

CONCEPT ANALYSIS

Political Competency in Nursing: A Concept Analysis

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Abstract

Despite numerous accounts of political participation in the nursing discipline, there exists a limited understanding of the concept of political competency. This paper utilizes Walker and Avant's (2014) eight steps of concept analysis. The defining attributes of political competency are ethical and sociopolitical knowing, courage, perseverance, and persuasion. The antecedents of the concept are reflection, resources, and clarity of values. Lastly, the consequences of political competency are change and social justice. Both change and social justice, as end products, must be viewed not as consequences that can be achieved overnight. Instead, these consequences must be looked upon as processes that are sustained by ongoing and committed exchanges between actors in the political arena and nurses with political competency. In juxtaposing political competency to Patricia Benner's "novice to expert model," future studies may attempt to determine how political competency is embodied by an expert nurse.

The word "politics" is defined as "the relationships within a group or organization that allow particular people to have power over others" (Cambridge Dictionary, n.d.). It can also mean "the activities of the government, members of law-making organizations, or people who try to influence the way a country is governed" (Cambridge Dictionary, n.d.). Politics is said to be linked with the concepts of conflict and cooperation (Heywood, 2013). Varying perspectives may result in disagreements (Heywood, 2013). However, people need to realize that in resolving these conflicts, they must work with others (Heywood, 2013), a condition that requires political competency. For Des Jardin (2001, p.614), "many nurses feel that becoming involved in the political arena would conflict with their image and ethical principles." Despite such observation, Des Jardin (2001) affirms that there exists a need for nurses to make their voices heard given their large number in the health care landscape.

The word "competence" means "the ability to do something well" (Oxford Learner's Dictionaries). Although the words competence and competency are sometimes used interchangeably, there exists a considerable difference between them. Competence "refers to an individual's capacity to perform job responsibilities" while competency focuses on an individual's actual performance in a particular situation" (McConnell, 2001). For Sampson (1998), competence "refer[s] to the basic

demonstration of an activity which is assessed with a yes or no" (p.307) while competency "reflect variation in levels of performance" and may be "more difficult to define and ... measure" (p.308). Moghabghab et al. (2018, p.56) further adds that competence pertains to "the composite knowledge, skills, and judgment for nursing practice" while competency is "contextual to a setting or role." This paper utilizes the term "competency" for the reason that the defining attributes of political competency may vary depending on a given situation. When combined with the word "politics", political competency in nursing pertains to the ability of a nurse to participate in an activity that involves the regulation of power.

Political competency is a concept that can be located in documents that guide nursing science. Article I, section I of the *Promulgation of the Code of Ethics for Registered Nurses* (Board of Nursing, 2004) states that Filipino registered nurses have a "responsibility to preserve health." In doing so, nurses need to

gain knowledge and understanding of man's cultural, social, spiritual, physiological, psychological, and ecological aspects of illness, utilizing the therapeutic process. Cultural diversity and political and socio-economic status are inherent factors to effective nursing care (Board of Nursing, 2004, para.7).

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The quotation presented above reflects the need for nurses to be competent in matters that affect health, not just in the hospital and clinical settings. Understanding dimensions like culture and society may demand that nurses need to consider the social determinants of health, an aspect that calls for political competency.

For Walker and Avant (2014, p.166), “[i]t is best to choose a concept in which you are already interested, one that is associated with your work, or one that has always “bothered” you.” The concept of political competency was selected for the reason that the researcher is currently working on the topic of nurse-led political activism. The researcher firmly believes that meaningful political activism only becomes possible when there is political competency.

This paper utilizes Walker and Avant's (2014) eight steps of concept analysis. These steps include “(1) selecting a concept, (2) determining the aims or purpose of analysis, (3) identifying all uses of the concept, (4) determining the defining attributes, (5) identifying a model case, (6) identifying a borderline, related, contrary, invented, and illegitimate cases, (7) identifying antecedents and consequences and (8) defining empirical referents” (Walker & Avant, 2014, p.166). The succeeding parts of this paper will present the definition and uses of the concept of political competency, its defining attributes along with model, borderline, and contrary cases, antecedents, consequences, and empirical referents.

Definition and uses of the concept

Political competency is a term that is often used at the level of policy-making. Warner (2003, p.135) provides the following definition of political competence:

Political competence is the skills, perspectives, and values needed for effective political involvement within nursing's professional role. Political competence is requisite within nursing to (a) intervene in the broad socioeconomic and environmental determinants of health, (b) intervene effectively in a culturally diverse society, (c) partner in [the] development of a humane health care system, and (d) bring nursing's values to policy discussions.

Despite the historical roots of political action in the evolution of the nursing discipline, Warner (2003, p. 135) asserts that political participation “has not always been understood or emphasized to the extent needed for the public's health or to maximize the profession's capability.” In the level of nursing education, Alhassan et al. (2020) also added that if only political content were more embedded in the nursing curriculum, then, perhaps, student nurses would be more politically active in response to

issues that confront the discipline. These gaps further resonate in the work of Spenceley et al. (2006, p.190), who said that there tends to be a “blind spot when it comes to bringing [necessary political knowledge] to the policy table.”

Table 1 illustrates the antecedents, attributes, and consequences of political competency. The succeeding parts of this paper will further attempt to elaborate the interconnections between these elements.

Table 1. *Antecedents, attributes, and consequences of political competency*

Antecedents	Attributes	Consequences
Reflection Resources Clarity of values	Ethical knowing Sociopolitical knowing Courage Perseverance Persuasion	Reflection Resources Clarity of values

Defining attributes

According to Walker and Avant (2014, p.168), the defining attributes of a concept “helps ... name the occurrence of a specific phenomenon as differentiated from another similar or related one.” The defining attributes of political competency are ethical and sociopolitical knowing, courage, perseverance, and persuasion.

In describing the ethical dimension as a fundamental pattern of knowing in nursing science, Carper (1978, p.30) said that,

the ethical pattern of knowing in nursing requires an understanding of different philosophical positions regarding what is good, what ought to be desired, what is right; of different ethical frameworks devised for dealing with the complexities of moral judgments; and of various orientations to the notion of obligation.

Spenceley et al. (2006, p.183), in reviewing Carper's (1978) definition of ethical knowing, adds that “many discussions of advocacy in nursing are about advocacy as a moral act intended to promote a good.” Ethical knowing is an attribute of political competency for the reason that discourses in the level of politics demand moral decisions that entail deciding on what is good. Contrary to judgments that concern individual entities in hospital and clinical settings, decisions in the sphere of politics typically impact collectives or groups of people. Embodying sociopolitical knowing, the second attribute of political competency, can eventually boil down to the ethical question: what ought I do?

Sociopolitical knowing is a term suggested by White (1995; as cited in Spenceley et al., 2006, p.183) to denote “the larger social, economic, and political forces that are altering the human health experience, and shifting the very foundations of [nursing science].” Encapsulated in this attribute is the value of knowing the interplay of health and politics in cultural contexts. Warner (2003, p.136) emphasizes that:

The power and politics embedded in each culture strongly influences many factors that are importantly related to health, such as family social structure, religious traditions, and accepted norms/behaviors. Nursing professionals need to understand the sources of power and patterns in politics to effectively promote health and prevent disease in a culturally effective way.

Post-truth politics, however, may be a challenge to authentic sociopolitical knowing. Keane (2018) who cited the 2016 Oxford English Dictionaries, said that “post-truth is the public burial of objective facts by an avalanche of media appeals to emotion and personal belief.” Post-truth, in addition, has an “assemblage of different but interconnected phenomena” and is “not simply the opposite of truth” (Keane, 2018). Sociopolitical knowing, an attribute of political competency, can come in the form of subjecting pieces of information to critical scrutiny.

Courage is presented in this paper as an integral component of political competency for the assumption that knowledge of the political landscape can only accomplish limited change if it is overshadowed by fear. In a study by Alhassan et al. (2020, p.38), they have found out that one barrier to the political participation of nurses in Ghana is, perhaps, due to “a common perception that political opponents are denied promotions or given inconvenient transfers, just to humiliate and frustrate them for their political views.” In the level of leadership, it is courage that will enable reforms that will help address the problems of the contemporary period (Sen et al., 2013). In the level of business, courageous actions are characterized by the presence of “careful deliberation and preparation” (Reardon, 2007). Standing or speaking up in the face of injustice can also be interpreted as manifestations of courage. In the study of Bonito et al. (2019), they have found that violence in the form of sexual harassment and bullying may still be apparent in today's nursing practice in the Philippines. However, there exists limited documentation or reports on these abuses (Bonito et al., 2019).

Apart of becoming politically competent is being cognizant of the fact that engagement in the realm of politics may not always result in favorable or victorious outcomes. The attribute of perseverance is derived from the work of Warner (2003) who said that perseverance is always more than about the idea of winning. It becomes useless to be politically competent when

one is easily dismayed by challenges that may get in the way of ones' advocacies.

Being persuasive in communication is yet another important attribute of political competency. Powerful persuasion also means being able to communicate one's position to individuals and groups while making other people comfortable with the idea of change (Warner, 2003). Persuasive communication also plays a role in the creation of professional solidarity. For Mangay-Maglacas (2019) nurses in the past lacked unity. With the power of persuasion, perhaps, the collective efforts of nurses are better harnessed in actualizing change.

Persuasion is needed not just towards nurses but for other groups or organizations as well because activism, a concept that requires political competency, “can be led by nurses, conducted in response to, and in partnership with leading national and international health organizations” (Florell, 2020, p.2). Networks or coalitions need to be established inside and outside of the nursing profession (Florell, 2020) in the pursuit of change and social justice.

In illustrating the defining attributes of political competency, the following model, borderline, and contrary cases were constructed by the researcher.

Model case

Nurse Anna considers herself to be a political activist. She actively raises her thoughts and questions on meetings that seek to further improve their workplace conditions. Some of her co-workers think that her ideas may be offensive to the president of their organization. But for Nurse Anna, she thinks that she must speak the truth even if it displeases a few for the general welfare of other employees.

Nurse Anna's workplace is in close proximity to an ongoing construction project. One night while walking near the construction site, she saw one man from the construction site expose his penis to Anna's female coworker. On another occasion, Anna overheard some men in the construction site whistle and make sexual comments towards Anna's transgender coworker. Anna reported the incidents to the local government unit of her place and made regular follow-ups for immediate action. Soon, the construction site was reprimanded and ordered closure for 3 weeks. In their weekly meeting, Anna said “catcalling is unacceptable, it is a form of sexual harassment. Being a woman does not make us any less of a person.”

For Walker & Avant (2014, p.169), “a model case is an example of the use of the concept that demonstrates all the defining

attributes of the concept.” The case of Nurse Anna reflects political competency in such a way that it includes the attributes of ethical and sociopolitical knowing, courage, perseverance, and persuasion.

Borderline case

Many people consider Nurse Karen to have a refined moral compass. People who know her well would recall how she bravely reported on national television a malpractice case that resulted to the revocation of the license of one of the attending physicians in their hospital. One day, she received a message from an unknown number that says “I know where you live. Start planning the color of your coffin.” From then on, Nurse Karen no longer voiced her thoughts in public gatherings. Within her close circle of friends, however, she would remind them to speak up against injustice because it is the right thing to do. Sadly, her friends would reply “practice what you preach.” Borderline cases “contain most of the defining attributes of the concept being examined but not all of them” (Walker & Avant, 2014, p.170). In the case of Nurse Karen, one can hardly glean the attribute of courage.

Opposite case

Nurse Nina thinks that the only ethical principles worth upholding are those openly proclaimed by politicians. She once said: “if the president thinks this action is correct on the care of COVID-19 patients, then, we must accept it without any questions.” She was once invited to attend a webinar on poverty in the context of the COVID-19 pandemic but declined for the belief that it is of no use to bedside care. Nurse Nina believes that poor people are lazy and hence, do not deserve respect.

During her shift, she saw her senior nurse administer the wrong medication to a patient who was assigned to a different nurse. This event led to the development of palpitations to the patient, much to the panic of the nurse who happened to be eating her lunch. Nurse Nina kept silent about the matter because she owes a considerable amount of money from her senior nurse. She believes that speaking up on the issue will only attract negative publicity. She confronted the nurse assigned to the patient who received the wrong medication and said: “this could not have happened if you prioritized the well-being of your patient. All you think about is food, you should be ashamed of your weight!” This is a contrary case because it reflects none of the attributes of political competency (Walker & Avant, 2014).

Antecedents

“Antecedents are those events or incidents that must occur or be in place prior to the occurrence of the concept. Thus an

antecedent cannot also be a defining attribute for the same concept” (Walker & Avant, 2014, p.173). The antecedents of political competency are reflection, resources, and clarity of values.

Reflection means embodying a strategic perspective or an act of “stepping back” to appreciate a view of the overall interplay of things (Warner, 2003, p.141). Reflection also means having “awareness of the possibilities that could be accomplished through policy and politics,” similar to the act of playing chess (Warner, 2003, p.141). Reflection can come as a result of one’s exposure to injustice or from a direct experience of oppression or marginalization. Reflection is an antecedent of political competency because of the assumption that without reflection, a political activist nurse may simply be standing on a quicksand unconsciously. Lack of critical reflection on a given situation can possibly make a nurse question the significance of his participation in a political cause. Without reflection, one can simply abandon a political cause and refocus on matters that may be perceived as having greater personal priority. It is through reflection that one’s position is solidified regardless of obstacles that may arise in the future.

Resources pertain to “a person’s ability to participate and include time, money, and civic skills” (Alhassan et al., 2020, p.33). A study on the political participation of nurses in Ghana reported that understaffing in addition to long hours of work provides little time to participate in activities related to politics (Alhassan et al., 2020). This is considered to be an antecedent of political competency due to the reason that adequate time, or resources, are needed for a nurse to fully understand the intricacies of a given sociopolitical problem that requires political competency. Aside from time, resources can also come in the form of having a justified and adequate income. In relation to the concept of labor exploitation and alienation, “Marx contends that when life is driven by survival and is experienced as a rat race, people’s ability to perceive the world is sharply limited” (Schroeder, 2005, p.65). When a nurse struggles with limited resources, the development of the attribute of sociopolitical knowing, for example, is stifled. Is the time spent on studying several political legislations more important than looking for an online job that may help make ends meet? Would the act of attending a webinar on social justice be prioritized over the idea of taking a nap from a 16-hour shift? These sample questions illustrate the value of resources to the development of the attributes of political competency.

Clarity of values means having a clear ethical and sociopolitical position on a given problem. To be persuasive, an attribute of political competency, demands that one has to have “clarity of ideas” in influencing a greater collective

(Warner, 2003, p.140). Clarity of ideas can come as a result of one's heightened awareness of issues that underpin a pressing problem or challenge. The idea that one's deeper understanding of an issue leads to clarity of values may intersect with Patricia Benner's "novice to expert model." While a novice may rely on information found in textbooks, an expert uses intuition in making decisions (Hargreaves & Lane, 2001). Pre-theoretical knowledge would suggest that perhaps, experts have a clearer set of values compared to novices. Empirical evidence, however, shows opposing observations. In a study by Thomas et al. (2019), they have found that student nurses have the important values associated with health policy engagement (Thomas et al., 2019). In a paper by Rains and Barton-Kriese (2001), they have found that nursing students failed to appreciate the value of public policy to the greater scheme of things in their career. Among professional nurses, a study by Vandenhouten et al. (2011) found that while there is a high interest in political issues (86%), less than 32% of the sample thought they have limited political influence on decisions made by the government.

Paley (1996) forwarded a question on the nature of intuition and how it is actually acquired. In Paley's (1996, p.667) analysis of Benner's model, it was said that "experts are identified either by peer assessment or through some sort of performance criterion, but they are also said to be capable of mental processes which are unavailable to non-experts." In expounding this statement, Paley (1996, p.668) adds that:

"the claim that experts use intuition would be uninformative since 'intuition' can now only be identified as 'something experts do' Whatever it is that other people do, it cannot (by definition) be 'intuition' because they are not experts.

The tension presented by Paley (1996) begs the question who is the expert nurse with political competency? This may be explored by future researchers.

Consequences

Consequences refer to "events or incidents that occur as a result of the occurrence of the concept—in other words, the outcomes of the concept" (Walker & Avant, 2014, p.173). The consequences of political competency are change and social justice. If a nurse is politically competent, a change in the status quo is likely to happen. The application of political competency, similarly, may lead to greater social justice. Social justice refers to the provision of fair treatment or healthcare to individuals regardless of their differences (Habibzadeh et al., 2021). Both change and social justice, as end products, must be viewed not as consequences that can be achieved overnight. Instead,

these consequences must be looked upon as processes that are sustained by ongoing and committed exchanges between actors in the political arena and nurses with political competency.

Change and social justice can also be viewed as results that will provide ideal outcomes to the lives of patients and nurses alike. If nurses thrive in environments where their voices are heard and their rights are respected, it is possible that they will have greater motivation in rendering quality care for individuals, groups, and communities. Since the concept of political competency is intertwined with the concept of power, succeeding explorations on the topic may also explore whether the motivation to become politically competent is driven, at least in part, by personal interests or by a pure intention to transform an oppressive system.

Empirical referents

Empirical referents refer to the means by which the defining attributes of a concept can be measured or recognized (Walker & Avant, 2014). Ethical knowing among nurses can be measured using the "Ethical Sensitivity Questionnaire for Nursing Students (ESQ-NS)" (Muramatsu et al., 2019). Studies that explore the awareness of nurses on the social determinants of health (SDOH) may also reflect the presence of sociopolitical knowing, another attribute of political competency. Further research, however, is needed in determining how the defining attributes of political competency may vary in different settings.

Conclusion

This paper has shown the antecedents, defining attributes, and consequences of the concept of political competency among nurses. The result of this concept analysis, however, must be considered tentative. Walker and Avant (2014, p.163) contend that "this tentativeness stem from the fact that two people will often come up with somewhat different attributes for the same concept in their analyses and from the fact that scientific and general knowledge changes so quickly that what is "true" today is "not true" tomorrow."

In Florell's (2020) concept analysis of nursing activism, it was clearly stated that there is a difference between the terms advocacy, engagement, and activism. Florell (2020, p.3) who cited the Merriam-Webster dictionary said that:

Engagement is to participate or become involved in or establish a meaningful contact or connection with someone or something. Advocacy is to publicly support

an issue or policy or to plead a case on someone else's behalf.

In this paper, it is assumed that nurse activists are politically competent nurses. Contrary to Florell (2020), the author of this paper believes that engagement and advocacy are concepts that are contained in the defining attributes of political competency. Engagement and advocacy presuppose that a politically competent nurse has refined the attribute of socio-political knowing. Supporting a political issue or pleading a case, phrases that can be found in the definition of advocacy, presuppose the value of persuasion in communication. Further research, however, is warranted to further unpack the similarities and differences of these concepts. In addition, succeeding inquiries on the topic may likewise explore whether indeed political activists are inherently politically competent individuals.

Clarity of values, an antecedent of political competency, was discussed in relation to Benner's "novice to expert model." Future studies may attempt to determine how political competency is embodied by an expert nurse. The researcher believes that novices may not stereotypically be in possession of less political competency. This claim, albeit in need of empirical support, was made in the light of observations on contemporary events. Student protests against the transition to online classes in the Philippines (San Juan, 2020) can be found with the defining attributes of political competency. Other forms of activism that involve students, or novices for that matter, have been reported in Hong Kong (Fung & Lee, 2019), Myanmar (Nachemson, 2021), and Singapore (Lakhdar, 2021) to name a few. In the level of nursing education, it then becomes imperative to explore creative means in which socio-political awakening can be instilled while remaining faithful to the intended learning outcomes of the nursing curriculum.

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**Let us never consider ourselves
finished, nurses. We must be learning
all of our lives.**

- Florence Nightingale