

Original research article

Fulfilling the competencies of members of a nursing team



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ABSTRACT

The paper deals with the competencies of individual members of a nursing team. The aims of the paper were to describe the current state of fulfilling the competencies of members of nursing teams in inpatient facilities in the Czech Republic as perceived by managers of nonmedical professions; to compare the differences in activities of the nursing process, and to assess the needs and education of patients in different types of health-care facilities. The research was conducted using quantitative research methods applying a questionnaire technique of personal design. Individual items were formulated on the basis of the legally established competencies of paramedical staff and expert recommendations, which ensured the content validity of the questionnaire. Results showed that all members of a nursing team perform activities beyond their "internal" and "external" competencies or do not fulfil them at all. The differences between various types of health-care facilities in implementing activities of the nursing process and evaluating the self-sufficiency and education of patients were not established. Activities that are solely the responsibility of nurses are being provided by other medical staff members (medical assistants, nursing assistant and orderlies). In contrast, nurses significantly contribute to performing less skillrequired care. This situation not only does not meet the requirements of safe and quality nursing care, but it also directly affects the rights of patients to receive medical services at the appropriate level of expertise and the responsibility of providers to ensure quality health services. The failure to use competency management of members of a nursing team represents an inefficient process within the personnel management of health-care facilities. © 2014 Faculty of Health and Social Studies of University of South Bohemia in České

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Introduction

Individual members of a nursing team carry out professional activities within their roles for which they have gained qualifications and skills as part of their education (internal qualities of an individual – "internal competency") and which are certified (competency) under the provisions of relevant laws and the definition of an "employer" ("external competency") [1, 2, 3, 4]. Competencies provided to a worker "externally" are the defining activities of a particular job which are linked with the responsibility for carrying them out in a standard manner. The duty of every health-care facility is to define a job description for every employee, i.e. to define the competencies for certain activities, update them and perform monitoring [5]. Defining competencies for relevant medical professions and their implementation is a condition for safe and quality practice [6, 7].

Operating a nursing profession means fulfilling workplace competencies, including the competence to carry out activities requiring skills acquired during education, and being responsible for the standard of their quality. Despite the legally defined competencies of paramedical staff, in practice there are situations where individual members of a nursing team perform activities beyond the scope of their competency [8]. Competencies acquired with education and development sometimes go unheeded in terms of the practical implementation of nursing care. The general competencies of paramedical professions are defined by law [3] and are described in detail in a regulation on the activities of medical workers and other professionals in force since 14th March 2011 [4]. The regulation defines the activities of paramedical staff, which can be authorized by an employer. It is not a mere list of activities, but it is an inventory of authorizations for providing medical care without being directly dependent on the level of education achieved. Other labour legislations (e.g. government regulations) determine the salary bracket of medical staff based on the most difficult activities [9]. The activities of paramedical staff are defined by a combination of general and specific examples, and they are indicated by the use of the phrase "in particular". The fact that a specific activity is not listed as an example does not mean that a worker is not permitted to perform such an activity. A medical worker is qualified to perform other activities falling under the general definition but not in the list of activities with similar demands on knowledge, skills and risks for patients. The regulation on activities essentially determines the maximum competency of a member of a specific profession [3, 4, 10].

Practice nurses implement four basic areas of competence: autonomous – independent, cooperative – dependent competencies in the field of research and development and in the field of nursing care [11]. The role of practice nurses is derived from the definition of nursing care in meeting the needs of patients, which arose or are changed in relation to disease, preservation or restoration of self-reliance, or taking care of the terminally ill [4]. Practice nurses evaluate the needs and levels of the selfsufficiency of patients, manifestations of their disease and risk factors, with the application of measuring techniques. Furthermore they monitor and assess vital signs, observe and evaluate the patient, provide and perform tests of biological material obtained non-invasively, evaluate and treat disorders of skin integrity, aspirate secretions from the upper respiratory tract, carry out staff training, educate patients, make an estimate evaluation of the patients' social situation, keep nursing records of each patient, and independently take action within their scope of competency (independent work). Interventions carried out by practice nurses based on indications provided by a medical practitioner, or in collaboration with a medical practitioner, are not exhaustively listed. If a specific intervention is not listed, it does not mean that a practice nurse is not qualified to perform such an intervention. To some extent a medical practitioner has the option to extend the nurse's competency in terms of the preparation, assistance in and termination of intervention [3, 4]. It is the principle of applying a general definition with an exemplary list of specific activities, which, due to their demand on knowledge, skills and the risk of complications, match the interventions stated by the regulation, e.g. administration of medications, application of oxygen therapy, treatment of acute and surgical wounds, bladder catheterization, exchange and treatment of tracheotomy cannula, application of a nasogastric tube, etc. Under the expert supervision of a medical practitioner a practice nurse may apply blood derivatives intravenously, assist in administering transfusions, etc. [4, 10, 12].

Medical assistants provide nursing care mostly under the supervision of practice nurses or midwives, for example monitoring vital signs and the patient's condition, taking care of bowel movement, distributing food to patients, providing the application of heat and cold, etc. Without professional supervision, medical assistants can carry out nursing care associated with self-care and meeting the basic needs of patients. Under the direct supervision of a practice nurse with specialized qualifications or a midwife with specialized qualifications, medical assistants may provide highly specialized nursing care. In cooperation with a medical practitioner they participate in preventive, medical, rehabilitation, emergency, diagnostic and follow-up care [4, 13]. Medical assistants are full members of a nursing team; they are responsible for the implementation of standard performance within their competency.

Nursing assistants are not authorized to provide nursing care alone unless under professional supervision of a medical staff member qualified for his job without professional supervision. In collaboration with a medical practitioner they get involved in treatment, rehabilitation, emergency and diagnostic care. Under the direct guidance of medical personnel they may assist in designated nursing, diagnostic or therapeutic procedures [3, 4].

General orderlies perform auxiliary and service activities when providing nursing, preventive, diagnostic or therapeutic procedures under the professional supervision or direct guidance of medical personnel which is specifically qualified to perform without professional supervision. They can perform basic nursing care under professional supervision of a nurse or midwife in the scope of their competency, including assisting in hygiene, positioning patients, distributing meals, etc. [4].

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