

Evidence-Based Practice Education for Healthcare Professions Competencies of Nurses

Abstract

Technological innovation has not only impacted social change in recent years but has been the prime driver of educational transformation. The newest consumers of post-secondary education, the so-called 'digital natives', have come to expect education to be delivered in a way that offers increased usability and convenience. Health care professionals (HCPs) in the clinical setting, particularly those in rural and remote communities, are no different. Today's health workforce has a professional responsibility to maintain competency in practice through achieving a minimum number of hours of continuing professional development. Consequently, HCPs seeking professional development opportunities are reliant on sourcing these independently according to individual learning needs. Comparison between e-learning and traditional teaching methods are illogical and methodologically flawed because comparison groups are heterogeneous, lack uniformity and have multiple confounders that cannot be adjusted for. As early as 1994, researchers in computer-assisted learning were citing these limitations and called for a fresh research agenda in this area. In order to develop the empirical evidence base in e-learning, research needs to be guided by established theoretical frameworks and use validated instruments to move from assessing knowledge generation towards improving our understanding of whether e-learning improves HCP behavior and more importantly, patient outcomes. In the context of this review, behavior change is any practice that is intrinsically linked with the outcomes of the e-learning program undertaken. Finally, level four evaluates the impact on outcomes such as cost benefit or quality improvements. The participants were recruited according to basic factors such as the number of years of professional experience, their level of education, and their preferred professional status. Thus, seventeen professionals participated in the study, representing two public hospitals in the city. Four core issues were derived when asked about the relationship between the resources invested and the organizational and professional development of the nursing staff: professional development, positive learning, negative learning, and recognition. In the more experienced group, seven issues were derived from the first issue raised: continuous learning, quality, confidence, holism, safe care, autonomy, and technical issues. Additionally, six issues arose from the second question: satisfaction, autonomy, creativity, productivity, professional development, and recognition. In conclusion, the perceptions of the two selected groups are negative when it comes to assessing the extent to which the competencies acquired in lifelong learning are transferred to the patient and the system evaluates and recognizes these competencies for improvement.

Keywords: Acquisition of competencies • Nursing; performance • Healthcare system

Introduction

The COVID-19 pandemic has highlighted the shortcomings, in Spain and throughout Europe, in the surveillance field and how difficult it is to manage a health crisis without a robust management model of public health. The need for lifelong learning for the nursing community that allows them to acquire holistic knowledge and skills is increasing in the changing and highly demanding healthcare environment. Nurses have a responsibility to keep up to date on their skills and competencies, but institutions must provide adequate structure and

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support. The institutional culture must value training as an investment and, in this sense, must promote an environment conducive to learning, which in turn must facilitate the professional development of nurses and, with it, improve their care for patients and for the organization [1].

In the period, the activity of nursing professionals increased in complexity and difficulty; together with more demanding patients, this has led to dissatisfaction, stress, and exhaustion. With all certainty, this trend will continue during the coming years. Society must assume responsibility for the importance of healthcare provision to these professionals, which should imply increasing financial resources for the profession and reducing the barriers encountered by nurses, e.g., in aspects related to fewer opportunities for continuous training by their organizations, the high cost of training, loss of motivation, shortage of staff, family issues, and limited involvement of management teams [2]. Consequently, nurses must understand the relationship between the acquisition of competencies through continuous learning and the improvement of patient care and professional practice.

The use of conceptual and theoretical frameworks to organize the educational curriculum of nursing programs is essential to protect and preserve the focus and clarity of nursing's distinct contribution to health care. Conceptual frameworks of nursing provide a means to look at nursing in relationship to external factors, thereby assigning meaning to the practice. Graduate level nursing education in the preparation of Nurse Practitioners specifically and Advanced Practice Nurses (APNs) in general, is significantly compromised by the tendency to conceptualize the learning in these complex programs as being primarily related to skills-based tasks and competencies alone. According to Baumann, advanced nursing education must focus on the uniqueness of the NP position, in contrast to other health care professions [3]. This allows NPs to interpret information in a way that differs from the strict biomedical model, providing opportunities for the NPs to be truly present in the lives of their patients. Canadian Nurse Practitioner (NP) practice competency documents are based primarily on the Canadian Nurses Association (CNA) Nurse Practitioner (NP) Core Competency Framework. This document defines the core

set of entry-level competencies required for all NPs to practice in all Canadian jurisdictions, settings and client populations. The Core Competencies in the CNA NP Framework are organized within four main categories: professional role, responsibility and accountability; health assessment and diagnosis; therapeutic management; and health promotion and prevention of illness and injury. Although vital to the organization of provincial entry-level registration standards, this framework provides little direction to educational providers for curricula organization and philosophical perspectives. Conceptual frameworks are useful for establishing a congruent relationship between program curricula, objectives and content. Walker and Avant advance the utility of conceptual frameworks as providing the logic behind the interrelationships of terms and variables, and improving explanation and understanding. Gold, Haas & King assert that conceptual frameworks facilitate grounding of a nursing lens in the curricula of advanced practice nursing programs [4]. It has been noted that newly practicing NPs have demonstrated an allegiance with medical model thinking, second only in importance to wellness/health promotion considerations. Blasdell and colleagues surveyed 188 practicing NPs to investigate the relationship between education and the use of theory in clinical practice. Educated graduate NPs rated the importance of nursing theory to the NP practice role significantly higher than did diploma and baccalaureate degree NPs but both groups rated the nursing models as less important for practice than a medical model approach. A qualitative assessment of a framework guided IPE module illustrated the benefit of improving the focus on role awareness in participating students. However, this particular curriculum was limited to a two-week period and not presented as a pervasive approach to the educational programs of each discipline. In education, an overarching philosophy can provide a road map for goal identification, teaching material development and the formulation of evaluation methods. According to the authors, the program has been widely successful and the reliance on humor as an underlying philosophy has enabled the students and faculty to deal with problems arising in the new program. The authors argue that, while the educational interaction model

is effective, it is not the only model that can be used to carry out evaluations. The authors stress that the model chosen to perform an evaluation should be based upon what or who is going to be evaluated. The standards outlined in the CNA NP framework are an essential part of organizing the education process for NPs and ensuring that NPs have acquired the necessary skills to practice in Canada as an NP [5].

However, the framework is lacking philosophy and organization regarding NP education programs to ensure that the curriculum is preparing the NPs for the ever-changing work environment. Thus, a framework for NP education must include both competency building elements, such as those currently found in the CNA NP framework and capability building elements which can be fostered through self-directed learning. Similarly, Schaefer investigated the role of caring in nursing practice through a class for APN students in which the students reflected on their narratives of caring for patients. This qualitative study revealed that when APN students provide care by meeting the complex needs of suffering patients, the art and science of nursing combine [6].

Discussion

This study, using the NGT method, explores the perspectives of nurses regarding the core competencies acquired with continuous learning, especially their perceptions of how the health system-and specifically its working units-takes advantage of the investment of these professionals in their organizational performance. This analytical study matches a holistic view of competency as a cluster of elements. Possessing professional knowledge and clinical skills is a basic requirement for all healthcare professionals [7]. In the most inexperienced group, the competence of safety and confidence as professionals is increased by continuous training, which helps to improve the quality of daily work, and at the same time translates into a continuous motivation to continue learning. The increase in knowledge through training changes the modes of work through daily innovation and making a transition from empirical care to evidence-based care and seeking excellence in treatment [8]. Additionally, it helps the healthcare professionals to specialize by deepening and focusing their skills and knowledge in specific fields. The

development of tools for daily practice is an additional contribution that is acquired through continuous training. The perception of the patient from a holistic and systemic perspective is another effect of continuous training, as is empowerment of professionals in their daily care work, while being open to other, less traditional fields related to the nursing profession [9]. The least valued skills are those related to institutional support because, although it generates uneven growth in terms of professional development, the impossibility of applying what they have learned in their daily practice and of developing and applying other skills learned is a drawback, encountering barriers at the institutional level, from senior management, and from colleagues. Continuing education has contributed nothing, in many cases, due to its poor quality, and the fact that it does not expand or supplement academic training, so it is considered solely as an expense. The public health system in Spain is perceived to be of high quality, while those organizations offering online courses are regarded as being of poor quality. There is no degree of consensus as to the quality of the courses [10].

Conclusions

NGT is a quick and effective method for obtaining a consensus of ideas or values. In this study, NGT was used to explore the perceptions of a group of nurses on the core competencies acquired in the continuing education process and on how best to transfer them to patient care and, at the same time, to the medical institution.

The two groups participating in the study identified several competencies that are acquired through continuing education and that are transferred to patient care depending on the degree of experience of the participating group. Thus, in the less experienced group, eight key competencies were identified: holism, care work, organizational barriers, specialization, nontransfer, confidence, knowledge, and instrumental tools. In the more experienced group, there were seven patient-transferable competencies identified: continuous learning, quality, trust, holism, safe care, autonomy, and technical issues. When asked whether the healthcare system takes advantage of the acquisition of these potential competencies and how it is materialized, group A reflected this in four items: professional development, positive learning,

negative learning, and recognition. The group with more years of working life reflected it in six items: satisfaction, autonomy, creativity, productivity, professional development, and recognition. The conclusions of this study can serve as a guideline for preparation courses and can facilitate the development of evaluation instruments or scales for preceptor training.

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