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Role of competence profiling health care

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Abstract

Background: Fear of death may be a universal feeling, albeit it's felt in an individualized way and intensity. The closeness of the top of life is that the scariest experience for people and their families; continuous changes, both physical and social and psychoemotional, in recent years the method of dying has become vital in our society in order that health professionals must give an efficient response to the present need.

Patient death may be a traumatic event for all health professionals and generates feelings of sadness, anxiety and guilt by generating a distance from them. The more fear of death knowledgeable has, the more severe his attitude are going to be in patient care at the top of life.

Therefore, it's necessary to understand the various proficiency profiles (primary or hospital care) and therefore the needs associated with the care of the method of dying, to implement evaluable lines of action for the right professional development. Countries like Canada, the us and more and more voices in our country, demand this specialized training

Keywords: Multidisciplinary team, Palliative care, Palliative patients, Clinical trail designs

INTRODUCTION

Analyze the degree of coping and fear of death of health professionals so as to style appropriate improvement and intervention measures.

Conduct a comparative study of the effectiveness of two different approaches to determining the degree of competence faced by the death of a sample of health care providers.

Design: Cross-cutting descriptive study by self-administered and anonymous questionnaire. A survey is administered using the Collet-Lester and Bugen questionnaires to 116 health professionals from different levels of care within the province of Seville. This project was approved by the help ethics panel of the Andalusian Health Service and therefore the advisory committee of the EUPCA Academy.

Variables to study: sociodemographic variables (age, sex, level of coaching , professional category, etc.), previous experiences with death, spirituality, degree of coping and fear of death, among others.

METHADOLOGY

A.- Collet-Lester Scale: The Collet-Lester Fear of Death Scale (EMMCL) are going to be included within the questionnaires in its validated Spanish version. it's a self-administered multidimensional instrument consisting of 28 elements and 4 dimensions (7 elements for each): 1) Fear of death itself, 2) Fear of the method of dying, 3) Fear of the death of others and 4) Fear of the method of dying of others.

Each element is valued employing a Likert scale, with reference to the degree of concern or anxiety they need in reference to death or the method of dying, like a score starting from 1(nothing) to five (much). the entire is expressed with a numerical score that relates a high number to a better degree of worry or anxiety within the face of death and therefore the process of individual and a stranger's death. This instrument was chosen thanks to the high reliability shown by the revised studies.

B.- Bugen Scale: Bugen's scale measures competition within the face of the death of the interviewed subject. it's a validated instrument in Spanish with an alpha coefficient of internal consistency of 0.824. It consists of 30 elements, valued on a Likert scale of 1 to 7, where 1 means total disagreement and seven total agreement. the ultimate score is achieved by reversing the worth of elements 13 and 24, adding all scores.

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Subjects with a percentile adequate to or but P33 have a nasty dealing with death, while those with a percentile of 66 or higher would have an honest level of coping. the center zone would indicate a degree of neutral coping.

Statistical analysis: A descriptive, inferential and statistical method was performed using logistic regression techniques. additionally , the degree of correlation of scale paths was analyzed, for this a comparison of K-media was performed because the self-organized map technique was executed on an equivalent sample of knowledge , shifting the values of the parameters: number of clusters, neurons per level, learning rates and distance function. the share of instances in each group, the distance and variance to the centroids, and also the space between groups were compared. Finally, the analysis of the graph of the clusters and biases found was reported. Bilateral tests with a 95% confidence level were used. Weka and IBM-SPSS.26 software for Windows were used for this purpose.

Result

The results obtained were men: 45.55% (n . 44) versus women at 54.55% (n .54). counting on age the share was: 50 years (33.33%). Married were (51.52%) Believers (70.71%) non-practising (49%) and consistent with the Profession: medical care was a (51.52%). Professional Experience: >20 years (39.39%). Experience with dying patients was: 60.2%; the experience of losing a loved one: 54.55%; a family member's experience of great illness: 46.46%. The Degree of Emotional Preparation was: Moderately prepared (41.8%) and therefore the Degree of Professional Preparation: Moderately prepared (40.8%). the extent of coping was moderate of 1 (35.34%) well-prepared by a (18%) also because the level of fear of death was moderate in both primary and hospitalization.

DISCUSSION

The two scales are often complementary to understanding terminal illness and death. La enfermería de Atención Primaria tiene un nivel de afrontamiento a la muerte mejor.

Primary Care Nursing features a better level of dealing with death.

Primary Care and palliative care unit doctors are less scared of death. Both scales are often useful in understanding coping strategies and fear of death processes. the most advantages and drawbacks for outlining competition with death processes are observed through the utilization of self-organizing maps.

CONCLUSION

There is currently a replacement project divided into two stages with national health professionals from different specialties and levels of assistance. A cross-sectional descriptive study are going to be administered using anonymous questionnaires sent by telematics with questions like the Bugen (death face) and Collet-Lester (fear of death) scales. during a second stage, things and proposal for improvement are going to be analyzed through focus groups, so as to define measurable actions to enhance the competencies of health professionals in terms of attention to the death process.

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