

Comparative Study of Competence Profiling in Health Care

Auxiliadora Fernández-López, Luis Felipe Calle-Cruz, Jose Manuel Sevillano Armenta, Carmen Aguilera González, Jesus Damian Turiño-Luque, Luis Gabriel Luque-Romero

Fear of death is a universal feeling, even though it is felt in an individualized way and intensity. The closeness of the end of life is the scariest experience for people and their families; continuous changes, both physical and social and psychoemotional, in recent years the process of dying has become very important in our society so that health professionals must give an effective response to this need.

Patient death is a traumatic event for all health professionals and generates feelings of sadness, anxiety and guilt by generating a distance from them. The more fear of death a professional has, the worse his attitude will be in patient care at the end of life.

Therefore, it is necessary to know the different proficiency profiles (primary or hospital care) and the needs related to the care of the process of dying, to implement evaluable lines of action for the correct professional development. Countries like Canada, the United States and more and more voices in our country, demand this specialized training

Objective

Analyze the degree of coping and fear of death of health professionals in order to design appropriate improvement and intervention measures.

Conduct a comparative study of the effectiveness of two different approaches to determining the degree of competence faced by the death of a sample of health care providers.

Design: Cross-cutting descriptive study by self-administered and anonymous questionnaire. A survey is carried out using the Collet-Lester and Bugen questionnaires to 116 health professionals from different levels of care in the province of Seville. This project was approved by the assistance ethics committee of the Andalusian Health Service and the advisory committee of the EUPCA Academy.

Variables to study: sociodemographic variables (age, sex, level of training, professional category, etc.), previous experiences with death, spirituality, degree of coping and fear of death, among others.

Measurement tools:

A. Collet-Lester Scale: The Collet-Lester Fear of Death Scale (EMMCL) will be included in the questionnaires in its validated Spanish version. It is a self-administered multidimensional instrument consisting of 28 elements and four dimensions (7 elements for each): 1) Fear of death itself, 2) Fear of the process of dying, 3) Fear of the death of others and 4) Fear of the process of dying of others.

Each element is valued using a Likert scale, with respect to the degree of concern or anxiety they have in relation to death or the process of dying, corresponding to a score ranging from 1(nothing) to 5 (much). The total is expressed with a numerical score that relates a high number to a higher degree of worry or anxiety in the face of death and the process of individual and a stranger's death. This instrument was chosen due to the high reliability shown by the revised studies.

B. Bugen Scale: Bugen's scale measures competition in the face of the death of the interviewed subject. It is a validated instrument in Spanish with an alpha coefficient of internal consistency of 0.824. It consists of 30 elements,

valued on a Likert scale of 1 to 7, where 1 means total disagreement and 7 total agreement. The final score is achieved by reversing the value of elements 13 and 24, adding all scores.

Subjects with a percentile equal to or less than P33 have a bad coping with death, while those with a percentile of 66 or higher would have a good level of coping. The middle zone would indicate a degree of neutral coping.

Statistical analysis: A descriptive, inferential and multivariate analysis was performed using logistic regression techniques. In addition, the degree of correlation of scale paths was analyzed, for this a comparison of K-media was performed as the self-organized map technique was executed on the same sample of data, shifting the values of the parameters: number of clusters, neurons per level, learning rates and distance function. The percentage of instances in each group, the mean distance and variance to the centroids, and also the distance between groups were compared. Finally, the analysis of the graph of the clusters and biases found was reported. . Bilateral tests with a 95% confidence level were used. Weka and IBM-SPSS.26 software for Windows were used for this purpose.

Results

The results obtained were men: 45.55% (n . 44) versus women at 54.55% (n .54). Depending on age the percentage was: <30 years (34.34%) >50 years (33.33%). Married were (51.52%) Believers (70.71%) non-practising (49%) and according to the Profession: Primary Care was a (51.52%). Professional Experience: >20 years (39.39%). Experience with dying patients was: 60.2%; the experience of losing a loved one: 54.55%; a family member's experience of serious illness: 46.46%. The Degree of Emotional Preparation was: Moderately prepared (41.8%) and the Degree of Professional Preparation: Moderately prepared (40.8%). The level of coping was moderate of one (35.34%) well-prepared by a (18%) as well as the level of fear of death was moderate in both primary and hospital care.

Conclusions

The two scales can be complementary to understanding terminal illness and death. La enfermería de Atención Primaria tiene un nivel de afrontamiento a la muerte mejor.

Primary Care Nursing has a better level of coping with death.

Primary Care and palliative care unit doctors are less afraid of death. Both scales can be useful in understanding coping strategies and fear of death processes. The main advantages and disadvantages for defining competition with death processes are observed through the use of self-organizing maps.

There is currently a new project divided into two stages with national health professionals from different specialties and levels of assistance. A cross-sectional descriptive study will be carried out using anonymous questionnaires sent by telematics with questions corresponding to the Bugen (death face) and Collet-Lester (fear of death) scales. In a second stage, the situation and proposal for improvement will be analyzed through focus groups, in order to define measurable actions to improve the competencies of health professionals in terms of attention to the death process.

Name: Auxiliadora Fernández-López, Luis Felipe Calle-Cruz, Jose Manuel Sevillano Armenta, Carmen Aguilera González, Jesus Damian Turiño-Luque, Luis Gabriel Luque-Romero

Affiliation: Servicio Andaluz de Salud , Spain Email: laisfelipecallecruz@gmail.com