ضرورت های اخلاقی و قانونی احراز صلاحیت بالینی پرستاران

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مقیدات

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قانون در نیامده (کام اول): تصویب قانون صلاحیت حرفه ای است.

اما با توجه به اینکه عملکرد پرستاران در نقطه ای دورافتاده از جهان انجام می‌شود، به‌ویژه ارائه خدمات پرستاری بر روی صنعت به‌طور کلی مورد نظر بوده‌اند. عملکرد صلح‌طلبانه، احترام و احترام به حقوق و آزادی مسئولیت اجتماعی، قانونی و اخلاقی به آنها تعلیق می‌یابد. بنابراین، قانون صلاحیت بالینی چه به‌وسیله‌ی بهبود و شتاب آنها، مسئولیت حرفه‌ای پرستاران را به‌طور کامل بررسی می‌کند. بنابراین، صلح‌طلبانه و احترام به حقوق و آزادی مسئولیت اجتماعی، قانونی و اخلاقی به آنها تعلیق می‌یابد. بنابراین، قانون صلاحیت بالینی چه به‌وسیله‌ی بهبود و شتاب آنها، مسئولیت حرفه‌ای پرستاران را به‌طور کامل بررسی می‌کند.
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 bersaran بخش های خصوصی، دولتی، بانکنشته مشغول کار

و... وحدت دارند؟

برای احراز صلاحیت بالینی، با موضوع حفظ احراز صلاحیت بالینی محقق آن نوعی نیاز به پیش رویایی گزینه اول انتخاب دارد. چرا که احراز صلاحیت پرستاران با بیش از حد نیاز به اطلاعات مربوط به ساختار و عملکرد سازمان، و پاتولوژی و امکانات سازمانی برای احراز صلاحیت بالینی مشخص می‌گردد.

نقطه اصلی این موضوع، احراز صلاحیت بالینی می‌باشد. به‌طور کلی، صلاحیت بالینی، عملکرد بالینی و مهارت بالینی را نشان می‌دهد. با این حال، صلاحیت بالینی، به‌طور کلی، در هر سازمان، هر سازمانی و هر سازمانی احراز می‌شود.

*References:
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Ethical and legal requirements for nurses’ clinical qualification

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Looking to the International Council of Nurses Code of Ethics, of which Iran is a part, we realize that the most essential element in this Statute is nurses’ professional liability against people, which needs nursing cares (1, 2).

Professional competence is defined as a combination of knowledge, attitudes, skills, values and capability of superior and better performance or effective monitoring on such performance in professional careers. Today, the notion of qualification is specialized practices for accountability and auditing and as a managerial, educational, moral and cultural concept that has been taken into account among medical researchers and scientists, more than ever (3). Since the competence of the nursing system of a country is dependent on the competence of nurses, in the last century this concept has been of particular interest in the world and especially in nursing so that the most advanced countries with different approaches and techniques (hours of continuing education, theoretical and practical tests, verified Clinical working hours and earning university degrees) have implemented clinical qualification of nurses (4).

However, professional competence of nurses has not been well considered in Iran and issues on clinical competence, such as the qualifications, measurement problems and executive process of clinical competence have been far less discussed. This concept has perhaps failed to be implemented because its needs, issues and ethical, legal, educational, managerial and professional challenges have not been adequately discussed yet. However, clinical competence has not turned into a law yet in Iran (Step one: verifying act of professional competence). But it should be noted that the rules always considered the least as performance standards (so it must be recognized that clinical qualification according to the practices mentioned does not mean complete clinical competence), therefore, acting within the rules does not mean complying with the highest professional principles. So the most important thing in the professional competence and ability are self-regulation and self-reflection. Hence, even with the legalization of professional competence, it is important to pay attention to the method of obtaining this qualification and to promote step by step in consecutive years (5, 6).

• Are clinical conditions for professional qualification available? And can the poor working conditions and other problems the nursing profession be an excuse for lack of professional authentication of nurses?
• Given that nurses’ performance in a remote spot of the world will affect nurses’ performance in a specialty hospital and vice versa (7). Can nurses without clinical competence question professional function?
of their colleagues, with respect to their own experience?
• Given that one of the basic conditions for nurses’ clinical qualification is to have the right information about the working conditions of nurses and proper labor force statistics (8), is there a national registration system for nurses in the private and public sectors and for working retirees?
• We must have minimum standards of care for clinical qualification, and these standards should specify what care, at what time and how is supposed to be done (9), because, qualification of nurses must be based on these standards. Therefore, evaluation procedures should be determined, at least, in a general way and even for special and public sectors and also it should be specified that the definition of competence in different sectors (special and public) for nurses is different or similar?
It should also be noted that these standards should be updated over specific periods by scientific-professional nursing associations (10).
• Of other requirements for the development of specialized nursing associations to set the standards is to determine the procedures and scores related to criteria in clinical qualification of nurses.
• One of legal and ethical prerequisites of nurses’ clinical qualification is that what organization (public or private) or association has the authority and liability to verify clinical competence and what organization underwrites these organizations so that the qualifications verified by them are reliable.
• Another legal and educational prerequisite of nurses’ clinical qualification is that what clinical competency-based training and by what organizations can be offered to nurses to prepare them for qualification tests? Can the current situation of education in hospitals and power confrontation between the in-service training, continuing education, educational offices in hospitals and nursing offices of Health Deputy organize the existing conditions?
• Another point that should be considered as a clinical qualification is the need to certain changes in the system of training, recruitment and management, resource allocation, promotion, approving certificates, a work permission or the annual evaluation, because it is necessary that the existing rules be compatible with the clinical qualification phenomenon of clinical and with its authentication process.
• Of other changes predictable in the education system will be the fact that continuing and in-service education programs will find their place in nursing profession in a specialized way. And even nursing students will be applicants for the training to help them prepare for their theoretical and practical tests of professional competence in the future. Therefore, the undergraduate education system should change, in parallel with the standards defined by the scientific community.
• What and how many facilities and areas for training and evaluation of clinical competence of nurses are in need?
• In what way should the qualification process be developed so that it is scientific and appropriate?
• What are the punitive and persuasive rules and tools in this context?
• How are we supposed to achieve consensus on raised issues and challenges to bring about the most participation and the least stress?
In general, to reach a consensus on the professional, organizational, ethical, educational and legal issues of clinical qualification, one should respond to the aforementioned questions and concerns so that professional competence can be executed in the country in order to prevent unethical, illegal and unprofessional measures, because the issues of clinical competency are vital for nurses and senior managers of organizations that are responsible for nursing and for organizations in charge of public health.
And such issues cannot be solved easily without an exchange of views with and the presence of specialists alongside the authorities.

On the other hand, several studies have shown that the more the nurses are clinically competent, the more satisfied the patients and their companions will be with the nursing services provided in hospitals.

Today, due to further growth of technology and the promotion of community awareness, organizations providing health services to the community needs to maintain and upgrade clients’ satisfaction levels more than ever. And it is not possible except by maintaining clinical competence of nurses.