Core Competencies for Chronic Illness: A Paradigm Shift

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What about Educators' Competencies?
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Introduction
It is a pleasure to participate in this conference and to bring you the greetings of the International Council of Nurses President, Dr. Hiroko Minami, the Board of Directors and staff, and the 132 national nurses associations representing nurses and nursing worldwide. I feel at home as I was here a year ago.

I want to thank you for bringing us together today to speak about nursing education and for the opportunity speak at this important conference. For over 100 years ICN has been working for higher standards in nursing education and practice; for better working conditions; and for more nursing influence at national and local levels.

Aims and Objectives (Slide 1)
The presentation will highlight the current demographic and epidemiological changes as a context for a paradigm shift from episodic and acute care to chronic care. The aim is to discuss nursing competencies and skills required for chronic illness in order to enhance the quality of care for people living with chronic conditions. The *ICN Framework of Competencies for the Generalist Nurse* provides a context within which the competencies can be located.

Perspectives and Challenges in Chronic Care (Slide 2)
Population ageing is a great success story of public health but it is also a challenge as it brings with it increase in chronic conditions. As the number of older people increase there is an increase in chronic conditions such as dementia, Parkinson's disease, diabetes, and cancer resulting in increase in the demand for long-term formal and informal care. There is also increase in care demand associated with physical or mental disabilities that compromise activities of daily living (ADLs) or instrumental activities of daily living (IADLs), which include preparing meals, managing money, shopping and performing housework.

At the outset let me remind you of the need to shift our perspective to a new paradigm that views older people as active participants in society. As nurses we must be leaders in promoting healthy ageing and in preventing or slowing down of functional decline and

disability. Nurses need to use enabling models of care that empower older people to maintain their self esteem and independence. As well nurses must be key players in a continuum of care that encompasses all facets of chronic care including day care, night care, respite programs, palliative care, etc…

ICN is keen to develop nursing capacity to meet the changing health care needs of an ageing society. That is why ICN has developed monographs, fact sheets, policy statements and other resources for nurses. That is why ICN's 2001 Virginia Henderson Fellowship was awarded to a nurse expert in home care who developed guidelines for national nurses associations. And that is why ICN works with WHO and others to reduce chronic diseases and to strengthen nursing roles and competencies in chronic care.

The Demand for Chronic Care (Slide 3)

Chronic illness is highest among the elderly, which is the fastest growing population. As you know, a demographic revolution is occurring throughout the world. Today, worldwide, there are 600 million persons aged 60 years and over. The region where ageing is most evident is Europe. Eighteen of the 20 countries in the world with the highest percentage of older people are in Europe, where 13% -18% of the population are over 65 years old. It is expected that by 2025 older persons will represent 28.8% of the population in Europe. For example, in Germany, France and Sweden, the population of older persons is expected to increase by 30 to 60 percent by 2020, and the disease picture is changing as the population ages.

Rapid population ageing will lead to changing demands for health care which will be expected to meet the needs of older people together with care for other age groups. Chronic diseases challenge patients, families, care providers and policy makers. Care costs are both long term and growing and can deplete family resources.

According to WHO, chronic conditions cause a major burden of disease and disability and annually kill 35 million people globally, which is double the number of deaths from all infectious diseases combined[i] and represent 60% of all deaths globally, with 80% in low- and middle income countries. The leading causes are stroke, cardiovascular diseases; cancer; chronic respiratory diseases and

diabetes. The demand for chronic care has also dramatically increased in some countries due to the HIV/AIDS epidemic, as the health care system cannot cope with the high bed occupancy rate associated with this disease.

For the poorer countries the increase in chronic conditions represents a double burden of disease as they continue to struggle with the impact of infectious disease and malnutrition.

Sedentary lifestyles, smoking, alcohol abuse and poor diet are adding to the burden of chronic conditions and increased demand for care. Unhealthy lifestyles, an aging population and changing disease patterns concern nurses and other health professionals everywhere. The impact of an ageing society on the magnitude of future physical and psychological problems and dependency and demand for care will be alarming.

Other factors that increase the demand for chronic care include hereditary disorders, poor working conditions, low socio-economic status, environmental pollution, cultural practices, war, and political strife. For example, some 4 million children are born yearly with congenital problems, and rheumatic disease, asthma and some cancers are also common among the young.

One area that remains largely neglected and that requires action is the high prevalence of mental health problems. For example, mental and neurological illness together account for more disability than hypertension, diabetes, and arthritis combined (WHO, 2001)[1].

Focussing on a more positive aspect, the risk factors for the many chronic diseases can be prevented with few effective interventions. This should make promotion of healthy ageing and prevention of chronic conditions a high priority for nurses and other health professionals.

The changing health care needs, technological developments and economic constraints have combined to change the way health care is viewed, demanded and delivered. However, despite the change in disease epidemiology with a growing shift to chronic diseases, there is concern that nursing and other health professionals largely function on the acute care model that focuses

on episodic and short term care. At the same time there is the phenomenon of theory-practice gap with shortfalls in competencies appropriate to the care setting.

Current Paradigm (Slides 4 and 5)

In face of increasing demand for chronic care and public expectations, we must raise some questions: what is the focus of the current professional paradigm? And are nurses and other health professionals adequately prepared for the changing health needs of an ageing society?

There is concern that health professionals in general and nurses in particular, tend to[ii]:

- be educated for the acute care system;
- be focused on 'high tech' hospital care ;
- value young people and 'drama';
- emphasise treatment of problems;
- assume they 'know what is best' for clients;
- not encourage participation in decision-making;
- not involve family unless necessary; and then control that involvement;
- be individualistic in approach rather than truly multi-disciplinary; and
- not be involved in policy development / debate and public discourse.

Colleagues, it is time for nursing educational programmes to be refocused to a new paradigm based on a continuum of care that views people with chronic conditions as active participants in their care. This shift to chronic care will require new attitudes, knowledge and competencies.

Policy Directions and Issues (Slide 7)

It is encouraging that chronic care is recognised within the European Region of WHO in the *Health Policy for Europe for the 21st Century referred to as Health21*[2]. This policy recognises the value of nurses and midwives in promoting health, preventing illness, caring for those who are ill and managing care.

Using a life cycle approach *Health21* sets out targets and related strategies. And reducing chronic conditions is an integral part of *Health21* targets. For example, Target 3**,** which focuses on healthy start in life, aims to decrease disability and congenital malformations. Target 8 deals with non-communicable diseases and aims to significantly reduce cardiovascular diseases, cancer, diabetes; and chronic respiratory diseases by 2020. These are some examples of proactive policy proposals to reduce the burden of illness and disability and the demand for chronic care.

These policy challenges and issues have a direct impact on curriculum changes, nursing roles and competencies, if the profession is to remain relevant to changing health care needs of populations.

There are about 6 million nurses in Europe, 80% of whom work in hospitals[iii], and with appropriate set of competencies they represent a formidable force for improving the health and quality of life of the population.

Nursing Competencies: A paradigm shift (Slide 8)

This brings me to our responsibilities as a profession in developing nursing competencies to address changing health needs of populations. Disease prevention and health promotion are perfect examples of the roles and expanding influence of nurses. Nurses promote healthy diets and lifestyles; offer counselling to the confused and frustrated and help patients manage their chronic health conditions to live longer, healthier lives.

An understanding of the demographic changes and disease patterns translates into the need for a paradigm shift in the nursing curriculum from episodic and acute care to a new set of nursing competencies to deal with the burden of chronic diseases.

Allow me to highlight the following five core competencies for chronic care that have been supported by WHO [iv]:

- Patient Centred Care
- Partnering
- Quality Improvement
- Information and Communication Technology
- Public Health Perspective

The core competencies for chronic care fit within the *ICN Framework of Competencies for the Generalist Nurse*[v] that are grouped in three broad domains: (1) professional, ethical and legal practice; (2) care provision and management, and (3) professional, personal and quality development.

It is clear that these competencies are part of the current preparation and education of generalist nurses; however a shift to chronic care provides a context for emphasis and application of these competencies.

Patient Centred Care (Slide 9)

First we must adopt a patient-centred approach. This approach should be the hall mark of all our work and it is equally relevant when working with patients with chronic conditions where much of the care takes place in homes and communities. Patient-centred care requires a broad range of skills and attitudes which include:

- Coordinating continuous and seamless care
- Relieving pain and suffering
- Listening and communicating
- Providing education and information
- Sharing decision-making and management

Nurses providing patient centred care enhance involvement of patients in self care and improve outcomes and adherence to recommended long term therapy. It can be expected that patients and their family carers are “experts” in their own care. As nurses we should support patients to move from being passive recipients of care to active decision-makers. That is why ICN has developed a series of fact sheets, titled “Patient Talk” on a wide range of subjects to promote health literacy and the active participation of patients and consumers in their health care (www.icn.ch).

Partnering (Slide 10)

The second core competency is concerned with partnership skills. Nursing care of patients with chronic conditions requires complex interactions around the patient. In order to implement effective coordination of care, nurses and other professionals need partnering skills. This includes the ability to partner with patients and with patients’ families, other health professionals and social

services. Self-care is a fundamental principle of nursing. And it is a value the public is increasingly demanding from health care.

People feel frustrated when they are not involved in their own care and are merely treated as passive recipients of care. Nurses in chronic care are in an ideal setting for nurse-patient-family partnerships for prevention, care and support.

The set of skills that are required in establishing and managing partnerships include:

- Negotiating
- Establishing goals
- Implementing action
- Identifying strengths and weakness
- Clarifying roles and responsibilities
- Evaluating outcomes

Nurses are the key in fostering partnerships to coordinate care over time, among providers and across settings. They are vital for sustaining partnerships with patients, with other providers and communities. Nurses are aware that partnerships allow for pooling of resources to address the health problems and needs that a single health professional or organisation will not be able to meet on their own. Solo practice is no longer adequate to achieve desired outcomes for chronic problems.
The fourth competency is concerned with quality improvement.

Quality Improvement (Slide 11)
Quality improvement is part of our obligation and social contract with society and this is not new to nursing. Nursing's commitment to continuous quality improvement (CQI) reflects an approach and attitude towards delivering care for those with chronic conditions. Specific skills in quality improvement include:

- Measuring care delivery and outcomes
- Learning and adapting to change
- Translating evidence into practice.

As an approach it requires that nurses be clear about the outcomes of care, which changes will lead to improvement and to evaluate the interventions. CQI challenges nurses to translate evidence into practice to provide care that is of agreed standards.

Patient safety and efficiency are at the foundations of nursing interventions and essential components of quality improvement. The fourth core nursing competency calls for nurses to have the skills needed to use information and communication technologies to support patient care

Information and communication technology (Slide 12)
Nurses are integral to the collection, analysis and dissemination of information concerning health care. The collection, management, analysis and dissemination of health care information is a vital part of all areas of nursing practice including patient record systems, diagnosis, education and training, research, staff management, quality management, and patient education.

As nurses we are often blamed of spending too much time on records and reports and away from patient care. The challenge is to balance direct patient care with information gathering, analysis and sharing. Information technology is playing an increasingly important role in patient care and in relieving nurses from clerical tasks.

Information systems can range from paper and pencil records to electronic devices and computers that are essential for organising and monitoring patients' responses to treatment and outcomes. Communication systems allow nurses to exchange patient information with other providers. It is important that while advanced technology facilities data storage and retrieval, it should not replace other methods of communication including face-to-face communication, telephone, television, newspapers and other media.

Moving on with our discussion of competencies, we need to adopt a public health approach as a basis for providing services.

Public Health Perspective (Slide 13)
Nursing is traditionally associated with hospital and individual based care. In the era of chronic diseases, there is a need to reorient services to a public health approach which requires a wider set of skills including advocacy, disease prevention, and health promotion activities. This means nurses must move from caring for one patient at a time to planning care to populations of

patients living with chronic care. The public health approach does not detract from individual needs, but allows patients with the same conditions to benefit from the information targeting the population with the same condition.

Nurses using a public health approach use a systems thinking of looking at the different levels of care delivery: patient-level, health care organisation and community level and policy levels. Nurses also need to emphasise the care continuum that expands from prevention to palliative care by focusing on the needs of the population who require different interventions at different times. Such continuum of services should include preventive care to prevent or delay chronic conditions and when a condition develops nursing interventions are needed to prevent complications and disability.

(Slide 14)

We have seen that nurses are central to the delivery of chronic care and their competence in this area needs to be developed. So given the growing challenges of chronic care, what can nurse educators and nursing educational institutions do? Firstly chronic care concepts and principles need to be integrated into the nursing curriculum. As well, nursing education institutions should:

- Review curriculum at appropriate intervals to ensure relevance and currency.
- Shift from hospital-oriented to a broader community based focus.
- Match the curriculum to the needs of the population.
- Carry out research on nurses' role in chronic care.
- Ensure chronic care concepts are practiced in student placements and service.
- Provide clinical experience in chronic care, where learners have access to a range of experiences and clinical preceptorship.
- Develop chronic care leadership in nursing faculties and maintain a critical mass of faculty.
- Offer continuing education programmes on chronic care.

Conclusion (Slide 15)

The changing demographics and disease patterns present challenges and opportunities for nursing competency development and care continuum. Chronic care will be a major field for the future and this means home-based care, long term care and self care and much coordination will be needed. As well, many support and training services will be required. This translates into many opportunities for nurses, who are increasingly in short supply.

One of the challenges for nurses will be the competition from different types of support workers. The need for nurses to train, manage, direct, and coordinate caregivers, or to become self employed, will require new skills and competencies for which we must position the profession.

In all of this we see the importance of ICN's members - the national nurses associations, educational institutions and regulatory bodies. Working together we achieve high standards for the profession, nurses and the people we serve. Delivering quality services to our communities will not happen by chance. It will happen only by choice, determined action and nursing leadership. It requires developing nursing competencies and a paradigm shift towards chronic and long term care.

I look forward to talking with you during the conference about nursing and health issues in your country and globally, and I invite you to join us for ICN Congress 2009 in Durban, South Africa.

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