What competencies do homecare nurses need to work with welfare technology?

With the development of new technologies, especially within welfare and healthcare services, the day of a nurse has changed. It has become essential that the nurse have abilities that surpass those of competence within clinical knowledge and practical skills. Furthermore, home healthcare presents more challenges than before, due to the fact that treatment and care is now being carried out in the homes of patients on a larger scale than before. If the goal is to have patients that live as independently as possible in their own homes, nurses will encounter situations where it is necessary to make decisions whilst being independent and flexible (Andersson, Lindholm, Pettersson & Jonasson, 2017). In order to do this properly, the nurse can utilize welfare technology. There are several competencies that a nurse needs to possess in order to work effectively and well when using welfare technology. This includes, but is not limited to, competency in regard to considering ethics, ensuring patient safety and well-honed communication skills. These competencies bring with them both strengths and weaknesses, as will be presented in this paper.

Ethics and patient safety

"The mission of the nurse is to promote and maintain the health of population, prevent illness, and alleviate suffering.” (ETENE, 2014). Nurses are helping people of all ages to make better their quality of life. Nurses serve communities, families and individuals and are required to notice individual needs and act to aid them for patients best. The nurse is responsible to the patient who needs help and care (ETENE, 2014). Fragmentation of the health care service system and treatment processes complicates treatment safety. Problems with information transfer are increasing mistakes. Low resources and fast turnover of nursing staff are weakening patient safety. Investigators have an opinion that even half of the disadvantages could be avoided with anticipating and preventing risks and learning from them.

A report from Norway has shown an increased perception of safety through the use of sensors and digital supervision of patients. This is beneficial to the nurses, patients and their relatives. The home visits were described as more efficient – the sensors and digital supervision resulted in patients receiving help quicker than solely with planned home visits. It also eliminated the amount of false alarm responses because it was possible for the nurses to log on and see the situation in real life and evaluate the need for a response. The report also commented that it allows for a better sleep pattern for some patients. Fewer physical visits mean that there will not be unnecessary disruptions, whilst still maintaining patient safety through the proper use of sensors/digital supervision. The nurse is in control of the patients physical state at all times, but does not have to disrupt the patients sleep. The patients reported that they felt safer when using this technology as opposed to when it was not in use. All in all, the report concluded that this type of technology not only increased patient safety, but also allowed the patients to receive higher quality care and it improved the possibility to live at home for a longer period of time (Melting 2017).
The basic communication skills are listening, asking questions, paralinguistics and body language. For nurses, communication is an integral part of their work. In addition to the basic communication skills, nurses need certain professional characteristics, such as empathy, warmth and genuineness. Nurses have to be non-judgmental towards patients, accept them as unique individuals and develop awareness of their own communication skills. (McCabe & Timmins, 2013). Since patient care in hospital wards is decreasing, nurses need other ways to communicate with patients than face-to-face communication. Studies show that by using electronic devices, nurses can communicate with patients. It’s a simple way to reach patients when they are at home (Niemi, Hupli & Koivunen, 2016).

**Weaknesses**

Homecare nurses are facing big challenges since more advanced welfare technology and care are increasingly being carried out in patients’ homes. According to Andersson et al. (2017) homecare could be seen from an international perspective. Simultaneously, Western countries, for example Finland, Denmark, Norway and Sweden have different healthcare systems that influence the care provided. Research has shown that staffing, staffing levels, standards and qualifications are conditions that are difficult to compare between countries. The thing homecare in western countries have in common is the significant impact that technology have had in health care. The diversity of technology is growing and its knowledge scattered (Eriksson, Korhonen & Nordman, 2015).

With the fast-paced technology in the field of care, other important parts have fallen behind such as the views on the individuality of human beings, patient safety, autonomy, ethics and united knowledge about the technology being used. With the amount of focus on and funding of welfare technology, it is a fact that its development will continue at a fast pace. Keeping up with the changes and different types of technology will not be an easy task.

Most nurses are not trained or are insufficiently trained to use these technologies effectively. Therefore, the potential of welfare technology fails to reach full utilization. With education and training technology and healthcare can be brought together (Van Houwelingen, Moerman, Ettema, Kort & Cate, 2016).

Welfare technology can also threaten the human good if the human aspects, such as willingness and the ability to use technology or the conflict between technology, nursing art and nursing science, are not considered. There is a possibility of misunderstanding the information received from the electronic devices that can be harmful or even catastrophic for the patients. Furthermore, can technology may alter the will of people and the patients can become dependent on the technology. Misplaced trust in technology, poor navigation systems and leaving the patients’ needs without attention creates problems. This kind of technological issues demands more time and energy then the traditional methods (Korhonen, Nordman & Eriksson, 2014).
Strengths/opportunities

According to the article written by Eriksson et al. (2014) the nurses said that they had a strong desire to do their best not only for the patients but also the colleagues they worked with. By being a “capable nurse” the nurses maintain control over the situation and feel confident when carrying out the work with the patients. Maintain control over the situation and have confident are some very strong competences since patients’ care needs are increasing and more advanced care and treatment including welfare technology are undertaken in the homecare situations.

Welfare technology in the home care contributes to making the individual patient more independent and supports the self-care and empowerment of the patient. The patient should no longer be dependent on a nurse, for example, to help the patient in the toilet or measure the blood pressure. Welfare technology solutions can thus contribute to increasing the individual's independence and accountability, which can increase quality of life for the patient.

Another strength of using the welfare technology in the home nursing situation is that the new and smart technology can make people with disability and reduced functioning of all ages feel more self-reliant, so they achieve greater independence, security, environmental control and social activity in their lives. Furthermore, welfare technology solutions can support or take over many of the tasks which is, in some situation, currently performed by the relatives or the nurses (Socialstyrelsen, 2018).

Integrating welfare technology into healthcare opens up for a whole new way of treating and following up on patients. Certain countries have a widely spread population – where patients may not have a doctors office or hospital in near vicinity. The commute to such a facility takes a toll on the patient and is more of a hassle than help. Using technology as a tool for checkups eliminates the need for travel over long distances, freeing up resources in form of time and money for both healthcare professionals and patients (Melting 2017).

References


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