
Updating of job profiles and roles for family nurses in Albania

FAMILY HEALTH NURSE MODEL IN THE CONTEXT OF PRIMARY HEALTH CARE SERVICES

Nurses today work in a dynamic health care environment. Their roles and functions are constantly evolving and changing to meet patient needs as well as incorporating service needs such as workforce shortages, skill mix issues and budget constraintsⁱ.

In many Primary Health Care (PHC) settings, having nurses as full members of the PHC team is essential to meet the complex health and social needs of the populations. Nurses respond to the health needs of people in all settings and throughout the lifespan. PHC service delivery by nurses has been convincingly linked to improved quality of care, efficiency and decreased costⁱⁱ.

The health policy framework for the European Region of WHO (“HEALTH 21”) , introduces a new type of nurse, the Family Health Nurse (FHN), who will make a key contribution within a multi-disciplinary team of health care professionals to attainment of the 21 targets for the twenty-first century set out in that policyⁱⁱⁱ.

PHC is considered a fundamental service in the Albanian health system efforts to control diseases and protect population’s health. The Government of Albania has prioritized investments in PHC. Investments are planned to be aligned with the design of new PHC model that takes into account peculiarities of urban and rural populations^{iv}.

The roles of nurses in PHC in Albania remain varied, with a clear distinction between the role in health centres (HCs) and in health posts (HPs). There is also a clear underperformance and under-use of nurses with regard to many of the services outlined in the Basic Package of Services (BPS)^v.

The needs to “*redefine (strengthen) the role of nurses in the PHC professional teams*” and “*create a stimulating and motivating environment for professional and responsible teamwork in PHC*” have been formulated in the upcoming national draft “Strategy on the development of primary



health care services in Albania, 2020-2025”^{vi}. New service models will be established to meet the most pressing needs identified at the community level, such as non-communicable diseases (NCDs) prevention and control, home care for the elderly, models of care through digital technology, especially in remote areas, etc.

KEY MESSAGES FOR THE NEW FAMILY HEALTH NURSE MODEL IN ALBANIA

(based on the main findings from the context analysis in view of the development and implementation of new job profiles and roles for family health nurses in Albania)

- The development and implementation of new job profiles and roles for family nurses in Albania is considered very important as, similar to many other countries^{vii}, Albania is currently facing new challenges in PHC as a result of *increasing life expectancy, a significant decrease in fertility rate, internal migration, and an increase in the number of elderly people, patients with NCDs, patients with family medical assistance needs, elderly living alone and patients with long distances from HCs, persons with mental health problems, autistic children, unhealthy lifestyle/behaviours among youth and adolescents (especially drug use) and the need to provide community services to Roma/Egyptians and other marginalized and vulnerable population subgroups.*
- It is important for the new job profiles and roles for family nurses to respond to the need for reorienting the PHC services in order to respond to the unmet health needs and socioeconomic needs of the Albanian population regarding Aging, Non-communicable diseases (NCDs), Multimorbidity and Comorbidity, Rehabilitative Care, Long-Term Care, Home Care, Palliative Care Residential (Institutionalized) Care, Preventive Care, Health Promotion, Social Assistance and Social Support.
- The development of new nursing profiles is feasible in the Albanian context. The legal and regulatory framework offers no barriers to a more autonomous role for nurses, and there is some readiness by the stakeholders towards the

implementation of new nursing profiles within the existing BPS framework.

Some specific interventions in the regulatory framework are considered important and rather effective for the development of new nursing job profiles and roles in response to identified shortcomings regarding the scope of FHN practice and factors affecting the fulfilment of its role in primary health care delivery:

- Reflections and update of the BPS for adapting actual profiles of family health nurses in PHC and finalization of the FHN job descriptions in terms of services provided by them at the PHC level. BPS seems to provide a flexible framework for developing the preferred nursing role(s), without a great need for potentially lengthy adaptations to the legislation and professional regulation.
- Review and update in accordance with the new role of the FHN in the Contract on “Job-specific obligations” designated by the HC Director. This contract allows for a detailed job description; however, in practice, except the medical check-up program nurse, no other types of nurses have clearly defined duties according to the contracts. This intervention will facilitate the performance evaluation by the HC manager, and may serve as a starting point and incentive for implementing quality management systems for nursing services that do not exist yet.

The draft PHC strategy which places the emphasis on nursing is an important factor in paving the legal path for enhancing the role of FHN.

- No reform could achieve its goals without addressing the gap and needs in human resources, in particular of doctors and nurses working in the PHC sector. Special attention should be given to internal migration (from rural to urban areas) and external migration of the workforce in particular of the nurses who may seek more attractive jobs abroad (according to the representative of the Nursing Order, around 3000 nurses have left the country in the last 5 years, with an annual increasing trend), as a threat to the future. Therefore, it is necessary to carry out an analysis for the nurses in order to better understand the driving factors for their migration (to date, a detailed analysis for the nurses has not been carried out yet).

- Nursing education in PHC is weak without any specialization or special training. In order to ensure an educated and competent nursing workforce within effective and responsive PHC system^{viii}, the following are very important:
 - The harmonization of the teaching programmes among all nursing faculties in basic education, aligning the nursing curricula to the international/European standards with the focus on practical competencies, abilities and skill-mix approach and introduction of more PHC subjects in the curriculum^{ix}.
 - For the MoHSP, Compulsory Health Insurance Fund (CHIF) and the National Center for Continuing Education (NCCE) it is necessary to:
 - o assess the needs and identify training gaps and strengthen the nursing education by harmonization of the content of CME activities to correspond to the training needs of FHNs,
 - o enrol more national partners and making them interested in adaptation, planning and providing of CME curriculum and training activities to real FHNs needs increasing in this way the quality of CME (participation of FHNs in training activities is patchy, not guided by the need for training in areas where nurses can develop/enhance their skills for better work performance. The criteria for selecting training participation applied by the FHNs are the high number of credits and the low fee for participation).
 - Support HCs to provide in-service CME training (for example, by informing peer review groups). Thirty percent of professional development to be conducted within institutions.
 - Encourage and support the creation and operation of mixed peer review groups (doctors and nurses) to provide further impetus to team-work and attain more satisfactory results for service users.
 - Strengthening and maintaining of the national accreditation standards for nursing education, as the number of well-qualified FHN in Albania is scarce to date.
- It is recommended to revise contracts and payment schemes for PHC nurses because current remuneration policies (low salaries; non-application of the capitation criterion, nor the geographical distributions; lack of incentives for the nurses operating in the PHC system and incentive policies for retention of PHC nurses at remote areas; differentiation in the method of payment between family doctors and FHN, as well as among nurses themselves) are one of the two main factors (together with poor working conditions) that nurses do not feel motivated in their work.



- FHN nurses in Albania are not included in the decision-making process. It is very important to advocate and set up mechanisms to raise the level of involvement of nurses in policy and decision-making across the major sectors of service planning and management, education and management of human resources, and to engage professional associations of nurses in policy discussions and development. Hence, the following measures are recommended:
 - Establishment of a specific Unit on Nursing Care as part of the organizational structure of the MoHSP.
 - Nurses to be part of any Boards/Councils near the MoHSP.
 - Re-establishment of the Department of Nursing at the FTMS near MUT.
 - Nursing Day (May 12) to be used as an opportunity to communicate with the public about the profession of nursing as a profession that requires great dedication.
- There is a need to improve working conditions to ensure positive practice environments by providing a good and safe working environment, including appropriate equipment and supplies, supportive supervision and mentoring, as there is a poor physical infrastructure in health centers (outside and inside the HC) and a lack of equipment and consumables, and support materials necessary for health promotion, which means that the nurse cannot meet the individual and population health needs.
- There are no quality management systems for nursing services. It is recommended to develop and adopt, and support and monitor, quality management systems for family health nursing services.
- Given that nurses face problems in fulfilling their duties also due to the specific demographic characteristics of the service area, recommendations for the new role should be differentiated according to the local context, (separately for Tirana and the big cities and for the small cities; separately for urban areas and for rural areas).
- To have a realistic and applicable role of the community nurse, the design of this role must rely on available human resources, as big changes take time. Therefore, the aim is to add this commitment to the family nurse, not to create a special role, but to create a more comprehensive profile by applying the nursing skills to the whole environment of the area or community the nurse covers.
- It is important to have an effective teamwork between family doctors and nurses (traditional hierarchies which continue to exist between professions and the underuse of the FHN have been identified as major obstacles of teamwork). Therefore, their collaboration needs to be based on an understanding of each other's professional identity and specific role in the care process, as well as on mutual respect and trust. It could be beneficial initially to define tasks assigned to the nurses clearly, and in the process give them the needed space to develop new roles. It is recommended for policy makers and researchers to learn from



experiences in other countries to be inspired for working in efficient and effective teams, based on the successful models worldwide^x.

- Regular formalized inter-professional communications are almost absent. It is increasingly important for health care professionals to participate actively and competently in inter-professional health care teams to contribute with specialized knowledge and skills toward addressing complex health care challenges.
- It is recommended a time allocation measurement to evaluate the working hours and productivity of PHC providers in their workplace. To date, there has been no evaluation of the use of working time in PHC.
- Responsibilities and tasks should be defined by means of protocols established in the initial introduction of FHNs into family doctors' practice. It is recommended the development

and implementation of different materials including clinical and nursing protocols for common diagnosis and needs of the target group, manual for patient education, manual detailing the care process, forms for referral and multidisciplinary communication, etc. (both physicians and nurses articulate the need for nursing practice protocols).

- In a context where population aging is associated with an increased presence of NCDs, multimorbidity and comorbidity, a gradual increase in the proportion of older people living alone, older people with activity limitations and inability to access basic health care services, there is an urgent need to strengthen community services and provide home-based care for this category, especially in rural areas and remote areas of the country. Furthermore, there is need for introducing joint care plans and improving the role of PHC nurses as case managers for patients with multiple morbidity and complex health needs.



- The participatory working model of HAP with Family Medicine teams (family doctor and nurse) and the Health Center managerial teams (Director, Head nurse, accountant) in PHCs in Diber and Fier is a successful example

and good practice of the orientation of the PHC system toward a real family medicine approach. Therefore, this successful model should be scaled up at a national level in Albania.

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- i International Council of Nurses. Scope of Nursing and Decision making Toolkit. ICN, 2010.
 - ii International Council of Nurses. Scope of Nursing and Decision making Toolkit. ICN, 2010.
 - iii World Health Organization. The family health nurse: context, conceptual framework and curriculum; 2000. http://www.euro.who.int/data/assets/pdf_file/0004/53860/E92341.pdf.
 - iv Strategy on the development of primary health care services in Albania 2020-2025 (Draft IV).
 - v Primary health care in Albania: structures and model of care: Summary of findings and recommendations of comprehensive PHC assessment.alth Care.
 - vi Strategy on the development of primary health care services in Albania2020-2025 (Draft IV).
 - vii Kerstin Hämel, Carina Vössing. The collaboration of general practitioners and nurses in primary care: a comparative analysis of concepts and practices in Slovenia and Spain.
 - viii Global strategic directions for strengthening nursing and midwifery 2016-2020..
 - ix WHO (2018). Draft: Primary health care in Albania: structures and model of care. Summary of findings and recommendations of comprehensive PHC assessment.
 - x Freund T, et al. Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world?<https://www.ncbi.nlm.nih.gov/pubmed/25577306>.

Disclaimer

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