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Review

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Abstract

The right qualifications and competencies are needed to practice a particular profession. These terms are often used interchangeably, as there is considerable overlap between the scopes of the two concepts. Nowadays, competencies are increasingly expressed in terms of emphasising autonomy and responsibility in the performance of tasks. The practice of nursing consists in the provision of health services by a person who is qualified and licensed to practise the profession. In Poland, a nurse achieves the professional qualification after graduating from a nursing school. During the course of his/her career, the nurse may enhance the knowledge and skills necessary to provide health services through various forms of postgraduate education. Nursing is an autonomous profession, regulated by law. Completion of the various forms of postgraduate training provides nurses with additional qualifications that are worth bearing in mind in their daily professional work.

Key words: nurse, qualifications, competencies, professional autonomy

Introduction

Professional qualifications are the skills, knowledge, education and experience necessary to practice a specific profession, documented by diplomas, certificates or other documents. According to the Ordinance of the Ministry of National Education of 13 December 2016 on the classification of vocational education professions, professional qualifications are sets of expected learning outcomes (knowledge, professional skills and personal and social competencies) that allow independent performance of specific professional tasks. Another concept is competencies, which are just as necessary in a career as qualifications, and can be divided into hard and soft competencies. The former include knowledge in a given field, knowledge of computer programmes, languages. Soft competencies are social skills (multi-tasking, flexibility, communication skills, resistance to stress, ability to work in a group, under time pressure, adapt to change and take risks) and specific personality traits. Professional competencies are cognitive and individual abilities that constitute an aptitude for a specific job. Competencies mainly result from qualifications and determine their use in order to take targeted, effective action [1–3].

Undergraduate training of nurses

In Poland, a nurse achieves the professional qualification after graduating from a nursing school. Pursuant to Art. 52 sec. 2 of the Act of 15 July 2011 on nursing and midwifery professions, nursing schools are universities providing education in the field of nursing at the level of first-cycle studies (bachelor's degree in nursing/obstetrics) and second-cycle studies (master's degree in nursing/obstetrics) [4–6].

Education is provided on the basis of the standard of education preparing for the nursing and midwifery professions, in first- and second-cycle studies in nursing [7]. The standard is a set of rules and requirements within the scope of education, concerning the organisation of education, the persons providing it, the general and specific learning outcomes, as well as the verification of the learning outcomes achieved. On completion of the training, the nurse/midwife obtains an appropriate qualification, confirmed by the acquisition of a licence to practise [4, 7, 8].

Postgraduate training of nurses

The aforementioned Act on nursing and midwifery professions also regulates the postgraduate training of nurses and midwives and the terms and conditions of practice. Pursuant to Art. 61

of the Act, nurses and midwives have the obligation to continuously update their professional knowledge and skills and the right to continuing professional development in various types of postgraduate education. The Act provides for the following forms of postgraduate training:

- specialist training (specialisation);
- qualifying course;
- specialist course;
- professional development course [4–6, 8, 9].

Specialisation aims to provide the nurse or midwife with specialist knowledge and skills in a specific field of nursing or a field applicable to health care and the title of specialist in that field [4–6, 8, 9]. The fields in which specialisation may be acquired are specified in the Ordinance of the Minister of Health of 12 December 2013 on the list of nursing fields and fields applicable to health care in which specialisation and qualifying courses may be conducted. Under this legislation, specialisations are currently provided in 11 areas of nursing and qualifying courses in 19 areas of nursing [10].

A qualifying course aims to equip the nurse or midwife with the knowledge and skills needed to provide specific health services in a particular field of nursing or a field applicable to health care [4–6, 9]. A specialist course is a type of training that, according to the Act on nursing and midwifery professions, aims to equip the nurse or midwife with the knowledge and skills needed to perform specific professional activities when providing nursing, preventive, diagnostic, therapeutic or rehabilitation services [4–6, 9]. The professional development course aims to deepen and update the professional knowledge and skills of the nurse or midwife [4–6, 9].

Professional autonomy of nurses

The practice of the profession by nurses prior to the entry into force of the Act on nursing and midwifery professions in 1996 was limited to nursing, instrumental and medical care and emergency care until the arrival of a doctor. As a rule, the nurse was not allowed to administer any treatment without a medical order. After the Act of 5 July 1996 on nursing and midwifery professions was introduced, the nursing profession started to become more independent [11]. Even broader competencies were provided for in the Law of 15 July 2011 [4, 12], according to which the practice of the nursing profession consists in the provision of health services, including:

1. Identifying the patient's health conditions and needs.

2. Identifying the nursing problems concerning the patient.

3. Planning and providing nursing care for the patient.

4. Providing preventive, diagnostic, therapeutic and rehabilitation services and medical emergency care within a defined scope independently.

5. Carrying out doctor's orders in the process of diagnosis, treatment and rehabilitation.

6. Deciding the type and extent of care and nursing services.

7. Health education and health promotion [4, 13].

According to the Act, the practice of nursing is also considered to include, among other things, teaching nursing, conducting scientific research in the field of nursing, leading and managing nursing teams. The Act clearly provides for the possibility to perform certain preventive, diagnostic, therapeutic and rehabilitation services and medical emergency care independently [4, 13].

The first Ordinance of the Minister of Health on the type and scope of preventive, diagnostic, therapeutic and rehabilitation services provided by a nurse or midwife independently, without a medical order, was introduced on 7 November 2007 [14]. Another Ordinance of 28 February 2017 on the type and scope of preventive, diagnostic, therapeutic and rehabilitation services provided by a nurse or a midwife independently, without a medical order, has been in force since 23 March 2017 and specifies:

1. The type and extent of preventive, diagnostic, therapeutic and rehabilitation services that can be provided independently, without a medical order, by a nurse and a midwife.

2. The list of medicinal products and aids which nurses and midwives are authorised to use on their own without a medical order.

3. The types of materials that may be collected by the nurse and midwife for diagnostic purposes independently, without a medical order.

4. The type and extent of emergency medical care provided by the nurse.

5. The list of diagnostic tests that may be performed by a nurse or a midwife [13, 15–17].

The independent provision of some health services by nurses requires additional qualifications obtained during postgraduate training after specialisation in a specific field of nursing, or qualifying or specialist courses [13, 15–17].

The list of medicinal products that nurses are authorised to use on their own, without a medical order, is set out in Appendix 3 to the Ordinance and includes 32 items (medicines - active substances). In addition, a nurse can administer all available OTC (*over-the-counter*) medicines, i.e. medicines available without a doctor's prescription, on his/her own [13, 15–17]. Appendix 4 to the Ordinance sets out a list of aids that nurses are authorised to use, on their own, without a medical order [15].

According to the Ordinance, a nurse and a midwife may collect for diagnostic purposes, without a medical order, any type of material for examination, which results from the professional qualifications acquired in the course of undergraduate and postgraduate studies. The types of material include, in particular: venous blood, urine, saliva, faeces, hair, nail scrapings, upper respiratory tract swab, wound swab, urinary tract and genital swab, rectal swab, eye swab, cheek swab and cytological swabs [15, 17].

Appendix 6 to the Ordinance contains a list of diagnostic tests that may be administered by a nurse on his/her own and includes, but is not limited to, tests carried out using analysers or other measuring devices and examinations carried out using rapid diagnostic tests [15].

Pursuant to § 8. 1., a nurse practising in a healthcare institution is obliged to inform, without undue delay, the doctor under whose care the patient is being treated of any preventive, diagnostic, therapeutic or rehabilitation services provided to the patient without a medical order, as well as of any medicinal products administered and examinations carried out. **2. [??]** The provision of sec. 1 shall apply mutatis mutandis to a nurse and a midwife caring for a patient and practising outside a health care provider if, in his/her presence, the patient receives medical care [5, 13, 15–17].

The Act of 22 July 2014 amending the Act on nursing and midwifery professions and certain other acts included new authorisations for nurses [18]. Pursuant to Art. 15a. of the Act, the nurses being authorised to prescribe and issue prescriptions for medicines and medical devices is dependent on their level of education and acquired qualifications:

- A nurse holding a second-cycle diploma in nursing or midwifery and a nurse holding a specialist degree in nursing may issue prescriptions for medicines, as well as prescribe certain medical devices, including the issuing of orders or prescriptions for them, provided they have completed a specialist course in this field. (Course: “Prescribing medications”).

- A nurse with at least a first-cycle diploma in nursing or midwifery and a nurse with a specialist degree in nursing in the execution of medical orders in the process of diagnosis, treatment and rehabilitation are authorised to issue prescriptions for medicines, with the exception of medicines containing very potent substances, narcotic drugs and psychotropic substances, as well as foodstuffs for special nutritional purposes necessary for the continuation of treatment if he/she has completed a specialist course in this field [12].

The obligation to complete a specialist course does not apply to nurses who have acquired the knowledge covered by such a course as part of their education in nursing schools or as part of their specialist training [12].

Art.15a. is supplemented by Art. 15b. of the Act on nursing and midwifery professions, according to which a nurse authorised to issue a prescription for a medicinal product is obliged to carry out the necessary physical examination of the patient to the extent that allows to assess the legitimacy of the prescription [5, 13, 16–18].

Palliative care nurses

Palliative care is team-based care, requiring all team members to work together in a coordinated, harmonious manner. The team includes doctors, nurses, psychologists and physiotherapists. The provision of care requires proper organisation, efficient communication, knowledge and competence in dealing with medical, psychological and ethical/moral issues. The nurse involved in the planning of the care provided by individual team members often becomes the patient care coordinator.

Caring for a patient with advanced illness requires the nurse to acquire competencies that will improve the patient's quality of life. The palliative care nurse should be skilled in using and combining knowledge from different fields of medicine and nursing in his/her work. Nurses acquire knowledge and skills during undergraduate and postgraduate studies. During specialist training, a nurse acquires the specialised knowledge and skills to provide independent, professional and holistic care for an adult or child with an advanced progressive illness not amenable to causal treatment, and the family/carers of the adult or child patient [19]. The qualifying course in palliative care nursing provides the specialist knowledge and necessary skills to care for patients with chronic, progressive, life-threatening illnesses [20]. After completing a specialist course in the fundamentals of palliative care, a nurse is able to apply therapeutic methods to improve the quality of life of the palliative care patient and

his/her family/carers [21]. Table 1 lists the learning outcomes that a nurse achieves on the completion of:

- specialist training in palliative care nursing;
- qualifying course in palliative care nursing;
- specialist course in fundamentals of palliative care [19–21].

Table 1. List of learning outcomes achieved by a nurse as a result of completing various forms of postgraduate training in palliative care nursing [19–21].

<table>
<tr><th></th><th>Specialist training in palliative care nursing</th><th>Qualifying course in palliative care nursing</th><th>Specialist course in fundamentals of palliative care</th></tr>
<tr><td rowspan="7">Learning outcomes achieved by a nurse as a result of completing the specialist training, qualifying course and specialist course in palliative care nursing</td><td colspan="3">Assessment of the quality of life of patients receiving palliative care</td></tr>
<tr><td>Assessment of the quality of dying</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td>Assessment and monitoring of pain and selected symptoms in chronic patients receiving palliative care</td></tr>
<tr><td colspan="2">Assessment and monitoring of pain using standard scales</td><td></td></tr>
<tr><td colspan="2">Assessment of pain in an unconscious person</td><td></td></tr>
<tr><td colspan="2">Administration of drugs into vascular access ports and central catheters</td><td></td></tr>
<tr><td>Ad hoc modification of the dose and route of administration of analgesics based on the patient's condition and pain intensity</td><td>Ad hoc modification of the dose of the analgesics based on the patient's condition and pain intensity</td><td>Ad hoc modification of the dose of the analgesics based on the patient's condition and pain intensity after consultation with the doctor</td></tr>
</table>

	Ad hoc modification of the dose and route of administration of medications used to relieve respiratory, gastrointestinal, genitourinary and nervous system symptoms	**Ad hoc modification of the dose of medications** used to relieve respiratory, gastrointestinal, genitourinary and nervous system symptoms	**Ad hoc modification of the dose of medications** used to relieve respiratory, gastrointestinal, genitourinary and nervous system symptoms **after consultation with the doctor**
		Ad hoc modification of the **route** of administration of analgesics and medications used to relieve symptoms **after consultation with a doctor**	
	Ad hoc modification of the dose and route of administration of drugs used in patients in emergency situations		
	In cases of emergency, if the doctor cannot be contacted and/or there are no pre-recorded medical orders, the administration of ad hoc medication included in the list attached to the programme		
	Administering medications based on a medical order to relieve symptoms in palliative care patients by various routes **(including the epidural route)**, taking into account modern techniques (e.g. patient-controlled analgesia)		Administering medications based on a medical order to relieve symptoms in palliative care patients by various routes **(excluding the epidural route)**

	Planning and implementation of measures in the prevention of pressure sores and ulcers		
	Dressing/treating pressure ulcer wounds	Assessment and managing of pressure sores, fungating wounds and radiation dermatitis	
	Dressing of fungating wounds		Dressing of fungating wounds
	Managing/treatment of radiation dermatitis		
	Dressing of fistulae		
	Collection of biological material from a wound for bacteriological examination		
			Subcutaneous infusion of fluids
	Providing the patient and family with information on eliminating somatic symptoms and on nursing procedures		
	Oral care (for fungal infection, dry mouth, xerostomia, complications after radio- and chemotherapy)		
	Stoma care and handling of stoma equipment		
	Performing rectal examination, rectal infusion, manual extraction of stool		

In the specialist training programme in palliative care nursing for nurses, there is Appendix 1, which contains a list of medications that a nurse with the title of a specialist in palliative care nursing can administer to a patient on an ad hoc basis without a medical order in emergency situations, if the doctor cannot be contacted and if there are no pre-recorded orders. The list significantly expands the competencies of the nurse after specialisation in this field [19].

Table 2. A list of medications that a nurse with the title of a specialist in emergency palliative care nursing may administer to a patient on an ad hoc basis without a medical order if the doctor cannot be contacted and/or there are no pre-recorded orders [13].

No.	**Drug name**	**Form**	**Route of administration**

1	Tranexamic acid	Solution for injection (500 mg/5 ml)	Intravenous
2	Dexamethasone sodium phosphate (*)	Solution for injection (4 mg/1 ml)	Intramuscular, intravenous, subcutaneous (*)
3	Diazepam	Solution for injection or rectal infusion (up to 10 mg/2 ml)	Intramuscular, intravenous, rectal
4	Etamsylate	Solution for injection (250 mg/2 ml)	Intramuscular, intravenous
5	Flumazenil	Solution for injection 500 µg/5 ml	Intravenous
6	Furosemide	Solution for injection (20 mg/2 ml)	Intramuscular, intravenous
7	Haloperidol	Solution for injection (5 mg/1 ml)	Intramuscular, subcutaneous (*)
8	Hyoscine butylbromide	Solution for injection (20 mg/1 ml)	Subcutaneous (*), intravenous
9	Lorazepam	Sugar-coated tablets 1 mg and 2.5 mg	Oral, sublingual (*)
10	Metoclopramide	Solution for injection (10 mg/2 ml)	Intravenous, subcutaneous (*), intramuscular
11	Midazolam	Solution for injection (5 mg/1 ml)	Intramuscular, subcutaneous (*)
12	Morphine sulphate	Solution for injection (10 mg/ml; 20 mg/ml)	Oral, intramuscular, intravenous, subcutaneous
13	Naloxonum hydrochloricum	Solution for injection (400 µg/ml)	Intramuscular, intravenous, subcutaneous
14	Natrium chloratum 0.9%	Solution for intravenous infusion	Intravenous
15	Isotonic multielectrolyte physiologic	Solution for intravenous infusion	Intravenous

	saline		

*Off-label medicinal products/routes of administration

Nurses' liability

The nursing profession qualifies as a profession of public trust and gives rise to the phenomenon of social responsibility. Liability is the commitment of an organisation or individual to fulfil the tasks and responsibilities imposed on or assumed by it and to bear the consequences of its conscious decisions, acts, omissions [6, 22]. Nurses and midwives, like doctors, are subject to various forms of liability in connection with their profession:

- criminal liability;
- civil liability;
- employee liability;
- professional liability [6, 22].

Criminal liability arises from violations of applicable laws and includes acts against particularly protected goods, such as health and life. The rules of conduct and consequences in the event of a breach of these rules are set out in the Penal Code. The improper acts of nurses and midwives can be classified as fulfilling the criteria of one of the crimes regulated in the special part of the Penal Code, including: Art. 155 of the Penal Code, Art. 156 § 1 and 2 of the Penal Code; Art. 157 § 1, 2 and 3 of the Penal Code; Art. 160 § 1, 2 and 3 of the Penal Code; Art. 162 § 1 of the Penal Code [6, 23]. Civil liability is the obligation under the law to bear the consequences for one's actions and to compensate for the damage caused. An error related to a nurse's activity resulting in civil liability is most often an executive error or an injury resulting from a failure to provide health care services. The extent and nature of civil liability depends on the form of employment:

- Employment contract — the employer (hospital, clinic) is solely responsible for medical errors made by the nurse. In the event of the insolvency of the healthcare provider, the injured person may claim compensation directly from the employee who caused the damage while performing the services. A recourse claim by the employer against the employee to reimburse part of the compensation paid to the injured person also cannot be excluded. The amount of recourse depends on the type of fault: for damage caused through unintentional fault - it is limited to three months' salary; for

damage caused through intentional fault, recourse should be paid in full (Art. 119 and others of the Labour Code).

- Civil law contract — the nurse, as the person taking the order, is jointly and severally liable with the healthcare provider. The liability of both entities is joint and several (Art. 441 of the Civil Code). Joint and several liability as provided for in the above-mentioned article occurs when damage is caused by a tortious act committed by several persons. If the damage was the result of an act or omission of several persons, the person who rectified the damage may claim an appropriate share from the others, depending on the circumstances (the fault of the person concerned or the extent to which he/she contributed to the damage). The one who has rectified the damage for which he/she is responsible, despite not being at fault, has a right to claim recourse against the person who caused the damage.

Civil liability is governed by the Civil Code and it is decided by common courts [6, 24–29]. Employee liability is the negative consequences prescribed by law to be borne by an employee due to the non-performance or improper performance of his/her duties. It arises from employment law and the employment relationship between the employee and the employer. Under employee liability, the Labour Code distinguishes:

- Liability for maintenance of order, which consists in bearing negative consequences for failure to comply with the established organisation and order in the work process, occupational health and safety regulations, fire safety regulations and other duties related to maintenance of order (Art. 108-113 of the Labour Code). The list of penalties for breach of order is a closed list and includes three types of penalties: admonition, reprimand and fine. The employer is obliged to select the type of penalty according to the degree and nature of the breach of order.
- Material liability, including liability for unintentional or intentional damage and liability for property entrusted to the employee, regulated by Art. 114–125 of the Labour Code. Damage may include the loss incurred on the injured person's property or the loss of the benefits that the person could have achieved if the damage had not occurred. The type of injury is important in determining the limits of the employee's liability. [6, 27, 29].

Professional liability is a specific type of liability, resulting from belonging to a specific professional group. Incurring professional liability is the consequence of a breach of

professional ethics or professional regulations. Ruling in matters of professional liability for conduct contrary to the principles of professional ethics and culpable violation of the regulations governing the practice of nursing and midwifery, including issues relating to conduct in accordance with current medical knowledge, based on facts and evidence (EBM, evidence-based medicine; EBNP, evidence-based nursing practice), is done by the courts for nurses and midwives. Pursuant to the Act on the self-government of nurses and midwives, professional liability applies to all members of the self-government as well as citizens of European Union member states practising as nurses on the territory of our country. Professional liability is regulated by Chapter 6 of the Act of 1 July 2011 on the self-government of nurses and midwives. [6, 8, 22, 30–32].

Conclusion

Nursing care is one of the areas of health services that has a significant impact on the level of medical services provided. In carrying out professional tasks, based on the qualifications and competencies obtained, the nurse acts for the benefit of people and the environment, his/her own profession, and the science of nursing. The modern nurse should be characterised by professionalism, a desire for continuing education, openness to changes, the ability to make quick decisions, express his/her own opinion and work as part of a team and communicate with people. In the nursing profession, a sense of responsibility to perform duties to a high enough standard is important. The nurse's responsibility for his/her own development and deepening his/her knowledge ensures a high level of medical service. The professional autonomy of nurses enhances accountability for their decisions, consistent with professional qualifications, competencies and due diligence. Extension of authorisations plays a special role among palliative care nurses. Completion of various forms of postgraduate training expands competencies and thus increases work efficiency and professional autonomy. With the knowledge and skills acquired, nurses are better equipped to provide specialist palliative care services.

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