



## Tuning Nursing Educational in an Italian academic context



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### SUMMARY

**Background:** The European Union Bologna Process has laid the foundation for a common European competence-based educational framework. In many countries, nursing education is in transition from vocational to higher education, with many diverse systems. The competence-based approach provided by the project Tuning Educational Structures offers a common and coherent framework able to facilitate the implementation of the principles underpinning the Bologna Process reform.

**Objectives:** This study aimed to ascertain the relevance that Italian nursing university lecturers attributed to the 40 competences of the Italian version of the nursing Bachelor's and Master's Degrees. These competences were developed through adoption of the Tuning Methodology in the nursing context.

**Setting:** The study was conducted in the 4 universities of one region of Italy which offer nursing Bachelor's and Master's Degrees.

**Participants:** A total of 164 Italian university nursing lecturers.

**Methods:** Using a four point scale, a cross sectional survey was conducted from March 2011 to April 2012. Participants evaluated each competence according to its relevance for Bachelor's or Master's Education. Frequency analysis was conducted.

**Results:** The significance for each competence of Tuning was rated very high by Italian lecturers and appeared to overlap partially with the original European study. In Italy, the most relevant competences for Bachelor's Degree were the skills associated with the use of appropriate interventions, activities and skills in nursing and the skills associated with nursing practice and clinical decision-making. For Master's Degree, leadership, management and team competences were the most important.

**Conclusions:** The Tuning Nursing Project was accepted by the Italian lecturers. The competence-based approach was considered by Italian lectures as a support enabling to reflect on the current Italian nursing education cycles of study and to ensure shared visions and common approaches between Italian and European lecturers.

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### Introduction

The most important European revolution of recent years in education occurred with the Bologna Process (1999) (Davies, 2008; European Ministers of Education, 1999), whose aim was to create a European Higher Education Area (EHEA) capable of generating academic quality, economic development and social cohesion that allows students and lecturers to move freely in the countries of the European Community (Davies, 2008; Jackson et al, 2009). The Bologna Process has laid the foundation for a common European educational framework able to harmonize higher education systems and to generate convergence of curricula, skills and recognition of academic qualifications (Zabalegui et al., 2006; Dante et al., 2012). This enables competitive cultural growth

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and employment of professionals in the Member States of the European Union (Davies, 2008).

Despite the successful reform, in Europe there are still different systems of nursing education (Spitzer and Perrenoud, 2006; Gobbi, 2014). While the 'nurse responsible for general care' is regulated by the EU Directive 2005/36 concerning the mutual recognition of qualifications (and its successor the 'Modernised' Directive 2013/55), and is entitled to 'freedom of movement', the reality of mobility is challenging due to the country differences (Gobbi, 2014). For many years, it has been argued that a competence-based approach could potentially provide a frame of reference for the various educational policies (Fordham, 2005) to meet the need of common training standards in a globalized world (Baumann and Blythe, 2008). At the same time, programs must meet the health needs of national and local populations.

Despite the progress achieved with the agreement on a competence-based approach, this method still generates confusion about competence definition and measurement at qualifying examination (Yanhua and Watson, 2011; Garside and Nhemachena, 2011; Cowan et al., 2005) and about the categories and areas of expertise to be included in the curricula (Salminen et al., 2009).

In order to facilitate the development of core generic and subject specific competences across different disciplines in Europe, a project called *Tuning Educational Structures* was launched in 2000. This is a university driven project which aims to offer a concrete approach to implement the Bologna Process at the level of higher education institutions and subject areas. The *Tuning Educational Structures* project provides an approach to (re-)design, develop, implement, evaluate and enhance quality first, second and third cycle degree programs. The project focuses not on educational systems, but on educational structures with emphasis on the subject area level, that is the content of studies. The name *Tuning* is chosen for the process to reflect the idea that universities do not and should not look for uniformity in their degree programs or any sort of unified, prescriptive or definitive European curricula but simply look for points of reference, convergence and common understanding, maintaining the rich diversity of European education (Tuning Project, 2005).

The outcome of each *Tuning* subject area was a set of validated subject specific competences at the Bachelor's and Master's level to provide a frame of reference within the European space. These competences were accompanied by illustrative good practices in learning, teaching, assessment and quality improvement. Nursing joined the project in 2003, producing its first output in 2006 and then an updated revision in 2011 (Gobbi, 2011; Zabalegui et al., 2006; Salminen et al., 2009). Part of the methodology for the establishment and validation of the competences was the distribution of a survey inviting stakeholders to rate the competences for their relevance and importance. The original subject specific competences (23) were broken down into 40 items for individual evaluation by stakeholders, as some competences contained more than one criterion. The competences were clustered into 6 specific domains (Tuning Project, 2010; Zabalegui et al., 2006; Gobbi, 2011).

This competence-based approach has prompted many countries to rethink and reform nursing education. For example, in Spain (Zabalegui and Cabrera, 2009), Finland (Ministry of Education, 2010; Råholm et al., 2010) and in Denmark (Gobbi, 2009; Råholm et al., 2010) the *Tuning* skills have been used in the design of the different levels in nursing academia, while in the United Kingdom (UK) the same reform of education ended with the acceptance of complete and articulated *Tuning* skills in the curricula (NMC, 2010; Gobbi, 2011; Zabalegui et al., 2006).

Italy was one of the first countries to adapt the university system to the reform of Bologna Process, introducing the current structure of the three-cycle degree (Masia, 2007). To date, in fact, the Italian nursing education is divided into Bachelor's Degree, Master's Degree and Doctorate Degree. The Italian Master's Degrees differ from the Italian "Master's", one-year specialist courses similar to Postgraduate Diplomas,

which do not give access to further study levels (Ministry of University, 1999; Ministry of Education, 2004).

In 2013 in Italy 16,268 places have been decreed for the courses of Bachelor in nursing, of which the highest concentration is found in the Region subject of this study, which owns approximately 25% of available seats decreed at national level (Mastrillo, 2013).

One important problem of Italian nursing higher education is related to the lack of a clear definition of core nursing skills and effective educational heritage that students possess at qualifying examination. In addition, Italian nursing education is based on the training objectives rather than on a competence-based approach (De Marinis et al., 2013). It is important to know if the *Tuning Project Nursing* can become, even for Italian nurses, a valid support to tune the nursing university courses of the country on the demands and needs identified by the European Community (De Marinis et al., 2013).

The aim of this study was to evaluate the relevance that Italian nursing lecturers of the 4 universities of one region of Italy (among the most representative) attribute to the 40 competences of first and second cycle (Bachelor's and Master's degree in nursing) included in the Italian version of the *Tuning Nursing Educational*. In fact, the English original version of the questionnaire was translated and validated into Italian (Venturini et al., 2012).

## Methods

A cross-sectional survey was conducted from March 2011 to April 2012. The Italian version of the self-report questionnaire was sent by e-mail to all lecturers in nursing of the 4 universities of one region of Italy.

The lecturer's permission was obtained through previous e-mail of the Italian national board (Federation of Colleges IPASVI) to invite them to participate in the study.

The importance attributed to each specific skill in the two different courses of study was rated on a 4-point Likert scale (from 1 = none, to 4 = strong). Frequency was calculated through SPSS statistical software.

The opinions of the Italian lecturers were subsequently compared with the European vision of study courses provided by the Bologna Process (Socrates National Agency, 2005).

## Results

The Italian version of the *Tuning Nursing Educational* was mailed to 165 nursing lecturers, 149 (90%) of whom responded to survey.

To facilitate reading of results, Fig. 1 shows the 40 competences clustered into 6 specific domains according to *Tuning Nursing Project* (Tuning Project, 2010) (Table 1).

Fig. 1 portrays the ranking of the competences according to their degree of importance.

All competences, both of Bachelor's and Master's degree, reported values higher than 2.5.

The competences regarding Bachelor's Degree that earned the highest scores, in order of importance, were (Fig. 1):

- 14) Ability to safely manage medications and other therapies (using nursing skills, activities/interventions to provide optimal care);
- 12) Ability to maintain patient/client dignity, advocacy and confidentiality (using nursing skills, activities/interventions to provide optimal care);
- 2) Ability to practice in a holistic, tolerant, non-judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of different individuals and groups are not compromised;
- 8) Ability to recognize and interpret signs of normal and changing health/ill health, distress, or disability in the person (assessment/diagnosis);
- 13) Ability to practice principles of health and safety, including moving and handling, infection control; essential first aid and emergency procedures (using nursing skills, activities/interventions to provide optimal care).

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