

PROFESSIONAL COMPETENCIES OF NURSES IN SPECIALIZED PALLIATIVE CARE SERVICES IN ROMANIA

N. MITREA^{1,2*} D. MOŞOIU^{1,2} L. ROGOZEA¹

Abstract: *The aim of this prospective study, done between January – May 2012, is to determine the level of competencies of nurses working in specialized Palliative Care (PC) services, to highlight the barriers in implementing those competencies and the positive results once PC is recognized as a specialty for nurses. The results show that the majority (84%) of nurses working in specialized PC services in Romania have a basic level of education in PC, acquired during the basic training or as a form of continual medical education program (level A). This result underline the imperious need of forming those nurses at specialized level (level C), so organizing the Specialized Palliative Nursing Educational Program and recognizing Palliative Nursing as a specialty in Romania is a must.*

Key words: *professional competencies, nurses, palliative care, evaluation.*

1. Introduction

1.1. Motivation

Independently of the place or country where we live, either us or someone dear to us might need specialized (PC) services when confronted with a progressive chronic disease, from the diagnosis to the end of life and beyond in the bereavement time. Frameworks for action are established and agreed upon when confronted with those situations.

Nurses as members of the core interdisciplinary PC team, together with physicians and social workers, it is important to have quality standards established and educational programs developed and implemented for ensuring

the acquiring of specialized professional competencies in order to deliver high quality of care to patients and families.

1.2. Definitions

The term „competency” has been defined by the Royal College of Nursing in the United Kingdom as: „the skills, knowledge, experience, attributes and behaviors required by an individual in order to perform the job effectively” [1], [14].

A broader definition of the professional competencies in the context of palliative nursing is given by the Hospice and Palliative Nursing Association from United States of America: „Competencies represent the quantifiable knowledge, attitudes and skills that practitioners

¹ Faculty of Medicine, *Transilvania* University of Braşov.

² HOSPICE Casa Speranței.

* Correspondent author: nicoleta.mitrea@hospice.ro

demonstrate in the performance of safe, consistent, compassionate, state-of-the-art, evidence-based end-of-life care which conforms to the patients' and their families wishes"[3].

1.3. European Recommendations

About PC, the European Council approves, among other principles, the principle regarding the educational programs that should be available for the professionals in the interdisciplinary team [5]. At the section for „politics and organization” are captured other two essential recommendations regarding the professional competencies of members of the interdisciplinary team, including nurses:

- Governments should evaluate the need for PC specialized services, the need for specialized qualified personnel at different levels of competencies, and the need for education of this personnel (including volunteers) [6];
- The professionals in direct contact with patients and families, giving direct care, should be rewarded with adequate retribution, acknowledging their work and their competencies [7].

Specific, clear and concrete recommendations are presented concerning „education and training”:

- PC should be included in the basic training curriculum for physicians and nurses. It should be established the curriculum for the basic training, the mandatory continual medical educational programs and for specialized educational programs that will prepare the experts in PC. [8]
- It is recommended to structure the education available for the medical professionals (physicians and nurses) into three levels of education: basic, intermediate (advanced) and specialized [5].

One important aspect is the recommendation regarding the organizational system of the PC services, this model being incorporated also in the documentation submitted to the Romanian Ministry of Health, representing the National Program for PC 39673/08.08.2012:

PC approach – all healthcare professionals should be sensitized and familiar with the essential principles of PC and should apply them into their own clinical practice;

General PC – some healthcare professionals, although do not work in a PC specialized service, should have more theoretical training and clinical experience in PC as they encounter from time to time in their clinical practice situations where PC should be applied;

Specialized PC – healthcare professionals (especially physicians and nurses) working in specialized PC services should have access and benefit from intensive training at specialized level of education. They are the professionals delivering specialized care to complex cases [10], [11].

The EAPC board of directors foresees the need for establishing minimum standards of training (theoretical and clinical) particularly for physicians and nurses. In 2004, the EAPC nursing taskforce members released the “Guide for the development of Palliative Care nursing education in Europe”. The document presents in great detail the levels of education, the working domains, the professional competencies and the learning objectives recommended for nurses working specialized PC services to be reached.

The educational levels are structures in:
Level A – basic, all the nurses graduating the nursing schools should have a minimum set of PC professional

competencies developed;

Level B – advanced, nurses working in different specialties, who encounter from time to time patients with advanced stages of chronic progressive diseases or end-of-life situations, should have developed, through continual professional education, PC competencies at this level of clinical practice;

Level C – specialized, nurses working in specialized PC services, which are constantly caring for patients and families who are confronted with a advanced progressive chronic diseases and end-of-life situations need to have developed, through specialized level educational programs, the professional competencies necessary in order to perform at this level their clinical practice [2].

The clinical domains, the educational objectives and the professional competencies recommended by the EAPC to be reached by nurses working in specialized PC services in Romania, are the indicators studies in our research.

2. Method

Prospective survey of nurses working in PC specialized services, done between January – May 2012. The questionnaire was developed based on EAPC recommendations: 3 levels of education and 7 clinical domains, graded on 1 to 5 Likert scale and 2 open questions regarding barriers and positive results.

3. Objectives of the Study

- Determining the level of professional and educational competency of nurses in specialized PC services in Romania, throughout the self-evaluation method, based on the professional competencies of nurses as described by the EAPC;

Determining the educational needs of nurses working in PC specialized services in order to orient future educational programs at undergraduate, post-graduate and specialized level.

4. Demographic Data of the Study Group

In this research 148 nurses have participated. They all work in specialized PC services from 10 different counties in Romania:

Table 1
Distribution of nurses according to the Romanian county where they work

	Frequency	Percentage
Alba	17	11,5%
Bacău	9	6%
Braşov	23	15,5%
Bucureşti	31	21%
Cluj	9	6%
Constanţa	6	4%
Iaşi	21	14%
Bihor	10	7%
Sibiu	10	7%
Timiş	12	8%
Total	148	100%

Gender: 14 male and 134 female;

Age: 49% age between 31 and 40 years, 22% age between 21 and 30 years and 20% age between 41 and 50 years;

Area: 84,5% work in urban area, 13,5% work both in urban and rural areas, and 2% work in rural area;

Nursing school: 65% graduated nursing technical college, 19% graduated nursing university, and 10% graduated the nursing high school followed by the program of equivalence nursing studies;

Professional experience as nurses: 30% have more than 5 years of experience and 27% have 6 to 10 years of experience;

Professional experience as nurses working in specialized PC services: 75% have 1

to 5 years of experience, 18% have between 6 to 10 years of experience, 6% have 11 to 15 years of experience and only 1% have over 16 of experience;

Working contract: 95% work full time for the specialized PC service, 5% work half-time for the specialized PC services;

Type of specialized PC service: 40% work in hospital PC ward, 32% work in hospice in-patient units and 26% work in specialized homecare PC services.

5. Description of Research Instruments

In order to reach the research objective, a prospective cross-sectional observational study has been conducted between January – May 2012. The study combines quantitative and qualitative research methods. A questionnaire has been developed, based on the EAPC recommendations [12], regarding the knowledge and practical abilities that nurses working in specialized PC services should have. This questionnaire has been used as the instrument for collecting the quantitative data, it contains 85 items, with 6 response alternatives on Likert scale:

„I do not consider this to be an important competency” (null), „not at all”, „in a small measure”, „moderate”, „in a large extent” and „in a very large extent”.

6. Data Collection and Analysis Process

The questionnaire has been sent via e-mail, in electronic format, after previous telephonic information on the study of the nursing team coordinator and agreement, to the 170 nurses working in the existing 21 specialized PC services in 2012 [4]. The questionnaires have been received back in printed format from 148 nurses, resulting a **87%** response rate.

7. Results of the Quantitative Research

From the generalized perspective of the 7 domains of competency, correlated with the levels of education as proposed by EAPC, the results show that the majority of professional competencies of nurses working in specialized PC services derives from level A education (undergraduate), followed by level B (continual professional education).

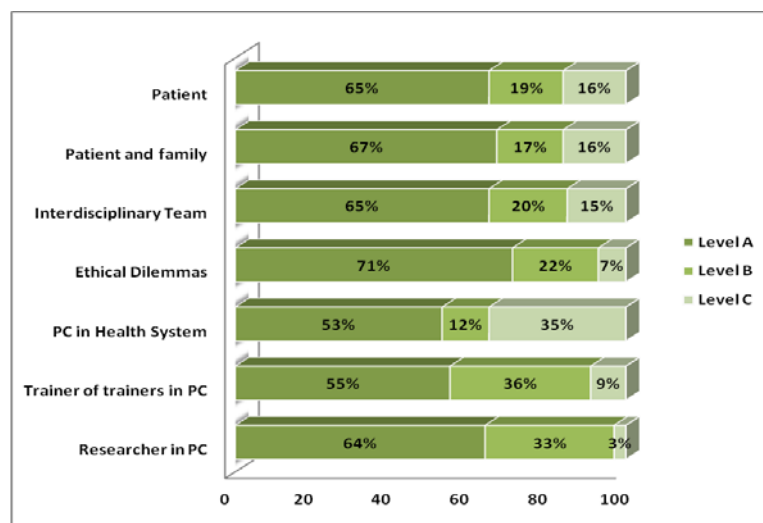


Fig. 1. Correlation between domains of competency and levels of education

When analyzing the general level of competencies it has been shown that the majority of professional competencies of nurses working in specialized PC services

derives from level A education (81%), followed by level B education (13%) and lastly from level C education (3%).

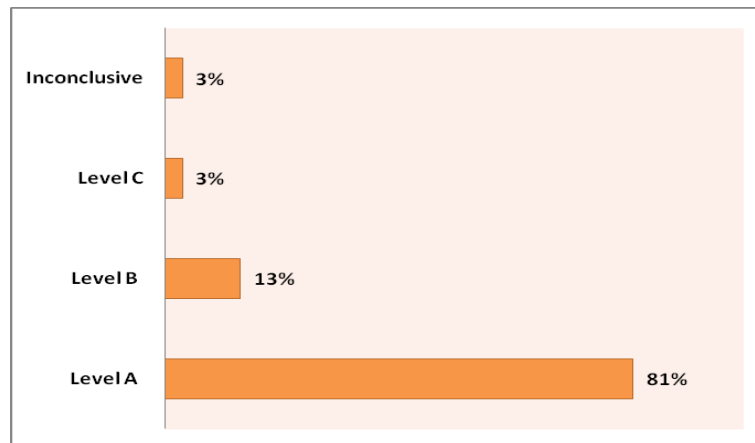


Fig. 2. *Distribution of nurses according to their general level of education in PC*

Both, from the perspective of each domain of competency and from the perspective of the general level of education, it has been demonstrated that the majority of professional competencies of nurses working in specialized PC services result from attending level A education in the field of PC. In a much lower measure these nurses acquired professional competencies derived from advanced level of education (B) and even smaller measure from specialized level of education (C).

This situation shows the need for evaluation, change and development of

new programs in order to better educate and equip future PC nurses, at this moment in time only in the Romanian nursing technical schools the PC module being a mandatory one at the undergraduate level of education. [13]

When analyzing the correlation between the 7 domains of competency it has been shown that 6 domains positively correlate with the general level of education: the patient, the patient and the family, the ethical dilemma domain, PC in the health care system, train of trainers in PC and the competencies from the train the PC researchers' domain.

Table 2
Correlation between the general levels of education in PC of nurses with their level of competency on each specific domain

	correlation coefficient (r)	threshold of significance (p) 2-tailed
The patient	.427**	.000
The patient and the family	.331**	.000
The team	.105	.204
Ethical dilemmas	.253**	.002
PC in the health care system	.215**	.009
Train of trainers in PC	.197*	.016
Train of researchers in PC	.225**	.006

Other results following the correlation of the general level of education with the different demographic data are:

Nurses from specialized PC services in Brasov self-evaluate their level of professional competencies as being higher compared with nurses from specialized PC services in Bucharest and Iasi;

Nurses working in specialized PC services for less than 11 years self-evaluate their level of professional competency as being higher than nurses that work for these services for more than 11 years;

Nurses working full time in specialized PC services self-evaluate their level of professional competency as being higher than nurses with part-time contracts.

8. Results of the Qualitative Research

The questionnaire included 2 open questions giving the opportunity to the responding nurses to express their opinion in regard to the **barriers** which they encounter in their clinical work that stop them from practicing specialized level PC competencies and the **positive results** expected to take place if PC will be recognized as a specialty for nurses and a specific educational program will be developed and implemented.

A large majority of the nurses completing the questionnaires also responded to these two open questions (115 nurses, 77.7%). The data collected has been analyzed and the common themes have been extracted.

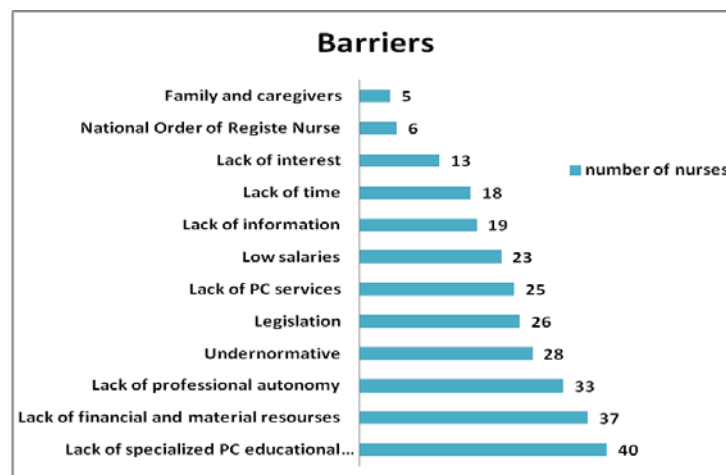


Fig. 3. *Barriers in implementing PC professional competencies by nurses working in specialized PC services*

The first three causes considered major barriers in the process of implementing PC competencies by nurses working in specialized services:

Lack of specialized PC educational program – 40 responses in this regard, showing the nurses’ awareness on the need for higher level of education in their field of clinical practice and the interest for improving the quality of care they deliver to patients and families;

Lack of financial and material

resources – 37 responses, demonstrating the need for investment in new technologies and materials in order to deliver better care according to new findings and evidences based;

Lack of professional autonomy/ inter-professional subordination – 33 responses, revealing the nurses’ need and demand for better definition, delimitation and recognition of their role in the process of care, in the context of working in multidisciplinary teams.

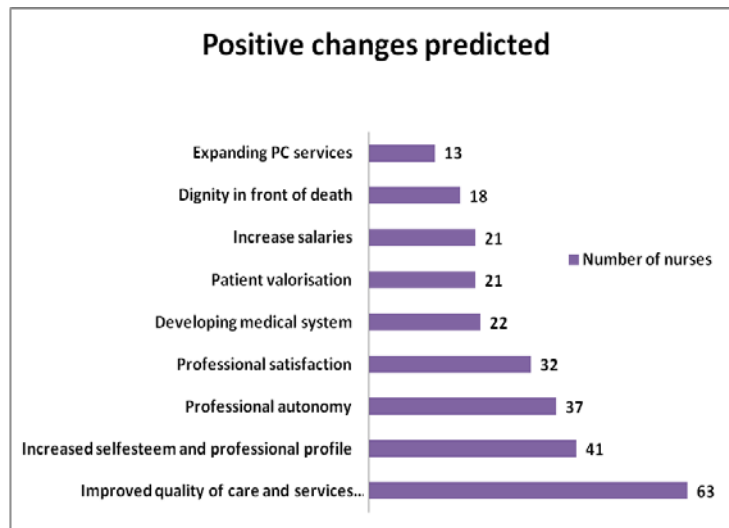


Fig. 4. *Positive changes predicted to take place if PC recognized as a nursing specialty program in Romania*

The first three major changes considered to take place once PC will be recognized as a specialty for nurses and a specific educational program will be developed and implemented are:

Improved quality of care and services delivered to patients and families – 63 responses, showing again the nurses' awareness in specialized PC services on the gaps in their educational background and the high interest of nurses for offering better care to patients and families;

Increased self esteem and professional profile – 41 responses, demonstrating the need for recognition of personal identity and permanent self-actualization and improvement, particularly important when working in specialized PC services where frequent encounters with human vulnerabilities and life challenges happen, permanent psycho-emotional balance and self care being strongly recommended;

Professional autonomy – 37 responses, revealing again the nurses' sensibility for better definition of roles and responsibilities, together with recognition of their profession value and input in the general plan of care of patients and families.

9. Conclusions

The research conducted among nurses working in specialized PC services determined the level of specific professional competencies and the general level of education in the field of PC of those nurses.

The results showed that the majority of nurses working in specialized PC services implement in their clinical practice competencies coming from level A educational programs (undergraduate), demonstrating the urgent need for developing new continual professional education programs (level B) together with recognizing PC as a distinct specialty available for nurses and implementation of specific specialized educational program (level C).

It has also been revealed the interdependence, perceived by nurses working in specialized PC services, between education at specialized level of nurses and the direct impact on the quality of care delivered to patients and families. The need for professional autonomy and recognition of nurses' unique value in the

process of care, together with awareness over the impact of the nurses' self-esteem in maintaining balance and importance of self-care, have been other areas of interest for nurses when looking at developing and implementing professional competencies.

References

1. ***Asociația Națională de Îngrijiri Paliative (ANIP), Catalogul serviciilor specializate de îngrijiri paliative din România, 2012.
2. Becker, R.: *Palliative Care 2: exploring the skills and competencies that nurses need to deliver high-quality care*. In: Nursing Times; 105:14, early online publication, 14 April 2009.
3. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, p. 10. Graphica Print, 2004.
4. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Politici și organizare, punctul 2, p.11. Graphica Print, 2004.
5. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Politici și organizare, punctul 9, p.12, Graphica Print, 2004.
6. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Educație și instruire, punctul 2, p.13. Graphica Print, 2004.
7. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Educație și instruire, punctul 2, p.13. Graphica Print, 2004.
8. ¹Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Definiții și principii de bază, punctul 53, p.32, Graphica Print, 2004.
9. ***Consiliul Europei, Recomandarea Rec (2003) 24 a Comitetului de Miniștri ai statelor membre privind îngrijirea paliativă, adoptată la 12 noiembrie 2003, Medii de acordare a îngrijirii și servicii – necesarul de personal în serviciile specializate de îngrijiri paliative, punctul 82, p.42. Graphica Print, 2004.
10. De Vlieger, M., Gorchs, N., Larkin, P., Planchet, F.: *A Guide for the Development of Palliative Nurse Education in Europe*, Sept. 2004, p. 9. Available at: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=e9JnEa7YZDM%3d>. Accessed 22-08-2012.
11. ***European Association for Palliative Care. *A Guide for the Development of Palliative Nurse Education in Europe*, Septembrie 2004. Available at: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=e9JnEa7YZDM%3d>. Accessed: 27-08-2012.
12. Matzo, M., Witt Sherman, D.: *Palliative Care Nursing, Quality Care to the End of Life*, 3rd edition. In: *Development of the Specialty of Hospice and Palliative Care Nursing*, Lentz, J., Sherman, D. (eds.). Springer Publishing Company, 2010, Chapter 6, p.113.
13. ***Ministerul Educației Cercetării și Tineretului, Anexa nr. 3 la O.METC nr. 2713/29.11.2007, Curriculum pentru nivel 3 avansat Scoala Postliceală Sanitară, calificarea asistent medical generalist.
14. ***Royal College of Nursing (RCN). *Competencies in nursing, A framework for nurses working in specialist palliative care*, p.2, December 2002.