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

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Study of the National Situation in Terms of Qualification Frameworks in Germany

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1 Introduction - current national situation of healthcare professionals.

- SARS COVID testing for nurses and patients or relatives represents an increased expenditure of time, as well as several steps to be performed, in addition to the task workload during a nursing shift
- furthermore, there is an increased consumption of protective equipment
- concern for the well-being (physical and psychological) of those in need of care, of the employees and concern for the caregivers' own health leads to an increased psychological burden on caregivers
- the compulsory vaccination by the state for, among others, healthcare workers partly causes uncertainty and also results in an aggravation of the already existing staff shortage (ban on entering facilities for unvaccinated employees, employees leaving the nursing profession)
- shortage of skilled workers has increased even more in the wake of the pandemic as there is an increased number of nursing staff quitting their jobs which results in higher work compression and additional workload for nursing and management staff
- increased stress (physical and psychological) in the profession due to permanent wearing of protective equipment (mouth-nose protection)
- psychological strain and stress levels of nursing staff are increasing and result in clinical manifestations of, e.g.: anxiety, burnout, depression, sleep disorders, etc.
- long-term illness of nursing staff due to infection with "SARS COVID" are also recorded (Long-Covid)

The study is intended to contribute to a better overview of the existing and emerging education and training situation on the consequences of the pandemic on professional education and training and to identify any skills gaps.

Research was conducted on search terms such as "corona," "covid," and "pandemic" on the Internet, literature was reviewed, and colleagues were contacted and interviewed to determine current studies that had not yet been captured in concrete terms.

Of course, this survey represents a snapshot. The aim should be to create a basis for later research and to link to possibly existing studies.

The focus of the research was on Germany. This reflects the way in which the pandemic has been dealt with so far, since in many other areas, too, decisions have increasingly been taken and acted upon nationally rather than internationally.



1.1 Continuing education during the pandemic

Continuing education from 2020 to date has been and continues to be in crisis. Continuing education activities have declined significantly, to which the lockdowns and hygiene measures have contributed significantly. All the same, the continuing education segments have been affected to varying degrees. Further detailed analyses are needed here, for example to determine more precisely how the situation varies from one training segment or type of provider to another, and from one group of employees to another and from one group of participants to another. It makes sense to differentiate the course of the crisis into phases. This seems to make sense since, for example, there were differences between the first and second lockdown in 2020. At the same time, a precise phase classification has yet to be made, which would best be done with a time lag. A regional comparative presentation is completely missing. Within Germany alone, infection events and countermeasures presented themselves in different ways. No studies could be found that made regional comparisons of how the occurrence of further education interacts in detail with the occurrence of infections and regional countermeasures.

1.2 Digitization boost

It should be noted that Corona has led to a massive digitization boost, although digitization problems have also become apparent in the process.

This applies to all segments of continuing education, i.e., both in-company, vocational and non-vocational continuing education. Course leaders have been trained to teach digitally. Continuing education institutions have optimized their digital infrastructure. Planning processes were changed or flexibly adapted to the pandemic situation.

It has not yet been possible to determine the extent to which results have been evaluated or analyzed to determine whether the new digital teaching/learning spaces have been qualitatively successful.

Are learners and eligible groups subjectively satisfied with the digital teaching/learning spaces and how do learning successes present themselves?

There is a considerable need to accompany the "digital boom" with evaluation and impact studies and to contribute to its further development.



1.3 Financing problems

The problem seems to be that the new digital offerings, or even further attempts to respond to the crisis situation, have not been able to prevent massive drops in revenue at continuing education institutions.

The goal must be to make continuing education as a whole "pandemic-proof" and to compensate for structural problems in continuing education, such as underfunding.

1.4 Informal Learning

The role of informal learning in the pandemic has been little studied. Hardly anyone in the pandemic is likely to have taken a course in organized continuing education on, for example, AHA rules or interpreting infection figures. Nevertheless, people learned a great deal about Corona in 2020 and 2021, and this tended to be from government regulations and from their personal or professional environments, and not least through public as well as social media. This can be understood as a kind of adult education. It could be a result that a slump in course-based continuing education measures can be assumed, while continuing education participation increased overall in 2020 through digital training and information formats.

1.5 Learners perspectives

What Corona and countermeasures "did" to learners and target groups is largely unexplored. Fundamental questions here might be: What are the continuing education needs of the pandemic? How was digital learning addressed? Which learning groups faced disadvantages in the pandemic? What new forms of learning and learning time arrangements developed that even enabled greater inclusion? To what extent were working and learning from home possible during the lockdowns? Have new learning needs emerged on the borderline of therapy?

1.6 Summary

Medical professionals and trainees are directly involved in the management of the Corona pandemic in their function, resulting in specific challenges for these professional groups and trainees in this profession.

The results show influences of the pandemic in all relevant areas, for example regarding the interaction with patients and an increase of communicative demands.



These communication situations, as well as a lack of learning and practice time, the necessary protective measures, and an increased workload are perceived by the majority of respondents as highly stressful.

Trainees also felt that important training content had been neglected, which could not have been adequately compensated for by the digital alternatives offered. Overall, the pandemic had a negative impact on training according to the majority of respondents. The results show the great importance of trainees, especially in times of crisis, for maintaining practice processes, which are, however, accompanied by a special, also emotional, burden for the trainees, and the importance of comprehensive, fully-fledged training.

In order to ensure this, the second learning location of dual training, the vocational school, must not be neglected, because even in the event of school closures, learning opportunities must be provided in an adequate form and their use must also be made possible by the companies.

In this respect, there is a clear need for improvement in such exceptional situations. The quality of learning opportunities in companies and schools also requires special attention in times of crisis, especially for system-relevant occupations, so that trainees can be prepared for the stresses and challenges of their occupation.

1.7 Training

The following legal standards and state law requirements of the state of Saxony are the basis for the training:

- Law on the nursing professions "Nursing Professions Act" of 17.07.2017.
- Training and Examination Ordinance for the Nursing Professions of 02.10.2018
- Curriculum of the vocational school nursing specialist of 15.01.2020
- Framework curricula for the new nursing training of the expert commission
- Saxon "Nursing Professions Act Implementation Ordinance" of 26.11.2019

Duration of training: 3 - 3,5 years

Degree: Nursing specialist



Interprofessional
Ethics
Professional
Fields of study
1. Start of training: becoming a nursing specialist
2. Supporting people to be cared for in movement and self-care
3. Reflection on first nursing experiences - communicate with understanding
4. Promote health and act preventively
5. Provide nursing support to people in curative processes and strengthen patient safety
6. Act safely in acute situations
7. Rehabilitative nursing in an interprofessional team
8. Accompanying people in critical life situations and in the last phase of life
9. Supporting people in shaping their lives in a lifeworld-oriented way
10. Promoting development and health in childhood and adolescence in care situations
11. Supporting people with mental health problems and cognitive impairments in a person-centered and life-world oriented support
Electives:
Care and digitalization, technical language
Learning to learn
Sustainable development in society and care
Practical vocational training

1 Training structure

Competence fields:

- I Nursing planning, nursing diagnostics, nursing process
 - I.1 Nursing planning, nursing diagnostics, nursing process
 - I.2 Health promotion and prevention
 - I.3 Nursing care in critical life situations
 - I.4 Acute life-threatening situations (emergencies)
 - I.5 Social networks and life organization
 - I.6 Development and autonomy



- II Communication and counselling
 - II.1 Communication and interaction
 - II.2 Informing, educating and counselling
 - II.3 Acting ethically
- III Intra- and inter-professional acting
 - III.1 Responsibility in the care team
 - III.2 Medical prescriptions
 - III.3 Working in the Interdisciplinary Team
- IV Laws and regulations
 - IV.1 Quality management
 - IV.2 Social Law, Economy and Ecology
- V Science and profession
 - V.1 Nursing science
 - V.2 Professional self-image

Conclusion

In the future, it will be more problematic in some cases to find suitable nursing staff on the labour market, since the attractiveness of the nursing profession has declined as a result of the points mentioned above.

Positive factors are hard to find; of course, cohesion within the existing teams has improved and mutual support and solidarity among the remaining nursing staff has increased.

However, this does not outweigh the additional workload and professional wear and tear.

Furthermore, many nurses who do not want to be vaccinated for various reasons are likely to leave the nursing profession and thus become absent.

Overall, the attractiveness of the nursing profession has worsened, so it will be difficult to adequately meet future demand with nursing staff in the sector.

This trend can be seen in the current labour market.

In this sense, politicians are called upon to find solutions to the existing problem of meeting the existing demand for nursing staff.



2 Definition of Learning Outcomes

Technical suggestions for continuing education modules:

- Hygiene management in relation to the SARS COVID 19 virus
- Nursing organization and time management in relation to the pandemic situation
- Dealing with own stresses (physical/psychical/social) with regard to the pandemic situation in the nursing context
- special nursing techniques with regard to SARS COVID 19
- Relief offers in the team (supervision)
- Dealing with one's own fears and psychological stresses in everyday nursing care
- Advice for patients and relatives on the special nursing situation in the pandemic situation
- Quality assurance and risk management in relation to the pandemic situation

The duration of the course should be time-efficient as time is an important factor (suggestion: 40 hours with the above content).

A course based on already existing advanced qualifications (nursing service management) or a subject-specific course (ICW Wound Manager or Specialist for Critical Care and Gerontopsychiatry) over a period of at least one year would be conceivable.