

Analysis of the Training Needs of Healthcare Professionals (Physical Therapists, Nurses, Midwives) in Albania

Msc. Iva RRUGIA

PHYSIOTHERAPIST. EUROPEAN UNIVERSITY OF TIRANA

E-mail: iva.rrugia@uet.edu.al

Abstract

Introduction: *The study on the analysis of the needs for continuing education in Albania aims to approach its realism in Albania scientifically within the framework of the CME's purpose. The study begins with an explanation of operational terms based on the existing theoretical framework, following the models of CME reality in the United States and European Union countries. **Material and methods:** The study has outlined some research questions related to the objectives of CME, how CME is implemented in countries where it is functional, what role QKEV (Quality Control of Continuing Education) plays in Albania, and what challenges CME must address. **Results and discussion:** Different professionals have different training needs regarding continuing education, which are evident in their clinical daily practice. These needs vary depending on their age, the institution they work at, years of experience, and acquired skills. **Conclusion:** There is still much to be done in continuing education, which means moving beyond the formal form of continuing education to have a direct impact on the professional growth of professionals and provide quality services for patients.*

Keywords: *Continuing medical education; nurses; midwives; physiotherapist; Albania.*

Introduction

The idea of a learning society was initially developed by UNESCO twenty years ago in the report “Learning to Be, (Curle, (1973)) “ which indicated the concept that a learning society is one in which all agencies offer study programs, not just those dedicated to education (e.g., schools). CME is considered a foundational teaching method, whereas ongoing professional development implies a student-centered and self-directed learning approach (N., 2005 Oct).

The study addresses one of the contemporary issues related to healthcare professionals and specifically to continuing education, not only as a right and obligation of healthcare professionals but also as a right of patients to receive quality services.

Common threats to patient safety include medical errors, hospital-acquired infections, unnecessary exposure to high doses of radiation, and the use of incorrect medication (Masic, (2014)). The legal framework concerning the guarantee of this right at the national level is not new, but it should be emphasized that ensuring this right in terms of continuous education is still a challenge, even though the QKEV (Quality Control of Continuing Education) has been established since 2008 (QKEV, n.d.).

The purpose of Continuing Medical Education (CME) is to enhance patient care through improved clinical performance of healthcare providers (Farrow S & Group., 2012 Nov)..As both continuous education and continuous professional development are considered essential for bridging the gap between medical education and practice (Peck, (2000).) The year 2017 saw numerous continuing education activities conducted for doctors, pharmacists, and dentists employed in both public and private healthcare sectors (QKEV, n.d.). This was the second year of the mandatory certification program for nurses, midwives, and pharmacists. According to this program, healthcare professionals should accumulate a specific number of credits through participation in continuing education activities (CEA), specifically: 120 credits for doctors, 60 credits for dentists and pharmacists from 2015 to 2018, 40 credits for nurses, midwives, and assistant pharmacists during the period from 2016 to 2019. The offering of continuing education activities increased in 2017.

A total of 657 accredited activities were developed for various categories of healthcare professionals. There was an approximately 7% increase in the number of accredited activities compared to the previous year. Out of these, 211 were new applications for accreditation, while the remaining 448 were activities that had been accredited before. In 2017, the main providers of these activities continued



to be professional associations and other non-public organizations such as NGOs, which provided 69% of the activities attended by public healthcare institutions and academic institutions.

The “Healthcare” law establishes the obligation for healthcare institutions to provide continuing education activities for their employees in such a way as to fulfill at least 30% of the required number of credits. Greater attention should be paid to the provision of workplace training activities, as required by the law, but also because education, when developed in the workplace, is likely to address the real needs of healthcare personnel and healthcare services. In this way, it will not only be a formal process but also a means to collect credits. The development of workplace training or educational activities will make them not only more relevant to the needs but also more accessible and cost-free for the professionals who need to participate in them.

For nurses, DCM No. 789 dated 22/09/2015 did not establish a minimum annual requirement, and 2017 is the second year of the nursing and midwifery cycle. This has led nurses to show less interest in the early years of the cycle. Another reason why this category of professionals may not meet the recommended minimum number per year could be the lack of specifically organized nursing activities. Additionally, QKEV does not have data regarding the hiring of nurses.

Firstly, professional associations have accredited ongoing training activities, some of which are also offered online. Among these, the National Association of Public Health (NAPH Albania) has accredited various packages on ethics and healthcare communication at the National Center for Continuing Education (QKEV). They have also accredited activities related to nutritional elements and their physiological roles in the body, as well as the assessment, control, and treatment of obesity.

The Faculty of Medicine (FM) aims to promote continuing education by articulating a larger purpose of participation, including support for FM units in creating competencies for providing continuing education activities (consultation and training on continuing education principles and teaching methods that enhance the quality of programs, training, and support for continuing education activity organizers within the Faculty of Medicine’s unit).

On the other hand, the Faculty invites you, “If you are a doctor, pharmacist, or dentist involved in the Faculty of Medicine’s structure and are interested in designing and offering continuing education activities, please contact us to discuss the possibility of including this activity in the Faculty’s continuing education curriculum” (fakultetinjekesise, n.d.).

On the official website of the “Mother Teresa University Hospital Center,” there is no information about continuing education or continuing education activities that the state hospital center can offer, except for a link that leads to the QKEV

website. The same situation of lacking information about continuing education activities is observed when consulting the official website of the American Hospital and the Continental Hospital (Spitali Kontinental, n.d.).

Material and methods

The observational study in question aims to determine the continuing education needs of nurses, physiotherapists, and midwives, considering independent variables such as age, qualification, and workplace. The continuing education needs are divided into different areas of interest, included in the questionnaire (F. Antonelli). The study is based on quantitative research methodology. The sample consists of physiotherapists, midwives, and nurses working in polyclinics, hospitals, and tertiary hospitals in the Republic of Albania. The sampling method is random to avoid biasing the data with a convenience sample. The professionals vary in terms of age, professional qualification, work experience, workplace, etc. The variables considered are related to the objective of not only highlighting the need for continuing education but also providing a comprehensive picture of this requirement.

The questionnaire includes questions to gather information about age, qualifications, workplace, and self-assessment of knowledge areas related to continuing education. Participants are asked to assess their level of knowledge in these areas as either complete, relatively complete, good, acceptable, superficial, or none. The questionnaires were filled out following a formal request to the Directors of the institutions where these professionals worked.

The study was conducted from October 2017 to February 2018 with the administration of 300 questionnaires.

Results and Discussions

From a gender perspective, it appears that in the randomly selected sample, 133 are males. The questionnaire was mostly completed by nurses (183), as nursing is the most represented profession at the national level. In fact, data from the Ministry of Health of the Republic of Albania indicate that there are 12,088 nurses (of which 5,681 work in hospitals), 283 midwives (of which 120 work in hospitals and 163 in health centers), and 47 physiotherapists. Global statistics show that the majority of nurses worldwide are female. This is a well-known trend that has existed for many years. Male nurses are also part of the profession, but they make up a smaller percentage of the total number of nurses (Statista). The higher number of women in



the medical staff has led to numerous other studies, mentioning that the UNICEF (UNICEF. Studimi për vlerësimin e njohurive) study states that only 10% of the nursing staff is composed of men.

From the questionnaires collected data we could observe the older age of nurses as the oldest profession in Albania, where they cover a wide range of services. Nurses work in every hospital department, health center, consulting clinic, and more. Midwives work in maternity wards, and the average age is 36-57 years old. Physical therapy is a relatively new profession compared to midwives and nurses, which is why the majority of employed physical therapists are between 25-35 years old. Does the age affect work performance? "It influences the areas where one excels as well as in the speed of adapting to the new methods approach" (Rypicz, 2020). Nurses are among the professionals who have the most post-basic training (Master's degrees, post-graduate specializations). Among physical therapists, the most commonly represented title is the bachelor's degree (26 physical therapists); this is due to the fact that the sample is predominantly in the first age group. 12% have completed post-graduate training (Worsley, 2016).

Being part of every medical department, the majority of nurses are in tertiary and secondary hospitals. Depending on the department they serve in, the selection of specific ongoing qualification needs is necessary. Also, physiotherapists are more numerous in number near tertiary hospitals, trauma centers, and the "Mother Teresa" University Hospital Center. While midwives connect their profession with maternity wards as secondary hospitals. Working as a team enhance the quality of the services (Babiker, 2014). The areas of knowledge considered very important or essential by midwives are predominantly clinical skills, patient communication, and technical/assistance skills like assisting traumatized patients and assisted childbirth (Butler & Aman, 2018).

Nurses have shown a predominant interest in technical skills (n=50), although almost all (n=49) report already possessing acceptable knowledge/skills. Communication with the patient and technical skills were deemed essential for the sample of midwives (n=28). The sample of nurses has identified the need to implement clinical, laboratory, prevention, patient communication, use and management of healthcare documentation, and technical/assistance skills like assisting patients with polytrauma (Gaspard, 2016).

In summary, they have highlighted areas of knowledge and competence related to their professional routine.

It is observed that 47 nurses who assessed their clinical skills consider themselves to have very superficial skills, 42 have acceptable skills, and only 20 believe they have good knowledge. This indicates a need for further training in this regard. Laboratory knowledge is considered very important by the majority of nurses (n=38), while others find it "sufficiently important" (n=32). This is particularly

significant considering that many of them believe they have very superficial knowledge and skills (n=58). Patient communication is considered very important (n=39) or even essential (n=40) by nurses. Regarding their communication skills with patients, 43 nurses believe they have high communication skills (Kourkouta, 2014). For the management of hospital documentation, most of the professionals involved believe this knowledge is essential (n=58 nurses), even though many feel they lack adequate skills (n=44 nurses). The rapid development of technology and the organization of documentation into computer programs has brought a new challenge for nurses over 50 years old. This technological change has required nurses to learn and use new devices and computer programs to record and monitor healthcare information. For older nurses who may not be familiar with information technology and computers, this has been a difficult challenge (Kamil & Wardani, 2018). The same attitude is reflected in technical skills. Regarding the skills and competencies of physiotherapists, the sample assessed clinical skills, clinical risk management, scientific research, and the management of healthcare and rehabilitation processes as essential and very important.

Conclusions

From the questionnaire responses related to the study's hypothesis, it appears that continuous training for healthcare personnel requires the fulfillment of certain objective conditions for its implementation. In Albania, in order to implement continuous training, the following conditions must be created for healthcare personnel to participate in CME activities:

1. Providing a wide and diversified range of CME events.
2. Reasonable and proportionate cost compared to the benefit derived from the activity (preferably free).
3. Training provided by healthcare institutions for employed healthcare professionals, especially in tertiary hospitals where the number of employees is higher.
4. Competent providers in selecting and producing CME events.

CME providers should consider the knowledge needs of healthcare professionals and their fields before designing training.

The fields of knowledge and their improvement can be measurable in terms of the perceived quality of healthcare services. It's also true that patients' perceptions of healthcare services are influenced by other infrastructural and governmental policies, but the quality of care provided by healthcare professionals is a fundamental component of an efficient and high-quality healthcare system.



On the other hand, mechanisms should be encouraged, motivated, and established to ensure that institutions themselves provide continuing education activities within the framework of the obligations arising from the law. This is because it makes the process more advantageous and less costly, avoiding the perception that the idea of continuing education is a method to profit from some professionals. QKEV plays a fundamental role here by accrediting programs and setting the number of credits based on the value and burden of each activity.

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