Why it is important to enhance professionalisation among health professions – a Swiss perspective

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Challenges: Overview

- Medical progress
- Shortage of Specialists
- Multimorbidity
  - Chronification
- Frailty
- Technicalisation
  - Digitisation
- Patient Involvement
Digital Health

Example: Digitalisation

(Angerer et al., 2017)
Digital transformation at home

AXA (2018). How mHealth will transform European Healthcare
Example: Patient Involvement

Individualization

- Patients as customers
  - self-determination
  - high expectations (short waiting times, short distances ...)

- Patients as contributors
  - co-producers
  - managers of their own health

user involvement $\rightarrow$ health literacy
Pay attention to interrelations

Clinical Excellence

- Society Environment Policy
- Health Illness Med. Progress
- Health Professionals
- Patient and his relatives
Political Situation

Accepted by the Swiss Parliament:
• Medical Professions Act (2006) and
• Health Professions Act (2016)
-> Goal: public health protection

Rejected by the Swiss Parliament (2011-16):
• Initiative «Legal recognition of the responsibility of nurses»

Initiative of the Professional Nursing Association (2017)
• «For a strong care»

A high level of education and training is socially recognized (not by all parties)
Independent responsibility with prescription law of basic care or medication did not achieve the majority vote
Theoretical Framework 1

Continuum of APN Roles

CNS  Integrated Role Domains  NP
- Professional Development
- Organizational Leadership
- Research
- Education

Clinical Practical Role

Advanced Nursing Practice

«The ANP concept has provided important food for thought for clinical education... as with any imported product, country-specific adaptations are necessary.»
(Bischofberger, 2014)
Goals Swiss NP

- Patients with complex situations are better informed when they go home
- Alarm signals are recognised by the clinical care experts
- MSc detected faster and communicated more precisely
- Planning takes place in a complementary or interactive way with the medical profession and the entire interprofessional team
- Clinical signs and therapies are always understood in a psycho-social and socio-economic overall picture of the patients.

Operational decisions/processes are more well-founded and faster
Fewer unnecessary hospital stays
Better quality of life even in remote areas
Education and training in Health Sciences and «fit for practice»

Health Sciences
• Supplemented by challenges Slide 2

Practical approach
• Students work at least 30% in direct patient contact

Interprofessional Cooperation
• Medical mentorship supports collaboration

Inclusion of Patients
• Mentorship by experienced patients and relatives expands perspective
Theoretical Framework 2

(Wagner, 1998)
Levels of Service-User Involvement

**Information**
Service users are told what is happening, they have no influence over the decision making.

**Consultation**
Service users are asked their views. They have limited decision making.

**Contribution**
Service users’ views are sought and taken into account. They have a direct impact on decision making.

**Collaboration**
Working as equals, service users share decisions and responsibility, determining outcomes.

**Control**
Service users control the decision making.

Increasing influence on decision making

(Morrow et al. 2012; ohc-paper, 06)

(Hahn, 2018)
Conclusion

We have to enrich APN/PN rolls with current concepts and keep them up-to-date.

Country-specific adaptations are important
- Policy (no right to prescribe medicines)
- Federal guidelines
- Population needs
- Medical and digital country-specific progress

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Ein Unternehmen der Stiftungen Kalaidos Fachhochschule und Careum
Literaturhinweise


Canadian nurses association
http://cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf


Nurses in advanced roles: A description an evaluation of experiences in 12 developed countries