

Family Nurse Education

Strengthening Health Services Delivery: Primary Health Care

Primary Health Care (PHC) refers to “essential health care based on practical, scientifically sound, and socially acceptable methods and technologies, made universally accessible to individuals and families in the community”ⁱ.

There are strong indications that PHC can bring about major health gains. PHC is the gateway where patients are first seen and where decisions are made about referral to other providers. Indeed, strengthening PHC continues to be the focus of health system reforms worldwideⁱⁱ.

PHC is considered a fundamental service in the Albanian health system efforts to control diseases and protect population’s health. The draft Strategy on the development of PHC services in Albania 2020-2025 aims among others at improving the reputation, self-esteem, and motivation of PHC workersⁱⁱⁱ.

The Family Health Nurse Model for Primary Health Care

HEALTH 21, the health policy framework for the WHO European Region introduces a new type of nurse, the Family Health Nurse (FHN), who will make a key contribution within a multidisciplinary team of health care professionals for attainment of the 21 targets for the twenty-first century set out in this policy^{iv}. The FHN is supposed to operate “under the umbrella of both public health and primary care”^v.

In many PHC settings, having nurses as full members of the PHC team is essential to meet the complex health and social needs of the populations. PHC service delivery by nurses has been convincingly linked to improved quality of care, efficiency and decreased cost^v.

Globally, there is an urgent requirement for more skilled nurses. At the same time, there is a need to provide a system to educate teachers. Interventions in nursing education need to be carefully assessed and strategically planned and coordinated. In most countries, there is a growing concern that the education of nurses is not aligned to the health service delivery needs and that the graduates are not equipped with competencies required to address the rapidly changing health profile of the populations^{vi,vii,viii}.

WHO recommends transforming and scaling up health professionals' education by revising and updating curricula on a regular basis, linking disease burden to the training needs, adopting competency-based curricula, and equipping educators with competencies required to train and educate the required graduates^{ix}.

Education is an important starting point for change. Nursing education institutions have to offer programmes that produce appropriate graduates in terms of quality, quantity, and relevance. Education of health workers, including nurses, is constantly evolving. The education system alone cannot bring about the required changes in the schools of nursing and training colleges. Ministries of health, regulatory bodies, health professionals and communities (as recipients of the education outcomes) must be involved and support the education of nurses. A competent nurse educator should have the knowledge, skills and attitudes to adopt new approaches in planning, organizing, implementing and evaluating nurse education programmes^x.

Key Messages For Family Nursing Education In Albania

(based on the main findings from the context analysis of the upcoming professional Master's degree programme in family nursing)

- In the context of Albania, nursing education programs should respond to the country's national health agenda, the burden of disease and the entire Albanian society.
- Undergraduate and especially postgraduate education system in nursing should be reformed. Essentially, the nursing resource policy should become an integral part of the overall public health policy in Albania. Nurses and especially chief nurses should be offered short training programs, as well as full master programs in family medicine and health management.



- It is very important the harmonization of the teaching programmes among all nursing faculties in basic education (graduate and post-graduate), aligning the nursing curricula to the international/European standards with the focus on practical competencies, abilities and skill-mix approach; introduction of more PHC subjects in the curriculum^{xi} to enable professional nurses get acquainted with current principles of a comprehensive assessment and monitoring of the health status of the population, as well as identification and implementation of effective programs and measures to protect and promote public's health, and strengthen their capacity to work autonomously and take larger responsibilities.
- It is important for the Ministry of Health and Social Protection (MoHSP) to clearly define nursing competencies (including core abilities that are required for fulfilling the role of family nurse), review and update the job descriptions in terms of services provided by nurses at the PHC level and include also the new responsibilities in the Basic Package of PHC, in order to establish a foundation for new/updated nursing education curriculum at all levels.
- The Continuing Medical Education (CME) courses for family nurses are tailored in accordance to the scope of work of the associations that deliver these courses rather than to the real needs of health care workers in PHC facilities. Hence, to meet the training needs of nurses, it is necessary for the MoHSP, Compulsory Health Insurance Fund (CHIF), the National Center for Continuing Education (NCCE) and health care provider organizations to assess the needs and identify training gaps (education deficits) in order to strengthen the nursing education by harmonization of the content of CME activities to corresponding needs of the practicing PHC nurses. The experience of PHC Nurse Peer Groups introduced and supported by HAP in two regions of Albania is a positive example on how specific needs of nurses can be addressed through their self-determined initiatives, pro-active behaviour and some external support.
- In general, there is a good and clear legal basis which supports the drafting and implementation of study programs in the Republic of Albania (including the new professional master's degree programme in Family Nursing). However, the continuous changes in normative acts and other limitations pose difficulties for adaptation of study programs according to the European Framework for Regulated Professions. In order to meet the legal obligations for adapting bachelor and master programs according to the legal framework and the European directives, the Ministry of Education, Sports and Youth (MoESY) needs to adopt new guidelines for the organization of studies, based on the Directive 2005/36 / EC and Directive 2013/55 / EU of the European Union for study programs in the field of Medical Sciences, which endorse the right to practice the regulated professions.
- As no professional Master in family nursing has been developed and implemented to date, there is a clearly articulated need for the establishment of such a program in Albania in order to enhance training of this professional category that will be able to respond to the growing needs of an ageing population and NCD burden and fulfil the tasks defined by the Basic Package of PHC for the seven areas of service provision.



- Based on the competencies derived from the WHO definition of the multifaceted role of the Family Health Nurse and from the Basic Package of PHC services, it is recommended to be designed a competency-based curriculum which will prepare qualified and experienced nurses for this new role. The curriculum must place emphasis on the integration of theory and practice^{xiii}. Being a professional master's program, the focus should be on professional practice and adjusting the ratio of theoretical/practical hours, where the practice should constitute the primary component.
- The upcoming master program, being delivered for the first time, will almost certainly be of interest. In order to encourage the students for attending this master, it would be helpful: (i) to promote the Master Program; (ii) the new master's curriculum design team to address students' expectations for this master program, and; (iii) the graduates should be given priority in employment as a family nurse. The MoHSP, needs to play an important role in the employment and recruitment policies through establishment of criteria in such a way that nurses with a professional master in family nursing have priority for being hired (recruited). Of note, there is lack of coordination between the responsible institutions in this field.
- The Faculty of Technical Medical Sciences (FTMS) has a considerable experience in offering specialized Master's Degrees in Sub-specialties. However, given the low number of full-time professors (n=71) and the high number of part-time academic staff (n=304) which negatively affects the teaching quality, it is necessary to increase the number of fulltime lectures to meet the teaching standards.
- The types of teaching/learning and assessment strategies considered essential for this curriculum are challenging for teachers, mentors and students. It is therefore important, if they are to be effectively delivered, that only qualified nurse teachers and mentors are involved. In order to determine the selection criteria of the academic staff to be included in the envisaged Master's program, it is recommended to employ the core competencies framework for nursing educators designated by WHO, and the Master's curriculum.
- The Medical University and the FTMS need to increase the capacity of teachers in order to become a competent nurse educator with the knowledge, skills and attitudes to adopt new approaches in planning, organizing, implementing and evaluating nurse education programmes, to improve also their student interaction skills.



- The “University Pact” with the MoHSP makes available the Health Centres to the FTMS. Determination of the availability of these health centres can be regulated through an agreement between the MoHSP and the University of Medicine.
 - Nursing lecturers should be also given the opportunity to work in the faculty and in clinical settings (dual employment/double affiliation), similar to physicians. This would increase their skills in professional practice and competence in teaching.
- There is an urgent need to adjust the tutor’s role to follow the teaching/professional practice. It needs to be financially motivated and should be also considered an adjunct lecturer. At the end of the internship, he/she should make a real evaluation of the student’s performance.
- There is a need to continuously evaluate and improve the educational environment of the Nursing.
- Based on the evaluation of teaching quality and other services provided to the students, at bachelor level in view of taking up their professional role in the community, it is necessary that FMST takes into consideration the following needs: 1) revise the first cycle of the nursing curriculum for the evaluation and dissemination of theoretical and professional practical hours (teaching program at the bachelor level is considered rather theoretic by the students); 2) revise and update textbooks in order to avoid overlaps and orientation to nursing knowledge/practices/skills; 3) evaluate and develop/improve the teachers’ pedagogical skills involved in teaching (teachers with the medical background seem to be more skilled than those with background in nursing); 4) a positive atmosphere should be created in the classroom by the teachers, encouraging the students to be more active, providing constructive criticism, orientation of the seminars towards case-study methods, offering quality of practical sessions, etc; 5) substantially improve the organization of professional practices at the level of health centers by organising students in smaller groups in order for them to work realistically.
 - This will enable the students to not only to be well-prepared theoretically, but to have the ability to work independently and practice with the patients.
- The FMST physical infrastructure needs further improvement (with special focus on revising/updating textbooks, Internet access, laboratory equipment or clinical practice tools, professional cabinets capacity, libraries, learning spaces, and hygiene conditions).
- Curriculum development is not a sterile process of objectives detached from decision making. Rather, it is marked by the dynamics of interpersonal activities. The human dimension is a constant factor and must be attended to even when the task and deadline of curriculum development are pressing^{xiii}. Hence, it is recommended that the leaders of the University of Medicine and Faculty of Nursing systematically support the members of the working groups for the design / updating and implementation of the curricula at every step of the process so that they feel valued and motivated in their work.

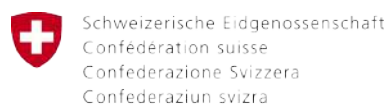


- For a successful program development and implementation, it is essential to encourage and support the collaboration and partnerships between FMTS and MoES; MoHSP, CHIF, Professional Associations, Order of Doctors and Order of Nurses and CME Center and different international organizations.
- Overall, a sustainable development of the health system in Albania and its subsequent improvement will be achieved through education and training of highly qualified nurses, as it has been convincingly shown already by the vast international experiences and best practices in many countries.
- Albanian experts should be involved in developing and implementing new programs at pre- and especially post-graduate education in family nursing, development of the list of disciplines and specialties, and establishment of a national plan with priorities for the continuing professional development of nurses operating at all levels of health care services in Albania.

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- i Deborah Hennessy and Liz Gladin. Report on the Evaluation of the WHO Multi-country Family Health Nurse Pilot Study.
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 - iii Strategy on the development of primary health care services in Albania2020-2025 (Draft IV).
 - iv The family health nurse context, conceptual framework and curriculum. http://www.euro.who.int/_data/assets/pdf_file/0004/53860/E92341.pdf?ua=1
 - v ICN Policy brief: Nursing Leadership in Primary Health Care for the achievement of Sustainable Development Goals and Human Resources for Health Global Strategies. https://www.who.int/workforcealliance/knowledge/resources/ICN_PolBrief2Ns-gLeadershipPHC.pdf.
 - vi Muraraneza & Mtshali, 2018. Conceptualization of competency based curricula in pre-service nursing and midwifery education: A grounded theory approach.
 - vii Muraraneza, Mtshali, & Mukasomi, 2017 Issues and challenges of curriculum reform to competency-based curricula in Africa: A meta-synthesis.
 - viii World Health Organization (WHO), 2014. Four-year, integrated nursing and midwifery competency-based, prototype curriculum. Brazzaville: WHO Regional Office for Africa.
 - ix World Health Organization (WHO), 2013. Transforming and scaling up health professionals' education and training: Geneva, Switzerland: World Health Organization.
 - x World Health Organization (WHO) (2016). Nurse educator core competencies.
 - xi WHO (2018). Draft: Primary health care in Albania: structures and model of care. Summary of findings and recommendations of comprehensive PHC assessment.
 - xii The family health nurse: context, conceptual framework and curriculum. <http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2000/the-family-health-nurse-context,-conceptual-framework-and-curriculum>.
 - xiii Jones & Bartlett. Introduction to Curriculum Development in Nursing Education: The Evidence-Informed Context-Relevant Unified Curriculum.

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