics of nurses themselves; sociocultural-economic and political aspects in Vietnam; the era of the industrial revolution 4.0 and globalization. Interestingly, there were several facilitate factors that contribute positively to the development competencies among nurses. These included the good qualities of Vietnamese women; the growth of Vietnamese Nurse Association, stability of political system in Vietnam, changing and improving of information and technology, integration of Asian and global.
DISCUSSION

The participants in the study were asked to express what factors that impact on nurses’ competency development. A number of factors were identified that both impeded and facilitated the development of nursing competencies.

The poor quality of nursing education, lacking of nurse teacher human resources, traditional teaching methodology, nursing education environments, and inappropriate nursing education curricula impact negative to nurses’ competencies. The big gaps between nursing education and nursing practice were concerned. Nurses were taught sparsely and unilateral. The traditional nursing in Vietnam is very technical and task-oriented; extremely focused on completion of a goal. The health care tasks of nurses in clinical settings are focused entirely on the disease process (Jones, O'Toole, Hoa, Chan, & Muc, 2000). Dung, Shio, Megumi, Tomomi, and Loi (2018) conducted a study on 590 nurses at 43 health facilities in Hanoi City and four provinces in Vietnam to assess newly graduated nurses based on the Vietnamese basic nursing competency standards. The results showed that only 0.3% of the surveyed nurses met the Vietnamese basic nursing competency standards. This result indicated the newly graduate nurses meeting the Vietnamese basic nursing competency standards accounted for a minimal.

As presented, personal characteristics play a significant contribution to the development of competencies among nurses in Vietnam. These included the limitation of professional knowledge and skills among nurses, low commitment to nursing, or some undesirable individual characteristics. These aspects require nurses in Vietnam need to develop their individual competencies in order to meet the requirements. The nurses who were in bachelor level demonstrated more confident during their participating in the healing process or team working, performing direct nursing care to patients or and communication as well. Practice within the domain of holistic nursing, obtaining the credential of a certified requirement brought a certain level of credibility for nurses, which then elevated their confidence and competency levels. The findings from previous studies also showed that level of nursing education is critical to the development of nursing competency with higher educational level of nurses has a significant effect on improving nurses’ competencies (Chang et al., 2011; Takase et al., 2014). Being recognized as an expert in the field by colleagues is considered a benefit or reward for obtaining certification. This reveals that certification is a significant component for acknowledgement as competent personnel in health care.

What’s more, being supported by colleagues, friends, family or other significant persons was also a significant factor contribute to the development of competency among nurses. The journey of achieving the compassion, acceptance, respect, or supporting is not always an easy path. That was not surprised when the participants in this study indicated that on the process of competency development, nurses had received both difficulties and facilities from surrounding significant persons. Besides some facilities and supports by the colleagues, authority boards of the clinical department or the hospital, as indicated by the participants, there were still so many obstacles regarding the relationship between nurses and other significant personnel in such working places, family, community and society as well that diffuse hindered the path of enhancing competency of nurses working in clinical settings. The unequal relationship and position between nurses and physicians or the disregards and less compassion from patients and people in the community influenced on nurses not only spiritual or physical but also social aspects, which in turn affected nurses’ engaging in working and impeded motivations to promote their competency. Patients and community people had harshly judged and required nurses to become competent individuals in order to provide optimal nursing services to clients; however, they did not understand, collaborate or support nurses, as complained by the research participants. These caused nurses to experience difficult, demoralizing, depressed, or frustrating.

Intentionally, the findings indicate that nursing profession has a negative image as perception by the community. The poor nursing image perceived by the community will cause the negative consequences of nursing competency development as well as reduce quality of nursing care. These findings are consistent with the findings from previous study (Varaei, Vaismoradi, Jasper, & Faghihzadeh, 2012) which indicated that nurses had a negative image and low social position.

Low salary and compensation for nurses is one of the vital negative factors that diffuse impact on nursing care and nursing competency development. Russell and Richard (2012) suggested that salary increases should be enough to motivate nurses to improve skills. The study’s results of Khomeiran, Yekta, Kiger, and Ahmadi (2006) indicated that there were many negative factors to impact improving competency in delivery of care such as dissatisfaction, low salary, or poor image of the nursing profession within their society. These factors constitute serious problems that can cause nurses to leave the job. In the context of working condition in Vietnam, such as a shortage of nurses, an overload of work, long working hours and low salary, the Vietnamese nurses’ lives were not easy. Furthermore, nurses’ work was often long, grueling, wages and condition poor as well, resulting in limited competency and high attrition rates (Zarnett, Coyte, Nauenberg, Doran, & Laporte, 2009). It was not uncommon for nurses to work in excess of scheduled time, but incomes were not sufficient to support their lives that would result in dissatisfaction, impacting the level of competency in clinical settings.

The negative nursing image results to less of motivation to improve own competencies among nurses. This causes nurses feeling to lose engagement and disorientation in enhancing their capabilities as well as leads to a negative attitude among nurses. The negative nursing image results nurses feeling boring, frustration in their job. The International Council of Nurses (2006) also firmly believes that violence in the health workplace threatens the delivery of effective patient services and, therefore, patient safety.

Nurses constitute the backbone of the healthcare system in all countries; a lack of job satisfaction and competencies among nurses will therefore have substantial negative effects on nursing care and patient outcomes. The negative perception of public toward nursing image is a critical factor influencing the development of nursing competency. To ensure the quality of care, nursing personnel must be ensured a safe work environment and respectful treatment. Strategies to improve the public image of nursing profession toward positively are needed.
CONCLUSION

The participants identified numerous factors that both impede and facilitate the development of nursing competencies. The influencing factors were relevant to nursing education and training system in Vietnam; working environments; public image and values of nursing profession; characteristics of nurses themselves; sociocultural-economic and political aspects in Vietnam; and global contexts. Interestingly, there were several facilitate factors, as perceived, that contribute positively to the journey of developing competencies among nurses practicing in clinical settings, as indicated by the participant, including the good qualities of Vietnamese women; the growth of Vietnamese Nurse Association, stability in order to participate in the study and any person who facilitated the work. The knowledge generated strongly implicates that in order to enhance nurses’ competency development; strategies to maintain, improve, and exploit every facility condition are strongly recommended.

Declaration of Conflicting Interests

The authors have no conflict of interests to declare.

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Author Contribution

D. T. H. performed all components of the study and K.N. supervised development of the work.

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