

REPORT OF THE NATIONAL INVESTIGATION CARRIED OUT IN THE 2nd PHASE OF THE PROJECT

Project: Creating Opportunities and Occasions to Promote a European Results-based Actions for Training and Education - COOPERATE

Produced by:
Angel Lozano Hidalgo
Project Expert in Spain

Introduction : Description of the development of *the Research Phase*

We have carried out three complementary actions whose analysis and conclusions are included in this *Investigation Report* . On the one hand, a phase of surveys carried out online with the following characteristics:

- Questionnaire for the professional group of **nursing** , understanding these to be professionals who have a university degree to carry out their duties. The questionnaires have been collected on the project website, obtaining 37 surveys. The questionnaire used is the one approved in the framework of the project and consists of 25 questions.
- Questionnaire for the professional group of **nursing assistant technicians, nursing** professionals who do not need to have a university degree to carry out their work. For the collection of data from these professionals, we adapted the initial questionnaire of the project, preparing a new one with a total of 20 questions, which could be comparable with those of the other nursing group.

These questionnaires have been collected on a platform created *ad hoc* by our organization *Fundación Antonio Bustamante* , obtaining 123 surveys.

The reason for carrying out the research online through the surveys was a consequence of the debate produced at the LTTA meeting held by the project partners in the city of Krakow, from December 13 to 15; in which the expansion of the initial recipients of this research phase was raised.

Our Organization understood that it was convenient to have the vision of the other nursing group that, initially, it had not been planned to include in the project, in order to obtain, in this way, a global vision of the nursing profession.

- Interviews that intended to identify the competence needs of nursing professionals. Four individualized interviews and information from a focus group, held on December 20, in which six nursing professionals participated, were collected. The recipients were professionals with a university degree, since there was no time, after the Krakow meeting, to carry out this action, also among auxiliary nursing technicians.

Consequently, our report on the research carried out has three parts: The first one is dedicated to the data obtained and conclusions drawn among the group **of nursing professionals with a university degree** (integrating in this analysis both the online questionnaires and the interviews carried out); a second part dedicated to the data and conclusions of the questionnaires carried out by **nursing assistant technical professionals** ; and a third part, **comparative of both groups and from which we draw global conclusions of the nursing profession in Spain** .

1. Research carried out among the *Nursing* professional group with a university degree.-

About the online Questionnaires

Survey file :

A total of 37 questionnaires have been collected, with the following data on the participants:

Age : Most of the people surveyed are in the age range of 35 to 54 years, 59.5%; compared to 21.6% who are between 55 and 70 years old; and 18.9% between 18 and 34 years of age.

Gender : The female predominates, with 75.7%; compared to 21.6% male and 2.7% non-binary people.

Academic Training : Obviously, 100% of the people who answered the survey have a level of university training; although there are two different specific qualifications (cf. our *National Report* where the reasons for this situation were explained): 81% have a *Diploma in Nursing* and 19% have a new Bachelor's *Degree in Nursing* , a consequence of the Bologna application. [These percentages match the ages of the survey participants; the same 81% with the existing degree before the *Bologna Agreement entered into force* are over 35 years of age].

Motivation to carry out the profession in the health sector : This question was open. The majority, 70%, adduce vocational reasons and service to others.

- Vocational: 13 people, 35%
- To help others: 13 people, 35%
- Economic: 3 people, 8%
- No motivation at present: 8 people, 22%; Of which, half, recognize that when they started working they were motivated and their profession was vocational, but that they have lost it over time.

Years of practice of the profession : 49% would have been practicing the nursing profession between 20 and 30 years; 38%, less than 20 years (of these, 35% less than 10 years). The rest, 11% practice their profession with a seniority of more than 30 years and a single person, 2.7% more than 40 years.

Type of work center : The majority, 67.6%, work in hospital care centers, compared to 16.2%, who do so in primary care; 2.7% in specialized care and 13.5% in other services (assistance care for the elderly or dependents).

Shift work : 62.2% say that they do work through the shift rotation system and the rest, 37.8%, do not.

Consequently, with these data, we obtain the following **profile of the person who has responded to the survey** :

Woman, university graduate with a *university diploma in nursing* , aged between 35 and 54 years; who exercises his profession in hospital care, with a seniority of between 20 and 30 years and whose motivation for this professional exercise is the vocation of service to others.

Topic 1: Planning, organization, design and evaluation of care for people of all ages in a responsible manner .

A first batch of questions are raised about the possibility of nurses to assume responsibility for planning, organizing, designing, controlling and evaluating care and diagnosis processes in three cases, obtaining the following results:

- In nursing emergency care : Only **27%** of those surveyed state that they are in a position to assume this responsibility. 37.8% admit that they can do it sometimes; 16.2% believe that on a few occasions and another 16.2% assure that this does not happen in any case.
- In the prevention and promotion of the health of people with health problems, **35.1% answered affirmatively** ; compared to 29.7% who say that they can apply this planning "almost never", and another 10.8% who say they can never do it; reaching, between both options, 40.5%. The remaining 24.3% say they can apply these plans "sometimes".
- In the care of people in highly critical life situations , the majority, **48.6%, can never apply this planning** (21.6%) or almost never (27%); compared to 13.5% who say they can always do it and 37.8% who say "only sometimes".

54.1% of the people surveyed **know how to act in life-threatening situations** and 40.5% believe that they would know how to deal with these situations in most cases. Only 2.7% believe that they would not be qualified to carry out these actions.

Regarding the possibility of **accompanying and advising people in their vital organization** , **40.5%** affirm that they can always do so; 29.7% "sometimes" and 27% almost never (the remaining 2.7% say never).

Practically the same percentages are obtained when raising this same question referring to the life of the nursing professional: 40.5% affirm that they can always do so; 32.4% sometimes and 21.6% almost never.

Topic 2: Designing communication and consulting with a people-oriented approach .

This section asks about the interaction capacities of the nursing professional with the people they care for, from three different points of view and with the following results:

- Regarding the possibility of providing adequate information to patients and their caregivers, **67.6%** affirm that they can do it without problems and the remaining 29.7% that "sometimes".
- Regarding the possibility of planning and designing the guidance and advice provided to patients, the majority, **45.9%**, believe that they can only do it "sometimes", compared to 37.8% who say they can always do it. and 13.5% almost never (2.7% say they can never do it).
- On these same questions, they were asked about the possibility of **acting in an ethically reflective way**, **73%** admitting that this was always possible and 21.6% that sometimes.

Topic 3: Shape and contribute to intra- and inter-professional interaction in different systemic contexts in a responsible way .

In this third section of the questionnaire, the aim is to know the abilities of nursing professionals to organize and work in multidisciplinary teams.

The possibility of **organizing a nursing team with different qualifications** is a certain option for **35.1%** of those surveyed and probable for **37.8%**. Only 10.8% believe that this could not be done in any case and 13.5% almost never. Regarding the way to organize these teams, **70.3%** think that they could do it in an **ethically reflective way** and 24.3%, that they probably would.

collaborating in multidisciplinary teams was also raised, guaranteeing the continuity of patient care and therapies. This proposal was answered affirmatively by **59.5%** of those surveyed, while 21.6% did not categorically say so. At the other extreme, 10.8% believe that this would almost never be possible and 8.1%, never.

Topic 4: Reflect and justify their own actions on the basis of laws, regulations and ethical considerations .

The same percentage of respondents, **32.4%** affirm that they can (always or frequently) **guarantee the quality of services from an ecological and economic perspective** (therefore, 64.8% of the total); compared to 35.2% who believe that this option is almost never applicable (24.3%), or never (10.8%).

Of these, **40.5%** believe that they can **consider interdependence and the context in which their professional activities are carried out** , 27% that this would only happen, sometimes; and 21.6% that it would almost never occur.

Topic 5: Reflect on and justify one's own actions on the basis of scientific evidence and professional ethics .

This section asks about the **nursing professional's ability to adapt their professional actions to current scientific research** . In this case, the majority of responses opted for the options of “sometimes”, **37.8%** or “almost never”, 24.3%. 21.6% say they can always do it and 8.1% never can do it.

Transferring the question to the personal aspect, **56.8%** stated that they could **take responsibility for their personal development and their professional self-assessment** ; and 32.4% that this happened “sometimes”. 8.1% said almost never and 2.7% said never.

Topic 6: Challenges and individual needs in nursing care .

In this last topic of the survey, two questions were raised about the needs for the **development of skills and competencies** based on five proposed options, on which four response options were raised: not necessary, reduced need, high need or indifferent; obtaining the following results [we only reflect the responses of “ *high needs*”]:

- 83.7% raised the development of skills in practical evidence and new technologies
- 81.1% did so based on clinical guidelines
- 78.3%, on the update of the investigation
- 67.6%, on normative regulations
- And 43.2% on literature (bibliography). This subject obtained 40.5% of responses of "reduced need", being, consequently, the least valued of the proposals.

Finally, in an open question, the respondents were asked to reflect **other training needs** , obtaining the following (we indicate the three most coincident options of those exposed by the people surveyed):

- 21.6 % prevention of **psychosocial risks** : psychological care, motivation and fight against stress

- **19%** opted for the need to update **patient care and**, the same percentage, the need to **deepen research and specialties** .
- 24 % thought that they did not need more training.

About Interviews and Focus Group

A total of 10 interviews were carried out (four individually and six in a focus group), whose objective was to " *identify the skills needs of nursing professionals* ". For this, an eight-question questionnaire was used, the analysis of which we summarize below.

File of the people interviewed :

All the participants had a **university degree and postgraduate or master's course and 100% provided their professional activity in the public health sector** ; Of these, 40% did so in hospitals, another 40% in *primary care*, and the remaining 20% in social service centers.

The type of centers in which they carry out their professional activity is specified in: 40% in centers with less than 100 workers (coinciding with those of primary care); 20% do so in centers with between 100 and 500 workers (social services centers); 30% in centers with between 2,000 and 5,000 workers and the remaining 10%, in centers with more than 5,000 workers (all of them hospital care)

Regarding the most relevant **organizational aspects of their centers**, 40% referred to the forthcoming computerization of some hospital services and another 40% highlighted the mismanagement of nursing personnel by public managers.

Impact of the COVID-19 pandemic on the organization of the workplace and existing deficiencies :

The most noted aspects have been the scarcity of human resources to attend to the people who went to the health centers, the excess of bureaucracy and how the lack of face-to-face attendance, due to the restrictions implemented by the pandemic, has led to management problems and lower quality in patient care.

Regarding the existence of deficiencies in the workplace to deal with pandemic crisis situations, the people interviewed have agreed that there are still:

- staff deficit and, therefore, poor management of human resources;
- poor organization of primary care and emergency services
- incompetence of health managers and politicians and
- little and poor psychological care for health professionals

100% of the people interviewed agreed that **their health organizations had not responded to the deficiencies generated during the pandemic** .

Impact of the COVID-19 pandemic on professional nursing activity and new challenges that have arisen :

All the opinions collected have referred to the increase in situations of stress, Burnout, anxiety and frustration; as well as the greater distrust in the management teams of the health centers that have not always been up to the task of the situations generated.

Regarding the challenges that the pandemic has brought about, from a professional point of view, 40% thought that it had not brought about any new challenges. The remaining 60% described the following:

- Adapt to stressful situations, work overload due to lack of personnel and not having sufficient information and training to fight against the biological and occupational risks that have appeared
- Increase in nursing staff skills without having been properly updated; which means covering needs in these updates and in needing greater specialization.

Suggestions for improvements and training needs of nursing professionals :

The suggestions provided in this phase of interviews have been the following:

- Increase the training of management personnel in health management and human resources to alleviate the deficiencies that these managers have. This would result in a better organization of the health profession.
- Depoliticize (professionalize) management positions in health centers and fill them with qualified professionals
- Increase workforces and streamline them
- Establish psychological care protocols for health professionals

Finally, when referring to the **training needs** , there were several contributions made that we specified in the following: Effective management of working time; management of stress management and other psychosocial risks; management of emergencies and health catastrophes; and communication skills directed, in a special way, to dealing with patients and their families.

Conclusions of the research phase carried out among nursing professionals with university degrees.-

From the analysis carried out, both with the online surveys and with the interviews, we can draw the following conclusions:

- In general, **nursing staff cannot plan, organize, design, control and evaluate care and diagnosis processes in their professional functions** . More than 32% cannot carry out these plans in *nursing emergency care* ; 40.5% cannot perform these functions regarding the *prevention and promotion of the health* of patients; and 48.6% cannot apply this planning in the *care of people in highly critical life situations*.
- The previous situation contrasts with the **high qualification and preparation of nursing professionals**: 94% *know how to act in life-threatening situations* and 68% can *accompany and advise people in their vital organization* .
- Nursing staff show a **high ability to interact with the people they care for** : 68% acknowledge that they can *provide adequate information to these patients and their caregivers*, and 84% can *plan and design the guidance and advice* they provide to their patients. In addition, 73% acknowledge being able to act in an ethically reflective manner in these cases.

This planning capacity in terms of communication and guidance with patients contrasts with the little capacity that is recognized for them in care and diagnosis processes, where only 25% could carry out these plans .

- Nursing staff **are trained both to work in multidisciplinary teams (72%) and to organize these teams with different qualifications** (69% of those surveyed acknowledge this). In addition, 70% believe that they could organize such teams in an ethically thoughtful way.
- **Nursing staff say they do not have sufficient skills to adapt their professional actions or current scientific research** (only 21.6% could always do it and 37.8% sometimes); nor would they be aware of the context and interdependence in which they carry out their professional activities (only 40.5%).

On the other hand, if they acknowledge having extensive capacities to adapt their professional actions *guaranteeing services from an ecological and economic perspective* (65%) and to *assume responsibility for their personal development and professional self-assessment* (57%).

- 100% of the people surveyed and/or interviewed affirm that **their health organizations had not responded to the deficiencies generated during the COVID-19 pandemic** , maintaining deficiencies, at present, such as:
 - staff deficit and, therefore, poor management of human resources;
 - poor organization of primary care and emergency services
 - incompetence of health managers and politicians and
 - little and poor psychological care for health professionals
- The people surveyed and/or interviewed recognized that stress, burnout, anxiety and frustration occurred during the pandemic; and greater **distrust in the management teams of health centers due to the lack of responses to the health crisis. These situations have meant that health professionals have to adapt to these situations and do so without the necessary information and training** .
- **To fight against these organizational and management deficiencies detected by health professionals, they propose** as necessary measures:
 - Increase the training of health managers to alleviate their deficiencies and improve the organization of the health profession.
 - Depoliticize (professionalize) management positions in health centers and fill them with qualified professionals
 - Increase the workforce of the centers and rationalize them
 - And, establish psychological care protocols for health professionals
- Regarding the **needs of development of skills and competencies** , the following are raised by the people surveyed:
 - Updating patient care and knowledge of clinical guidelines
 - Deepen scientific research and specialties; as well as in the management of health emergencies
 - Knowledge and skills in the development of new technologies
 - Prevention of psychosocial risks and management of stress management
 - Skills in communication with patients and in managing work time effectively
 - Update on regulatory regulations

2. Research carried out among the professional group of Nursing Assistant Technicians.-

About the online Questionnaires

Survey file :

A total of 123 surveys have been received, with the following data on the participants:

Age : The majority of people surveyed are in the age range of 35 to 54 years, 61%%; with a high percentage, 31% between 55 and 70 years; and very minor, 8%, between 18 and 34 years.

Gender : Predominantly female, with 94.3%; compared to 5% male.

Academic training : 74.6% have a *medium-level technical* qualification , required to perform the functions of this professional category. There is also 17.9% with a higher technical degree and 7.3% with a university degree; although neither of these two are necessary for the performance of the profession of *auxiliary technician* , although they provide an additional qualification.

Motivation to carry out the profession in the health sector : This question was open; although the coincidence of the answers is overwhelming: 93.5% refer to their work for reasons related to care, attention and coverage of the basic needs of patients, which we could interpret as a **vocational motivation** . 4% establish learning as their motivation and 2.4% adduce economic reasons.

Years of practice of the profession : 50%, the majority of those surveyed, would have been practicing the profession of auxiliary nursing technicians between 20 and 30 years; 26.8% would have been between 20 and 30 years; and 18.7% less than 10 years. The rest, 13.8% over 30 years.

Type of work center : The majority, 60.2%, work in hospital care centers, compared to 22% who do so in the field of social services (care for the elderly or dependent people) and 8.9% They do it in specialized care. There is a percentage of 8.9% who would work in other types of centers, which would include primary care.

Shift work : 60.2% say that they do have this type of work and the rest, 39.8%, that they do not.

Consequently, with these data, we obtain the following **profile of the person who has responded to the survey**:

Woman, with a middle-level technical degree, aged between 35 and 54 years; who exercises his profession, fundamentally, in hospital care with a seniority of between 20 and 30 years and whose motivation for this professional exercise is vocational, care, attention and coverage of the basic needs of patients.

Topic 1: Planning, organization, design and evaluation of care for people of all ages in a responsible manner .

A first question is raised about the possibility of auxiliary nursing technicians to assume the responsibility of planning, organizing, designing, controlling and evaluating the processes related to the prevention and promotion of the health of patients, resulting in **73.2% they can never apply it** (36.6%) or **almost never** (36.6%); compared to 13% who claim to be able to assume this responsibility "frequently" and 4% who claim to always be able to do so.

23.6% of the people surveyed say they **know how to act in life-threatening situations** and 33.3% believe that they would know how to deal with these situations in most cases. 30.9% say that they could know how to act on some occasions and 4.4% affirm that they would not know how to act in any case.

Regarding the possibility of **accompanying and advising people in their vital organization** , 16.3 % affirm that they can always do so; 33.3% "frequently" and 40.7% only sometimes. The remaining 8.9% say never.

By moving the question focusing on **the nursing professional's own life** , the results are substantially modified: **30.9 %** say they can always do it; 33.3% frequently and 26.8% sometimes. Almost the same percentage as in the previous question, 8.18%, affirm that they can never do it.

Topic 2: Designing communication and consulting with an approach oriented to people and situations .

This section asks about the ability of the nursing assistant technical professional to interact with the people they care for, in terms of the possibility of providing adequate information to patients and their caregivers : **39.8%** affirm that they can always do so ; 32.5% frequently; and 21.1% "sometimes". Only 6.6% say they can never apply this possibility.

On this same issue, they were asked about the possibility of **acting in an ethically reflective manner** , **38.2%** admitting that this was always possible, 41.5% that it was "frequently" and 17.1% that it was sometimes possible. Only 3.2% stated that they could never do it.

Topic 3: Shape and contribute to intra- and inter-professional interaction in different systemic contexts in a responsible way .

In this third section of the questionnaire, an attempt is made to ascertain the abilities of nursing auxiliary technical professionals to organize and work in multidisciplinary teams.

The possibility of **organizing a team of nurses with different qualifications** is an option that **can never be applied for the 33.3%** of those surveyed; for 17.1% it would only be possible sometimes; 19.5% say they can do it frequently and 17.1% always. There is a large percentage, 13% of people who could not say so.

Collaborating in multidisciplinary teams was also raised, guaranteeing the continuity of patient care and therapies. This proposal was answered affirmatively by **55.3%** of those surveyed (of whom 26.5% said that this was always possible and 28.5% that it was frequently). While 25.2% affirmed that this was possible only sometimes and 13% that it would not be possible, never.

Topic 4: Reflect and justify their own actions on the basis of laws, regulations and ethical considerations .

27.6 % believe that they can always **consider interdependence and the context in which their professional activities are carried out** ; while 34.1% affirm that they can do it frequently. On the other side, 28.5% affirm that this would only happen, sometimes; and 4.4% that it would never occur.

Topic 5: Reflect on and justify one's own actions on the basis of scientific evidence and professional ethics .

This section asks about the **nursing professional's ability to adapt their professional actions to current scientific research** . In this case, the majority answers opted for the options of "sometimes", **29.3%** or "never", 26.8%. 17.9% state that they can do it "frequently" and only 9.8% say that this happens "always". There is a high percentage, 16.3%, who could not say so.

Transferring the question to the personal aspect, **58.5%** stated that they could always **assume responsibility for their personal development and professional self-assessment** , and 27.6% that this happened "frequently". 9.8% said that only on some occasions.

Topic 6: Challenges and individual needs in nursing care .

In this last question, two questions were raised about the needs for the **development of skills and competences** based on four proposed options, on which four possible answers were raised: not necessary, not very necessary, necessary or very necessary; with the following results reflected in the responses of " *very necessary or necessary*":

- **72.4%** considered the development of **patient care skills** and practical evidence as very necessary and 23.8% as necessary
- 65.9 % stated that training in **new technologies was very necessary** , seconded by 29.3% who considered this training necessary.
- 66.7 % said that training on **updating professional skills was very necessary** and 30.1% considered it necessary.
- Finally, 48.8% believe that training on **regulatory regulations is very necessary** , compared to 45.5% who consider it necessary training.

Other training needs were requested from the respondents, obtaining the following (we indicate the three most coincident options of those exposed by the people surveyed):

- 23.1 % prevention of **psychosocial risks** : psychological care, motivation, fight against stress and aggression.
- Another **23.1%** opted for the need to **update patient care** .
- And **15.6%** proposed more training in **social skills in communication both with the patient and with the patient's family** .

The highest percentage of answers obtained, **39.2%** , did not refer to specific training demands, but to two novel aspects:

- **Need to give more importance to attention (motivation) to professionals** than to training itself.
- **Complaint about the difficulties in accessing training, mainly due to the deficiencies of the workforce** in terms of the number of workers.

Conclusions of the research phase carried out among nursing professionals with university degrees.-

From the research analysis carried out through online surveys, we can draw the following conclusions:

- **Nursing auxiliary technical professionals cannot assume the responsibility of planning, organizing, designing, controlling and evaluating the processes related to the prevention and promotion of the health of patients . 73.2% can never apply it (36.6%) or almost never (36.6%); compared to 13% who claim to be able to assume this responsibility "frequently" and 4% who claim to always be able to do so.**
- Just over half of the people surveyed, 57%, say they **know how to act in life-threatening situations** (23.6% of them say they always do), and 33.3% believe they would know how to deal with these situations In most cases).
- Only 50% admit that they have the **possibility of Accompany and advise people in their vital organization** (16.3 % say they can always do it; 33.3% "frequently").

By focusing on **the life of the nursing professional** , the percentage rises to 64.2%.

- **The auxiliary technical nursing professional shows a high capacity for interaction with the people they care for, in terms of the possibility of providing adequate information to patients and their caregivers : 72.3%, of which 39, 8% say they can always do it; 32.5% frequently. In addition, 83.3% acknowledge being able to act in an ethically reflective manner, always or frequently, in these functions.**

Contrast this recognized capacity with the few possibilities that the health and/or care organizational structure allows them when it comes to planning and acting in their professional activities . Therefore, we can conclude that we have well-trained professionals, with sufficient qualifications and training, "wasted" in their functions by public/political managers.

- **Nursing auxiliary technical professionals do not have the organizational possibility to organize a team of nursing personnel with different qualifications:** It is an option that can never be applied for 33.3% of those surveyed and only 17.1% that always.

On the other hand, **if they have this ability to collaborate in multidisciplinary teams guaranteeing the continuity of patient care and therapies** . 55.3% of those surveyed affirm this (of which 26.5% said that this was always possible and 28.5% that it was frequently).

- Almost 62% believe that they can **consider interdependence and the context in which their professional activities are carried out** (27.6% always; while 34.1% affirm that they can do so frequently).
- They do not have the **capacity to adapt their professional actions to current scientific research** , in 56% of cases (only "sometimes", 29.3% and "never", 26.8%), compared to 9, 8% who say they can always adapt these skills.

Instead, **58.5%** stated that they could always **take responsibility for their personal development and professional self-assessment** , and 27.6% that this happened "frequently"; in contrast to the previous statement, which may indicate a "self-training" of auxiliary nursing technical professionals to guarantee their professional development by not receiving sufficient and adequate training from public managers.

- Regarding the **needs of development of skills and competencies** , the following are proposed:
 - The development of patient care skills and practical evidence
 - Training in new technologies.
 - Training on updating professional skills and, specifically, on patient care
 - The prevention of psychosocial risks: psychological attention, motivation, fight against stress and against aggressions.
 - And training in social skills in communication both with the patient and with the patient's family
 - And, to a lesser extent, training on regulatory regulations,
- Nursing auxiliary technical professionals raised two complaints related to training aspects, in addition to the needs indicated:
 - **The need to give more importance to attention (motivation) to professionals** than to training itself.



Επιχειρησιακό Πρόγραμμα
Εκπαίδευση και Δια Βίου Μάθηση



- **Complaint about the difficulties in accessing training, mainly due to the deficiencies of the workforce in terms of the number of workers.**

3. Comparison between both professional groups.-

A total of **160 online surveys have been collected**, distributed among *professionals auxiliary nursing technicians* (123, 77% of the total) and *nursing professionals with university degrees* (37, 33% of the total), to which must be added the 10 interviews carried out among this last group.

The profile of both types of professionals surveyed is similar:

Woman, with the necessary qualifications for the exercise of her profession; with an age between 35 and 54 years; who exercises his profession, fundamentally, in hospital care, with an age of between 20 and 30 years and whose motivation for this professional exercise is vocational, care, attention and coverage of the basic needs of patients.

Topic 1: Planning, organization, design and evaluation of care for people of all ages in a responsible manner.

In these first questions about the possibility of assuming the responsibility of planning, organizing, designing, controlling and evaluating different processes; There is a clear difference between the two groups surveyed, regarding the application of this responsibility in the **prevention and promotion of health** (the only option offered to both) to the detriment of nursing auxiliary technical personnel, where **73.2% say they cannot apply this planning never or almost never**, compared to **40.5% in the nursing community**. In this group, **35.1% could always apply this responsibility**, compared to 4% in the case of auxiliary nursing technicians.

These differences, in favor of the actions of the nursing staff compared to the auxiliary technician, are reproduced in the other aspects asked in this first topic; So:

- **54.1% of people surveyed in nursing they know how to act in life-threatening situations, a figure that drops to 23.6% in the case of auxiliary technical personnel.** This capacity extends to 35.3% of auxiliary technicians who say they never or almost never know how to act in these situations, compared to 2.7%, who believe that nursing staff would not be qualified to carry out these actions. .
- On the possibility of **accompanying and advising people in their vital organization**, **40.5% of the nursing staff** affirm that they can always do it; **by 16.3% of the auxiliary technicians** .
- Finally, regarding the previous question referring to the life of the nursing professional himself: **40.5% affirm that they can always do it; by 30.9% in the case of auxiliary nursing technicians.**

Topic 2: Designing communication and consulting with a people-oriented approach .

This section asks about the interaction capacities of the nursing professional with the people they care for, in two specific situations:

- On the possibility of providing adequate information to patients and their caregivers, **67.6% of nursing staff** say they can do it without problems, **compared to 39.8% of auxiliary technical staff** . On the other hand, in the option of being able to do it "some times", the percentages are more equal: 29.7% of nurses, compared to 21.1% of auxiliary technicians.
- Regarding the possibility of **acting in an ethically reflective manner** , **73%** of the nursing staff admit that this was always possible for only 38.2% of the auxiliary technical staff (although this percentage rises to 83%, when you include those who admit to being able to act like this "frequently").

Topic 3: Shape and contribute to intra- and inter-professional interaction in different systemic contexts in a responsible way .

In this third section of the questionnaire, an attempt is made to find out the abilities of nursing professionals to organize and work in multidisciplinary teams.

The possibility of **organizing a nursing team with different qualifications** is a certain option for **35.1%** and probable for **37.8%**, **among the nursing staff**; compared to 17.1% and 19.5%, respectively, of auxiliary technical personnel. **33.3 % of this second group** say they cannot organize nursing teams, never for 10.8% of the nursing staff.

Regarding the option of **collaborating in multidisciplinary teams** , guaranteeing the continuity of the patient's care and therapies, the percentages of both groups are quite equal in terms of the possibility of working as a team: **59.5%** , nursing and **55 .3%** of auxiliary technicians. The option of never being able to collaborate in multidisciplinary teams also appears equal: 13% of the auxiliary technicians, by 8.1% of the nurses.

Topic 4: Reflect and justify their own actions on the basis of laws, regulations and ethical considerations .

40.5 % of nursing staff believe that they can **consider interdependence and the context in which their professional activities are carried out** , compared to **27.6%** of auxiliary technicians.

Topic 5: Reflect on and justify one's own actions on the basis of scientific evidence and professional ethics .

This section asks about the **nursing professional's ability to adapt their professional actions to current scientific research** . In this case, the majority of responses opted for the “sometimes” options, **37.8% of the nursing staff and 29.3% of the auxiliary technician**.

In the case of nursing staff, 21.6% affirm that they can always do it and 8.1% can never do it; percentages that in the case of auxiliary technicians, on these same options, become 9.8% and 26.8%, reversing the previous percentages.

Transferring the question to the personal aspect, **56.8% of nurses and 58.5% of auxiliary nursing technicians** stated that they could **take responsibility for their personal development and professional self-assessment** .

Topic 6: Challenges and individual needs in nursing care .

In this last question, questions were asked about the needs for the **development of skills and competencies** , obtaining the following percentages of each professional group with the response option "very necessary":

- **Patient care and practical evidence** : 83.7% of nursing staff and 72.4% of auxiliary technicians
- **New technologies** : 83.7% of nursing staff and 65.9% of auxiliary technicians
- **Updating of professional skills and research** : 78.3% of the nursing staff and 66.7% of the auxiliary technician
- **Normative regulations:** 67.6% of the nursing staff and 48.8% of auxiliary technicians

This topic also raised an open question in which **other training needs were requested from** the respondents. Two of the subjects were coincident between both groups:

- **The prevention of psychosocial risks** : psychological care, motivation and fight against stress; valued as necessary by 21.6% of the nursing staff and by 23.1% of the auxiliary technical nursing staff.
- And, the **updating of patient care** endorsed by 19% of nurses and 23.1% of auxiliary technicians. .

There are other data that, without being comparable, deserve our attention: **24% of the nursing staff** thought that they did not need more training; and **39.2% of auxiliary technicians** referred to two specific needs of their group:

- **Giving more importance to attention (motivation) to professionals** than to training itself.
- **And they showed their complaint about the difficulties in accessing training due, fundamentally, to the deficiencies of the templates** in terms of the number of workers.

4. Conclusions of the joint *Research Phase of nursing professionals with university degrees (nurses) and nursing assistant technicians.*

The conclusions that we can draw from the analysis carried out jointly in the professional fields of nursing and auxiliary technicians, can be specified in the following:

- In general, **the nursing staff cannot plan, organize, design, control and evaluate the care and diagnosis processes in their professional functions; nor in the care and prevention and promotion of the health of their patients** . Establishing greater difficulties in these professional actions for the group of auxiliary technicians (73.2% could never apply their responsibility in the prevention and promotion of health, compared to 40.5% of nursing staff with university degrees) .
- The previous situation contrasts with the **high qualification and preparation of nursing professionals, in both groups; although it is more accentuated among the group of male and female nurses: 94% know how to act in life-threatening situations** , compared to 60% of auxiliary technicians; and 68% can *accompany and advise people in their vital organization* , compared to 50% of auxiliary technicians.
- The nursing staff shows a **high capacity for interaction with the people they care for** : 84% of nurses can *plan and design the guidance and advice* they provide to their patients; and 68% recognize that they can always *provide adequate information to these patients* and their caregivers; compared to 40% of auxiliary technical personnel (although this group reaches 72% on this question by including, together with the usual option, the "frequently" option).

In addition, 73% **acknowledge being able to act in an ethically reflective manner** in these cases, among the nursing staff and up to 80% of auxiliary technicians (although in this calculation we consider the usual and "frequent" options).

In both groups, their recognized planning capacities in terms of communication and guidance with patients contrast with the little capacity that is recognized in the processes of their different professional activities; being able to deduce from this that there is little professional recognition of our nursing health professionals by the public authorities .

- The nursing staff is **trained to work in multidisciplinary teams** (72% nurses and 55.3% auxiliary technicians); while **organizing these teams with different qualifications is only possible for nursing staff** (69% of those surveyed acknowledge this), **but not in the case of auxiliary technical professionals**

where only 37.16% could always do so or frequently and for 46% it would never or almost never be possible.

- **Nursing staff say they do not have sufficient skills to adapt their professional actions to *current scientific research*** (62% nurses and 56% auxiliary technicians); **nor would they be aware of the context and interdependence in which they carry out their professional activities** (49% of nurses); although this option can be carried out by 62% of the technical and auxiliary professionals.

This conclusion seems to indicate the greater dependence of a superior manager of the auxiliary technicians when carrying out their work; something that would not be so defined in the case of other nursing professionals.

On the other hand, nurses do acknowledge that they have extensive capacities to adapt their professional actions, *guaranteeing services from an ecological and economic perspective* (65%) and to *assume responsibility for their personal development and professional self-assessment* (57%) . . [This issue was not raised with auxiliary technical staff]

- Both professional nursing groups **can assume responsibility for their personal development and professional self-assessment** , in very similar percentages: 56.8% of nurses and 58.5% of auxiliary nursing technicians .
- **The needs of development of skills and competencies** , are very similar for both professional groups:
 - **Patient care and practical evidence** : 83.7% of nursing staff and 72.4% of auxiliary technicians
 - **New technologies** : 83.7% of nursing staff and 65.9% of auxiliary technicians
 - **Updating professional skills, patient care and research** : 78.3% of the nursing staff and 66.7% of the auxiliary technician
 - **Normative regulations**: 67.6% of the nursing staff and 48.8% of auxiliary technicians
 - **The prevention of psychosocial risks** : psychological care, motivation and fight against stress; valued as necessary by 21.6% of the nursing staff and by 23.1% of the auxiliary technical nursing staff.

In addition, from the analysis carried out, two situations stand out, referring to the necessary training, which should be commented on due to their interest, although a parallelism between both groups is not established:

- 24% of nursing staff felt that they did not need further training
- 32% of auxiliary technicians believe that more importance should be given to attention (motivation) to professionals than to training itself.
- And, the same 32% of auxiliary technicians complained about the difficulties in accessing training, mainly due to the deficiencies of the staff in terms of the number of workers.

Summary of conclusions:

In short, from the above, some situations can be seen that can serve as a summary of these conclusions:

- 1. There are substantial differences in terms of the functions of both groups covered by the difference in degree (qualification and skills) required for the performance of each professional category.**
- 2. Professional nursing groups in Spain are highly qualified for the performance of their work and are fully aware of the need to take responsibility for their personal development and professional self-assessment.**
- 3. Both professional nursing groups lack adequate organization in their workplace by public managers and/or politicians in charge of directing Spanish public health and are not professionally recognized by those public authorities.**
- 4. The current training needs of nursing personnel focus on very similar aspects: Prevention of psychosocial risks and skills to fight stress, motivation and psychological care; Greater competencies in patient care, research updating and new technologies.**
- 5. Health organizations have not responded to the deficiencies generated during the COVID-19 pandemic , with deficiencies currently existing such as the poor organization of primary care and emergency services, deficient psychological care for health professionals and deficient staff that continue to cause work overloads for professionals and worse care for citizens.**

- 6. There is a greater distrust in the management teams of health centers due to the lack of responses to the health crisis.**
- 7. Health professionals have been forced to adapt to the deficiencies produced by the incompetence of political managers and do so without the necessary information and training .**
- 8. Health professionals suggest As necessary measures to fight against the organizational and management deficiencies they suffer : The professionalization of management positions in health centers; the increase in staff and the increase in the training of health managers in improvements in health management.**