

COMPETENCY DEVELOPMENT IN EDUCATING HEALTH CARE SPECIALISTS AT WORK WITH OLDER PEOPLE

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Abstract. *Health and social care specialists who work with older people and provide systematic direct and indirect professional care and support to people older than 65 and to their families, thus ensuring various care and support services in different environments including preventive, supportive, disease management, recuperative, palliative, short-term and long-term care, need specific competences in order to understand and ensure older people's needs and care. Older people and especially frail older people can have problems that are interlinked, for instance, cognitive and functional limitations that are combined with psychosocial problems and social isolation. In order to develop students' competence at work with older people- understanding and empathy, it is necessary to research these problems during the study process by integrating study courses that would ensure emphatic and reasonable attitude and action in clinical practice in the sphere of health and social welfare when taking care of older patients. Aim - To characterize acquisition process of professional competences of future health care specialists that are to be developed purposefully and applied when working with old people. Methodology – Analysis of study course descriptions in the study programme “Nursing”. Results - RSU study programme “Nursing” contains clearly defined descriptions of professional competences.*

Keywords: *competences, older people, study programme.*

Introduction

Health and social care specialists who work with older people and systematically provide direct and indirect professional care and support to people older than 65 and their families giving care and support services in various

environments including preventive, supportive, disease management, recuperative, palliative, short-term, and long-term care require specific competences in order to understand and ensure older people's needs and care. Older people, especially frail old people could have problems that are interlinked, for instance, with cognitive and functional limitations combined with psychosocial nuances of behaviour and social isolation. According to ELLAN (European Later Life Active Network) project results, it has been concluded that in Latvia youth's willingness to work with older people in health and social care is low (Coffey, Tyrrell, & Buckley, 2015)

Aim – to analyze and compile theoretical and empirical conclusions on how to develop professional competences of health care specialists, particularly nurses, at work with older people during the study process.

Tasks:

1. Research theoretical aspects of the professional competence.
2. Analyze descriptions of study courses in study programme "Nursing" to identify presence of words "competence" and "older person" that show the potential development of the professional competence at work with older people

Research object – possibilities of the development of study programmes applying competency based approach during the study process in order to ensure students', who are future health care specialists, professional competences at work with older people.

Research methods: Analysis of theoretical sources and normative documents, and analysis of descriptions of study courses in study programme "Nursing".

Theoretical overview

Nowadays, by learning culture we understand that studies are self-organised, they are focused on a wider choice of possibilities and centered on competences, and created to develop competences – the growing need in competences demand new learning culture, they both are inseparable (Tauriņa, 2012).

The current situation creates challenges for the whole health care system, including health care education because specialists with new competences, especially in older people's health care are required. Hence, changes that would enable to acquire detailed knowledge about the ageing process and would improve society's attitude towards ageing and work with older people are necessary (Samra, Griffiths, Cox, Conroy, & Knight, 2013).

Therefore it is especially important to invest in health care and in knowledge, and technologies (life sciences, biomedicine, pharmacology) related to it, as well as, in promoting healthy lifestyle in all generations. Preparations should be made

in order to meet the increasing need in daily care for older people by developing care or "silver economy".

Currently, the main tendency in reaching higher education goals is the requirement to integrate higher education into the market structure as one of services, as part of economy, at the same time with the help of education and science to ensure sustainable development of the society, formation and maintenance of the value system in the society. A better health and social care integration means that professionals who work with older people need specific competences that are formed according to the needs of older people and that do not have strict professional borders between health care and social care services.

Throughout Europe there has appeared a need to educate students and professionals in health and social care who would have appropriate competences at work with older people.

Competences have been defined in multiple ways. Competence (*competens*) means expertise, wide knowledge in a particular sphere. Competence is readiness to act, also, subject's cognitive needs, an integrated indicator of holistic development of the personality. Types of competences (professional competence, social competence, individual development of sociocultural competence) are interlinked, they are not separable but they are characterised by emphasizing the direction.

Professional competence is the ability to carry out actions within the job functions using value priorities, building skills, ability to integrate knowledge and values to reach the goal in professional activity. Obviously, professional competence is linked with intellectual competence that involves understanding, reasoning, logical thinking, analytical skills and problem solving skills (Garleja, 2006)

The definition used by ELLAN project in European Core Competences Framework is the following: "Competences are job related descriptions of an action, behaviour or outcome that should be demonstrated in individual's performance" (Dijkman, 2016).

Competences in TRACE Project are defined as person orientated, they refer to person's basic characteristics and qualities, and lead to an effective professional performance (TRACE Project. Overview of European competences frameworks, 2005).

According to TRACE Project, competence includes:

- cognitive competence involving the use of theory and concepts, as well as, informal tacit knowledge gained experientially;
- functional competence (skills or know-how), i.e. those things that a person should be able to do when functioning in a given area of work, learning or social activity;

- personal competence involving knowing how to conduct oneself in a specific situation;
- ethical competence involving the possession of certain personal and professional values (TRACE Project, 2005).

Another important aspect of competency approach is empathy, which is a common term used in the context of professional activities of the nurse. Empathy is an integrated multidimensional complex basically formed by two factors: cognitive factor and affective factor. S. Mercer and V. Reynolds point out that the term "emphathy" differs from the term "sympathy". Clinical empathy involves emotional experience and is related to identical understanding of feelings and sympathy – emotional responsiveness, emphatic action in order to help another person, not excluding feelings of kindness towards the other person (Mercer & Reynolds, 2002).

It is difficult to measure empathy, but it is a positive emotional competence that promotes cooperation between the nurse and the patient. Empathy with the cognitive filter allows to keep an adequate distance between the patient and the nurse and promotes efficient cooperation.

Social competence is characterized by social skills. It is expressed by professional action, as well as, empathy, skill of communication, behavioral culture and ability to work in a team, skill of convincing and conflict solving, skills of knowing people. Whereas social culture or individual development competence is characterized by an interaction between the previous social culture and the new social culture, it is a developing process of knowledge, skills and attitude, in which objective (study process is formed according to the regularity of social environment and pedagogy) and subjective (studying, cooperation) conditions are included (Garleja, 2006).

Structure of the description of competences in European Core Competences Framework for Health and Social Care Professionals Working with Older People:

- Role descriptions for professionals who work in the sphere of health and social services based on 7CanMEDS
- Each role involves several competences – 18 altogether;
- Each competence has action indicators;
- Each competence has the description of the result .

Competence Framework worked out in ELLAN project is in accordance with Level 6 (Bachelor's degree) in European Qualification Framework. This level of complexity is described in terms of autonomy by

- Knowledge: Advanced knowledge of a field of work or study, involving critical understanding of theories and principles;

- Skills: Advanced skills, demonstrating mastery and innovation required to solve complex and unpredictable problems in a specialised field of work or study;
- Competence: Managing complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; taking responsibility for managing professional development of individuals and groups. (A framework for Qualifications of the European Higher Education Area. 3.3 Descriptors of learning outcomes including competences, 2008).

The student nurse has to learn how to assess, comprehend the specific situation characterised by various physical, psychological, socioeconomic and cultural dimensions with the focus on the older person:

- Environmental factors (cold, warm, safety risks concerning falls, clean underwear);
- Assessment of patient's basic needs (food, liquid, their intake and discharge);
- Ability of physical activity (respiration, volume of muscles and skeleton);
- Capacity of mental abilities (interest in the news, literature, mass media);
- Interpersonal cooperation (relatives, neighbours, children), personal involvement in communication;
- Sensor abilities (smell, touch);
- Limited financial condition;
- Safety risks (alcohol, smoking, drugs);
- Diseases.

Professional competences can never be fully acquired, it is necessary to develop, evolve, acquire new technologies. Competences focus on actions, point at the main characteristic features of care workers that lead to effective professional performance (McMullan et al., 2003).

European Core Competences Framework describes the compulsory minimum of competences needed in productive collaboration with older people, the closest support systems at home or health and social care institutions. The competences are based on roles (7) of professionals in health and social care working with older people and according to them competences have been formulated – 18 altogether, extendedly describing prospective competence results – an overview is shown in Table 1.

The developed competences are suitable for health and social care specialists who work with older people, as well as they ensure provision of health care

service in a growing varied multi-cultural environment. Competences are valued by service receivers, community and society.

Table 1 Overview of the link between roles and competences (Dijkman, 2016)

No.	Role	Competence
1	Expert	a) Evaluation b) Analysis and identification of the problem c) Planning d) Interference based on professional standards e) Evaluation
2	Communicator	a) Relations and maintenance of effective communication b) Authorization c) Support and management
3	Collaboration partner	a) Inalienable collaboration and coordinated services b) Informal care and support
4	Organizer	a) Collective prevention and promotion of healthcare b) Social cards and social networks
5	Health and welfare advocate	a) Collective prevention and promotion of healthcare b) Social cards and social networks
6	Scientist	a) Specific knowledge b) Innovations in the field of care and support
7	Professional	a) Professional ethics b) Professional connections and personal understanding

Source: *European Core Competences Framework, 2016*

Research Results

RSU 63 study courses in study programme "Nursing" contain clearly defined professional competences to be acquired. According to the aim of the study course, competences are both different and complimentary.

While analyzing the 63 study courses in study programme "Nursing" from the 1st till the 3rd year and the mentioned methodological terms there, it has been concluded that the study process helps students create knowledge and skills about the essence and ethics of a nurse, as well as, general principles of health and patient care – patient care planning, provision and evaluation, the physical and social environment's influence on a person's health condition, as well as patients' and their families' education about health care and prevention.

Research results show that in the descriptions of the themes of study courses there have not been identified skills/competences and knowledge necessary at work with older people apart from study course *Care of Older People* (2 lectures, 2 classes) and study course *Practice V* (one section – 1.5 ECTS) where students have practice in geriartry and palliative care. When analyzing study course *Care*

of Older People, it can be concluded that the number of lectures and classes is too small.

At the same time according to Y.Wells, when improving education in gerontology with analysis of specific cases, practice in social care institutions, it is possible to improve nurses' comprehension about situation assessment and promote students' understanding about the significance of the development of positive attitude towards older people (Wells, Foremam, Gething, & Petralia, 2004).

Students in the study course "*Caring Process and Nursing Theory*" acquire Nursing theory and its application in practice (D. Orema, F. Abdelah, V. Henderson, K. Roy, D. Johnson, M. Gordon, H Peplau, etc.). It has to be mentioned that H. Paplau's theory describes nurse's roles (6) only giving its descriptions, not pointing out competences that should be acquired.

In study course "*Health Care, the History of Nursing and Philosophy of Caring*" the ethic issues are discussed on a low level. It is important for students to understand that in the caring process and prevention actions, empathy, which is made up from the cognitive/reference factor and effectiveness/fellow-feeling factor, as well as, the respect for older people and their family cultures, mental and ethnic values and beliefs, plays an essential role.

Discussion

European Later Life Active Network (ELLAN) project promotes cooperation and innovation, and exchange of best practices on European level concerning the ageing of population and education of those social and health care specialists who work with older people. During the implementation of ELLAN project, research on students' attitude towards ageing and work with older people, as well as, on innovative approaches used in gerontology studies that influence students' attitude was carried out. The result of ELLAN project is better quality of higher education concerning care and services provided to older people

In educational institutions, members of faculty are involved both in mutual cooperation process and cooperation with an individual – future health care specialist, by taking the role of an advisor. According to N.L. Gage and D.C. Berliner: the cooperation with an advisor is an interaction between a competent model and a beginner in the particular field – a connection that provides social learning. During the cooperation of the advisor and the beginner the concepts of the profession or job, viewpoints and value concepts and action manners are being discussed (Geidžs & Berliners, 1999).

The cooperation is based on many participants involved in the study process and their common goal is to encourage the development of student competences, based on the goals and tasks of the study programme. Competences not only

include practical performance but also a positive attitude towards the predictable patients, without which it is impossible to compete successfully in the labour market in the future. Interinstitutional study model in which the student is involved gives an opportunity for students to obtain more information, develop skills and use them in practice.

It is not a rare case when students' uncertainty at work with older people is rooted in the lack of skills of social cooperation with old people. Students' cooperation with older people can be:

- Helpful – help old people carry out optimal care, ensure basic needs;
- Educational – inform patients about important and interesting things;
- Developing – develop emotions, motivation to learn about unknown, join NGOs;
- Preventive – deal with issues about patients' physical, emotional security and psychosomatic diseases.

Also, P. Jonsson points out that well educated health care workers could have a larger involvement in providing relevant competences at work with old people (Bing-Jonsson, Hofoss, Kirkevold, Bjork, & Foss, 2016).

According to S. Verma, there has to be created an environment that would promote possibilities and ensure assessment of responsibilities and actions by developing competency approach at work with older people through extending the process of practical education at work with older people (minimum a two-week training in social care institutions) (Verma, Paterson, & Medves, 2006).

Conclusions

1. Professional sphere of future health care specialists is very wide. They work with all age groups. As the percentage of older people in developed countries is rising, it is essential to pay greater attention to work with older people. It is suggested that descriptions of competences that health and social care specialists require at work with older people should be worked out and integrated in thematic descriptions of study courses.
2. It is necessary to evaluate the study courses, so that future nurses can develop competences needed at work with older people. Competences specific to work with older people could be integrated not only in study course *Care of Older People*, but also in other courses of study programme "Nursing" because there is little time and resources allocated to get future health and social care specialists interested in work with older people and create positive attitude towards this work.

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