Competency Talk Is Cheap: Rethinking Global Standards in Nursing Education

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Abstract

Competency has become one of the most frequently invoked concepts in nursing education. Across curricula, accreditation standards, and scholarly discourse, it is presented as a solution to concerns about graduate readiness. Yet despite the proliferation of frameworks, the meaning, assessment, and application of competency remain inconsistent and unevenly applied. This commentary critiques the contemporary emphasis on competency, arguing that the lack of coherence in definition and implementation risks reducing it to rhetoric rather than reality. The COVID-19 pandemic exposed the fragility of these frameworks. Despite years of discourse, few nursing programs had embedded pandemic-ready preparation. Nurses across both high- and low-resource settings were thrust into roles that exceeded their training, revealing the absence of unified standards and the limitations of existing approaches. Ultimately, the claim that we are "measuring competency" may provide reassurance but, without internationally coherent yet regionally adaptable standards, such claims risk remaining rhetorical. Coherence across nursing competency frameworks can be achieved through shared terminology, regional adaptation, and sustained international dialogue. Building on the World Health Organization's (2022) Global Competency and Outcomes Framework for Universal Health Coverage, this commentary proposes a practical path toward alignment without mandating uniformity. While the WHO framework provides an essential pathway, challenges in competency assessment and translation to practice remain. The commentary invites reflection on how nursing education can collaboratively shape feasible, contextually grounded solutions.

Keywords: *Competency-based education; nursing education; international standards; pandemic preparedness; disaster nursing; global health.*

Competency has become the dominant buzzword in nursing education and practice. In recent years, the term has appeared virtually everywhere: conference agendas, journal articles, accreditation standards, and organizational reports. Despite its ubiquity, there remains significant ambiguity about what competency truly means in nursing. Competence in nursing is a complex, multidimensional construct integrating knowledge, skills, judgment, attitudes, and values required to practice safely and ethically in designated roles and settings (Swift et al., 2025). Concern for publication bias is present, as competency discourse may be proliferating without parallel clarity or consensus on what the concept means in practice.

Yet, as Kavanagh and Sharpnack (2021, p.1) so powerfully stated, *"data suggest a continuing decline in the initial preparedness of new nurses at a time when preparation is most needed."* The language of competency can appear scholastically seductive, implying precision, measurability, and accountability on behalf of both learners and educators. Yet, practical application of competency evaluations is far from uniform. It behooves the nursing profession to pause and ask: *What is competency in nursing? Who is responsible for evaluating it? And how often should it be assessed?*

What We Think We Know

On the surface, the concept of competency appears straightforward: the integration of knowledge, technical skill, professional judgment, and values in the service of safe and effective patient care. To illustrate both strengths and fragmentation across global frameworks, Tables 1A and 1B summarize recent practice-oriented and educator frameworks and their alignment with the WHO (2022) structure.

Table 1. *Selected Nursing Competency Frameworks: Domains, Strengths, and Gaps*

No single framework to date provides a comprehensive or universally applicable definition of nursing competency. Each is valuable in context, but together they illustrate fragmentation rather than coherence. This fragmentation reinforces the concern that while nursing educators may invoke 'competency' in nursing curricula, many lack agreement on what it actually means in practice.

Yet, it is important to note that each of these frameworks do individually affirm that competency in nursing is best understood as multi-dimensional. Nursing competency encompasses not only cognitive knowledge, but also psychomotor skills and affective qualities such as values and attitudes. Nursing competency is also developmental, unfolding progressively over time and across levels of practice as nurses move from novice to expert. Finally, nursing competency is assessable, though it requires diverse methods of evaluation that extend beyond traditional examinations. Observation, simulation, portfolios, and reflective practice all contribute to capturing the depth and breadth of what it means to be competent in nursing.

It is also fundamental to this discussion to recognize that while these frameworks provide a broad foundation, competency may be conceptualized and prioritized differently across nursing specialties. The heterogeneity of conceptualization tends to reflect the unique demands and client needs within each field. In mental health nursing, for example, competency assessment often places a strong emphasis on transformational qualities such as personal attributes, values, work ethic, empathy, compassion, and the capacity to build therapeutic relationships. Painter and Bond (2023) found that mental health nurse practice assessors prioritize these relational and values-based competencies as central to quality care, alongside the practical mental health knowledge and skills required in legislation and assessment. They highlight that such transformational

competencies are often seen as inherent personal characteristics that contribute to effective mental health nursing practice, distinguishing this specialty's approach from the more task-focused assessments common in other nursing areas.

The Messiness of Real-World Practice

Despite the apparent clarity of established frameworks, nursing programs and practice environments continue to face significant challenges with implementation. Institutions often interpret nursing competencies in different ways; for instance, some emphasize simulation rubrics, others rely on program portfolios, while still others may use clinical checklists. This inconsistency may lead to variation in nursing graduates' preparedness. Although portfolios, checklists, and rubrics all help to document students' skills and achievements, as instruments they may risk missing assessment of complete psychological, psychomotor, and attitudinal readiness to integrate rapidly appearing data in real time from patients and respond with appropriate actions in high-pressure, ethically complex clinical settings. To further complicate the application, there is a persistent *"not observed"* dilemma, whether unobserved skills indicate incompetence or missed opportunities remain largely unresolved in many nursing programs' policies and procedures manuals.

Faculty workloads may also influence the rigor and application of competency, as educators are increasingly asked to move from content delivery to coaching and individualized assessment…while also demonstrating leadership and advocacy. Some nursing faculty may already contend with heavy teaching loads or perhaps experience limited development support. Ensuring that every nursing student has opportunity to demonstrate required clinical skills is equally problematic; as nursing simulation can bridge some gaps, but it cannot replicate the

unpredictability and relational nuance of real clinical nursing practice in a patient care environment.

Furthermore, tensions can also arise between formative and summative roles. While nursing students are encouraged to self-assess and reflect, the faculty ultimately bear responsibility for certifying competence. Such a dual role can be difficult to balance. The practice of interrater reliability may or may not be used to ensure consistency in student evaluations. Inconsistent application of validity and reliability in competency evaluation creates a potential for subjective interpretation or implicit bias. In other words, competency evaluations may vary widely based on who is evaluating competency based on their own understanding of the concept and the students' performance; even when rubrics or other summative instruments are standardized.

Geography Matters: Global Standards with Regional Emphasis

The authors also propose that geography plays a powerful role in how competency frameworks are both interpreted and applied. While international guidelines are often written for broad use, they must be translated into the realities of local practice which leaves much room for interpretation based on familiarity of the educator, focus of the institution or program, and cultural influences. As the International Council of Nurses (ICN, 2019) cautions, every country, regulatory agency, and employing institution must adapt worldwide expectations within their own legal, cultural, and ethical frameworks. Nursing competency, in other words, cannot be understood as distinct from geography.

Resource availability illustrates this clearly. In high-income countries, simulation laboratories, high-fidelity mannequins, and electronic portfolios are central to competency evaluation. In contrast, low- and middle-income countries often rely on direct observation in

community clinics or rural hospitals, where simulation resources are limited. Both approaches assess competence, but the tools and contexts differ dramatically.

Health system priorities also shape which nursing competencies are emphasized. In disaster-prone regions such as the Asia-Pacific, competencies in preparedness, safety, and recovery rise to the forefront. In North America and Europe, where chronic disease dominates, competencies in long-term management and interprofessional collaboration take precedence. Cultural and ethical frameworks further influence interpretation.

The World Health Organization (2016) stresses that competencies must also align with local understandings of ethics, law, and professional practice. Concepts such as autonomy, informed consent, or professional identity hold different meanings across regions, shaping how competence is demonstrated and assessed. Equity adds another layer of complexity: while the NLN (2024) emphasizes bias-free and individualized assessment, such ideals can be difficult to achieve in regions facing shortages of nursing faculty and resources.

International Competencies: Disaster Nursing

Disaster nursing offers a vivid case study of these geographic influences. The ICN's (2019) disaster competencies state that at the most basic level, all nurses are expected to maintain personal preparedness, participate in drills, and adapt infection control practices to the resources available. More advanced roles require coordination of interprofessional drills, development of nursing improvement strategies, and ethical decision-making under pressure (ICN, 2019).

Yet, how these competencies play out varies around the world. In Japan, nurses are systematically trained in evacuation and mass casualty triage because earthquakes and tsunamis are recurring realities (Hatakeyama et al., 2025). In the Philippines, community-based disaster response reflects the vulnerability of coastal populations to typhoons (Topacio et al., 2025). In

West Africa, Ebola outbreaks forced nurses to redefine competence under extreme scarcity, where even protective equipment was limited (Taylor et al., 2025). In North America, disaster competencies often center on integration into incident command systems and large-scale interprofessional drills. Each scenario draws from the same ICN framework, but the emphasis shifts according to geography, resources, and health system needs.

Case Study: COVID-19

The COVID-19 pandemic exposed just how fragile these systems can be. Although disaster competencies had been articulated, few programs had systematically applied them to pandemics (ICN, 2019; WHO, 2016). Nurses were thrust into roles and responsibilities that exceeded their preparation. In high-income settings, training for short-term crises did little to prepare for the prolonged, resource-constrained nature of a global pandemic. In lower-resource regions, nurses demonstrated resilience but lacked standardized guidance for pandemic care. The absence of unified standards produced confusion: infection control protocols varied, triage expectations shifted, and nurses' roles in testing, vaccination, and critical care diverged by jurisdiction.

Educational disruptions compounded these challenges. Many nursing students experienced cancellations or compression of clinical placements and replacement of direct patient contact with simulation or virtual learning, often with limited faculty support (Wittenberg et al., 2021). These changes heightened anxiety and concerns about clinical readiness for nursing practice. The psychological burden of working or studying during a pandemic, including stress and burnout, further complicated perceptions of competence and confidence (Ge et al., 2023).

COVID-19 served as a case study of nursing competence requiring far more than technical skill. It involved integrating rapidly evolving evidence, adapting infection prevention to

scarcity, communicating across cultures, and making ethical decisions under uncertainty. The lack of consensus on pandemic-ready competencies (as well as the failure to embed them into education and practice) contributed directly to the chaos of the early response. This experience illuminated a core tension in competency-based education: while global frameworks exist, without adequate familiarization, preparation, contextualization, and adaptation, they remain insufficient to meet the diverse needs of a global health emergency. These disparities in preparedness underscore the urgency of developing a coherent yet adaptable global framework capable of bridging local variation without imposing uniformity.

Questions That Remain

The frameworks leave us with questions that indicate the conversation of competency must be both collaborative and ongoing.

1. *Is a universal evaluation system across programs feasible—or even desirable?*
2. *How do we ensure that international standards respect local realities without diluting their rigor?*
3. *How does the rapidly evolving technological landscape simplify or complicate our understanding of competency?*

Implications for Nursing Education and Practice

The implications for nursing education and practice are far-reaching. First, the development of faculty must remain a central priority. As the World Health Organization (2016) emphasizes, competent educators are the foundation for producing competent graduates. Faculty need sustained support in areas such as assessment literacy, bias reduction, use of simulation, disaster readiness, and leadership; alongside programs promoting educator well-being and

resilience. Without ongoing professional development, even the most carefully designed frameworks risk falling short in practice.

Curriculum design also demands attention. The National League for Nursing (2024) underscores the value of backward design, an approach that begins with end-of-program outcomes and works in reverse to build the curriculum. This process ensures competencies are intentionally scaffolded across classroom, clinical, and simulated learning environments. Importantly, curricula must incorporate flexibility and rapid adaptability to prepare future nurses for evolving challenges, including pandemics and rapid technological advances.

Assessment strategies must likewise expand beyond traditional examinations. Nursing competency cannot be captured through test scores alone. A fuller, more authentic picture of readiness emerges when multiple forms of assessment (e.g., direct observation, simulation exercises, reflective portfolios, disaster drills, and opportunities for peer and self-assessments) are brought together (AACN, 2021; ICN, 2019).

The importance of partnership cannot be overstated. The ICN disaster competencies remind us that no nurse operates in isolation. Engagement with patients, families, and community stakeholders enriches the relevance and authenticity of competency definitions and assessments. Whether in disaster response or in the daily work of preparing the future workforce, collaboration across sectors and settings is essential.

Finally, global nursing frameworks must provide coherence and comparability but must always be transferable to local adaptations. Examples include involving culturally competent education and assessment practices that respect region-specific health profiles and sociocultural contexts. International standards provide coherence and comparability, but they cannot at present account for every regional need. Disaster-related competencies, for instance, may take priority in

areas frequently affected by cyclones or earthquakes, while competencies in chronic disease management may be more greatly emphasized where relevant.

Toward Global Coherence: Aligning Competency Frameworks Without Uniformity

Thus, the challenge facing nursing education is not the absence of competency frameworks but their proliferation without coordination or consideration of the context-dependent needs of each region and patient population. The current landscape illustrates deep commitment to quality, yet also produces overlap, duplication, and confusion. The authors suggest that a constructive way forward would be not to replace these frameworks but to work on better aligning them through mechanisms that promote shared understanding while preserving contextual diversity.

For example, the World Health Organization's (2022) *Global Competency and Outcomes Framework for Universal Health Coverage* provided a timely exemplar. Rather than introducing another set of competencies, the WHO framework establishes a common lexicon and conceptual map that can bridge differences between nursing frameworks such as those discussed here. Using WHO's (2022) categories and outcome levels as a comparative reference may assist nursing programs to locate their national or institutional standards within a global vocabulary. If successful, such efforts could facilitate cross-border dialogue, benchmarking, and mutual recognition of learning outcomes. Because the WHO (2022) framework explicitly encompasses nursing and allied health workers within primary and community health contexts, it does appear to offer an inclusive foundation for aligning nursing education globally.

Integrating this into nursing education would require 1) adoption of shared terminologies and definitions, 2) global standards which are able to be mapped to regional health priorities including resource levels and cultural considerations, and 3) consistent, evidence-informed

international dialogue between professional associations, educators, and regulatory bodies. Rather than prescribing uniform standards, the WHO (2022) promoted an *"adapt and adopt"* philosophy, to contextualize global competencies within local realities. Nursing can emulate this by mapping existing frameworks onto WHO's (2022) taxonomy, allowing common definitions and outcomes to emerge without displacing local curricular strengths. In practice, coherence would be achieved through an internationally intelligible ecosystem of competency frameworks.

Efforts made by the WHO (2022) towards universal healthcare suggest that such an approach is indeed feasible and scalable. Yet, while the WHO (2022) framework offers an essential pathway toward greater alignment, ongoing challenges in the assessment and translation of competency into practice require further exploration. Rather than attempting to prescribe definitive solutions, this commentary invites educators, regulators, and researchers to consider what sustainable and contextually relevant solutions might look like for nursing education globally.

Conclusion

Current competency frameworks emphasize the importance of practice ready nurses. Yet the realities of geography, culture, and resources inherently shape how competencies are understood and interpreted. COVID-19 revealed the steep cost of our uneven preparation. The problem is not wordsmithing or a lack of frameworks, but rather that nursing educators and faculty may invoke an ideal of 'competency' which may mask the actual needs of student learners, the nursing profession, and respective patient communities. Without international consensus on what competency is, how it should be evaluated, and how it should be adapted regionally, these claims may easily remain rhetorical. Until nursing education can both define and enact an internationally coherent application, competency talk is cheap.

References

American Association of Colleges of Nursing (2021) *The essentials: Core competencies for professional nursing education.* Washington, DC: American Association of Colleges of Nursing. Available at: https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf (Accessed: September 22nd, 2025).

Bond, C., Painter, J. M., & Barnett, D. (2025). Exploring the Skills Prioritised in the Assessment of Students Pursuing Adult Nursing, Post-COVID: A Qualitative Analysis. *Nursing Open*, *12*(5), e70236. https://doi.org/10.1002/nop2.70236

QSEN Institute. (2022). Quality and Safety Education for Nurses. Case Western Reserve University. Available at: https://www.qsen.org/competencies (Accessed September 24th, 2022).

Ge, W., Hu, H., Jia, J., Tang, W., Zhang, Q., Zhao, Y., Shen, Q., & Chen, L. (2023). COVID-19 pandemic increases the occurrence of nursing burnout syndrome: An interrupted time-series analysis of preliminary data from 38 countries. *Nurse Education in Practice*, *69*, 103643. https://doi.org/10.1016/j.nepr.2023.103643

Hatakeyama, N., Shaw, R. and Kanbara, S. (2025) 'Health activities and risk reduction in municipalities affected by liquefaction during large-scale disasters: A case study from the Great East Japan Earthquake', *Health Emergency and Disaster Nursing*, 12(1), pp. 68–78. doi:10.24298/hedn.2024-0003

International Council of Nurses (2019) *Core competencies in disaster nursing: Version 2.0.* Geneva: International Council of Nurses. Available at: https://www.icn.ch/sites/default/files/inline-files/ICN_Disaster-Comp-Report_WEB.pdf ç

Kavanagh, J.M. and Sharpnack, P.A. (2021) 'Crisis in competency: A defining moment in nursing education', *OJIN: Online Journal of Issues in Nursing*, 26(1). doi:10.3912/OJIN.Vol26No01Man02.

National League for Nursing (2024) *NLN competency-based education toolkit.* Washington, DC: National League for Nursing. Available at: https://www.nln.org/docs/default-source/default-document-library/nln_cbe_toolkit_2024.pdf?sfvrsn=2015cb55_5 (Accessed: September 22nd, 2025).

Painter, J. M., & Bond, C. (2023). What are nurse practice assessors' priorities when assessing student mental health nurses? A qualitative content analysis. *Nurse Education in Practice*, *72*, 103776. https://doi.org/10.1016/j.nepr.2023.103776

Swift, L. M., Kearney, L. N., Hyun, A., Levett-Jones, T. L., & Bogossian, F. E. (2025). Defining registered nurse competence: A contemporary concept analysis. *Collegian*, *32*(4), 258-265. https://doi.org/10.1016/j.colegn.2025.06.004

Taylor, M., O'Neal, J. P., Nadeau, K., Zerylnick, J., & Harris, C. (2025). Enhancing resilience: A framework for increasing health care workforce knowledge about novel infectious diseases using Ebola Virus Disease as a case study. *International Journal of Disaster Risk Reduction*, *120*, 105333. https://doi.org/10.1016/j.ijdrr.2025.105333

Topacio, R., Cyrus, P.T., Al-Mahdaly, A., Narvaez, R.A. and Eduardo, I.I. (2025) 'A disaster management contingency and training plan for nursing service personnel', *World Journal of Nursing Research*, 4, p. 1258. doi:10.31586/wjnr.2025.1258.

Wittenberg, E., Goldsmith, J. V., Chen, C., Prince-Paul, M., & Capper, B. (2021). COVID 19-transformed nursing education and communication competency: Testing COMFORT

educational resources. *Nurse Education Today*, *107*, 105105. https://doi.org/10.1016/j.nedt.2021.105105

World Health Organization (2016) *Nurse educator core competencies.* Geneva: World Health Organization. Available at: https://www.who.int/publications/i/item/nurse-educator-core-competencies (Accessed: September 22nd, 2025).

World Health Organization. (2022). *Global competency and outcomes framework for universal health coverage*. World Health Organization.