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Review Article

RESEARCH PROGRESS ON CORE COMPETENCE OF SPECIALIZED NURSES AND ITS INFLUENCE ON WOUND / STOMA

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ABSTRACT

With the development of society and the change of medical mode, the opportunities and challenges faced by nursing staff are changing in 2010, the Munich declaration WHO pointed out [1], in today's era of public health challenges, nurses assume an increasingly important role in providing high-quality, fair and efficient, cheap and continuous health service, plays an important role. The nurse asked the one hand continue to rise, we need to have the ability to provide nursing service for patients, to help them adapt to the changing environment [2]; on the other hand, the growing incidence of chronic pressure ulcers, diabetic foot wound and acute wounds, wound stoma / field need professionals in providing quality Service. In 2003, the International Council of nurses (International Council of Nurses, ICN) proposed the core competencies of nurses in the nursing profession as the foundation, after training, have the ability and can independently participate in laws and regulations within the allowable range of three level health care. The core competencies of a specialist nurse are the integration of the knowledge, skills and attitudes needed to provide the required care. The author focuses on the specialty nurses at home and abroad this paper summarizes the development and research status of core competence, and puts forward some suggestions for the construction of core competence of nurses specializing in wound.

DEVELOPMENT STATUS OF SPECIALIST NURSES

The development of specialist nurses can be traced back to 1900, but until twentieth 50s Century, in 60s, began the development of specialized large-scale in the United States in 1980s and was the introduction of mature countries. In recent years, the development of the field of nursing care, the Japanese Association established nurse certification committee in 1993 to 1997 begin the implementation of nurse training system, wound / stoma area is one of the key development areas [3]. The research and application of specialized nurses in mainland China started late until the end of the 1980s at the beginning of the 90s, nursing experts were advised to train specialist nurses in the nursing profession. In 2005 and 2011, China Health Planning Commission promulgated the outline of China's nursing career development program, all clearly proposed the establishment of specialist nursing posts, and strengthen the training of core competencies of specialized nurses [4-5]. The earliest specialized training programs in China were ICU, wound / stoma and operation room. By the end of 2010, the number of specialist training programs was in the top 3, followed by ICU, emergency and wound / stoma training [6].

The development of the wound / ostomy specialty dates back to the 1854 and traces the trauma nurse during the war in Crimea. At present, the field of wound / ostomy is mainly academic institutions, training, certification and reassessment as the main body. The United States is the development of a country ostomy wound incontinence, mature in 1900, founded the American Nurses Association of incontinence ostomy wound (Wound, Ostomy & amp; Continence, Nurses Society, WOCNS); in 1961, began at the Cleveland clinic and Harrisburg hospital has established the world's first enterostomal therapist school, has formed a system of training and practice standard, and in 2010 by the American Nurses Association certified as "specialist nursing practice" to provide wound stoma and continence care and practice standard [7]; in addition, 2003 American Academy of Wound Care (AAWC), established in 2000, is mainly responsible for the accreditation of wound therapists in the United states.

ANALYSIS ON THE CURRENT SITUATION OF THE CORE COMPETENCE OF GENERAL NURSES

Analysis of the elements in order to promote the development of nursing science constitute the core competence of foreign organizations and general nurses, many European countries have a research on the core competence of nurses. In 2003, Medical Research Institute (Institute of, Medicine, IOM) [10] is proposed for core competence of medical workers: respect the different needs of patients between values, behavior and expression; teamwork, communication skills and cross disciplinary collaboration with; with the use of evidence-based evidence consciousness; with the use of quality and safety measures to improve the care ability; in the medical health field can understand, evaluate and use information to reduce the error, collect information and communicate to make decisions. The international nurses' Union (International Council, of, Nurses, ICN) [11] was in 2003 A review of the literature, referring to the policies and regulations, and the

association of national nurses' communication constantly changes, including the basic framework of core competence of nurses: professional, legal and ethical; provide care and professional management; sustainable development of 3 plates.

In the UK, the core competency framework designed by the Royal Academy of Nursing (Royal, College of Nursing, RCN) consists of 6 dimensions and 3 levels of [12]. The 6 areas are leadership, mutual respect, caring for colleagues and patients, team work, professional development and change each aspect is divided into 3 levels, each of which is composed of behavioral indicators. The Scotland nurses and Midwives Association [13] (Nursing and Midwifery Council, NMC) published in 2008, nurses and midwives' performance guidelines include 4 parts, namely: patients will be placed in first, as a whole, and respect them; cooperate with others to protect and promote individual, family and community health care practice; and provide high level of integrity, be honest and protect your professional reputation. Australian nursing and midwifery Association (Australian Nursing and Midwifery Federation, ANM) first published in August 2005 [14-16] on the core competence of the document is responsible for the health sector in Australia, Terri Gibson and Marie Heart field organization in South Australia University Research projects. Including the core competence of general nurses, senior registered nurses and senior nurse's registration. General nurse core competence including [14] professional practice, to provide clinical nursing ability, the clinical nursing management ability and cooperation ability. Advanced registration the core competence of [15] (including the practical ability of using the theory, evidence and clinical experience of evaluation, discover and solve problems, strengthen nursing effect), adaptive capacity (i.e. the use of nursing knowledge and experience to solve clinical complex and challenging problems) and Leadership (i.e. through leadership 3 frameworks for promoting and improving nursing practice. Thus, although the composition and content of the core competence of nurses in general have bigger difference, but with integration, explicit, symbolic, and accumulation of openness, suggesting that researchers should on the basis of theoretical research, combined with the characteristics and needs of their own.

Present situation of core competence of domestic general nurse's analysis along with the development of nursing career in China, the role of nurses is constantly changing, in order to meet the international trend, the core competence is now more and more domestic place in gradually explore nurses. Because of the differences of countries and regions, the roles and responsibilities of nurses are different, so it is difficult to form a universal evaluation system of core competence.

In Hongkong Nursing Management Bureau official website can query to [17-20], June 2010 - September 2013 released by the registered nurses and registered nurse core competence standards in general, psychiatric, mentally retarded, sick children department and training program, given the difference for different specialist nurse training mode. For example: in February 2012 published by major medical institutions (including the hospital authority, the Department of health, nursing education and nursing education institutions professional community care professionals) preparation of registered nurse (general) of the core competence, this has 5 core competencies: nurse professional, legal and ethical health in nursing

practice; promotion and health education; management and leadership skills; study; personal effectiveness and professional development. The role definition of registered nurses: caregiver, education, counseling, health care services coordinator, facilitator, service object advocates, managers, supervisors, promoters, change partners, public health promoters and researchers, professional nurses, and from the ability of knowledge, technology and attitude in 4 aspects detail. In addition, also formulated the registered nurses in the Hongkong Special Administrative Region (general) training syllabus and requirements reference guide on the core ability in the knowledge of these 19 aspects related to the compulsory subject, "safe execution of basic nursing work" compulsory subject and related contents of the whole-body system are discussed in detail.

In Macao, in 2007, Liu Ming, [21] and so on studied the core competencies of registered nurses and developed a core competency assessment scale for registered nurses, which included 7 dimensions and 58 entries. The 7 dimensions are critical thinking and research, clinical nursing, leadership, legal and ethical practices, interpersonal relationships, professional development, education and counseling. Because the scale was based on a survey of two hospitals in Macao, the authors also pointed out that this scale applies to the measurement of core competencies of nurses in the Macao nursing field, and that nationwide promotion does not involve [21].

In Taiwan, Tzeng [22-23] in the Cleary based on the research, constructs the framework of core competence of nurses, including 21 registered nurses can identify entries, and divides it into the basic nursing care of patients with intermediate and basic management, advanced patient care and management in 3 areas. The core competence is the primary field includes: general nursing skills, clinical experience, evaluation ability, work ability, clinical thinking and problem solving ability, occupation orientation, health related knowledge; the core competence is the intermediate field includes: written and oral communication skills, interpersonal communication skills, case management ability, management ability, team resources cooperation ability, leadership ability, example ability, strain ability, generalization ability; core competence is the advanced field includes: complex professional nursing skills, clinical experience, long-term care experience, training of staff capacity and supervision ability. In mainland China, the comprehensive evaluation system of core competence of nurses or nurses in the study of the construction of more, and [24] to holistic nursing theory, nursing procedure and competency framework, through semi-structured interviews, expert evaluation forms questionnaire of nurses' core competence, total58 entries, but their pre-experimental population, were doctors, nurses and patients in the Beijing region, with poor credibility and no further study.

Obviously, the domestic research of the core competence of nurses in general limitations in some areas or individual, an empirical study on the nationwide problem, is still not widely used.

ANALYSIS AND ENLIGHTENMENT OF CORE COMPETENCE OF WOUND

Research status of core competence of nurses / wound stoma at present, more and more research on

the core competence of nurses at home and abroad, such as foreign in tumor, emergency, family visiting nurses, midwives, primary health care and other research in [25-32], PICC, emergency medicine specialist, diabetes specialist, ICU college and operation room specialist were reported the domestic [33-37], but has not been retrieved about the wound stoma specialists / field official evaluation of core competence, is often incorporated into clinical nursing specialist (clinical nurse, specialists, CNSs) within the context of discussion. For example: The United States is currently the wound stoma specialists in emergency nurses / a large scope, unified evaluation (including clinical diagnosis ability and ethical decision-making ability, the clinical nursing ability, system thinking, reaction force, learning ability and research ability). However, some researchers point out that [38] (trauma nurse, practitioner, TNP) may be present at each stage of the patient's admission to discharge or even at the clinic, and is often involved to promote the comprehensive rehabilitation of patient's medical records management team, but the investigation is not the core ability of colostomy wound / nurses for effective evaluation, so it is necessary to develop a real about the wound stoma nurses / core competence evaluation system.

To carry out the research on the core competence of enlightenment / wound stoma nurses at present on how to determine the evaluation system of core competence / wound stoma specialist's nurses and their specialist areas, only based on the overall clinical nursing experts, sources and theoretical basis. On how to identify CNSs and specialist, 1999, the American College of Nursing Association (American Association of Colleges of Nursing, AACN [39]) pointed out that, for clinical nursing specialists should have a special agency to audit and certification, work areas, to provide patients service and work location should be different from that of the average nurse. For example, in the United States, CNSs should have a master's degree and successfully complete 8 h professional studies. The core competencies that clinical nursing professionals should have are to meet the needs of nursing practice, to create and maintain relationships, to educate / coach, to promote professional development, to manage and coordinate, to supervise and to guarantee the quality of professional services, 6 items. American Academy of Nursing (American Nurses, Association, ANA) core competence proposed by [40] specialist nurses: health management, education guidance ability, establish and maintain the relationship between nurses and patients, leadership and coordination ability, nursing quality monitoring and protection ability, cross cultural adaptation and improve cross-cultural nursing and personal professional development in 7 aspects. The United States Hamric [41] pointed out, including the core competence of CNSs should have: provide direct clinical nursing ability, education and guidance ability, counseling ability, research ability, leadership ability, cooperation ability and ethical decision-making ability 7.

In addition, in 2003, the American Association of clinical care specialists (National Association of Nurse Specialists, NACNS) [42] issued 1 guidance documents on CNSs reevaluation and registration Clinical. NACNS and the American Nurses Certification Center (American Nurses Credentialing Center, ANCC) has been developed in standard test index, put forward for the ability of CNSs assessment tools should include standardized test, specialist review, individual or team organization certification or re certification, computer

simulation, standardization of disease people, objective structured clinical examination and record review, practice evaluation, peer review, the completion of the training project, continuous self-evaluation can identify weaknesses in practice and targeted to continuing education programs and patient satisfaction.

Therefore, the wound stoma specialists / nurse core competence with general nurses and other specialist nurses are quite different, researchers need to in accordance with national conditions and domestic specialist nurse training, registration and reexamination, in the theoretical framework as the basis, establish the evaluation index system of core competence, good development specialist.

SUMMARY

In short, the wound stoma / development specialist nurses has become an indisputable fact, first, at home and abroad to provide a solid backing of various properties, the level of academic institutions and organizations for the development of the specialty area; second, the college can promote the occupation identity of nursing professionals, there are many people who are willing to engage in the in the field of work; third, the construction of core competence of clinical nursing specialists and nurses in some areas at home and abroad have explored, therefore, the construction of China belongs to the core competence of nurse / wound stoma comprehensive evaluation index system is a feasible and urgent problem.

REFERENCES

- 1. Bleiklie, I. 2001. Towards European Convergence of Higher Education Policy? Higher Education Management, Vol. 13, No. 3, pp. 9–29.
- 2. Boylan C R, Westra R. Meeting Joint Commission Requirements for Staff Nurse Competency [J]. J Nurs Care Qual, 1998,12(4):44-48.
- 3. Institute of Medicine. Keeping Patients Safe: Transforming the Work Environment of Nurses. Washington, DC: Institute of Medicine; 2004.
- 4. Aiken LH, Clarke SP, Cheung RB, Sloane DM, Silber JH. Educational levels of hospital nurses and surgical patient mortality. JAMA. 2003;290(12):1617-1623.
- 5. Tourangeau AE, Giovanetti P, Tu JV, Wood M. Nursing related determinants of 30-day mortality for hospitalized patients. Can J Nurs Res. 2002;33(4):71-88.
- 6. Leiter MP, Laschinger HS. Demands and values: implications for nurses' occupational health. Presented at: The First Canadian Conference for Research on Mental Health in the Workplace; 2005; Montreal, QB
- 7. Lake ET. Development of the Practice Environment Scale of the Nursing Work Index. Res Nurs Health. 2002;25(3):176-188.
- 8. Leiter M, Laschinger HKS. Relationships of work and practice environment to professional burnout: testing a causal model. Nurs Res. 2006;55(2):137-146.
- 9. Institute of Medicine. To Err is Human: Building a Safer Health System. Washington, DC: Institute of

- Medicine; 1999.
- 10. IOM. Health Professions Education: A Bridge to Quality[DB/OL] [2014 -02 -18]. http://www.nap.edu/catalog.php -record Id=10681.26
- 11. ICN. An Implementation Model for ICN Framework of Competencies for the Generalist Nurse[Z]. Geneva, Switzerland, 2003.
- 12. RCNRCN Core Competency Framework[DB/OL]. [2014-02-19]. http://www.rcn.org.uk/_data/assets/pdf_file/0008/402011/core_competencies.pdf.
- 13. NMC. The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives[DB/OL]. (2008-03-01) [2014-02-15]. http://www.nmc-uk.org/publications/standards/ the-code/introduction/
- 14. ANF. Competency Standards for Nurses in General Practice [DB/OL]. [2014 -02 -15]. http://anmf.org.au/documents/reports/compstandards_nursesingp.pdf.
- 15. ANF. Competency Standards for the Advanced Registered Nurse[DB/OL]. (2005-02-01) [2014-02-15]. http://anmf.org.au/documents/reports/competency_standards_adv_rn.pdf.
- 16. ANF. Competency Standards for the Advanced Enrolled Nurse[DB/OL]. (2005-02-01) [2014-02-15]. http://anmf.org.au/documents/reports/competency_standards_advanced_en.pdf.
- 17. Kong N C O H. Core-competencies for Registered Nurses(General) (February 2012) [DB/OL]. (2012 -02 01)[2014-02-19].
 - http://www.nchk.org.hk/sc/core_competencies_and_reference_guides/registered_nurses_general/index. html.
- 18. Kong N C O H. Core-competencies and Reference Guides[DB/OL]. (2012-02-01) [2014-02-19]. http://www.nchk.org.hk/en/core_competencies_and_reference_guides/index.html.
- 19. Kong N C O H. A Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered Nurse (General) in the Hong Kong Special Administrative Region (March 2013) [DB/OL]. (2013-03-01)[2014-02-19].
 - http://www.nchk.org.hk/en/core_competencies_and_reference_guides/registered_nurses_general/index .html.
- 20. Liu M, Kunaiktikul W, Senaratana W, et al. Development of Competency Inventory for Registered Nurses in the People's Republic of China: Scale Development [J]. Int J Nurs Stud, 2007, 44(5):805-813.
- 21. Liu M. & Pothiban L. (2002) Nursing research instrument development and its psychometrical validation. *Chinese Nursing Research* **16**(11), 672–675.
- 22. Tzeng H M. Demand and Supply for Nursing Competencies in Taiwan's Hospital Industry[J]. Nurs Econ, 2003,21(3):130-139.[23] Tzeng H M. Nurses' Self-assessment of Their Nursing
- 23. Competencies, Job Demands and Job Performance in the Taiwan Hospital System[J]. Int J Nurs Stud, 2004,41(5):487-496.
- 24. Liu M., Kunaiktikul W., Senaratan W., Tonmukayakul O. & Erikson L. (2007) Development of competency inventory for registered nurses in the People's Republic of China: scale development. *International*

- *Journal of Nursing Studies* **44**, 805–813.
- 25. Calzone K A, Jenkins J, Masny A. Core Competencies in Cancer Genetics for Advanced Practice Oncology Nurses[J].Oncol Nurs Forum,2002,29(9):1327-1333.
- 26. Penciner R, Woods R A, Mcewen J, et al. Core Competencies for Emergency Medicine Clerkships: Results of a Canadian Consensus Initiative [J]. CJEM, 2013, 15(1):24-33.
- 27. Avery M D. The Evolution of the Core Competencies for Basic Midwifery Practice[J]. J Midwifery Womens Health, 2000, 45(6):532-536.
- 28. Williams D R, Kelley M A. Core Competency-based Education, Certification, and Practice: The Nurse Midwifery Model [J]. Adv Pract Nurs Q,1998,4(3):63-71.
- 29. Burman M E. Complementary and Alternative Medicine:Core Competencies for Family Nurse Practitioners[]]. J Nurs Educ,2003,42(1):28-34.
- 30. Hoyt K S, Coyne E A, Ramirez E G, et al. Nurse Practitioner Delphi Study: Competencies for Practice in Emergency Care[J]. J Emerg Nurs, 2010, 36(5):439-449.
- 31. Strasser S, London L, Kortenbout E. Developing a Competence Framework and Evaluation Tool for Primary Care Nursing in South Africa[J]. Educ Health (Abingdon),2005,18(2):133-144.
- 32. Witt R R, De Almeida M C. Identification of Nurses' Competencies in Primary Health Care Through a Delphi Studyin Southern Brazil[J]. Public Health Nurs, 2008, 25(4):336-343.
- 33. Agency for Healthcare Research and Quality. 2002. "Evidence-based Practice Centers." Online. Available at http://www.ahrq.gov/clinic/epcix.htm [accessed Dec. 1, 2002].
- 34. American Association of Medical Colleges. 2001. "Medical School Objectives Project." Online. Available at http://www.aamc.org/meded/msop/start.htm [accessed Sept., 2002].
- 35. American Association of Colleges of Nursing (2013). Creating a more highly qualified nursing workforce. Available: http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-workforce (accessed 26 October 2015).
- 36. Australian Nurse Teachers' Society (2010). Australian nurse teacher competencies. Available: http://www.utas.edu.au/_data/assets/pdf_file/0003/279237/Australian-Nurse-TeacherCompetencies-2010.pdf
- 37. EdCaN (2008). Competency assessment in nursing: A summary of literature published since 2000. National Education Framework Cancer Nursing, Australia. Available: http://www.edcan.org/pdf/EdCancompetenciesliteraturereviewFINAL.pdf (accessed 24 October 2015).
- 38. Chakravarthy A A. Core Competencies for a Trauma Subspecialty Nurse Practitioner [J]. J Trauma Nurs,2008,15(3):145-148.
- 39. Certification and Regulation of Advanced Practice Nurses. American Association of Colleges of Nursing [J]. J Prof Nurs,1999,15(2):130-132.
- 40. ANA. Advanced Practice Nurse Competency Statements [J] .Kansas City American Nurses Association, 2001(1):3-29.

- 41. Hamric A, Hanson C M, Tracy M F, et al. Advanced Practice Nursing: An Integrative Approach[M]. Kindlington: Elsevier Health Sciences, 2013.
- 42. Minarik P A. Issue: Competence Assessment and Competency Assurance of Healthcare Professionals [J]. Clin Nurse Spec,2005,19(4):180-183.