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The Concept of Competency or Competence? A Narrative Review

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Abstract

Introduction: The terms «competence» and «competency» are widely used in nursing and health professions education, yet they are often applied interchangeably, leading to conceptual ambiguity. Clarifying the distinction between these concepts is essential for curriculum design, assessment, and research rigor.

Methods: In this narrative review, Persian and English keywords, including competency, clinical competence, clinical competency, and competence, were searched—individually and in combination—in databases such as Google Scholar, PubMed, SID, ScienceDirect, PsycINFO, and Magiran (2010-2024). After the search, 183 publications were retrieved and analyzed through a narrative synthesis and conceptual comparative analysis approach. After screening, 35 studies defining/evaluating the concepts of competence and competency were analyzed via narrative synthesis and conceptual comparison.

Results: Three dominant approaches to qualification were identified: (1) functional (task-oriented), (2) behavioral (person-oriented), and (3) holistic approaches. Competence was predominantly associated with functional approaches, emphasizing observable performance and task outcomes, whereas competency aligned more closely with holistic approaches incorporating knowledge, skills, attitudes, values, and contextual judgment.

Conclusion: Competence and competency represent distinct yet complementary conceptual frameworks. Their interchangeable use may obscure theoretical intent and methodological coherence. Clear and consistent application of these concepts is recommended in nursing research and education.

Keywords: Competence, Competency, Clinical competence, Holistic nursing, Nursing education

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Introduction

The term competence is closely related to the Latin word "Competentia," which means "authorized to judge" or "having the right to speak" (1). The two concepts of competence and competency are used as the same in some studies. In Iran, like other countries, these two concepts are considered equivalent to each other (2,3). It will not be possible to clarify the concepts unless the desired concept is compared with the concepts close to it and the distinction between the concepts is drawn (4). Regarding the conceptualization of competency and its evaluation, there are many studies in different fields and in different countries (5-7). The concepts of competence and competency are vague concepts (8) that can cause a lot of confusion (1), especially when, in some studies, they are used interchangeably without a clear explanation or a statement of the logic behind it (8). As a result, it is thought that these two concepts can be used interchangeably and there is no distinction between them.

Some studies stated that these two concepts are two specific approaches for studies in the field of human resources competence (8). Some researchers also considered the two concepts of competence and competency to be complementary (9). Wong (2020), citing Zemke (1982), stated that there is no agreement on the definition of either of the two words and related words, and it depends only on the meaning that the definer intends to use. He stated: "The problem is caused by the fact that instead of addressing some basic procedural and philosophical differences, they compete to define the concept and develop it, or they determine a model for how to use competencies in education". However, it is preferred to use the two terms interchangeably (1). On the other hand, competency-based approaches have become increasingly important in nursing and health professions education, as they provide a structured framework to ensure that graduates possess the necessary knowledge, skills, and professional behaviors to meet the complex demands of contemporary healthcare (10-14).

Therefore, some studies defined "qualification" in general as broad general ability and individual characteristics that are used in situations and contexts, and considered it as a

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set of skills that are not separate (15).

Due to the difference of opinion in the application of the two concepts, this study was done to clarify the concepts of competency and competence.

Methods

This study is a narrative review that utilized various databases including Google Scholar, PubMed, SID, ScienceDirect, PsycINFO, and Magiran. Persian and English keywords such as competence, clinical competence, competency, and clinical competency were searched, both individually and in combination, limited to publications from 2010 to 2024. Relevant publications that defined, explained, or evaluated the two concepts of competence and competency were selected. Search results in English databases resulted in 133 articles, while search results in Persian databases resulted in 50 articles. The included studies were analyzed using a narrative synthesis and conceptual comparative analysis to identify and compare the main features, similarities, and differences between the concepts.

Search strategy

The search strategy was developed using key terms related to the target concepts. The main keywords included "competence", "clinical competence", "competency", and "clinical competency". These terms were searched in titles and abstracts and were combined using Boolean operators (AND, OR). For example, in PubMed and ScienceDirect, combinations such as ("competence OR competency") AND ("nursing" OR "health professions") were used. In Persian databases (SID, Magiran), equivalent Persian terms related to clinical competence and competency were used.

Eligibility criteria

Included articles that: (1) explicitly defined, explained, or evaluated the concepts of competence and/or competency; (2) evaluated clinical competence or competency; (3) were related to nursing, medical, or health professions education or practice; and (4) were published in Persian or English.

Theses, conference papers, articles without full text, and non- peer-reviewed publications were excluded.

Study selection

From 183 publications (133 English, 50 Persian), title screening excluded unrelated/duplicates, leaving 124 articles. After screening the abstracts and excluding irrelevant titles, 91 articles remained for full-text review. In the next stage, application of inclusion/exclusion criteria excluded 56 articles, retaining 35 articles for final analysis.

Data analysis

Data were analyzed through narrative synthesis, and the definitions, dimensions, and underlying approaches to competence and competency were compared using conceptual comparative analysis.

Results

Overall, 35 studies met the inclusion criteria and were analyzed.

In the 1970s, McClelland (a psychology professor at Harvard University) published a study titled "Testing for Competency Rather Than for Intelligence". This led to the wide application of this concept in the management of various human resources (1). McClelland (1973) found that college students may perform exactly like top students in their careers even though they performed poorly in universities. He subsequently argued that traditional IQ tests, or aptitude tests, and school grades are not accurate in predicting job performance at work or other important life outcomes. Instead, basic personal characteristics and stable qualitative behaviors, called "qualifications", can be more effectively used to measure and validate people's job performance and their success in life. In particular, McClelland (1973) proposed measuring the level of people's performance in the workplace, cognitive skills, and personality variables, which are useful in life in general. These variables include leadership, interpersonal skills, communication skills, personal development, patience, goal-setting ability, etc. (1). McClelland's (1973) idea about competencies has had a significant impact on human resources. This opened a new perspective and moved towards investigating valid and reliable tools for predicting people's job performance in the workplace (17). Since then, the idea of "competence" has spread throughout the world (8). Many studies have been conducted in the field of competence development and evaluation focusing on various fields and professions in various countries (5,18). Cheng-Joo and Hsinag-Chu reviewed articles related to competence. They found that competence is not only related to specialized knowledge, but also emphasizes human factors such as teamwork, communication, coordination, and leadership (19). Studies defined competence as the ability to use knowledge and skills effectively to obtain desirable outcomes (20,21). Cheng-Joo and Hsinag-Chu (2015) recognized "insight" and "self-reflection" as effective in nurse competence and developed the definition of Meretoja. They stated: "Competence consists of coherent components such as knowledge, skill, and self-efficacy that help people to be competent in their duties and missions" (19). Many models and frameworks have been proposed to measure competence, but they differ in terms of the information collected.

Some models emphasize the genetic ability and qualitative characteristics of individuals under study. Another group of them is focused on technical skills. Some also try to provide a holistic approach by considering three factors, namely, occupational roles, professional behaviors, and a combination of individual qualifications and occupational qualification fields (22). By examining the models and definitions of qualification, it seems that it is like an umbrella that includes everything that directly or indirectly affects performance (23). Different approaches to the definition and compilation of qualifications have a direct impact on the evaluation method and the design of qualification assessment tools (24). Hence, first, the desired approach must be defined to enable the design of a

qualification assessment tool and evaluate the qualification from the desired aspect.

Functional approach (Task-Oriented approach)

The functional approach is observable and measurable (25). In this approach, competence is seen as the behavior that a person performs. It depends on the direct observation of the person's performance (26). This approach is related to behaviorism and is based on duty. As a result, in this approach, professional judgment is ignored in conscious performance and does not help the growth and development of critical thinking and problem solving (7,27). The concept of competence is a task-oriented functional approach. This approach frequently uses the term competence to describe the scope of work duties or job outputs. In other words, it is the combination of skills and abilities required to successfully fulfill a role and optimally perform a task (27).

Others defined being competent as follows: meeting the demand, or job roles by acquiring those "competences" to show the behaviors necessary for effective performance at work (28).

People-oriented behavioral approach (Generic approach)

This approach is related to the general characteristics of the person, which are necessary for effective performance. It focuses on the general qualifications that are gradually created in the person. The general approach emphasizes ability and knowledge regardless of the context in which the qualification occurs. In fact, it identifies the general characteristics of people that are decisive for effective performance and focuses on transferable characteristics such as knowledge and critical thinking. This approach is decisive in situations where there is limited evidence for the transferability of general skills in various situations (28).

Holistic care approach (Task-Attribute approach)

The "holistic" approach considers qualification as something more than the sum of competences (28). The characteristics of holistic competency include motivation, individual tendencies, perception, ability to accept, maturity, and aspects of personal identity (23). These contextual characteristics provide the foundation of transferable skills in providing care (26). The concept of competency is based on this approach (28,29).

Discussion

The present review demonstrates that competence and competency are conceptually distinct constructs rather than interchangeable terms, each rooted in different educational and epistemological paradigms. Ambiguity in the use of these terms may lead to misalignment between curriculum design, assessment strategies, and intended learning outcomes, particularly within competency-based education frameworks. The conceptual distinctions identified in this review are summarized in Table 1.

The findings indicate that competency primarily refers to individual characteristics and underlying capabilities that enable effective professional practice, including integrated knowledge, clinical skills, cognitive abilities, and transferable attributes such as critical thinking and problem-solving. This concept aligns with holistic and developmental approaches that emphasize person-centered and reflective dimensions of professional qualification, which is in line with research by Sheikhbahaeddinzadeh et al. (29). In contrast, competence focuses on task performance and observable outcomes within defined occupational roles. This concept is closely associated with functional and behaviorist approaches, where qualification is determined by satisfactory performance in predefined tasks (34,35).

While such approaches facilitate standardization and accountability, they have been criticized for their reductionist orientation and limited attention to cognitive,

Table 1. Conceptual Distinction Between Competence and Competency in Nursing Education and Practice

Dimension	Competence	Competency
Conceptual focus	Task- and outcome-oriented performance	Person-oriented and developmental capability
Theoretical roots	Functional and behaviorist approaches	Holistic, cognitive, and constructivist approaches
Primary emphasis	Observable behaviors and task completion	Integration of knowledge, skills, attitudes, and cognitive abilities
Philosophical orientation	Behaviorism; performance measurement	Humanism and constructivism; reflective practice
Nature of qualification	Job-specific and context-bound	Transferable and adaptable across contexts
Core components	Technical skills and procedural accuracy	Clinical reasoning, critical thinking, problem-solving, self-reflection
Assessment focus	Checklists, direct observation, task-based evaluation	Multidimensional assessment, reflective tools, integrated evaluation
Type of learning outcome	Demonstrated ability to perform predefined tasks	Capacity for effective, ethical, and reflective professional practice
Cognitive dimension	Limited or implicit	Explicit and central
Alignment with assessment tools	Logbooks, procedural manuals, performance checklists	Holistic frameworks, competency-based assessment models
Common misuse in literature	Used to describe holistic and multidimensional abilities	Used for task-based or behavior-focused evaluations
Examples from reviewed studies	Takase & Teraoka (2011); Bogo et al; Nascimento et al; Arabkhazaie et al. (30,25,31,32)	Khodayarian et al; Yazdani et al; Sheikhbahaeddinzadeh et al. (33,2,29).
Appropriate use in research	Studies focusing on task performance and job output	Studies addressing integrated professional capabilities and higher-order practice

communicative, and judgment-based dimensions essential to nursing practice (25,36). Despite these theoretical distinctions, substantial inconsistency in terminology persists across nursing studies. Several investigations adopted holistic or multidimensional frameworks while using the term competence. For example, Takase and Teraoka (2011) and Bogo et al. conceptualized professional qualification as an integration of knowledge, skills, attitudes, and higher-order cognitive abilities, including meta-competence, yet employed outcome-oriented terminology (30,25). Similar patterns were observed in the study by Nascimento et al. further highlighting the mismatch between conceptual frameworks and terminology (31). Conversely, some studies demonstrated the opposite inconsistency. In Iranian research, Khodayarian et al. evaluated clinical qualification using functional and behavior-focused assessment tools but referred to the construct as competency (33). This misalignment between conceptual definition and assessment methodology reflects broader challenges in the consistent application of competence-related terminology. Within the Iranian nursing education context, functional approaches to assessment remain dominant, with emphasis on direct observation, logbooks, and procedure-based manuals focusing on visible clinical behaviors (2,27,35,37,38). Although these methods contribute to evaluating technical proficiency, they inadequately capture reflective practice, clinical reasoning, ethical judgment, and professional identity formation emphasized in contemporary competency-based education. General approaches that integrate foundational knowledge and skills represent an intermediate perspective, as reflected in studies by Aliakbari et al. and Sheikhbahaeddinzadeh et al. (37,39). However, even within these frameworks, competence and competency were used interchangeably, underscoring persistent conceptual ambiguity.

In response to the limitations of functional and general models, holistic approaches grounded in integrative philosophies of care have gained prominence. These approaches conceptualize nursing competency as a multidimensional construct requiring a holistic perspective and encompassing cognitive, adaptive, and human and organizational capabilities (29,30). Definitions aligned with this perspective, such as those proposed by Yazdani et al. appropriately employed the term competency to reflect integrated and person-centered professional capability (2). Nevertheless, other studies in Iran adopting holistic frameworks continued to apply outcome-oriented terminology (40-43).

Conclusion

One of the limitations of the present study is the limited access to valid Embase and ISI sites. Also, the literature review was limited to merely Persian and English languages. Another limitation is the conceptual diversity in recent international literature, which may reflect evolving interpretations of competence and competency rather than simply inconsistency.

According to the results of this study, two concepts are used interchangeably, regardless of the desired approach. The use of two concepts is recommended according to the appropriate approach in studies.

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Competing Interests

The author declares no conflict of interest.

Ethical Approval

Not applicable.

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References

1. Wong SC. Competency definitions, development and assessment: a brief review. Int J Acad Res Progress Educ Dev 2020;9(3):95-114. doi:10.6007/IJARPED/v9-i3/8223
2. Yazdani S, Akbari Farmad S, Farajpour A. Analytical definition of the concept of "competency" through McKenna approach. Iran J Med Educ 2018;18(0):109-16. [Persian].
3. Mohtashami J, Salsali M, Pazargadi M, Manoochehri H. Clinical competency in psychiatric nursing students: a qualitative study. J Qual Res Health Sci 2013;2(3):261-76. [Persian].
4. Aref H, Moradi Shirazi SA. Clarifying the concept of "competency" in human resource management: a conceptual analysis approach. Public Organizations Management 2017;5(2):13-30. [Persian].
5. Chung RG, Wu CY. The identification of personnel director's competency profile through the use of the job competence assessment method. Afr J Bus Manag 2011;5(2):405-15. doi:10.5897/ajbm10.440
6. Kang HJ, Chung KW, Nam KY. A competence model for design managers: a case study of middle managers in Korea. Int J Des 2015;9(2):109-27.
7. Fukada M. Nursing competency: definition, structure and development. Yonago Acta Med 2018;61(1):1-7. doi:10.33160/yam.2018.03.001
8. Le Deist FD, Winterton J. What is competence? Hum Resour Dev Int 2005;8(1):27-46. doi:10.1080/1367886042000338227
9. Vazirani N. Competencies and competency model-a brief overview of its development and application. SIES J Manag 2010;7(1):121-31.
10. Cooper D, Holmboe ES. Competency-based medical education at the front lines of patient care. N Engl J Med 2025;393(4):376-88. doi:10.1056/NEJMra2411880
11. Ten Cate TJ, Kusurkar RA, Williams GC. How self-determination theory can assist our understanding of the teaching and learning processes in medical education. AMEE guide No. 59. Med Teach 2011;33(12):961-73. doi:10.3109/0142159x.2011.595435
12. Ten Cate O, Khursigara-Slattery N, Cruess RL, Hamstra SJ, Steinert Y, Sternszus R. Medical competence as a multilayered construct. Med Educ 2024;58(1):93-104. doi:10.1111/medu.15162
13. Sistermans IJ. Integrating competency-based education with a case-based or problem-based learning approach in online health sciences. Asia Pac Educ Rev 2020;21(4):683-96. doi:10.1007/s12564-020-09658-6
14. Batt AM, Tavares W, Williams B. The development of competency frameworks in healthcare professions: a scoping

review. Adv Health Sci Educ Theory Pract 2020;25(4):913-87. doi:10.1007/s10459-019-09946-w
15. Mrayyan MT, Abunab HY, Abu Khait A, Rababa MJ, Al-Rawashdeh S, Algunmeeyn A, et al. Competency in nursing practice: a concept analysis. BMJ Open 2023;13(6): e067352. doi:10.1136/bmjopen-2022-067352
16. Mulder M. Revisiting competence and competency: A critical review. J Workplace Learn. 2022;34(2):126–145. doi:10.1108/JWL-06-2021-0075
17. Kilbourne AM, Beck K, Spaeth-Rublee B, Ramanuj P, O'Brien RW, Tomoyasu N, et al. Measuring and improving the quality of mental health care: a global perspective. World Psychiatry 2018;17(1):30-8. doi:10.1002/wps.20482
18. Omran A, Suleiman AS. Identifying the competence components of the construction project managers in the Palestinian construction industry. Eng Proj Organ J 2017;7(2):2-27.
19. Eng CJ, Pai HC. Determinants of nursing competence of nursing students in Taiwan: the role of self-reflection and insight. Nurse Educ Today 2015;35(3):450-5. doi:10.1016/j.nedt.2014.11.021
20. Numminen O, Meretoja R, Isoaho H, Leino-Kilpi H. Professional competence of practicing nurses. J Clin Nurs 2013;22(9-10):1411-23. doi:10.1111/j.1365-2702.2012.04334.x
21. Istomina N, Suominen T, Razbadauskas A, Martinkėnas A, Meretoja R, Leino-Kilpi H. Competence of nurses and factors associated with it. Medicina (Kaunas) 2011;47(4):230-7.
22. Jafari H, Mohammadi E, Ahmadi F, Kazemnezhad A. Designing and psychometric the measure for determining the professional competence of nursing faculty members. J Nurs Midwifery Sci 2014;1(2):8-13.
23. Astereki S, Mehrdad H, Ghobadiyan M. Components and characteristics of the professional competency model among educational administrators. J Educ Psychol 2021;9(2). doi:10.20511/pyr2021.v9nSPE2.1088
24. Vitello S, Greatorex J, Shaw S. What is Competence? A Shared Interpretation of Competence to Support Teaching, Learning and Assessment. Cambridge University Press & Assessment; 2021. doi:10.17863/cam.110829
25. Bogo M, Katz E, Regehr C, Logie C, Mylopoulos M, Tufford L. Toward understanding meta-competence: an analysis of students' reflection on their simulated interviews. Soc Work Educ 2013;32(2):259-73. doi:10.1080/02615479.2012.738662
26. Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002;287(2):226-35. doi:10.1001/jama.287.2.226
27. Karami M, Choupani M. Successful counselors' perceptions of the performance dimensions of therapeutic competence: a qualitative research. J Qual Res Health Sci 2020;9(2):79-90. doi:10.22062/jqr.2020.91157
28. Marin-Zapata SI, Román-Calderón JP, Robledo-Ardila C, Jaramillo-Serna MA. Soft skills, do we know what we are talking about? Rev Manag Sci 2022;16(4):969-1000. doi:10.1007/s11846-021-00474-9
29. Sheikhbahaeddinzadeh E, Ashktorab T, Ebadi A. The clinical competency in post graduate psychiatric nursing students: a qualitative study. J Psychiatr Nurs 2023;14(3):232-9. doi:10.14744/phd.2022.37132
30. Takase M, Teraoka S. Development of the holistic nursing competence scale. Nurs Health Sci 2011;13(4):396-403. doi:https://doi.org/doi:10.1111/j.1442-2018.2011.00631.x
31. da Silva Garcia Nascimento J, Siqueira TV, de Oliveira JL, Alves MG, da Silva Garcia Regino D, Dalri MC. Development of clinical competence in nursing in simulation: the perspective of Bloom's taxonomy. Rev Bras Enferm 2021;74(1): e20200135. doi:10.1590/0034-7167-2020-0135
32. Arabkhazaie A, Arabkhazaie A, Sadati L, Askarkhah A, Sarraf N, Eslami A. Evaluation of clinical competence and its relationship with the dimensions of competence of operating room technologists. Paramedical Sciences and Military Health 2020;15(2):28-36. [Persian].
33. Khodayarian M, Vanaki Z, Navipour H, Vaezi AA. The effect of nursing management development program on clinical competency in coronary care unit. J Kermanshah Univ Med Sci 2011;15(1):40-50. [Persian].
34. Adib-Hajbaghery M, Zehtabchi S. Assessment of nurses' professional competence in spiritual care in Kashan's hospitals in 2014. Avicenna J Nurs Midwifery Care 2014;22(4):23-32. [Persian].
35. Garside JR, Nhemachena JZ. A concept analysis of competence and its transition in nursing. Nurse Educ Today 2013;33(5):541-5. doi:10.1016/j.nedt.2011.12.007
36. Jormfeldt H, Doyle L, Ellilä H, Lahti M, Higgins A, Keogh B, et al. Master's level mental health nursing competencies, a prerequisite for equal health among service users in mental health care. Int J Qual Stud Health Well-being 2018;13(sup1):1502013. doi:10.1080/17482631.2018.1502013
37. Aliakbari F, Bahrami M, Aein F, Khankeh H. Iranian nurses' experience of essential technical competences in disaster response: a qualitative content analysis study. Iran J Nurs Midwifery Res 2014;19(6):585-92.
38. O'Shea ER, Pagano M, Campbell SH, Caso G. A Descriptive analysis of nursing student communication behaviors. Clin Simul Nurs 2013;9(1): e5-12. doi:10.1016/j.ecns.2011.05.013
39. Sheikhbahaeddinzadeh E, Ashktorab T, Ebadi A. Technical competency required by postgraduate psychiatric nursing students: a qualitative research. J Educ Health Promot 2022;11:320. doi:10.4103/jehp.jehp_1479_21
40. Sheikhbahaeddinzadeh E, Ashktorab T, Ebadi A. Meta competency, prerequisites improving the postgraduate psychiatric nursing students' clinical competency: a qualitative study. J Educ Health Promot 2025;14:207. doi:10.4103/jehp.jehp_1864_23
41. Barangar H, Afshari P, Rokhafroz D. A survey about midwifery students' gynecological clinical competence: self-assessment. Educ Dev Judishapur 2021;12(2):551-8. doi:10.22118/edc.2021.135807
42. Ghafari S, Atashi V, Taleghani F, Irajpour AR, Sabohi F, Yazdannik AR. Comparison the effect of two methods of internship and apprenticeship in the field on clinical competence of nursing students. Res Med Educ 2022;14(1):64-72. [Persian].
43. Ebadi A, Tabanejad Z, Pazokian M, Saeed Y. Clinical competence among MSc students of critical care nursing. Iran J Med Educ 2015;14(12):1036-46. [Persian].