



# Project Outcome 1 - Phase 2

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

*Project Number: ERASMUS 2021-1-DE02-KA220-VET-000025034*

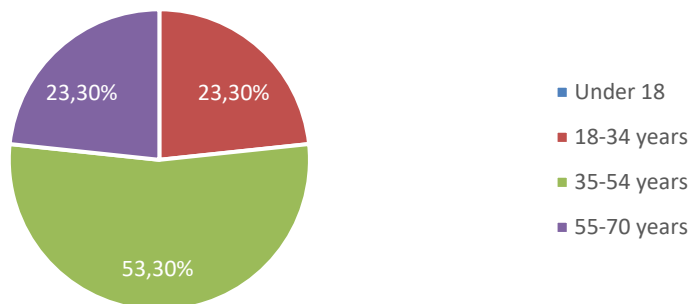
## Project Outcome 1 - Phase 2

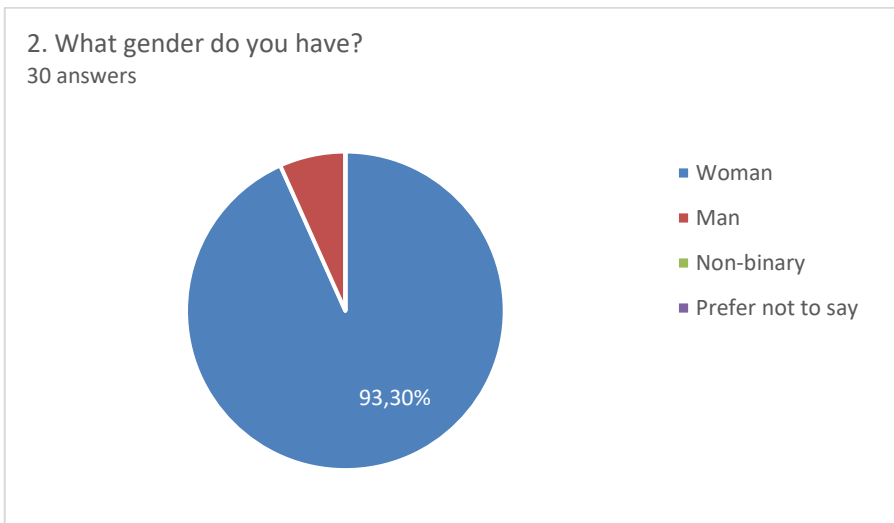
### The country needs assessment in the face of the CovidCrisis (Problems of health professionals and health care organisations)

#### Report of a survey of 30 nurses working in multi-speciality hospitals, primary health care centres and specialist clinics

Below are the conclusions drawn from the answers to the individual questions.

1. What is your age?  
30 answers





30 persons participated in the survey:

- 7 persons in the age range 18-34;
- 16 respondents between 35-54 years old;
- 7 people in the age group 55-70;
- not a single person under the age of 18 took part in the survey;
- of the 30 people who answered the questionnaire, 28 were women, and 2 were men.

3. What level of education do you have?

**3** people indicated a **Bachelor's degree** (higher vocational education).

**18** people indicated a **Master's degree**.

**7** people indicated a **secondary education**.

**2** people indicated that they are **currently studying**.

The survey was conducted in a randomly selected group.

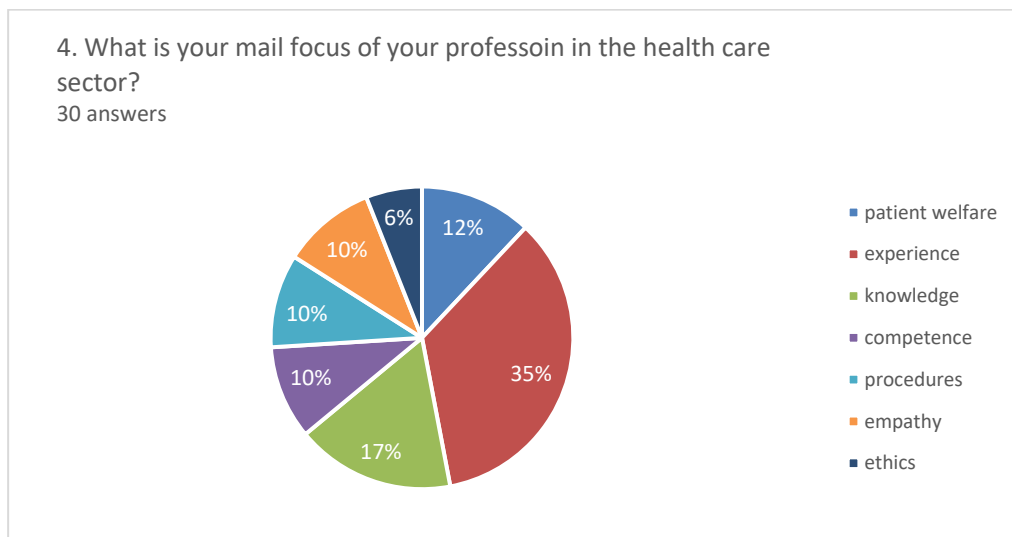
The average age of a nurse in Poland is 53 years old. Generational replacement is a major problem. The healthcare system would be inefficient if not for the widespread employment of nurses who have already reached retirement age. Increased interest in pursuing the nursing profession in Poland has been recorded for almost 10 years; however, we are still far from a situation that guarantees generational replacement.

Since 2015, the number of universities that educate nurses has increased; in 2014, 74 schools in Poland

taught nursing; in 2018, there were already 93. At the same time, the number of places on nursing courses is also increasing. In the 2014/2015 academic year, 5431 students were educated in the first year of nursing, and in 2018/2019, there were already 6663 students.

Admittedly, the situation is still very difficult, with as many as 9,000 nurses expected to take up jobs yearly to replace those who will soon start to retire. In the meantime, around 5,000 are graduating. Fortunately, the number of those who apply for the licence to practise is increasing - almost 5,000 nursing and midwifery graduates are receiving it. Until now, we have lost up to 2,000 potential nurses yearly because they chose to work in another profession.

Still, many of those acquiring the right to practise their profession in Poland choose to work abroad, even though the salary conditions for nurses are becoming more and more attractive.



The answers to the question about what the nurses surveyed are guided by in their job were very repetitive. They can be collected in a catalogue of 7 answers, of which experience was the most frequently repeated (17) and ethics the least frequently (3)

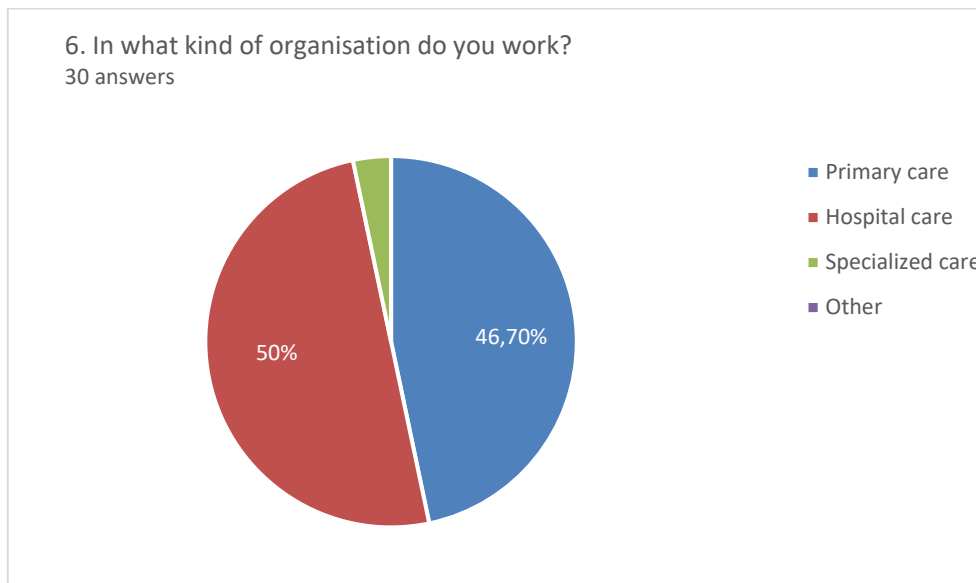
5. How many years have you been working in your profession?

The average time respondents have remained in the profession is 24.8 years.

The longest experience shown was 45 years, and the shortest was 1 year.

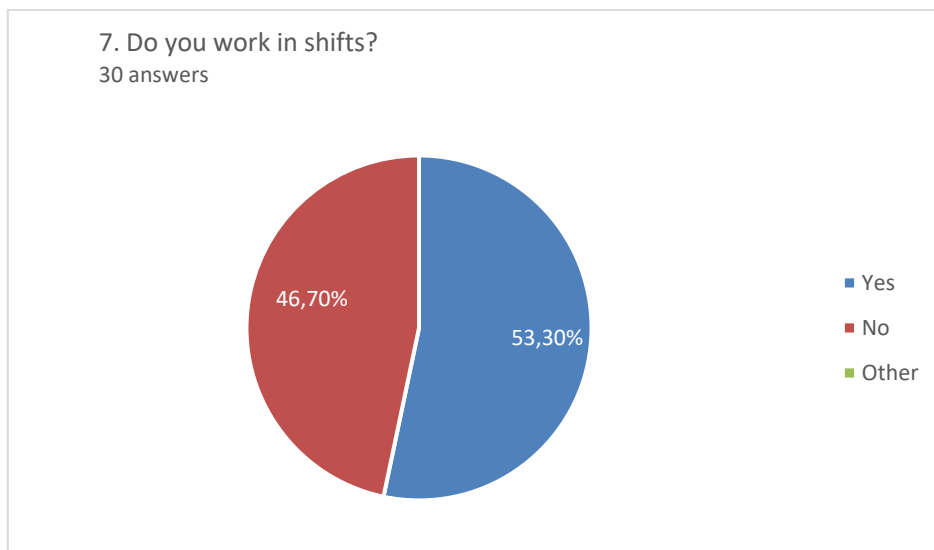
- 7 persons indicated 1-10 years of experience.
- 7 persons indicated 11-20 years of experience.
- 7 persons indicated 21-30 years of experience.
- 4 persons indicated 31-40 years of experience.

- 4 persons indicated 41-45 years of experience.



The survey mainly involved people working in a hospital or primary care clinics.

15 people taking part in the survey work in hospitals, 14 in primary care centres and one person indicated working in specialized care.

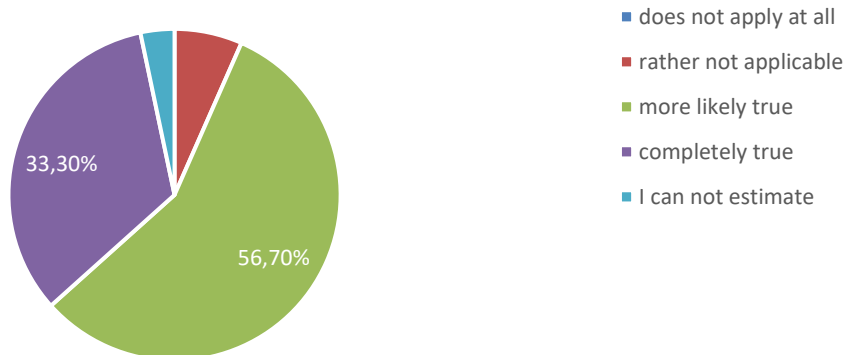


Both shift and single-shift workers took part in the survey.

The breakdown of responses to this question overlaps with the responses to question 6 - hospital staff work in shifts, and outpatient clinic staff work single shifts.

8. I am able to take responsibility for planning, organizing, designing, controlling and evaluating nursing processes and nursing diagnostics in both acute and permanent nursing situations.

30 answers



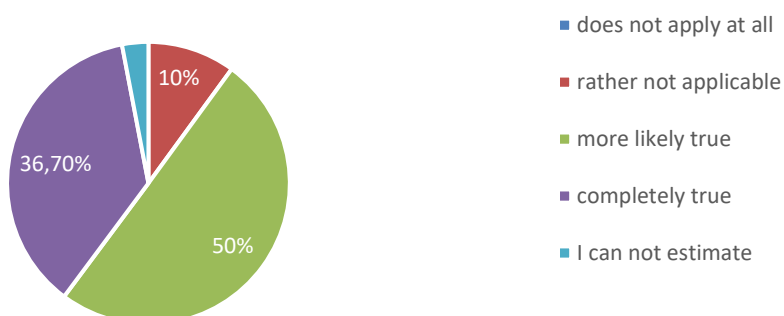
Respondents answering question eight rated their level of competence relatively high regarding their willingness to take responsibility for planning, organising, designing, controlling and evaluating care processes and diagnostics in emergency and continuing nursing care.

- 10 persons claimed that is completely true;
- 17 persons claimed that is more likely true;
- 2 persons claimed it does not apply at all;
- 1 person claimed that it could not be estimated.

This demonstrates a relatively high sense of competence in their nursing care. A total of 90.03 % of the respondents completely true or more likely true.

9. I can responsibly plan, organize, design, control and evaluate nursing processes and nursing diagnostics including health promotion and prevention for people of all ages with health problems.

30 answers





Regarding nursing competence in prevention and health promotion (patient education).

11 persons claimed that is completely true;

15 persons claimed that is more likely true;

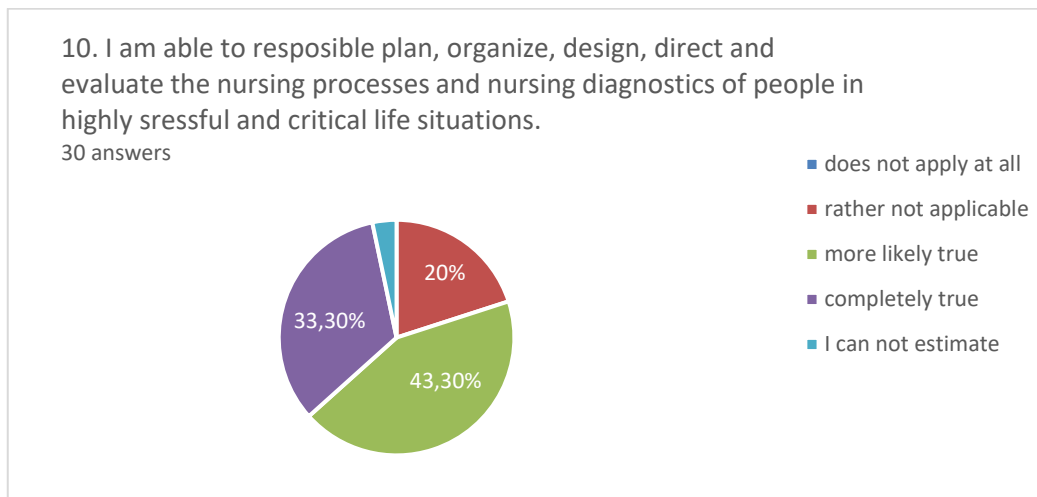
3 persons claimed that it is rather not applicable;

1 person claimed that could not estimate;

No one claimed that this does not apply at all.

86.7% of the answers completely agree/ rather agree - indicating the respondents' high sense of competence in the surveyed area.

This result is very close to the one obtained in question 8.



The results obtained for the question on competence related to the provision of nursing services to people with high levels of stress and in critical life situations are as follows:

10 persons claimed that is completely true;

13 persons claimed that is more likely true;

6 persons claimed that it is rather not applicable;

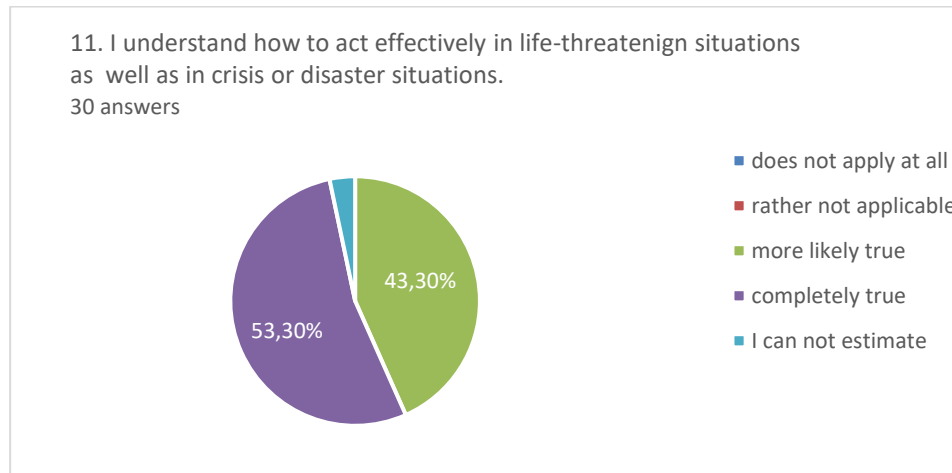
1 person claimed that could not estimate;

No one claimed that this does not apply at all.

This is still quite a high result in self-assessment of the surveyed competence - however, it is noteworthy that 20% of people answered that it is rather not applicable. Every fifth person is, therefore, aware of the



competence gap in the surveyed area. Interestingly, there is no correlation here with the place of work of the nurse. 3 indications that it is rather not applicable concern hospital employees (who can be considered statistically more exposed to working with patients with high-stress levels and in critical life situations) and employees of primary care and specialist clinics.



The breakdown of responses to the above question is as follows:

16 persons claimed that it is completely true;

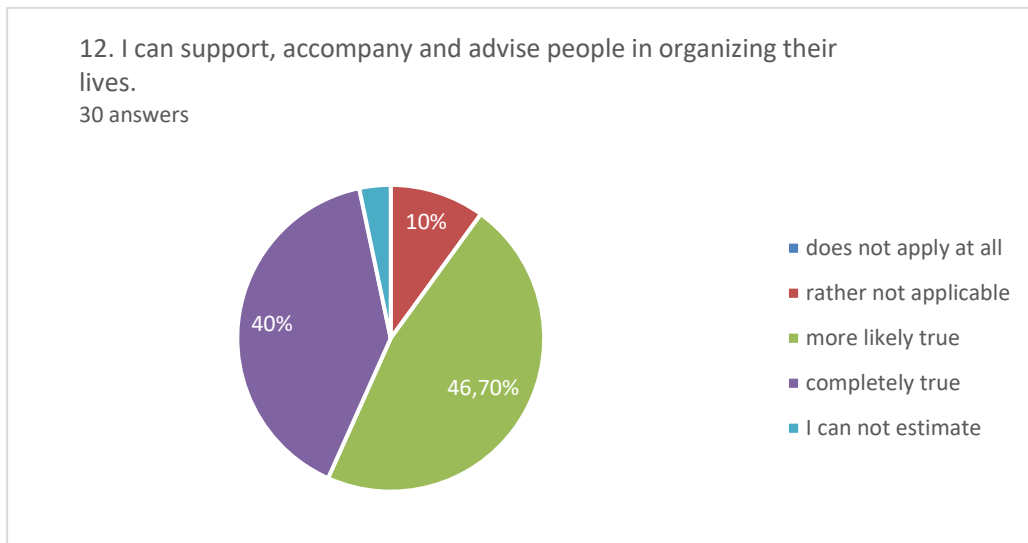
13 personas claimed that it is more likely true;

1 person claimed that could not estimate;

No one answered that it is rather not applicable;

No one claimed that this does not apply at all.

96.6% of the answers that it is completely true, and that it is more likely true (with no answers, it is rather not applicable, or this does not apply at all) indicate a very high sense of competence in life-threatening situations, disasters, or crises. The highest number of responses to this question was 16 out of 30 that it is completely true.



The breakdown of responses to the above question is as follows:

12 persons claimed that is completely true;

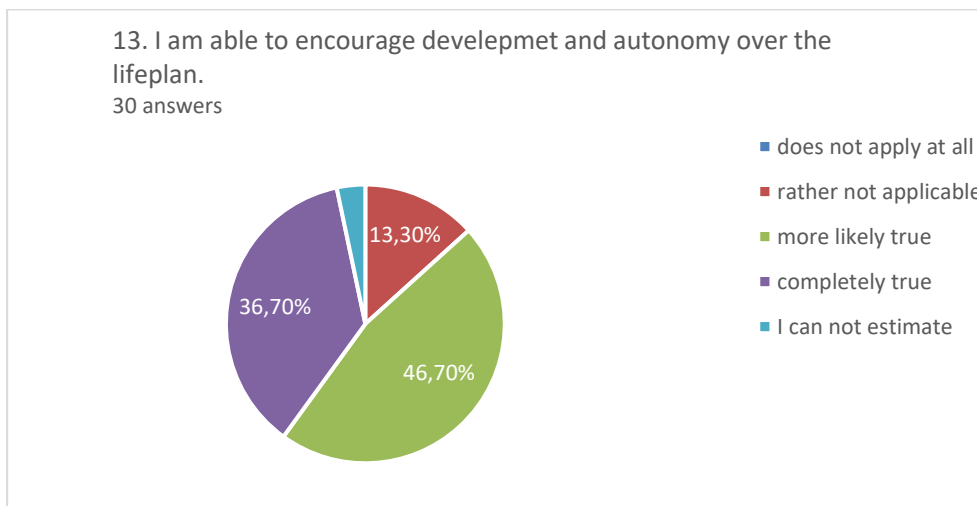
14 persons claimed that is more likely true;

3 persons claimed that it is rather not applicable;

1 person claimed that could not estimate;

No one claimed that this does not apply at all.

86.7% of persons indicated the answers that is completely true / more likely true. This is also a rather high result, from which conclusions can be drawn about the high sense of competence of the persons surveyed in terms of providing support, accompanying and advising patients on how to function in connection with a treated illness or, for example, after hospital treatment.





The results obtained for the question on competence related to providing developmental and autonomy support throughout life are as follows:

11 persons claimed that is completely true;

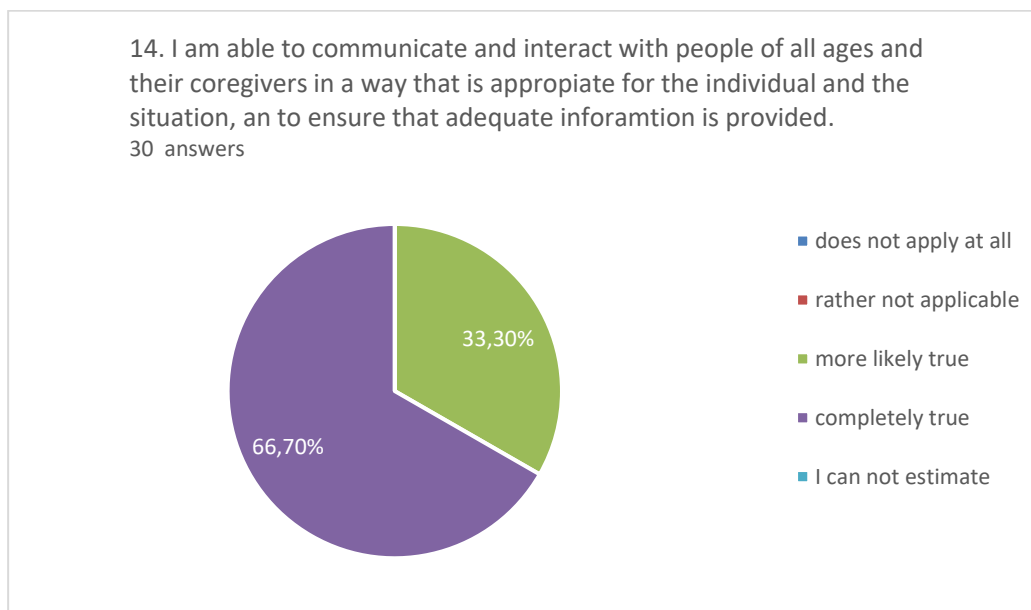
14 persons claimed that is more likely true;

4 persons claimed that it is rather not applicable;

1 person claimed that could not estimate;

No one claimed that this does not apply at all.

83.4% of persons indicated the answers that is completely true / more likely true. This is a similar result to the previous question, indicating a high self-assessment of the respondents in the surveyed area.



The results obtained for the question on skills related to interpersonal communication with patients and their carers are as follows:

20 persons claimed that is completely true;

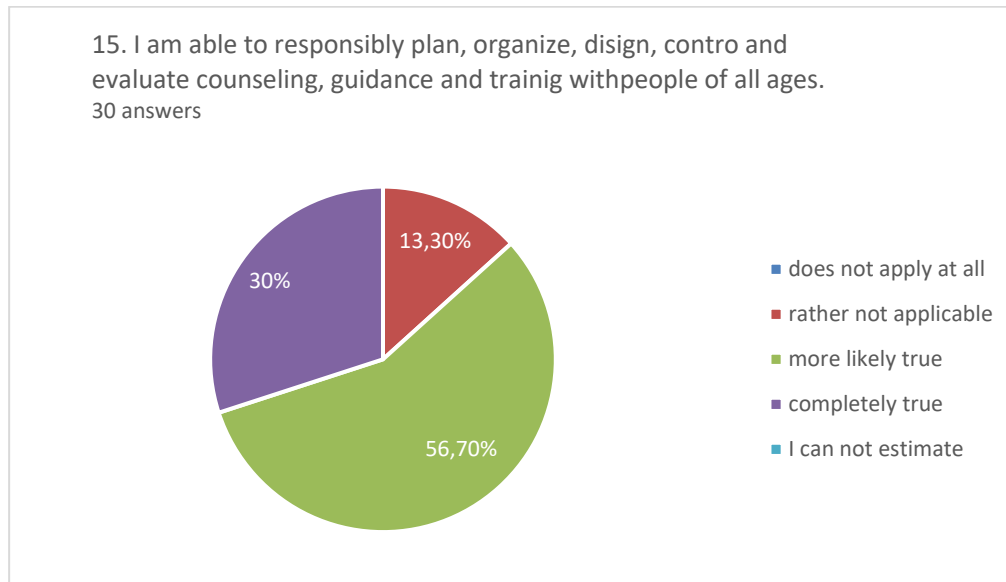
10 persons claimed that is more likely true;

No one claimed that is rather not applicable;

No one claimed that could not estimate;

Nobody claimed that this does not apply at all.

100% of persons indicated that is completely true / more likely true. This result indicates a very high sense of competence in communicating with different groups of patients and their carers. This is an interesting result not in line with many published surveys conducted among patients on the aspect studied from their perspective. Our survey only examined 30 people within one organisation with implemented patient service standards - hence the results cannot be generalised to a wider population.



The results obtained for the question about counselling, guidance and training for people of all ages are as follows:

9 persons claimed that is completely true;

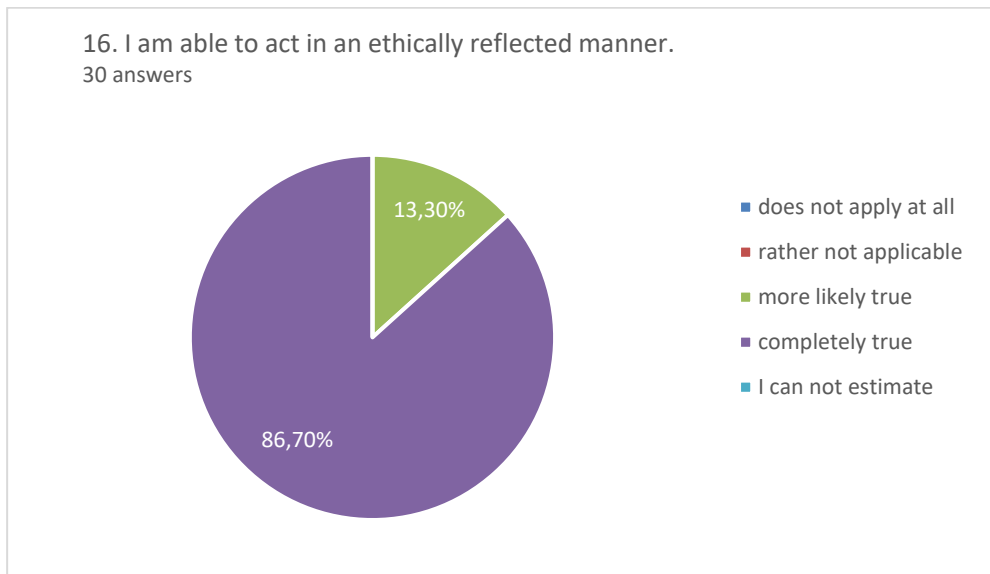
16 persons claimed that is more likely true;

4 persons claimed that it is rather not applicable;

1 person claimed that cannot estimate;

No one claimed that this does not apply at all.

For this question, 86.7% of persons answered that is completely true / more likely true; however, which indicates a high sense of competence in the surveyed area. On the other hand, there were also responses that it is rather not applicable for 4 out of 30 people surveyed.



Regarding the question about being able to act ethically, 100% of people indicated that they completely agree or rather agree with this statement. As many as 26 people completely agree with the statement.

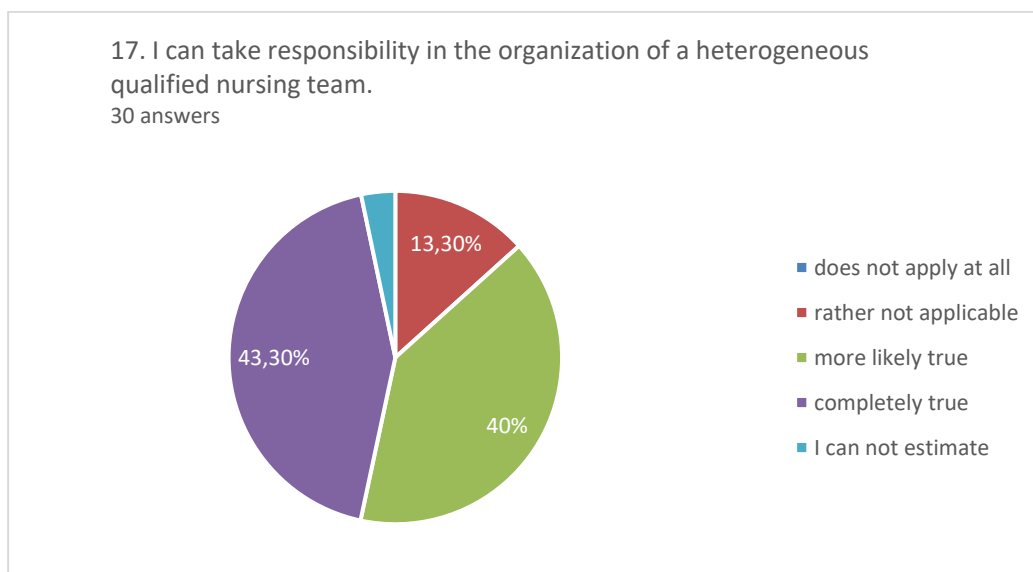
26 persons claimed that is completely true;

4 persons claimed that is more likely true;

No one claimed that is rather not applicable;

No one claimed that could not estimate;

No one claimed that this does not apply at all.





The responses to the question about willingness to take responsibility for organising work in a nursing team with heterogeneous qualifications are as follows:

13 persons claimed that is completely true;

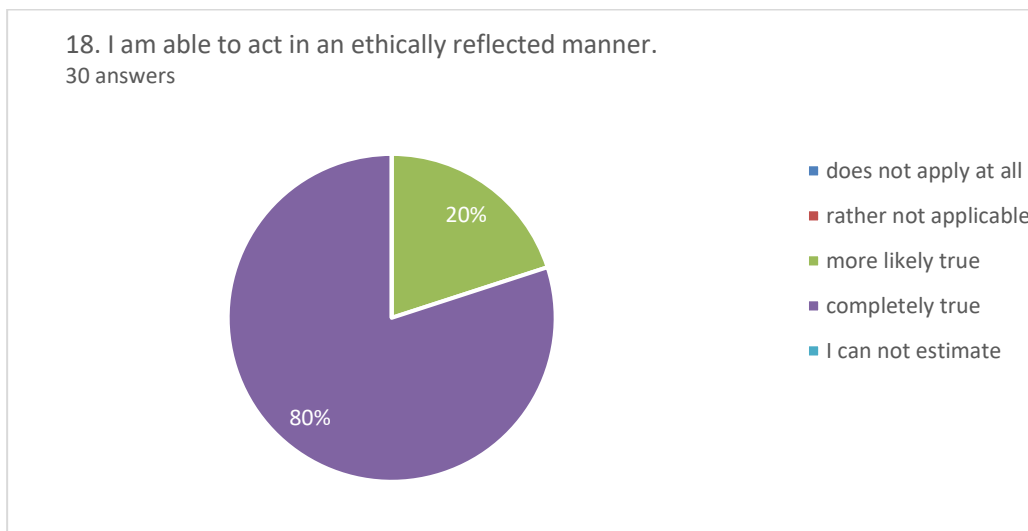
12 persons claimed that is more likely true;

4 persons claimed that it is rather not applicable;

1 person claimed that could not estimate;

No one claimed that this does not apply at all.

83.3% of persons indicated answers completely true or more likely true. This is still quite a high level of declared skills (applicable to 25 out of 30 respondents).



When it comes to the checking question on the ability to act ethically, 100% of people indicated that that it is completely true or more likely true. As many as 26 people claimed that it is completely true.

24 persons claimed that it is completely true;

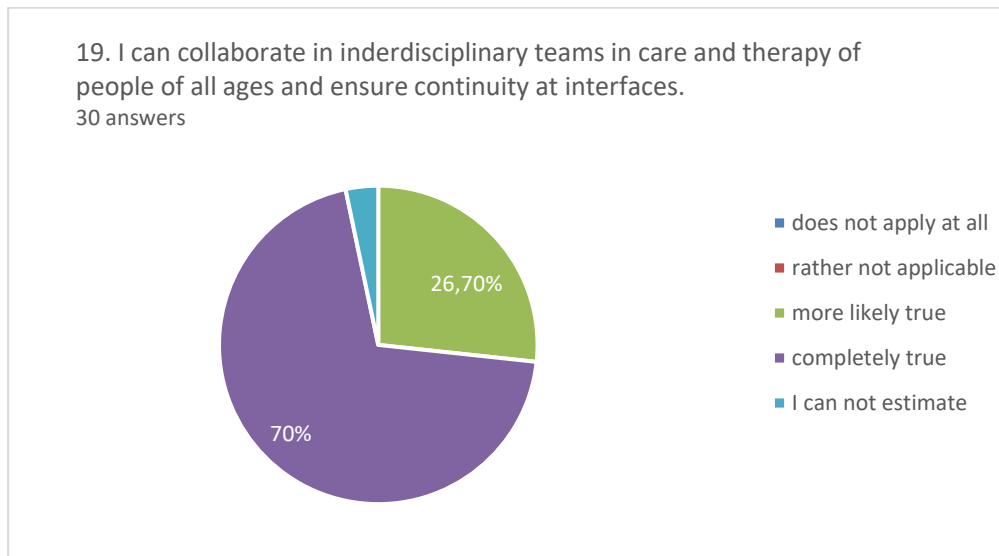
6 persons claimed that is more likely true;

No one claimed that is rather not applicable;

No one claimed that could not estimate;

No one claimed that this does not apply at all.





The results obtained for the question on skills related to cooperation in interdisciplinary teams are as follows:

21 persons claimed that is completely true;

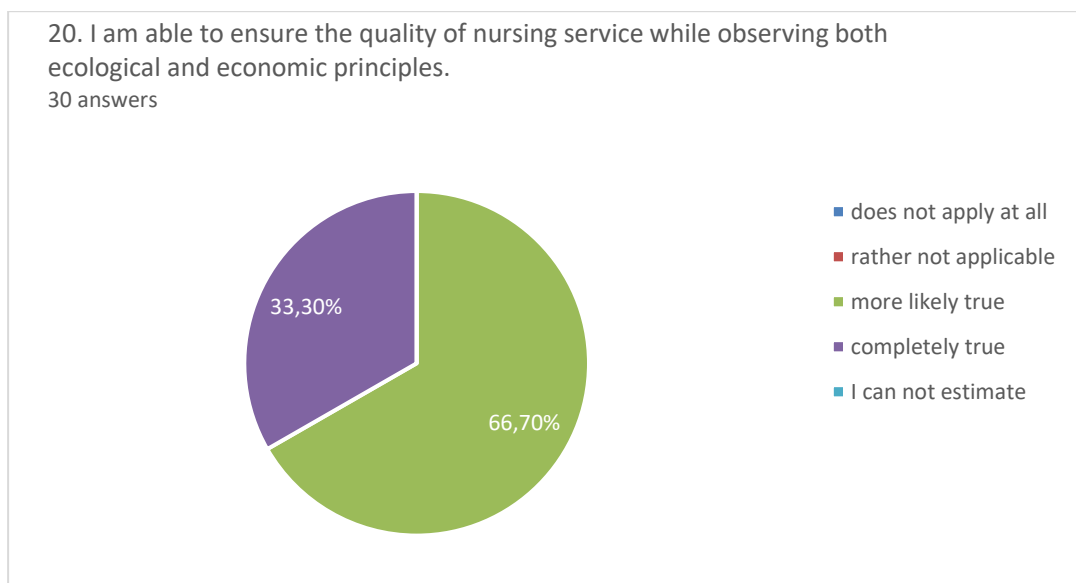
8 persons claimed that is more likely true;

1 person claimed that could not estimate;

No one claimed that is rather not applicable;

No one claimed that this does not apply at all.

As many as 29 persons, i.e. 96.7 %, indicated that this is completely true or rather true, of which as many as 21 people claimed completely true, i.e. they have a very strong opinion of their skills in the surveyed area.



The answers to the question on skills related to the preservation of ecological and economic principles in the nursing services provided are as follows:

10 persons claimed that it is completely true;

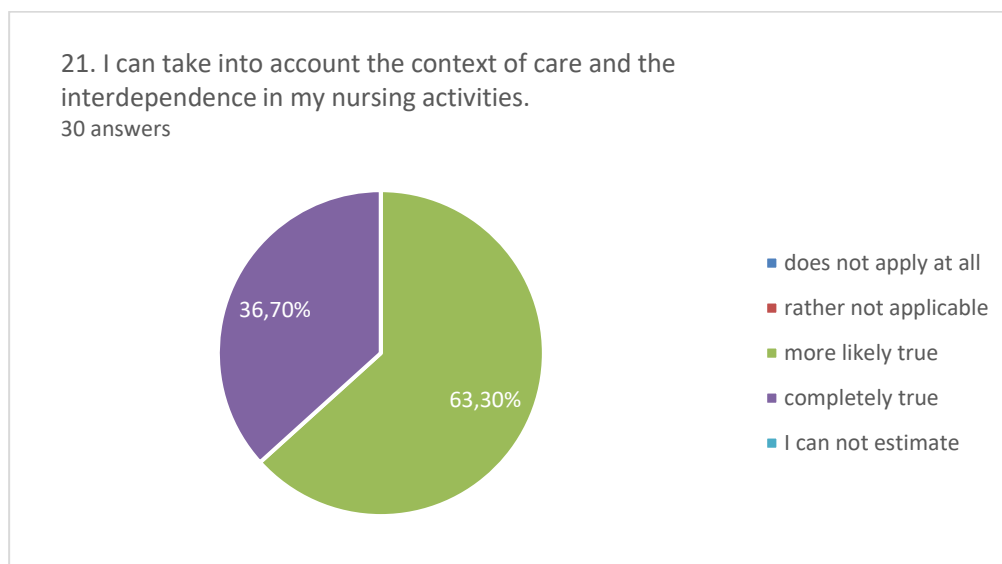
20 persons claimed that is more likely true;

No one claimed that is rather not applicable;

No one claimed that could not estimate;

No one claimed that this does not apply at all.

100% of respondents answered that it is completely true or more likely true, including 10 people who completely agree with the statement. The results indicate a very high self-assessment in the surveyed area.



The responses to the question on skills related to considering the context of care and interdependence in nursing activities are as follows:

11 persons claimed that it is completely true;

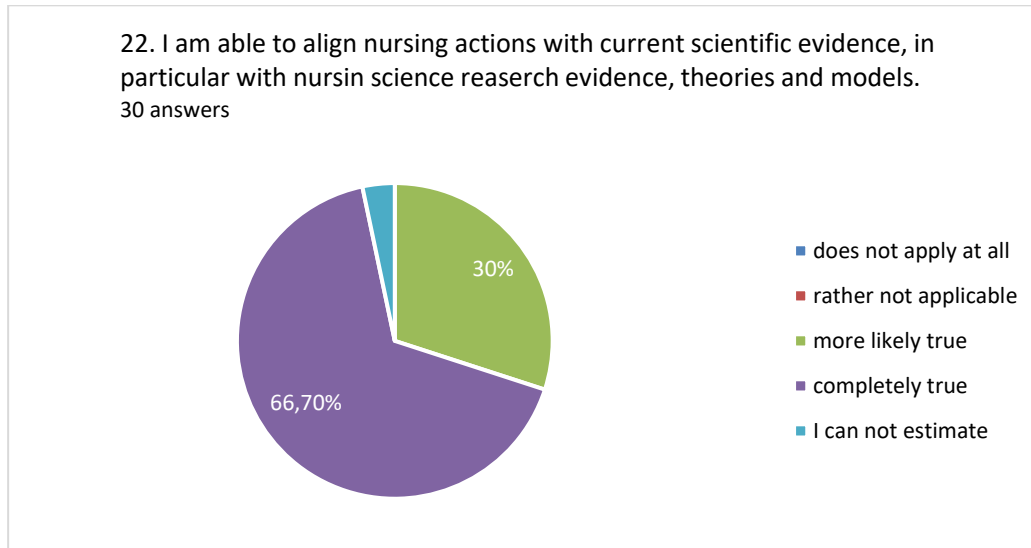
19 persons claimed that is more likely true;

No one claimed that is rather not applicable;

No one claimed that could not estimate;

No one claimed that this does not apply at all.

100% of respondents answered that it is completely true or more likely true, including 11 people who completely agreed with the statement. The results indicate a very high self-assessment in the surveyed area.



The results obtained for the question on the ability to align nursing actions with current research in the field, theories and models are as follows:

20 persons claimed that it is completely true;

9 persons claimed that is more likely true;

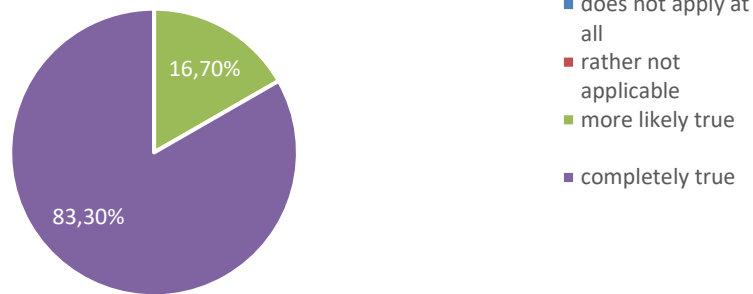
1 person claimed that could not estimate;

No one claimed that is rather not applicable;

No one claimed that this does not apply at all.

96.7% of the indications were for the answer that it is completely true / more likely true, of which as many as 20 persons answered completely agree. This is another area where respondents showed very high self-esteem.

23. I am able to take responsibility for the development (lifelong learning) of my own personality as well as for my professional self-image  
30 answers



Responses to the question on willingness to take responsibility for one's development were as follows:

25 persons claimed that it is completely true;

5 persons claimed that it is more likely true;

No one claimed that it is rather not applicable;

No one claimed that it could not be estimated;

No one claimed that this does not apply at all.

100% of persons indicated answers that it is completely true / more likely true, of which as many as 25 people gave the answer that it is completely true.

Among those with secondary education, statistically, only one person indicated a strong need for any training.

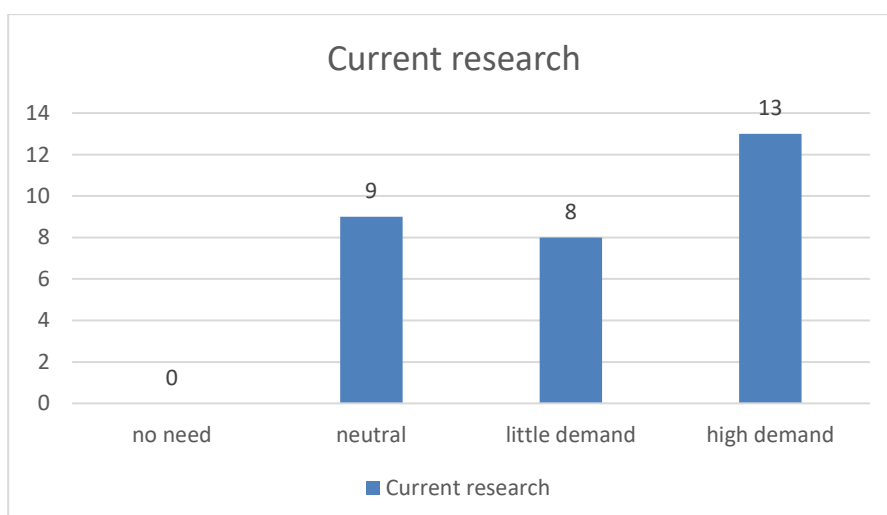
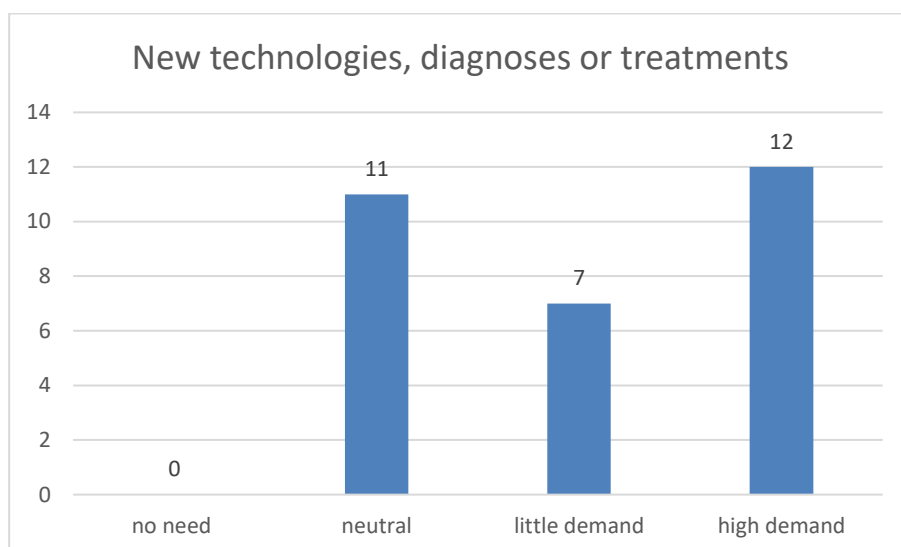
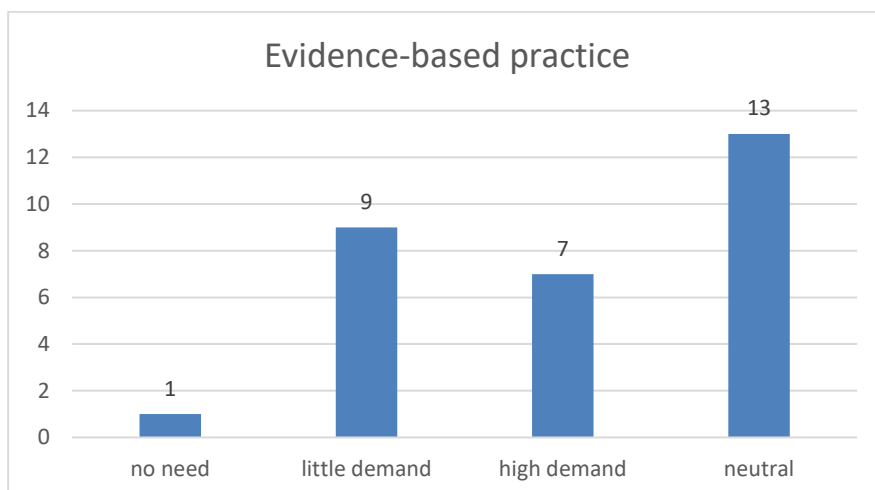
The youngest people were the most likely to indicate high demand. In the 18-34 age group, all persons shared such indications.

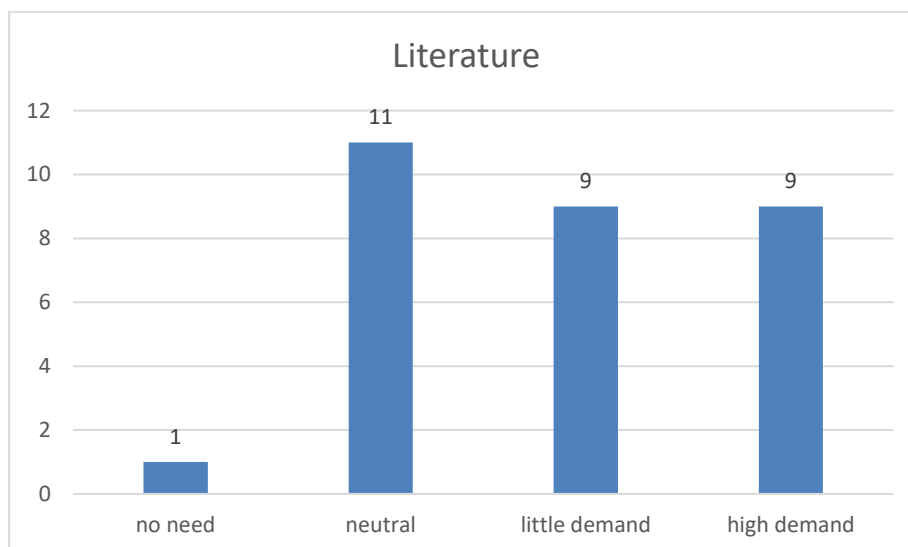
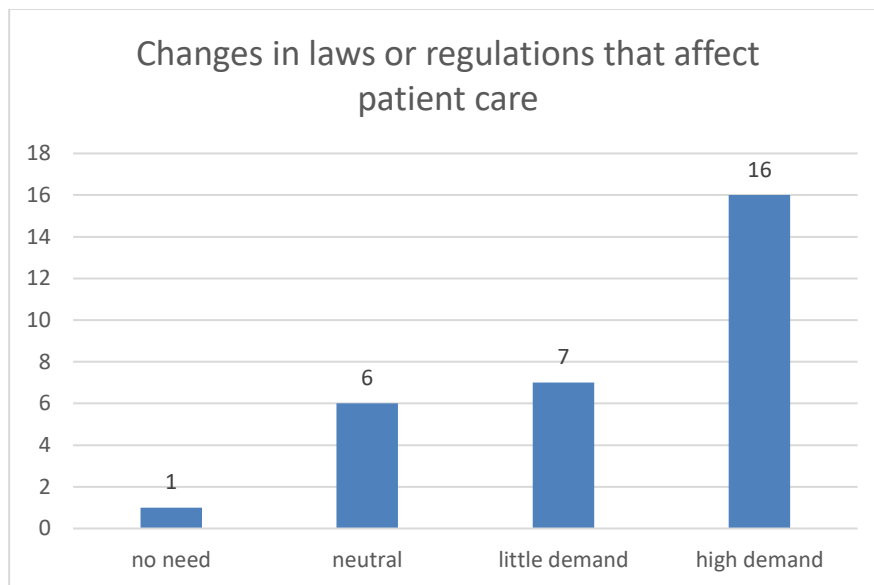
The lower the indicated interest in training, the higher the age of the person completing the questionnaire.

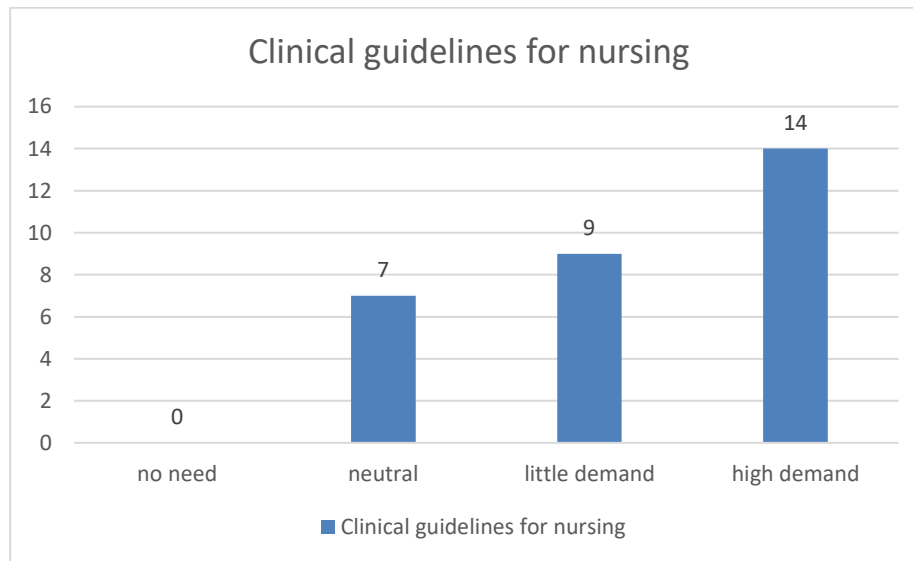
These results are consistent with the answers to the question of what guides our respondents in their work - most people indicated experience. The reluctance of older employees to undertake further development is also confirmed in practice. This is currently a major challenge for age and diversity management to effectively invite development activities and work on self-awareness of their skills and potential by employees of all ages.

The charts below relate to responses to question 24 "Given the challenges in nursing, how would you rate your skills development needs in the following areas:"









Responding to open question 25, respondents gave the following answers in terms of the training they needed:

- Endoscopy;
- Specialisation;
- Vaccination course;
- Management, health care governance;
- Surgical specialisation, compulsory training;
- Oncology specialisation;
- As many as 23 people gave no indication.

The answers to the open question on the need for specific training topics, juxtaposed with the very high percentage of people declaring full willingness to take responsibility for their development and professional self-assessment in the field, raise some question marks.

According to experience supported by numerous publications on the topic of development and lifelong learning, people who show a genuine interest in their development can identify their skills gaps and areas for improvement. The results of our questionnaire indicate a low awareness of one's own development needs rather than an expert level of competence, which might not be related to a specific need for further education within training and courses. In addition, the specific training topics indicated that our respondents are interested in are, apart from management training, formal courses alone, increasing their chances on the labour market in search of a very well-paid job, rather than topics that could indicate a high degree of knowledge of their strengths and weaknesses in their role and a desire for continuous improvement.



In Poland, planning issues concerning the provision of medical staff have been neglected and underestimated for many years. The existing staff shortage has not been the subject of sufficient concern to meet the needs of the open labour market. The number of people educated in particular medical professions was insufficient, and some qualified medical professionals decided to emigrate professionally (especially after Poland's accession to the European Union). In addition, changes to the education system in some medical professions (e.g. nursing and midwifery) resulting from Poland's accession to the EU and the unfavourable age structure of the workforce further exacerbated this deficit. The COVID-19 pandemic exposed a dramatic shortage of medical staff. This phenomenon has become widespread and threatens the possibility of effective action to combat the pandemic in countries with a low supply of medical staff. This situation has clearly demonstrated the huge role medical professionals play and the efficient, rational organisation of their work in ensuring patient safety.

The employee market we are currently dealing with in Poland also has a visible impact on professionals' attitudes towards the idea of continuous education and qualification improvement.

Employees are rarely interested in courses that do not directly translate into the possibility of receiving a higher salary, only for their own personal and professional development.

The only competence gaps that can be cautiously inferred from the survey are in the areas:

- skills related to the provision of nursing services to people with high levels of stress and in critical life situations;
- readiness to take responsibility for organising work in a nursing team with heterogeneous qualifications;
- the ability to responsibly plan, organise, design, control and evaluate counselling, guidance and training for people of all ages;
- providing support for development and autonomy throughout life;
- support, accompaniment and advice on organising life.

Only when responding to these questions were indications of 'rather disagree', and they made up between 3 and 6 surveys out of 30.

### **Summary of the interviews**

The interviews involved 3 nurses employed within one company (a private company providing medical services under contract with the National Health Fund and private services funded directly by patients).

All of them work in Primary Health Care.

Interviews were conducted individually on 13 January 2023. The interview was conducted at the company's premises, employing the nurses who agreed to be interviewed. All 3 gave very consistent answers leading to common conclusions.





- The study involved only women;
- Age: 25, 55 and 57;
- Education: higher education.

According to the nurses interviewed, most of the difficulties associated with operating in the era of the pandemic related to factors lying not with the employer but with the Ministry of Health and the National Health Service. A big problem was regulatory chaos, the lack of a coordinated policy against the development of the pandemic at the national level, conflicting recommendations and decisions, and a large field of 'regulatory vagueness'. One of the most important challenges faced by health professionals has therefore become that of making decisions under high levels of uncertainty, with an awareness of the consequences of liability for possible mistakes. This has increased the level of stress and uncertainty, already considerable in the health professions. Not only did line staff and managers have to adjust to the new circumstances and adapt to the new regulations.

The pandemic became a test of flexibility, speed of action, openness to change, creativity, and collaboration. If one assumes that most industries and professions operate in a state of 'permanent change', then the time of the pandemic became an 'accelerator of change' for healthcare units. They all reorganised their way of working to some extent during this time. In the case of facilities, the e-prescriptions introduced just before the pandemic and the prescriptions by phone introduced by the primary health care clinic made it possible to provide health services remotely, which will influence how the health market is organised in the future.

The pandemic affected the day-to-day work of interviewing nurses in a significantly less severe way than that of their colleagues working in hospitals, especially single-name hospitals dedicated to providing care exclusively to COVID-19 patients.

From the pandemic's beginning, there was no shortage of personal protective equipment - it was given to staff as needed. Training in their use was also provided - remotely and by providing printed materials to staff. Any information related to the dynamically changing guidelines for the medical services provided and, above all, in the situation of potential or confirmed contact with a patient infected with the coronavirus was also communicated in this way.

According to the testimonies of all interviewees, there was a high unmet need for information support provided by the employer during the onset of the pandemic. Changing guidelines were communicated. Sometimes contradictory or unrealistic decisions of the Minister of Health to implement into nursing practice (e.g. guidelines for vaccination of 'bedridden patients' performed in their homes). There was a lack of elementary information about the strategic directions the company wants to take in a pandemic crisis. It is clear to the female interviewees that the decision-makers did not yet know what was in store for the company. Still, regular communication with employees, even including a perfunctory message that 'we remember you, we do not yet know what changes we will have to make regarding your work and your people, but we will keep you informed and invite you to dialogue' would have made them feel much safer in this situation.

The same was true when the COVID-19 vaccination started in the company. Employees were in doubt about the order in which the vaccination should be given. There were discussions as to who should



receive them first. There was no coherent company information policy to curb rumours and conjecture as to the order of vaccination adopted, which, as it later turned out, was transparent and 'fair'. Still, due to a lack of communication, unnecessary space was left for conjecture and gossip.

The pandemic caused a lot of extreme attitudes in interpersonal relations. Both positive ones - in terms of attitudes of solidarity, greater flexibility, and less resistance to organisational change - but also, in many cases, very negative ones. Some employees and superiors, probably due to their stress and overwhelming duties, were not oriented towards effective cooperation and "one-sided play".

One interviewee cited a situation she witnessed. The clinic where she works provides medical transport services, and during the pandemic, two so-called 'covid ambulances' were run.

The work of the paramedics - manning these ambulances - was particularly arduous. They were the only ones out of the entire centre working in full protective clothing, severely affecting their comfort and preventing them from meeting their basic physiological needs for many hours.

The decontamination station was located some distance from the nurses' station, where, during the night shift, could get some sleep in the absence of patients. There were occasions when they indiscriminately remarked to the paramedics that they were making too much noise, as a result of which the nurse in question could not sleep.

This is one example of several situations cited in which there was a definite lack of empathy and a certain culture of cooperation both between staff and superiors and subordinates and between patients. We mention communication between patients because, when there is an altercation between patients, nurses or other staff, such as medical registrars also often find it difficult to manage a difficult situation adequately and effectively.

At one point, the situation at the clinic was very difficult due to staff shortages. Many people were in quarantine, on sick leave or so-called "childcare for children under the age of 9" - who needed parental care at home during the closure of schools and remote education. Several senior nurses, due to chronic health conditions, decided to retire for fear of the consequences of being infected with the coronavirus.

Staff shortages in a pandemic situation assumed unprecedented proportions. With new staff being hired - there was no one to put them to work. New employees may have felt they were being 'thrown in at the deep end'. One of the new hires during the pandemic eventually filed a notice of termination and a lawsuit against the employer shortly after the employment relationship was established.

People working in different departments had to swap, providing substitutes for each other, performing activities that were in line with their qualifications, but for which they were not well deployed, involving feelings of even greater stress, uncertainty consequently frustration.

The nurse staffing company stood out from other clinics operating locally because it did not limit its operation to telemedicine. Telemedicine was also implemented, and there were some difficulties involved. The pandemic and the sudden need to include consultations by phone in the catalogue of services exposed not only deficits in the digital competence of the staff but also equipment shortages. Not all computers used by doctors and nurses were equipped with cameras, and even when a camera



was available, it turned out that a microphone was missing. During the first phase of the pandemic, much of the consultation by phone was provided using a regular telephone.

Medical consultations by phone in the case of the company employing the interviewed nurses were not the predominant form of medical services provided. Fear was also involved. Other clinics closed themselves off from patients, providing only consultations by phone or organising a waiting queue only outside in front of the building. In the company surveyed, due to the size of the clinic (it employs more than 400 people), patients went inside wearing a protective mask and gloves and, after taking a temperature, headed under the surgeries. The only difference was that some of the chairs in the waiting room were excluded to ensure the statutory social distance. Accompanying persons were also allowed in, - which was a distinction from other clinics.

On the one hand, the nurses were proud to say that their patients were adequately cared for and, for example, the children were vaccinated according to the vaccination calendar. Still, on the other hand, there was a great fear of their infection and, above all, of the risk of transmitting the virus to their relatives.

At one point, the youngest of the interviewed nurses suspended her cooperation with the clinic and volunteered at a temporary covid hospital. Her account of this experience, apart from the obvious issue of the workload with seriously ill patients, which is not to be judged and was valuable practice for her at the beginning of her career, was full of positive experiences. The nurse in question was impressed by the good organisation of her work and the quality of cooperation within the nursing teams and with doctors and other professionals. She currently works part-time in the outpatient clinic and part-time in the hospital (within the same organisation); she intends to leave the outpatient clinic for the hospital shortly - this decision was influenced by the experience of working in a temporary hospital.

The company employing the nurses interviewed has developed significantly in terms of technology during the pandemic, introducing very simple solutions but contributing to the improvement of work:

- the implementation of an e-learning platform where all updates on procedures in force during the pandemic and the necessary training (including on data protection and cyber security) were published;
- dissemination of MS Teams messenger, which had been available in the organisation for a long time but had not been used properly;
- telemedicine, consultations by phone;
- reintroduction of inpatient training under a strict sanitary regime.

It was difficult for the nurses interviewed to define specific training topics that would improve the situation if a crisis of the magnitude of the Covid - 19 pandemic were to be faced again.

This required additional moderation, inquiring about specific situations, and jointly seeking solutions for education and competence development.

### **Summary of the research - conclusions. The suggestion for training topics**



In the interviews and anonymous questionnaires, the problem of low awareness of available developmental activities that could be a solution to the difficulties defined in the interview emerged. It can be suggested that this is a problem of the industry. The medical industry in Poland, except for a few of the largest western companies operating on a corporate basis, is characterised by a low organisational culture in terms of human resource management. Staff, in general, are not offered training other than the mandatory training necessary to deliver medical services. In terms of soft training, training on appropriate communication with patients appears. Companies also do not create an attitude of proactively taking responsibility for one's own development through regular surveys of training needs and the promotion of employees making an effort to improve continuously.

In terms of training deficits identified by the interviewees in the interviews, the following training topics are worth mentioning:

- psychologia i radzenie sobie ze stresem własnym, pacjenta i jego bliskich
- psychology and coping with stress for yourself, the patient and your loved ones;
- new technologies, remote working procedures;
- healthy empathy (non-burning support for the patient's suffering);
- teamwork, also in interdisciplinary and distributed teams;
- interpersonal and communication skills;
- effective personal energy management - dealing with psychological tension and psycho-physical regeneration of the body;
- work-life balance;
- building a positive, trusting relationship with the patient (educating patients to share responsibility for their treatment).

The nurses surveyed also identified training topics they would recommend for management:

- epidemiology and sanitary-epidemiological surveillance;
- crisis management;
- human resources management (delegating tasks, motivating, appreciating, giving feedback);
- organisational information management;
- professional adaptation, including the preparation of e-learning training for entry-level nursing positions with limited availability of staff to share their knowledge;
- strategic management, including planning and effective implementation of changes in the organisation, taking into account appropriate communication with employees at all levels.

It is conceivable that such a comprehensive training proposal for both nursing and managerial staff would help improve the situation if we face another pandemic or comparable crisis in the future.

The target situation would involve a proactive search for education solutions from the medical unit level. Currently, this is often hindered by a lack of awareness of needs and a lack of financial resources to achieve the intended educational goals.

In addition to the proposed implementation of specific training, it is worth taking action to foster an attitude of continuous development, the search for new knowledge and skills, and knowledge





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management in organisations, as the demand for training will continue to evolve over time. Still, in the absence of an attitude of openness to self-development on the part of nursing staff, other medical staff, and managers alike, it may not fulfil its intended role.

