

The Completion of the Nursing Professionalization Process or the Further Development of the Nursing Profession

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ABSTRACT

Not only demographic change, economic developments, the increase in the prevalence or incidence of any progressive diseases, multimorbidity, the various family and cultural living conditions or the lack of experience with the dying process promote the appeal for changes in current health conditions, but, or Above all, the understanding of the profession within the health professions.

It should not be underestimated that it is carried on the back of people who are already impaired by pathological changes, such as a disease process. This is often accompanied by challenges in the four dimensions (physical/psychological/social/spiritual), which affects other factors such as emotional and mental processes or financial resources, the social and family network, changes in work processes, the living environment or others.

Keywords: Morbidity; Diseases; Health; Pathology

INTRODUCTION

Not that it is not important that the framework of the further qualification processes, as part of a dual education or the more academic in the universities with head-stones are tert gepflas-namely as stable, holding that it was in spite of the momentum and continue the way level for a qualitative and safe accompaniment of the people. It is precisely through the current challenges that it shows how essential it is to listen to and perceive one another. What is meant by this is shown in the following sections, such as the qualification of primary care providers, the most demanding nursing task, the retrospective, the individual approach to health and illness, the current nursing palliative perspective, a look into the future, as well as the conclusion. It is preceded by a definition

Basic understanding of palliative support

In the care concept of palliative care, the WHO defines in 2018 that this aims to prevent and alleviate the suffering of people of all age groups. The family is integrated into the palliative process. Within the process, health actors concentrate on the physical, psychological, social and spiritual dimensions (WHO 2018). The individually oriented palliative concept starts with the beginning of the diagnosis [1] and is based on the patient and situation-specific changes [2,3]. Instead itself as other professional players in the phase of

To avert “downward development” during the process of coping with the disease [4], the professional companions of the interdisciplinary

team turn to the dying, otherwise this would contradict the needs and wishes of the (dying) people. Among other things, this allows conclusions to be drawn about the attitudes of those involved: With their life-affirming attitude, they view the dying process as something natural during life, in which neither measures are taken that neither accelerate nor delay the process. Meanwhile, those involved strengthen and promote the protective factors and resources of the dying.

QUALIFICATION OF PRIMARY CARE PROVIDERS

It is all the more important that health professionals receive targeted qualifications during their training or studies. Primary care providers in particular are in a favorable position when it comes to considering the four dimensions (EAPC 2015: 1).

The moods and results of the qualification options are ambivalent: On the one hand, the doctors state that they do not feel well prepared for the practice [5,6], although they have had to take a module in palliative medicine since 2009. Is it particularly harder for them to convey a progressive prognosis than to communicate a severe diagnosis. This results in the desire to conduct conversations, ontological confrontation as well as possibilities of demarcation while at the same time learning empathy. The prospective nurses make a similar point: Most of the students are only confronted with the life process of dying and death during their training. They complain that the issue of dying and death, both theoretically and practically to little space within the training given is. This tenor

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is also supported by the German Society for Palliative Medicine, which appeals to a change in the training modalities, insofar as hospice and palliative care is implemented in the training.

ON THE OTHER HAND: THE MOST DEMANDING NURSING TASK

Because one of the most demanding tasks in terms of nursing is the accompaniment and health care of the dying and their loved ones. Nevertheless, the carers report that it is one of the most fulfilling activities. Nurses find a balance between the recognition of the autonomy of the dying and the perception of their care order, by them the inside patient * on all levels of the contact address. You listen to them and do not interfere in the events through their own ideas or comments, currency rend the patient * inside a life review hold [7], in which among other things are transparent needs of their quality of life or life satisfaction [8,9]. The nursing qualification makes a contribution to this attitude to life .

RETROSPECTIVE OF NURSING TRAINING IN GERMANY

From a statistical point of view, the training courses belong to the school-based courses. They are structured "dual" depending on the training course. The practical proportions differ depending on the training course (BiBB 2014), which have been a larger part of the nursing staff for decades.

The carers

- Create freedom for those who need to be cared for, who need it to deal personally with the illness, the situation or this phase of life
- Start where healing is no longer possible
- Enable a feeling of wholeness in spite of frailty, as well as the security of the whole person.
- Listen carefully
- Filter out biographical factors or preferences, aversions, habits, fears, fears, memories from the conversations and do not interrupt the explanations
- Take on so-called medical services
- Manage symptoms
- Help to support the caregivers psychologically and socially by giving people hope again, offering domestic support or helping with preparation for death
- Support psychoemotional
- Advise caregivers and their relatives)
- Involve related parties on request in the daily care process
- Take responsibility for a dignified farewell by creating lasting memories together with loved ones.

In order for the nursing staff to be able to react appropriately to the individual situation-specific requirements, extensive know-how is required. In order to be able to react to this, it is necessary to adjust the qualification of the future nursing staff accordingly. Therefore , the German Society for Palliative Medicine advocates the circular acquisition of knowledge by nurses (DGP 2019: 5), as it is fixed in the current framework curriculum. This differs from the current

module of palliative medicine .

The aim of the medical confrontation with mortality is to convey an attitude towards the issues of end of life, dying and death. To this end, they focus on an interdisciplinary, cross-sectoral communication of complex issues that focus on patient cases . It is noticeable that the focus shifts to the symptoms of the patient, such as pain or nausea. In the module accepts the communication a time window of 2 UE a 45 min. The multiple-choice test examines procedural knowledge, knowledge of action and justification and concludes the module (ibid.).

Nursing training continues to aim at dealing with health and illness, according to §5 Paragraph 3, Clause 1f PflBG (laws on the Internet 2017 b), in which the dying process is an essential part of life that is not based on medical Diagnoses pathologised will need. Therefore focuses on the nursing education among other things, in the Cur ricularen unit eight (250 h), as people in crisis situations and may be accompanied at the end of life. Also, the Curricular Unit nine (200 h), the people in the lifestyle promoted life-world oriented, the budding nurses capable people in all ages and life situations, whether sick or healthy, accompany to can. To do this, plan, organize, design, implement, manage and evaluate the nursing care process independently [10].

In the context combine them any forms of knowledge, such as the right of Ethics and of medicine with the logic of action, which from the personal and professional resume, as a sum of many cases single, result (Friesacher 2001: 166). During their professional qualification they continuously deal with the life process, which according to the Bremen curriculum becomes transparent in the learning fields 1b/LF 8/LF 10/LF 14/LF 18, 21. Finally, the palliative basic idea can be integrated in many fields of activity, where it respected is that also the other supply approaches equivalent discussed are Ultimately, this is reflected in the examination requirements: A written part of the examination after the three years of training concentrates on nursing process control in critical and crisis-prone nursing situations, which is carried out in topic-specific supervisory work.

A LOOK INTO THE FUTURE

Perspectively, each individual voice can help to shape, as long as it is heard: This presupposes that the content is understood, assessed, compared and, if necessary, applied so that the quality of life and the wellbeing of people can be maintained, improved, strengthened or promoted.

Several ways are possible for the future, two options are outlined below:

1. The nursing profession continues to assume its "victim role", in which it is repeatedly classified as to why the nursing professional concept could not be realized up to this point in time. To this end, there are voices that justify that the training modalities and the keeping up with the professional development processes until now not outstanding , were missing the social order or the autonomous tasks as well as the special scientific knowledge and finally the objective, science-based solutions.

The actors of the metaposition imply the founders of the professionalization process, who up to now have taken over the insights of others and allowed them to be transferred to themselves. In part, they put on themselves and others , the cap of the deficits over. In the room is the global question: For what reasons, the

nursing resources and their strengths are left out? This is followed by further questions that can (can) be answered.

- a. Is it not to a dual training, even if it is at 2500 h practice and 2100 h theory distributed?
- b. Doesn't the basic interprofessional idea also live in practice?
- c. Don't the role models of the profession reveal that the basic nursing attitude is a development process?
- d. Includes the educational mission not also continue to claim, that is the nurses WEI terentwickeln as they did for decades to realize?
- e. Doesn't it become apparent in the course of the qualification that the nurses are continuously developing, which is also made transparent in the job title, among other things?
- f. Doesn't the nursing education mandate describe the current requirements in order to enable the following generations in their competencies, so that they are equipped for the upcoming challenges in a micro-component?
- g. Doesn't the dogma only show that the carers have been dealing with the continuum of health and illness for years on their own responsibility and independently?
- h. Sketching not since years the conditions that the discussion of health and disease in the nursing process, an independent and autonomous Action by ness that only reserved for nurses is?
- i. Doesn't the real development process of the nursing profession include the social framework on which further development depends?

These nine rhetorical questions, any * r for yourself answer to then possibly with others about exchange and a way to levels of from the "victim role" leading out, similarly as the second position to execute:

2. The professionalization process has already progressed so far that there is an actual improvement in the situation. On the one hand by the development of the nursing chamber process in the individual federal states, on the other hand by the self-evident nursing processes that the nursing staff carry out together with the people while they are accompanying them. Most of the time you are in a communicative relationship with them. Communication also encompasses the core of interdisciplinary cooperation, so that everyone involved learns the principles of good communication.

This means that they for example in the course of salutogenetic palliative support to meet people at all levels of communication. In doing so, they include the perspective of the patient and their loved ones as the experts of their lives. In the personal and individual accompaniment of the dying, all those involved communicate in the various social networks. Meanwhile, an exchange of experts takes place between the individual participants. The primary care providers are obliged to:

- To keep the conversation open
- Avoid technical terms
- Speak clearly
- To ask the right questions in a way that invites reflection

and honesty

The acts salutary insofar that it a space for relationships, integrity and mindfulness create by listening.

The dying are not obliged to speak our language [11,12]. The health actors to support the people in dealing with their illness or their current phase of life. To do this, they give them information or knowledge about diseases, development processes, phases of life and their challenges, resources and consequences. Knowledge of care offers, aids, legal principles and digital skills enables the dying on the one hand, but also the professional professionals who learn from the dying on the other, so that they shape the structures of health care in the interests of patients or people.

With the knowledge that conducting discussions is an existential basic need of people, which according to the DGP should be redeemed with 400 € (1 h patient-oriented service) in order to meet the high performance and structural requirements, the nurses satisfy this Need, with the knowledge of the relieving and health-promoting function. Only in this case no pathologically-medical diagnosis based on lies, but rather the claim, the people in their to actuation Bewäl- activate.

CONCLUSION

Just present the current challenges, the profession understanding through their own professional group that manifest can, which presupposes all that at the core of pflegeri- rule accompanied concentrate, in which the people in the conflict with health and disease supported, strengthened or promoted to Synonymous applies this for the own chamber so that it is not in sub-questions lose their solution certainly relevant are. It seems as if the nurses within the interprofessional debate give the other actors the time to prepare for a practical work on an equal footing and ultimately to implement it. The Expert detect * inside practice, this has long been in their Professions- thought of (the company). The development of the nursing profession develops itself constantly with the social conditions with, so that on the permanent changes received advertising the can know the nurses that the only constant in life is change, which is also in the aim of the training arrangements through the continuum the health and illness is concretized.

Even with the training, the nurses develop an attitude to life and death, even if it means that it is a challenge to accompany people in the process of dying, it shows that they their borders recognize and to professional delegate to their expertise for the specific Area acquired. Therefore, it is still desirable that an inter-professional exchange between entities takes place, this is for example in the module of palliative metal dizin to short. Together, the perspectives of the experts in the possible supply areas contribute to the health conditions.

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