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*Occupational qualifications of practice nurses
and their independence in performing tasks. III*

The state of readiness for performing independent tasks depends on perception and evaluation of own capabilities. The assessment of chances for success or risk of failure, as well as relative advantages associated with the independent performance of tasks, become important (4). Whether nurses and midwives appear on the market of health services depends primarily on the nurses and midwives themselves. The will to maintain good quality of care provided should always be a stimulus in searching for better solutions and constant improvement of qualifications (2). Actions in this area are an important determinant in defining the occupational independence of nurses. These actions are connected with practical preparation for the realization of tasks which are independent from a doctor's orders (1, 3).

The Act in the Matter of Occupations of Nurse and Midwife created a chance for nurses to become partners in the creation, planning and realization of modern health policy. Article 1, Section 1 of the Act defines the occupations of a nurse and midwife as independent occupations (5, 6). On 2 September 1997, the Ministry of Health and Social Welfare issued a regulation in the matter of the scope and type of preventive, diagnostic, treatment and rehabilitation services independently performed by nurses without a doctor's order (6). The regulation contains an unequivocally specified scope of tasks and qualifications authorizing the performance of these tasks.

The article presents an analysis of the results of studies designed to provide an answer to the following research problems: 1) What is the relationship between occupational preparation of nurses and the scope of tasks performed independently in accordance with the Act in the Matter of Occupations of Nurse and Midwife, and the Regulation by the Ministry of Health and Social Care of 2 September 1997?, 2) Are independently performed tasks considered in the context of the contract for services?

MATERIAL AND METHODS

Methods, techniques and research tools, as well as characteristics of the population examined are presented in Part I of the article*.

RESULTS

Ambulatory health care practice nurses were asked whether they perceived the need for improving occupational qualifications, and simultaneously asked to justify their replies. As many as 93.33% of nurses from public health units and 91.11% of those employed in non-public units provided positive answers to the question concerning the constant improvement of qualifications

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(Tab. 1). In the opinion of 35.56% of nurses in both groups in the study, continual vocational education provides independence at work. The following positions in justifications of the need for improvement of qualifications mentioned were occupied by: expanding the scope of competence (31.11% in public units and 22.22% in non-public units), and the fact that vocational training allows for the improvement of skills (according to 24.44% of respondents from non-public units and 20% of those employed in public units).

Table 1. Motivation for constant vocational education in the opinion of nurses from public and non-public health units

No.	Motivation for education	Units			
		Public		Non-Public	
		No.	%	No.	%
1	Improves quality of care provided	1	2.22	4	8.89
2	Increases occupational independence	16	35.56	16	35.56
3	Allows widening of the scope of competence	14	31.11	10	22.22
4	Improves skills	9	20.00	11	24.44
5	Competitiveness	2	4.44	-	-
6	Need for improving qualifications not perceived	3	6.67	4	8.89
Total		45	100.00	45	100.00

The awareness of nurses concerning independence of their own occupation and knowledge of legal regulations which enable independent provision of services by nurses is very important. Therefore, the nurses were asked to define the concept "occupational independence of nurses". An "independent provision of services, according to the Matter of Nurse and Midwife and the regulation to this Act", were most frequently reported in public units (66.67%), and slightly less often in non-public units (48.89%). A similar percentage of nurses in both groups were not able to define the above-mentioned concept – 22.22% and 20% respectively.

Thus, the knowledge of basic legal acts which enable independent provision of services was analysed. The analysis of the research material showed that a similar number of nurses in both types of units did not know the basic legal acts in this area – 26.67% of nurses in public units and 24.44% of those employed in non-public units. A compilation of percentages of individual replies indicated that 68.89% of nurses from public units and 75.56% of those from non-public units mentioned the Act in the Matter of Occupation of Nurse and Midwife as the basic legal Act.

Based on the research material, it was also presumed that the scope of duties, competence and responsibility of practice nurses employed on a contract basis widely considered the initiatives undertaken and making decisions concerning the provision of services, according to the legal regulations in the area of health promotion in operation ((95.65% of nurses employed in public units and 93.33% of those from non-public units). According to the nurses in the study employed in non-public units, nurses can independently provide the following services: nursing (88.89%), preventive (77.78%), diagnostic (55.56%), rehabilitation (42.22%) and treatment (40%). Similar answers were provided by practice nurses from public units. They also reported that the above-mentioned actions were included in their contracts with the insurer (or people by whom they were employed).

DISCUSSION

Changes in organization and financing nursing care which are of importance for health care and the sub-system of nursing, are a certain challenge for defining the character and scope of nursing (1). The practical implementation of these changes requires conscious planning of changes in vocational training, organization of nursing care and in the offer of own services (1). Knowledge of the legislation in this field is indispensable in order for nursing services to be present in practice (5, 6).

The studies conducted among practice nurses employed in ambulatory health care showed that over 20% of respondents did not know the basic legal regulations in this area. This, perhaps, results from the fact that the majority of respondents were employed based on a contract of employment in the practice of a family physician.

CONCLUSIONS

1. The majority of nurses admitted that there is a need for improving occupational qualifications, similarly in both types of health units. Over 50% associated these needs with a wider scope of services performed independently.

2. While contracting nursing services, in which nurses are authorized to perform independently according to legal regulations, the insurer considers these activities in the contract. To the greatest degree these are duties in the area of health promotion, and to the smallest degree – those with respect to independently performed treatment procedures.

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5. Act in the Matter of Occupation of Nurse and Midwife of 5 July 1996 (*Journal of Law*, No. 91, Clause 410. 1998, No. 106 Clause 668, No. 162 Clause 1115 and No. 12 Clause 136, 2000).
6. Regulation by the Ministry of Health and Social Welfare of 2 September 1997 in the matter of the scope and type of preventive, diagnostic, treatment and rehabilitation services independently provided by nurses without a doctor's order, and the scope and type of such services provided independently by a midwife (*Journal of Law*, No. 116, Clause 750).

SUMMARY

The article presents the results of studies concerning the relationship between occupational preparation of nurses and independent performance of tasks at workplaces of practice nurses employed in ambulatory health care. The following assumptions were adopted: The higher the occupational qualifications of nurses, the wider the scope of independently provided services. Practice nurses employed on a contract basis have within their scope of duties, competence and responsibility for the right to decide about the provision of health services according to the legal regulations

in operation in this field. The studies were conducted with the use of a questionnaire form among nurses employed in public and non-public health units in Białystok and environs. The results of the studies showed that nurses perceived the need for constant improvement of occupational qualifications. According to 1/3 of nurses, continual education provides a greater independence at work and the widening of the scope of competence, as well as improvement of skills. It was also observed that the scope of duties, competence and responsibility of nurses employed on contract basis covers the undertaking of independent tasks in the field of health promotion, nursing, preventive, diagnostic, rehabilitation and treatment, according to the Act in the Matter of Occupation of Nurse and Midwife and the executive regulations.

Kwalifikacje zawodowe pielęgniarek praktyki a samodzielne wykonywanie zadań. III

W artykule przedstawiono wyniki badań dotyczących związku między przygotowaniem zawodowym pielęgniarek a samodzielnym wykonywaniem zadań na stanowiskach pielęgniarskich praktyki w ambulatoryjnej opiece zdrowotnej. Przyjęto następujące założenia: im wyższe kwalifikacje zawodowe pielęgniarek, tym szerszy zakres świadczeń wykonywanych samodzielnie. Pielęgniarki praktyki pracujące na kontrakcie w zakresie swoich obowiązków, uprawnień i odpowiedzialności mają uwzględnione prawo decydowania o udzielaniu świadczeń zdrowotnych zgodnie z obowiązującymi przepisami prawnymi w tej dziedzinie. Badania przeprowadzono przy pomocy kwestionariusza ankiety, wśród pielęgniarek praktyki zatrudnionych w zakładach publicznych i niepublicznych Białegostoku i okolic. Na podstawie badań stwierdzono, że pielęgniarki dostrzegają potrzebę stałego podnoszenia kwalifikacji zawodowych. Ustawiczne kształcenie daje zdaniem 1/3 pielęgniarek większą samodzielność w pracy oraz poszerzenie uprawnień i doskonalenie umiejętności. Stwierdzono także, że zakres obowiązków, uprawnień i odpowiedzialności pielęgniarek pracujących na podstawie kontraktu uwzględnia podejmowanie działań samodzielnych w zakresie promocji zdrowia, pielęgnacyjnych, zapobiegawczych, diagnostycznych, rehabilitacyjnych i leczniczych, zgodnie z zapisami Ustawy o zawodach pielęgniarki i położnej oraz rozporządzeniami wykonawczymi.