

KAUNAS UNIVERSITY OF TECHNOLOGY

VILMA ŽYDŽIŪNAITĖ

**EDUCATIONAL DIAGNOSTICS OF TEAMWORK
COMPETENCIES
AND
SUBSTANTIATION OF THEIR DEVELOPMENT
IN VOCATIONAL EDUCATION OF NURSES**

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Academic supervisor:

Prof. habil. dr. Gediminas MERKYS (Social Sciences, Education Science, 07S, Kaunas University of Technology).

Council of defense of the doctoral dissertation:

Prof. habil. dr. Palmira JUCEVIČIENĖ (Social Sciences, Education Science, 07S, Kaunas University of Technology) - **chairman**,

Prof. habil. dr. Gediminas MERKYS (Social Sciences, Education Science, 07S, Kaunas University of Technology),

Prof. habil. dr. Apolinaras ZABORSKIS (Biomedical Sciences, Public Health Science, 10B, Kaunas University of Medicine),

Assoc. prof. dr. Brigita JANIŪNAITĖ (Social Sciences, Education Science, 07S, Kaunas University of Technology),

Dr. Jonas RUŠKUS (Social Sciences, Education Science, 07S, Šiauliai University).

Official opponents:

Prof. habil. dr. Kęstutis KARDELIS (Social Sciences, Education Science, 07S, Lithuanian Academy of Physical Education),

Assoc. prof. dr. Liuda RUPŠIENĖ (Social Sciences, Education Science, 07S, Klaipėda University).

The official defense of the dissertation will be held at 1 p.m. on November 28, 2003 at the public session at Rectorate Hall (K.Donelaičio 73, Kaunas, room No. 402) of Kaunas University of Technology.

Address: K. Donelaičio 73, LT-3006 Kaunas, Lithuania.

Tel.: (370) 7 30 00 42, fax: (370) 7 32 41 44; e-mail: mok.grupe@adm.ktu.lt

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Mokslinis vadovas:

Prof. habil. dr. Gediminas MERKYS (Kauno technologijos universitetas, socialiniai mokslai, edukologija, 07S).

Disertacijos gynimo taryba:

Prof. habil. dr. Palmira JUCEVIČIENĖ (Kauno technologijos universitetas, socialiniai mokslai, edukologija, 07S) – **pirmininkė**,

Prof. habil. dr. Gediminas MERKYS (Kauno technologijos universitetas, socialiniai mokslai, edukologija, 07S),

Prof. habil. dr. Apolinaras ZABORSKIS (Kauno medicinos universitetas, biomedicinos mokslai, visuomenės sveikata, 10B),

Doc. dr. Brigita JANIŪNAITĖ (Kauno technologijos universitetas, socialiniai mokslai, edukologija, 07S),

Dr. Jonas RUŠKŪS (Šiaulių universitetas, socialiniai mokslai, edukologija, 07S).

Oponentai:

Prof. habil. dr. Kęstutis KARDELIS (Lietuvos kūno kultūros akademija, socialiniai mokslai, edukologija, 07S),

Doc. dr. Liuda RUPŠIENĖ (Klaipėdos universitetas, socialiniai mokslai, edukologija, 07S).

Disertacija ginama 2003 m. lapkričio 28 d., 13.00 val. viešame tarybos posėdyje, kuris įvyks Kauno technologijos universitete, Rektorato salėje (K. Donelaičio 73, Kaunas, 402 a.).

Adresas: K. Donelaičio g. 73, LT – 3006, Kaunas.

Tel. 8 – 37 – 30 00 42, faksas 8 – 37 - 32 41 44, el. paštas: mok.grupe@adm.ktu.lt

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Introduction

Various foreign¹ and Lithuanian² researchers investigate the concept of *teamwork*. The most important characteristic of teamwork is the competence of team members. The *concept competence* is closely related to the ability to manage complex situations and apply knowledge, skills on various levels of activity, and, thus, to present itself as an urgent research object for social sciences. The theoretical construct of competencies broadened the meaning of the notion *competence* and became an essential purposive category in education, manifested by activity, social and personal competencies. Competencies is a core theme in education*, management**, psychology***, nursing****. The place of competence and competencies is in the junction between continuous professional development of nurses and nursing activity, and the research of competencies strives to find the possibilities to integrate activity, its requirements, and personal qualities of nurses as well as the process of their permanent education. In spite of various investigations in the context of the concept competence, it is important to ascertain, that a conditionally neglected research sector exists here – the latter includes the qualities of teamwork competencies and the characteristics of these competencies, that are urgent for nurses as well as the developmental peculiarities of teamwork competencies in vocational education of nurses. According to Mahmoodi & King (1992), Doe (2000, 2001), Salas (2002), *teamwork competencies* include three elements: 1) Knowledge, abilities and standpoints, that are urgent for the activity. 2) Orientation to the areas of management, psychology, education, sociology, which ‘stimulate’ teamwork. 3) Orientation to an individual/teamwork member and team levels. Integration of the above-mentioned aspects in the environment of teamwork is the precondition for team members to understand processes of teamwork and communication, to diagnose disturbances in realization of teamwork competencies and on the basis of the results of the diagnosis to reflect activity and empower oneself to continuous professional development.

Professional development reflects personal obligation to answer the questions that are emerging continually in the context of practice (Mueller, 1987): “What influences the formation and development of the attitude to learning, based on inquiry (that is, what inspires motivation to develop understanding and perception)? What ensures personal obligation and enthusiasm of a specialist to result in the adequate professional development?” In professional development the two following variables are urgent (French & Bell, 1984): 1) *Content*, which includes aims and objectives of professional activity, and answers the question, what superintendents and customers of a specific professional group are striving for and what they should do. 2) *Process*,

¹ Hendrix, 2002; Dessler, 2001; Kneafsey *et al.*, 2001; Stewart, 2001; Fisher, 2000; Appelbaum, 1999; Kirby *et al.*, 1999; Stoner *et al.*, 1999; Heimer & Vience, 1998; Hopkins *et al.*, 1998; Regenstein *et al.*, 1998; Fisher & Fisher, 1997; Nolan *et al.*, 1997; Hartzler & Henry, 1997; Berger, 1996; Richardson, 1995; Lipnack & Stamps, 1995, 1997; Brewer *et al.*, 1994; Cupello, 1994; Harrington, 1994; Katzenback & Smith, 1994; Beyerlein, 1993; Shonk, 1992; Hirshorn, 1991; Margerison & McCann, 1990; Adair, 1986; Belbin, 1981, 1993; Kron, 1981; Douglas & Bevis, 1979; Zander, 1974

² Jucevičienė, 1996; Seilius, 1999; Smilga & Bosas, 1999; Vijeikienė & Vijeikis, 2000; Barvydienė & Kasiulis, 2001; Tamošiūnas, 1999; Želvys, 2001; Merkys *et al.*, 2002

* Jucevičienė & Lepaitė, 2000; Lepaitė, 2001; Westera, 2001; Kirschner, 1997; Barnett, 1994; Schön, 1991; White & Mayer, 1980; Gagne, 1977; Gardner, 1975; Posner & Keele, 1973

**Stewart, 2001; Bern, 2000; Cole, 1998; Kron, 1981; Douglass & Bevis, 1979

*** Pikūnas & Palujanskienė, 2000; Oliver, 1993; Organ & Bateman, 1986

**** Alsop, 2001; Alexian *et al.*, 1999; Fraser *et al.*, 1997; Adams *et al.*, 1996; Lankshear *et al.*, 1996; Benner *et al.*, 1996; Hird, 1995; Stutsky & Laschinger, 1995; Philips *et al.*, 1993

which indicates, how some professional group is striving for its aim and how this group is realizing concrete objectives.

The first European Conference on Nursing was held in Vienna (Austria) in 1988, and there were formed the targets for the new role of a European nurse, that should not be limited by narrow professional education and task-oriented nursing were discussed. The mission of nursing was defined as rendering assistance and help for individuals, families, and groups within the challenging context of the environment in which they live and work (Salvage, 1993). It means, that nurses need two aspects: ▶ broad basic education as a precondition, that nurses are equipped with multidisciplinary competencies; ▶ continuous development of these competencies and their fostering, directed “to education, administration and management of health care” (International Labor Organization, 1998, p.40). Vocational training and education of nurses with the orientation to acquisition of specific skills, abilities and theoretical knowledge do not fit the changing demands of activity and the needs of society. Thus, permanent professional education of nurses as the basis for professional development, should be directed to the activity sphere, which means that nurses should be able to work in the environments, characterized by complex situations, controversial information and non-formal, flexible, dynamic collaboration. In such context the *connection between the concepts of development and teamwork competencies* is clearing up. Such connection is supported by Douglas & Bevis (1979), who indicate, that “teamwork, which is realized in nurses’ population, facilitates possibilities of the nurses’ professional group to apply and develop competencies in full value” (p.178).

According to Janhonen (1992), in nursing that is oriented to teamwork, the main focus is on nurse’s ability to apply multidisciplinary knowledge and to carry out the role as an organizing specialist and to apply social sciences in practice: ▶ *management*, which includes an ability to manage a complex process to help a patient; ▶ *psychology*, which incorporates nurse’s ability to communicate with a patient, according to his/her needs, expectations and abilities as well as an ability to motivate a patient to strive for his(her) self-care; ▶ *education* that emphasizes nurse’s knowledge how to carry out nursing, what a patient should be taught and in which areas a nurse should empower her/himself for development. It means, that in nursing, oriented to teamwork, there is an overlap between social and nursing sciences. Nurses should be educated to be able to work in teamwork, and the nursing curriculum should be based on evidence and research, that stimulates continuous analysis and experiential learning, understanding of importance of regular evaluations as an inseparable component of nursing activity (Salvage, 1993; WHO, 1998). Consequently, the study process of nursing, based on cooperative learning, reflection and experiential learning is the primary precondition for professional development of nurses.

Research problem. The Lithuanian society lives in the time of transformations, characterized by changes in political, economical, social tendencies. These changes influence the systems of health care and related vocational training and education, increasingly demanding higher standard requirements for the acquisition of professional competence and the competencies that comprise it, alongside with their permanent development (Salvage, 1993; WHO, 1997; ICN, 1999).

Specificity of nurses’ competencies and their characteristics is an urgent research object in Western countries since the end of 20th century (e.g. Allison & McLaughlin–Renpenning, 1998; Hird, 1995; Clifford, 1993; Parsons, 1992; Gonczi *et al*, 1990). In Lithuania there is a deficiency of such kind of research. The development of nurses’ competencies is an essential problem in educational science (e.g. Doran *et al*, 2002; Miller *et al*, 1999; Nolan *et al*, 1998; Campbell, 1998; Benner *et al*, 1996; Lankshear *et al*, 1996; Norman *et al*, 1996; Stutsky &

Laschinger, 1995; Ashroft, 1992). The precondition for efficient solution of such a problem is the realization of educational diagnostics that: ▶helps identify the manifestation of nurses' competencies and their limits, as well as the needs and directions of their development; ▶stimulates nurses' motivation to reflect activity and permanently to develop professionally. The greatest part of nurses' activity consists of extreme situations and complex problems, that cannot be managed or solved merely by technical competencies, oriented to biomedicine (Stutsky & Laschinger, 1995) and traditional nursing activity, characterized by strict hierarchy and obedience (Macleod *et al.*, 1992; Kneafsey *et al.*, 2001). The new understanding about nursing as a multidisciplinary activity gives the preference to teamwork rather than individual performance.

The experience of the author of the dissertation (as a nurse practitioner) and the results of the presented research, that illuminate the reality of contemporary nursing practice in Lithuania, show, that: ▶nurses' activity is characterized by technical manipulations and individual work; ▶nurses are short of time to communicate with patients due to loads of "other" work; ▶nurses lack empowerment to realize multidisciplinary of competencies in full value; they do not have internal motivation to develop these competencies. It means, that realization of holistic professional competence, which includes teamwork competencies, depends on the interaction of both psychosocial and educational contexts (Kneafsey *et al.*, 2001; Benner *et al.*, 1996; Hird, 1995).

Vocational training and education of nurses in Lithuania is concentrated at the colleges and universities. Competencies, acquired in these educational institutions, form the premises for the clinical/technical activity and autonomous work. Vocational education here lacks considerable attention to develop nurses' ability to work in teams. Thus there is a need to create a curriculum model of nurses' vocational education as a premise to satisfy educational needs of teamwork competencies.

Educational diagnostics helps identify effectively educational trends of teamwork competencies and it is a premise for creating an individual plan of learning and development (Cimbricz, 2002; Pearson *et al.*, 2000; Benner *et al.*, 1996; Camilli, 1996; Sanders & Horn, 1995; Stutsky & Laschinger, 1995). The collected information and its analysis as a result of the diagnostic research: ◦empowers nurses for deeper understanding of a situation and for reflection on activity and, consequently, the purposeful development of competencies; ◦stimulates organizations of vocational education of nurses to review and correct curriculum. Thus, ***from educational point of view, an urgent research problem of developing teamwork competencies in vocational education of nurses is the contradiction among the following four aspects: 1) rapid changes in professional nursing activity, projected from the worldwide context to Lithuania; 2) change in the need of nurses' competencies, which is oriented to nursing multidisciplinary and teamwork; 3) development of multidisciplinary-oriented teamwork competencies of nursing; 4) opportunities to satisfy the needs of changes in the development of competencies at the institutions of vocational training and education of nurses and health care organizations.***

The presented dissertation solves a complex research problem, which helps systematize the knowledge and research experiences, related to: ◦teamwork and its competencies, presented by foreign and Lithuanian researchers; ◦qualitative and quantitative educational diagnostics; ◦multidisciplinary characteristics of the professional activity of nursing; ◦curriculum elements, oriented to the development of teamwork competencies. The dissertation raises the following questions, which form the background of the research problem:

- What multidisciplinary characteristics define the phenomenon of teamwork from the standpoint of social research and which of those characteristics form the research object of education?
- What core factors stipulate the realization of the combination between professional competencies and teamwork competencies according to the educational point of view?
- In what typical situations could the preference either for the qualitative or quantitative methodological tradition is given during the research of teamwork competencies in the context of nursing?
- What kinds of interferences exist in nurses' population during the realization of teamwork competencies from the educational standpoint?
- What kind of educational needs for the development of teamwork competencies exist in nurses' population?
- What kind core elements form the nursing curriculum, which integrates teamwork competencies and which is the premise for the development of teamwork competencies?

The research object is teamwork competencies and the **research subject** is educational diagnostics of teamwork competencies and their development.

The aim of the research is complex: *to substantiate teamwork competencies as an element of professional competence of nurses and to diagnose the interferences with the realization and development of teamwork competencies in the nurses' population at various levels of health care organizations and in the content of study curriculum of nursing education.*

The objectives of the research are the following:

1. To elucidate the junction between professional competence and teamwork competencies.
2. To substantiate the multidisciplinary of nursing activity and vocational training and education of nurses.
3. To reveal the tendencies of the development of professional nursing institution and vocational training and education of nurses in the worldwide context and the traits of its projection to Lithuania.
4. To illuminate the characteristics of nurses' competencies and the trends of the development of teamwork competencies in nurses' population.
5. To diagnose the peculiarities of theoretical notion of nursing in nurses' population and to elucidate a lack or existence of congruence between the real state and the normative theoretical expectations.
6. To diagnose the interferences with the realization of nurses' competencies in the context of nursing activity.
7. To diagnose the premises for teamwork realization and the common characteristics of teamwork in nurses' population.
8. To identify educational needs for the development of teamwork competencies in nurses' population.
9. To evaluate the orientations of vocational education curriculum of nurses with the view to the development of teamwork competencies.
10. To substantiate the theoretical-hypothetical model of the development of teamwork competencies in vocational education of nurses.

The educational diagnostics of teamwork competencies and the process of its development in vocational education of nurses are substantiated by the following core concepts that represent theoretical and methodological background of the research:

Theoretical concepts:

- *The concept of group and organizational structure and dynamics* (Bern, 2000): the trends of the group work and organizational development are stipulated by interaction/transaction as an essential process.
- *The concept of diagnostics of organizational development* (Cole, 1998; Stewart, 2001): the basis of the diagnostics of organizational development is an assessment of teamwork variables and the roles of team members that require multidisciplinary competencies.
- *The concept of team roles* (Belbin, 1993): every team member performs a role; every role in teamwork is characterized by positive and negative traits; the effectiveness and efficiency of teamwork depend on the combination of team roles.
- *The concept of competence* (Davies & Ellison, 2001; Westera, 2001; Lepaitė, 2001; Jucevičienė & Lepaitė, 2000; Bowden & Marton, 1998; Kirschner, 1997; Barnett, 1994; Schön, 1991; White & Mayer, 1980; Gagne, 1977; Gardner, 1975; Posner & Keele, 1973): competence is defined not as a constituent part of a qualification phenomenon, but as a holistic expression of person's potential, which incorporates his(her) acquired knowledge, skills, abilities, standpoints, personal traits, value orientations, beliefs and the ability to act purposely in diverse environments.
- *The concept of team competencies* (Mahmoodi & King, 1992; Salas, 2002; Doe, 2000, 2001): teamwork is an independent holistic concept, which includes specific competencies, based on the elements of education, management, psychology, sociology, that reflect person's potential, which incorporates his(her) ability to integrate mental and physical power.
- *The concept of cooperative learning* (Joyce *et al*, 1999; Teresevičienė & Gedvilienė, 1999; Šiaučiukėnienė, 1997; MacGilchrist *et al*, 1995; Qin *et al*, 1995; Joyce, 1991; Kagan, 1990; Mortimore *et al*, 1988; Slavin, 1983, 1990, 1991; Sharan, 1980, 1990; Johnson & Johnson, 1974, 1981, 1990, 1993, 1994): includes the strategies of learning in groups and teams and stipulates the following outcome → generates research and discovers nature and processes of social life; → involves students to participate in solving social and interpersonal problems; → creates situations of experiential learning; → stimulates the realization of open dialogue; → empowers students for diverse reflections; → develops autonomy of students and their respect to one another; → develops feelings of interpersonal comprehension, tolerance and develops adaptation ability; → develops constructive and critical attitude to knowledge; → is the core premise for the development of teamwork competencies.
- *The concept of a reflective practitioner* (Schön, 1991): reflection is an essential element of practice, based on knowledge and research; a practitioner realizes the following two types of reflection that are interdependent – 1) reflection in action, when a practitioner recollects knowledge, reflects actions and acts; 2) reflections about action, when a practitioner reflects and evaluates the achieved results, reconsiders activity, the range of available knowledge, and evaluates the limits of his(her) competencies. This “double” reflection is directly related to the practitioners' motivation for conscious activity, its modeling and correction, and it implicitly conditions practitioner's self-empowerment for permanent learning and development.
- *The concept of experiential learning cycle* (Kolb, Rubin & McIntyre, 1984): a learning cycle integrates inductive and deductive learning styles and it is based on the four phases – 1) concrete experience; 2) observation, reflection and comprehension; 3) formation of abstract concepts; 4) active experimentation.

- *The concept of four learning types* (Jervis, 1983): there exist the four following types of learners – 1) adjuster (performs purposeful activity and applies novelties); 2) distributor (performs reflection and distributes activities); 3) assimilator (develops theoretical models and forms new ideas); 4) referent (turns to the required direction).
- *The concept of work philosophy* (White, 1997; Boud & Garrick, 1999): • work and activity are independent and overlapping concepts; • effectiveness of work or activity is stipulated by the change of employees' qualification, competence development and their abilities to reflect the performed work/activity.
- *The concept of competence-based curriculum development* (Burrell *et al*, 1988; Hogston, 1993; Storey, 2001; Ovale, 2000): • prime focus is on ensuring that professionals and others are educated and trained in such a way that they can meet the needs of society for that particular role; • in the health care arena this means, that nurses must be so prepared as to enable them to possess the transferable competencies to enable them to update their competencies to meet future needs on the most cost-effective and efficient manner.

Methodological concepts:

- *The concept of concept analysis* (Walker & Avant, 1995; Meleis, 1997): concept analysis is the process, which includes the consequential phases – • identification of dimensions and components of the concept; • comparison of similar concepts under investigation by distinguishing their commonalities and differences; • definition of the aims of the concept (what is and what is not a concrete concept).
- *The concept of educational diagnostics* (Cimbricz, 2002; Camilli, 1996; Sanders & Horn, 1995; Ingenkamp, 1989): • it is an independent methodology of education, that is qualitative and quantitative; • the results of this methodology are the premise for the identification of learning needs and for the prognosis of the trends for the development.
- *The concept of qualitative content analysis* (Mayring, 2000): content analysis is based on systemic realization of these steps – 1) multiple reading of the text; 2) identification of manifest categories and subcategories and their substantiation, based on extracted evidence from the text; 3) interpretation of the categories with subcategories included.
- *The methodological concept of phenomenology* (Creswell, 1998; Holstein & Gubrium, 1998; Willig, 2001): phenomenology includes these dimensions – • *phenomenological reduction*, when a complex problem is reduced to basic elements and a researcher ignores his/her previous prejudices; • *phenomenological epoche*, when a researcher abstains from preliminary premises, beliefs, decisions; • *bracketing*, when a natural prejudice is enclosed into brackets and the phenomenon is studied in a broader context.
- *The methodological concept of hermeneutics* (Mickūnas & Stewart, 1994; Dahlberg, Drew & Nyström, 2001): hermeneutics is based on the three rules – • interpretation of the text occurs in its original context; • realization of the mental “movement” among separate parts to the whole and back; • an interpreter should comprehend the author of the text through the text.
- *The methodological concept of contemporary testing theory* (Mažeikienė & Merkys, 2000, 2001; Merkys, 1999a, b, c; 1997; Ingenkamp, 1989): • a test is the first step in “bridge building” between theory and facts; • testing is a premise to evaluate the level of various objective processes quantitatively; • the result of testing is a matrix of quantitative data, which empowers the researcher to work with the abstract theoretical model of the “immature” primary reality.

Research methods:

1. *Analysis of scientific literature:* The characteristics of the concept *teamwork* as a research object of social sciences were identified. The junction between professional competence and teamwork competencies was illuminated and substantiated by the theoretical model. The multidisciplinary of nursing practice and the significance of social science for nursing activity were substantiated. The traits of the development of professional nursing institution in the worldwide context and its projection to Lithuania were disclosed. The characteristics of nurses' competencies and the dimensions of their assessment were illuminated and substantiated. Urgent trends in the development of teamwork competencies in nurses' population were revealed.

2. *Content analysis of documents:* The analysis of the documents, that regulate the system of health care, nursing activity, vocational training and education of nurses, supplemented the knowledge about the tendencies of the development of nursing institution in the worldwide context and Lithuania. Content analysis of various conference proceedings on nursing disclosed the orientation of the research on nursing to the paradigm of social sciences. The curriculum analysis of vocational training and education of nurses (sample n=6) was performed and it was based on 10 qualitative assessment indicators (formed by the author of this dissertation); the outcome of this analysis includes the following: the curriculum of vocational education of nurses from the standpoint of developing their teamwork competencies was evaluated; the theoretical-hypothetical model of developing teamwork competencies in vocational education of nurses was created and substantiated.

3. *Questionnaire survey.* A questionnaire for the manifestation of the elements of nurses' competencies in nursing activity was used; the ¾ part of the questionnaire consisted of open-ended questions. The study participants were 335 nurses, who worked at primary, secondary and tertiary health care level organizations and, according to work status, they worked as nurses-practitioners, chief nurses/nursing administrators and vice-directors for nursing. The outcome of the survey includes the following: the peculiarities of nurses' comprehension of the theoretical notion of nursing was diagnosed in nurses' population; the interferences with the realization of nurses' competencies in the context of nursing were diagnosed; premises for the realization of teamwork competencies were diagnosed: the types of competencies, which are important and should be developed, and the traits of activity environment that facilitate the realization of teamwork in nurses' population were distinguished.

4. *Testing.* A test of teamwork diagnosis "Team-Puls" (Wiedemann, von Watzdorf & Richter, 2000) was used; 94 nurses' teams (621 study participants) were tested. Outcome: the common characteristics of teamwork, urgent for nurses' population, were diagnosed; educational needs for the development of teamwork competencies in nurses' population were identified.

5. *Statistical analysis.* Statistical program of SPSS 10.0 for Windows was used. Descriptive statistics was applied: ratio, frequencies, percentages, mode, median and mean, and standard deviation were calculated. Factor analysis was applied. A Cronbach- α coefficient was calculated with the application of the Principal Component Analysis and VARIMAX rotation with the Kaiser normalization.

The research was conducted in five stages:

1. *During the first stage (September, 2000 - June, 2000):* Primary research design of the dissertation was formed. Theoretical analysis of the *teamwork* concept, multidisciplinary concepts of nursing, and qualitative research methodologies were conducted. The approach to educational diagnostics was reviewed. A non-standardized questionnaire with open-ended questions was created.

2. *During the second stage (September, 2001 - December, 2001):* • A questionnaire with open-ended questions was realized. • The analysis of documents (health care, education, conference proceedings on nursing) was conducted. • Critical reflection on the primary design of the dissertation and its correction were fulfilled.

3. *During the third stage (January, 2002 – June, 2002):* • The qualitative research data was analyzed, the results of the qualitative research were presented and the hypotheses (H1; H2) were substantiated. • Testing with the standardized test “Team-Puls” (Wiedemann, von Watzdorf & Richter, 2000) was conducted. • The quantitative research data was analyzed, the results of the quantitative research were presented and the hypotheses (H3; H4) were substantiated.

4. *During the fourth stage (September, 2002 – December, 2002):* • Theoretical (the first) part of the dissertation was prepared. • Empirical (the second) part of the dissertation was prepared.

5. *During the fifth stage (January, 2003 – June, 2003):* • Theoretical analysis of scientific resources, presenting the models of the development of teamwork competencies was conducted. • The curriculum of vocational education of nurses was structured. • The theoretical-hypothetical model of the development of teamwork competencies in vocational education of nurses was formed. • Common conclusions of the dissertation and recommendations for further research were formed.

Structure of the dissertation. This dissertation consists of: • introduction; • the first part includes the results of theoretical research (4 sections and 8 subsections); • the second part is based on the results of empirical research (3 sections and 7 subsections); • the third part integrates the data of empirical and theoretical investigation and presents the theoretical-hypothetical model of the development of teamwork competencies in vocational education of nurses (2 sections); • conclusions; • recommendations and perspectives for further research; • references (463 entries); appendices. The volume of the dissertation without appendices is 197 pages and it includes 24 tables, 22 figures; the 38 appendices are presented in a separate book.

Theoretical significance of the dissertation: • The complexity of the concept *teamwork* and its parameters, characterized by multidisciplinary standpoint (especially by educational approach, according to which competence is treated as an aim and actually a mastered characteristic of a professional) is substantiated. • The characteristics of the manifestation of teamwork competencies and their development in nurses’ population are defined. • The theoretical models of “Reciprocity among Competence, Competencies and Activity” and “Junction between Teamwork Competencies and Professional Competence” are formed and substantiated. • The multidisciplinary of professional nursing activity is disclosed and this activity is substantiated as an environment for the research of social sciences. • The educational theoretical-hypothetical model of the development of teamwork competencies is prepared.

Scientific novelty of the dissertation: • The methodology of consecutive realization of qualitative and quantitative educational diagnostics is substantiated in the context of a concrete research; independence of these methodological traditions is identified and the significance of qualitative diagnostics for educational research is disclosed. • The models of educational diagnostics significant for educational research are prepared; these models discover the possibilities of learning and effective realization of development of nurses’ teamwork competencies on individual and organizational levels. • Abundant factual material is accumulated, which reflects statistical relations between the variables of the manifestation of teamwork competencies and the variables of organization(s) and employees. • The curriculum analysis matrix of vocational education of nurses with the qualitative indicators is prepared:

•this matrix could be a background for identifying disproportions of parameters and orientations to the development of teamwork competencies in curriculum; •such matrix could be used as a curriculum analysis in vocational training and education and as an assessment in various professions (not only in the sphere of health care).

Practical significance of the dissertation: •The limitations of projecting worldwide changes of nursing institution into the Lithuanian context are identified. •The orientations of nurses' comprehension about the new nursing paradigm as a precondition for vocational training and nurse's permanent development are diagnosed. •The teamwork competencies that should be acquired by nurses in striving for the efficient teamwork realization are identified. •The interferences and limits of teamwork realization in nursing practice are diagnosed. •The teamwork characteristics and the traits of activity environment, stipulating realization of teamwork in nurses' population are identified. •The disproportions in the curriculum of vocational training and education of nurses' (the context of the development of competencies) are diagnosed. •The scientific-informational premises for the development (reforming) of the elements in curriculum of vocational training and education of nurses in the context of teamwork as a basic competence are established on individual and organizational levels.

Approbation of the research results. The results of the research of this dissertation were presented in *the articles, which were published in the scientific publications that correspond to the requirements of the Lithuanian Council of Science:*

1. Žydžiūnaitė, V. (2002). Įgalinimas kaip slaugytojų kompetencijų vystymo dimensija. *Specialusis ugdymas: mokslo darbai*, **1** (6): 112 – 122.
2. Žydžiūnaitė, V. (2002). Socialinių ir biomedicinos mokslų įtaka slaugos koncepcijos kaitai: filosofiniai ir socialiniai aspektai. *Socialiniai mokslai*, **1** (33): 42 – 53.
3. Žydžiūnaitė, V. (2002). Slaugytojų kompetencijų vystymo kokybinė diagnostika naudojant content (turinio) analizės metodą/Qualitative Diagnostics of Nurses' Competences Development using Content Analysis. *Socialiniai mokslai/Social Sciences*, **3** (35): 55 – 66.
4. Žydžiūnaitė, V. (2002). Slaugytojų kompetencijų charakteristikos: edukologijos ir slaugos požiūriai. *Sveikatos mokslai*, **4** (20): 53 – 58.
5. Žydžiūnaitė, V. (2003). Slaugos profesinio instituto kaita: stadijos ir dimensijos. *Sveikatos mokslai* (Accepted for publication July, 2003)

The main theses of the research study, its theoretical basis, and the results of the empirical studies were presented in the following **Lithuanian and international conferences:**

1. Žydžiūnaitė, V. (2000). Bendrųjų gebėjimų ugdymas rengiant slaugytojus kaip slaugos veiklos efektyvumo prielaida. *Suaugusiųjų švietimas dabarčiai ir ateičiai: straipsnių rinkinys*. – Kaunas: VDU. – p.111–118.
2. Žydžiūnaitė, V. (2000). Profesinis slaugytojų rengimas: bendrųjų gebėjimų ugdymas – prielaida slaugos veiklai reikalingų kvalifikacijų įgijimui. *Moksliniai taikomieji darbai: jų rengimo metodika ir pritaikomas kolegijų veikloje: konferencijos medžiaga*. – Utena: Utenos kolegija, Sveikatos priežiūros ir socialinės rūpybos fakultetas. – p.26–31.
3. Žydžiūnaitė, V. (2001). Slauga kaip etikos principų įgyvendintoja. *Akušerių veiklos perspektyvos Lietuvoje: konferencijos medžiaga*. – Vilnius: Lietuvos akušerių sąjunga. – p.30-40.
4. Žydžiūnaitė, V. (2001). Vocational Education and Training of Nurses: Development of Core Skills as Precondition for Acquisition of Nursing Qualifications. *International conference "New aspects in research methodology": abstracts*. – Klaipėda: Klaipėda Medical College. – p.17.

5. Žydzūnaitė, V. (2002). Development of Nurses' Competencies by Using Qualifying Means. *International conference „Nursing and Rehabilitation: Science and Practice”: abstracts* (7–8 June, 2002, Palanga Rehabilitation hospital, Lithuania). – Klaipėda: Klaipėda University. – p.13–14; 24.

6. Žydzūnaitė, V. (2002). Development of Nurses' Competencies Using Means of Educational Diagnostic. *The 3rd European Doctoral Conference in Nursing Science: abstracts* (4–5 October, 2002, Berlin, Germany). – Germany: Department for Nursing Science, Center for the Humanities and Health Sciences, Humboldt University of Berlin. – p.46.

CONTENT OF THE DISSERTATION

Introduction

1. Teamwork competencies as an element of professional competence in the context of nursing activity.

1.1 Teamwork as an object of social research.

1.1.1 Complexity of the teamwork concept

1.1.2 Teamwork competencies as an element of professional competence

1.2 Professional nursing activity as an object of multidisciplinary research

1.2.1 Comprehension of professional nursing activity

1.2.2 Multidisciplinarity of professional nursing activity: aspects of biomedicine, philosophy and social sciences

1.3 Change of professional nursing institution in the worldwide context and its projection to Lithuania

1.3.1 Developmental process of nursing institution

1.3.2 Change of professional nursing institution in Lithuania

1.4 Peculiarities of the development of teamwork competencies of nurses in the context of professional nursing activity

1.4.1 Characteristics of nurses' competencies and its development in the context of realization a professional role

1.4.2 Peculiarities of the development of teamwork competencies in nurses' population

2. Educational diagnostics of teamwork competencies in nurses' population: methodology and methods

2.1 Substantiation of diagnostic research design

2.2 Methodology and results of qualitative educational diagnostics

2.2.1 Qualitative content analysis as a method of qualitative educational diagnostics

2.2.2 Substantiation of non-standardized questionnaire for nurses

2.2.3 Geography of the qualitative diagnostics and the sample characteristics

2.2.4 Analysis of the content of nurses' answers

2.2.4.1 Comprehension of nursing paradigm as the background of the realization nurses' competencies in professional activity

2.2.4.2 Nurses' standpoints, values and expectations as a premise for the development of competencies

2.2.4.3 Interaction process as a premise for teamwork realization in nurses' population

2.3 Methodology and the results of quantitative educational diagnostics

2.3.1 Conception of teamwork test "Team-Puls" and its psychometric characteristics

2.3.2 Geography of quantitative educational diagnostics and the sample characteristics

2.3.3 Realization of teamwork competencies and its developmental tendencies in nurses' population

2.3.3.1 Peculiarities of the expressed characteristics of teamwork competencies in nurses' population

2.3.3.2 Educational needs of the development of teamwork competencies in nurses' population

3. Theoretical-hypothetical model of the development of teamwork competencies in the context of the conducted educational diagnostic research

3.1 Critical reflection on the curriculum of vocational education of nurses with the view to the development of teamwork competencies

3.2. Modeling integration of teamwork competencies into the curriculum of vocational education of nurses

Conclusions

Recommendations and perspectives for further research

References

THE DISSERTATION CONTENT

The **introduction** presents substantiation of the research problem; definition of the research object and subject, the aim, objectives, hypotheses; survey of the main methodological propositions, research methods; scientific novelty of the dissertation, theoretical and practical significance of the dissertation; a list of scientific publications and presentations of the author of the dissertation.

1. Teamwork competencies as an element of professional competence in the context of nursing activity.

1.1 Teamwork as an object of social research.

1.1.1 Complexity of the teamwork concept

The *concept of teamwork* consists of two notions: *team* and *work*. The notion *team* is significant in the situations, where solidarity of people, oriented to the realization of a concrete task, is important and cooperation and interpersonal help are the core traits. The concept *team* includes these characteristics: *the aim of a team*; *team membership and interaction*; *team empowerment*; *competence of team members*; *team effectiveness*; *team norms*; *structure*. The *work* is defined as a form of activity, which has its own purpose. Dahrendorf (1982) separates the notions of *work* and *activity* and identifies, that work is a heteronomous individual act, stipulated by external needs independently of experience or power. Activity is a freely chosen act, which offers a person the possibilities of self-expression, satisfaction, and it is autonomous. White (1997) indicates, that responsibility, restraints, activity, necessity and movement always characterize work. The notion *work* in the context of broader comprehension *includes activities* as well. Thus, activity as well as profession is a characteristic of work. White (1997) does not ignore, that work could be an aspect of activity as well. Work by itself is a form of activity, when autonomy is constructed to produce the final product. It means, that here is no there a distinct line between the notions of *work* and *activity* and specific application of these notions depends on a chosen attitude, scientific or practical approach and a context. *Teamwork*, according to Stewart (2001), is realized, when the two following variables fit one another: 1) *work content*, which includes a purpose and targets; 2) *work process*, which illuminates the way on which the teamwork is striving for a purpose or how it is performing a concrete target. *Work for the team* is: *context*, in which it acts; *activity content*, which is realized; *purpose for which the team strives*; *means of self-expression*, which helps the team members demonstrate available abilities and competence; *social medium*, which helps satisfy the needs of social security, membership, communication, emotional expression; *learning environment*, in which the team members learn to evaluate critically their own and others' competencies, where they learn from experience and reflect environment. Work without team is "alive", because it could be realized by an autonomous personality as well as a workgroup. In the context of work, team is an adequate means or the way of realizing work performance.

1.1.2 Teamwork competencies as an element of professional competence

The concept of *teamwork competencies* is characterized by the following characteristics: *qualification; personal traits; management competence; permanent learning*. Teamwork competencies “stand” on the three columns (Salas, 2002): *knowledge; abilities; standpoints and attitudes* and they are directly dependent upon organizational aims and objectives. Teamwork, which includes teamwork competencies from the standpoint of: *theory - is an independent construct; activity - is a type of work; education - is a context of manifestation of professional competence, its realization and development*. The development of teamwork competencies and professional competence are two autonomous processes, connected by teamwork content. The integrated development of professional competence and teamwork competencies could be interpreted only in the context of organization, where teamwork is a significant element of organizational development.

1.2 Professional nursing activity as an object of multidisciplinary research

1.2.1 Comprehension of professional nursing activity

Nursing is an interaction of the three core elements: patient’s behavior, nurse’s reaction and the use of adequate means for the welfare of a patient (Orlando, 1961; ct. Meleis, 1997). Nursing is a practical and intellectual activity: knowledge, assimilated in educational process, acquired skills and developed abilities in the context of nursing comprise a “product”, which, while used adequately in various practical situations, empowers a nurse to be responsible for the effective application of these elements in nursing. Professional nursing activity is based on the three key components: 1) beliefs, standpoints and values; 2) purposes of the professional nursing activity; 3) knowledge, skills, abilities, necessary for nurses, who strive for concrete purposes. Nursing practice is multidisciplinary and it incorporates both areas biomedicine and social sciences; the result of this junction is a nursing philosophy, which is oriented to the formation of nursing science (that includes nursing research, construction of theoretical models and their application in practice) and the development of professional nursing practice (Meleis, 1997; Young *et al.*, 2001).

1.2.2 Multidisciplinary of professional nursing activity: aspects of biomedicine, philosophy and social sciences

Professional nursing activity changes its direction, however slowly, from biomedical orientation to the holistic approach that includes physical, social, philosophical, ethical, esthetical and cultural aspects. Thus, the core of changes in the nursing institution is related to purposeful “movement” from scientific legitimization of nursing to legalized link of nursing with social sciences and humanities (i.e. philosophy, psychology, management, education, sociology) without limiting itself to the narrow connection between nursing and biomedicine.

Nursing is defined as a professional activity, based on care (Benner & Wrubel, 1989), in which a continuous moral dimension (Scott, 1995), moral purpose (Scott, 1996), humanistic science and the art to understand human beings and their experiences while suffering a disease, their healing, distinguished by professional, scientific, esthetical, care characteristics (Fitzpatrick & Whal, 1996) and a moral action (Atkinson, 1997) are important. It means, that nursing is a care-based practice and its scientific background includes the art of morality, ethics of care and responsibility (Meleis, 1997). According to the tradition of social sciences, Kron (1981) allocated professional nursing activity to these types: **1. Function-oriented nursing:** professional nursing activity is divided into separate objectives and nurses are responsible for the realization of the defined objectives. **2. Teamwork-oriented nursing:** professional nursing

activity is realized by a work group of nurses, who know their roles, understand team aims and are able to take responsibility for leadership, depending on the specificity of a concrete situation, and by evaluating their competence practically. **3. Process-oriented nursing:** nurses are totally responsible for the fulfillment of professional nursing activity, which includes initial assessment, planning, actions and final evaluation.

1.3 Change of professional nursing institution in the worldwide context and its projection to Lithuania

1.3.1 Developmental process of nursing institution

The start of intensive development of nursing is the end of 19th century. From this time the professional nursing institution has been developing through the six stages (according Meleis, 1997): *practice, education and administration, nursing research, nursing theory, nursing philosophy, integration*. Five dimensions of the development of nursing institution are identified: ›nursing practice; ›education (vocational training and education of nurses); ›nursing management; ›nursing science; ›nursing politics.

1.3.2 Change of professional nursing institution in Lithuania

The worldwide dimensions of changes in nursing institution are manifested in Lithuania by these aspects: ›*practical dimension*; ›*educational dimension*; ›*management dimension*; ›*scientific dimension*; ›*political dimension*.

1.4 Peculiarities of the development of teamwork competencies of nurses in the context of professional nursing activity

1.4.1 Characteristics of nurses' competencies and its development in the context of realization a professional role

The components of a holistic role of a nurse include different professional behaviors, namely, a clinical/practitioner, a manager/administrator, a teacher and a researcher (Clifford, 1996), that reflect the areas of nursing activity competencies. For the realization of a holistic role an employee should acquire these competencies: *conceptual, technical, interpersonal* (Roy, 1984). According to Lutjens (1991), the key factors that influence the performance of a nurse's holistic role are social learning, feedback mechanism, lucid aims of activity and the ability to avoid conflicts among roles. Fraser, Murphy & Worth-Butler (1997) divide nurse's competencies into two groups – personal features and abilities. Žydžiūnaitė (2000) identifies the following three groups of nurse's competencies: *social competencies, personal competencies and activity competencies*.

1.4.2 Peculiarities of the development of teamwork competencies in nurses' population

The realization of competencies is based on the two main aspects: 1) *developmental process*; 2) *empowerment of nurses*. Nurses' competencies, urgent for teamwork, represent the four key groups: 1) *Directing* (open listening; sensitivity to values; personal position in ambiguous situations; collection of information; sensitivity to feelings of other people). 2) *Coordinating* (responsibility for the performed activity; influencing others; leadership; collaboration; searching for the opportunities and using them; personal motivation; involvement into common activity). 3) *Distributing* (decision making; critical thinking; experimentation, which is based on new ideas and attitudes; searching for the best decisions according a concrete problem; searching for aims). 4) *Assimilating* (formation of conceptual models; real experimentation; distribution and generalization of information; analysis of quantitative data; testing theories and ideas).

2. Educational diagnostics of teamwork competencies in nurses' population: methodology and methods

2.1 Substantiation of diagnostic research design

The research, presented in this dissertation, is based on the concept of educational diagnostics (Sanders & Horn, 1995; Camilli, 1996; Cimbricz, 2002). This methodology: 1) *Is of two types* – qualitative, which is based on the methodology of qualitative content analysis; quantitative, which requires testing. 2) *Gives the priority to the qualitative research*. 3) *Acknowledges the autonomy of these above-mentioned research types* and supports the standpoint, that those two types could be applied in the research of the same social reality, but in different samples, related to the research object.

2.2 Methodology and results of qualitative educational diagnostics

2.2.1 Qualitative content analysis as a method of qualitative educational diagnostics

The aim of content analysis according to educational approach is to diagnose: how the phenomenon is understood by the respondents, who reflect their own experience on the basis of questions that are presented by the researcher; what are the differences between the theoretical description of the investigated phenomenon and its expression in social reality; what are the ways of informants' thinking and understanding the investigated phenomenon; what are the possibilities and limits of applying the acquired knowledge, skills and abilities in activity/social reality (Fridlund & Hildingh, 2001). Content analysis is based on interpretation, thus the extraction of categories and subcategories is not an automatic and mechanical technique, but a creative process of interpretation in striving to encode the meanings that are in the text (Mayring, 2001). The performed qualitative content analysis is based on four steps: 1) *Reading* the transcribed descriptions of respondents and extracting key aspects, reflected by phrases, sentences, words that are directly related to the studied phenomenon, and distinguishing the manifested categories, based on the key words. 2) *Identifying* the meaning: dividing the content of categories and extracting its elements. 3) *Distributing* the meaningful elements into the subcategories: diagnosing the overlap between different categories/subcategories. 4) *Integrating* the categories into the context of the analyzed phenomenon: interpreting the content data.

2.2.2 Substantiation of non-standardized questionnaire for nurses

The qualitative educational diagnostics is based on the questioning survey, where a non-standardized questionnaire (constructed by the author), consisting of 38 questions, that are divided into the three following blocks, is used: 1) *Personal demography characteristics*. 2) *Nursing competence/cognitive*. 3) *Interaction*. The questionnaire is constructed according to the three theoretical-conceptual standpoints: 1) *Competence levels* (Jucevičienė & Lepaitė, 2000). 2) *Interaction systems in nursing* (King, 1971, 1981, 1997, 1999). 3) *Interaction as a key process of teamwork* (Bern, 2000; Stewart, 2001).

2.2.3 Geography of the qualitative diagnostics and the sample characteristics

The population of the research participants consists of the Lithuanian nurses, who work at primary, secondary and tertiary level health care organizations (in polyclinics, primary health care centers, university or clinical hospitals) and who perform their practical and administrative activities in nursing. *The sampling is purposeful, non-probable and theoretical* (n=335 respondents). *Reversibility of the questionnaires* is 95,71%: there were 350 distributed and 335 filled questionnaires. *Research geography*: the nurses from 19 Lithuanian towns and countryside. *Characteristics of the sample*: 62,39% nurses work at the health care organizations in towns and 58,51% nurses work at the secondary level health care

organizations. 78,21% of nurse practitioners (of the total sample) participated in the research: vice-directors for nursing make 1,49% and chief nurses comprise 20,30%. The mean of work experience in nursing of the total sample (n=335) is 18,7 years. More than 2/3 of the research participants work full-time. The mean of the age of the total sample (n=335) is 39,23 years. The biggest part of the respondents-nurses in all work status possess the level of non-university education (vocational training): more than ¾ nurse practitioners (n1=262), chief nurses (n2=68) and almost all vice-directors for nursing – 4 respondents (n3=5). 13 respondents (3,88%, of n=335) have higher (university) education in nursing.

2.2.4 Analysis of the content of nurses' answers

2.2.4.1 Comprehension of nursing paradigm as the background of the realization of nurses' competencies in professional activity

The qualitative content analysis of the answers to the questions "How do you comprehend nursing? What should the nursing aim from your personal standpoint be?" was a diagnostic research procedure, and it diagnosed these aspects of comprehending nursing in nurses' population: 1) For the *nurses*, who work on the *primary level of health care* the comprehension of nursing is related to *work activity, ability, process, communication, care, health, teaching*. For the *nurses*, who work at the *secondary and tertiary level* health care organizations the comprehension of nursing is associated with *satisfaction of needs, connection, collaboration, the system of facilities, help*. 2) The main qualitative category of nursing comprehension is *help*, which is perceived by the respondents as a cognitive content and the aim of activity, and the qualitative categories of teaching, nursing, communication could be treated as instrumental competencies of the category *help*. 3) The content of qualitative categories reflects *orientation for the development of competencies towards activity, a patient, professional development and the rigidity of the profession*. In the orientation to a patient here the aspects of ethics, interaction, values, specialized competencies are emphasized, while in the orientation to activity here the aspects of autonomous nursing activity and autonomous development of nursing science are identified. 4) *The nursing aim is related to the provision of teaching, help and care for patients*.

2.2.4.2 Nurses' standpoints, values and expectations as a premise for the development of competencies

The research data identified the following: 1) The expression of nurses' attitudes to the ability to realize various roles and competencies from the standpoints of qualitative and quantitative analysis reflects the limits of nursing activity: at the institutions of vocational training and education nurses acquire various multidisciplinary competencies, however, they do not have possibilities to apply these competencies in full value in the context of nursing practice. The current nursing activity is oriented to the stereotyped hierarchical obedience to the profession of a physician, but not to the development of nursing practice and the autonomy of nurse's profession on the basis of multiprofessional collaboration and realization of nurse's competencies. Due to this the outcome is the following: •A nurse becomes an obedient performer and his/her mental function "is transferred" to a "higher" person in professional hierarchy. •The "weight" of nurse's responsibility for the activity outcome does not decrease; on the contrary, in reality a nurse "independently" takes personal responsibility not just for nursing activity only, but also for the quality of the activities that are not related to nursing. •The process of vocational training, education and permanent education of nurses becomes chaotic and detached from the reality, because the reality of nursing practice refuses

educational, practical-experiential and etc. potential of a nurse. 2) The results of the content analysis identify the orientation of current nursing activity towards the realization of technical skills, nurse's practical activity is not autonomous and it is not based on the principles of collaboration and teamwork, and nurses have no possibilities to implement their acquired and permanently developed competencies in full value.

2.2.4.3 Interaction process as a premise for teamwork realization in nurses' population

The results of the qualitative content analysis reflect, that collaboration and the expression of ethical behavior and positive personal features are identified on all levels as efficient factors, stipulating interaction. The needs to develop nurse's competencies and the possibilities and limits of the realization of competencies are identified on every level of interaction: **1) Nurse-patient.** Effectiveness of this interaction depends on the acquired knowledge, skills and abilities by a nurse, professional development and self-realization of a nurse in the context of professional activity. The interaction is negatively influenced by the drawbacks of nurse's competencies in psychology, interpersonal communication, education and management. **2) Nurse-nurse.** This interaction is positively influenced by nurse's self-empowerment for professional development, which includes personal motivation for permanent learning. This interpersonal interaction is interfered with a lack of professional development and opposition to innovations. **3) Nurse-physician.** This interaction is positively effected by multiprofessional equivalence and it is limited by non-equivalent level of nurse's education. **4) Nurse-chief nurse.** Effectiveness of this interaction is influenced by holistic competence, realized by a chief nurse, i.e. chief nurses should acquire the following competencies: expertise/clinical, informing, counseling, education, management/administration and psychological. Negative interaction here is influenced by chief nurse's inability to admit the limits of one's own competence and a lack of psychological and administration/management competencies. **5) Nurse-patient's relatives.** The two aspects stipulate effectiveness of this interaction: √nurse's ability to perform holistic competence, where the key aspects are the realization of educational, informing and psychological competencies; √self-realization and development of nurses. **6) Nurse-head of the department.** Efficiency of this interaction is influenced by the implementation of management competence, acquired through the competence of the head of the department (ability to organize activity, to empower the personnel for development, to manage conflicts and apply innovations). The interaction is disconcerted by incompetence in management: opposition to innovations, inability to act independently, "transferring" responsibility to others, negligence to personnel and a lack of specialized competence in administration/management. **7) Nurse-vice-director for nursing.** The negative factor in this interaction is a lack of vice-director's for nursing competence in management/administration and his/her negligence to personnel, disregard for employees' development, lack of support and absence of specialized competence in administration/management. Positively a vice-director for nursing, who instills innovations, supports, permanently informs the personnel and empowers the employees for continuous development, influences this interaction. **8) Nurse-helpers.** This interaction is negatively influenced by helpers' inability to perceive a nursing context and to go deeper into a concrete situation with empathy, helper's poor education adds to the negative effect in this interaction.

Teamwork in the interaction among nurse-nurse, nurse-physician, nurse-chief nurse, nurse-the head of department and nurse-helpers is mentioned as a collaboration element and a positive aspect of interaction process.

2.3 Methodology and results of quantitative educational diagnostics

2.3.1 Conception of teamwork test “Team-Puls” and its psychometric characteristics

The theoretical structure of “Team-Puls” test (Wiedeman, van Watzdorf & Richter, 200) consists of six dimensions, which are reflected by 66 test items. Dimensions of the test are these: √orientation to purpose and achievements; √devotion to work (obligation) and responsibility; √communication in a team; √team management; √team organization; √the role and status of team in organization.

2.3.2 Geography of quantitative educational diagnostics and the sample characteristics

The sample of quantitative research was purposeful, theoretical. The research participants were from seven Lithuanian towns (Kaunas, Vilnius, Klaipėda, Šiauliai, Panevėžys, Alytus, Palanga). There were 18 research “nests” chosen: primary level health care organizations and hospitals that represented secondary and tertiary levels of health care. The total sample consisted of 621 respondents. There were 650 tests distributed and 603 tests were fully filled and received (*the reversibility of the tests was 92,77%*). The biggest part of the sample, i.e. 454-respondents/75,29% represented hospitals (secondary and tertiary level of health care). 34,3% (207 respondents) informants had 11-20 years of work experience. Approximately the same part of the sample (176-respondents/29,2%) indicated 6-10 years and 11-20 years (182-respondents/30,2%) of work experience according to the current work status. 94 teams participated in the research: 13 teams represented primary level of health care, 80 teams represented hospitals and 1 team represented the level of administration.

2.3.3 The realization of teamwork competencies and its developmental tendencies in nurses’ population

2.3.3.1 Peculiarities of the expressed characteristics of teamwork competencies in nurses’ population

Statistical method of factor analysis was chosen for the illumination of the peculiarities of teamwork characteristics in nurses’ population. In six teamwork dimensions according to the work status (heads of departments, chief nurses and nurse practitioners) eight teamwork characteristics were identified (see table 1):

Table 1. Teamwork characteristics: similarities and differences according the work status (Žydžiūnaitė, 2003)

Heads of departments	Chief nurses	Nurse practitioners
THE FIRST TEAMWORK CHARACTERISTIC: COMMUNICATION		
<i>Communication between team and organization</i>		
	<i>Effective communication</i>	
	<i>Constructive conflict management</i>	
	Systematic team meetings	Effective team meetings
	Information sharing	
THE SECOND TEAMWORK CHARACTERISTIC: COLLABORATION		
Interpersonal comprehension	Common decision making	Premises for interpersonal help
Democratic working environment		Team unity/solidarity
		Constant team composition
THE THIRD TEAMWORK CHARACTERISTIC: THE METHODOICAL CHARACTER OF WORK AND ITS PURPOSE-ORIENTATION		
Formation of team aims and objectives		

Effective planning and coordinating work	-	-
<i>Compatibility between resources and objectives</i>		
THE FOURTH TEAMWORK CHARACTERISTIC: <i>RESULTS/OUTCOME</i>		
-	The achieved team results/outcome	Objective assessment of teamwork results/outcome
THE FIFTH TEAMWORK CHARACTERISTIC: <i>STIMULATION/INDUCE</i>		
<i>A stimulation/induce of team members</i>		
THE SIXTH TEAMWORK CHARACTERISTIC: <i>RESPONSIBILITY</i>		
Connection between the recognition of mistakes and the taking responsibility	Premises for sharing responsibility	
THE SEVENTH TEAMWORK CHARACTERISTIC: <i>AUTONOMY</i>		
Self-management of a team	The team representation	"Weight" of a team in an organization
THE EIGHTH TEAMWORK CHARACTERISTIC: <i>SELF-REALIZATION</i>		
Stimulation/induce of creativity	-	-
Self-realization in a team		

2.3.3.2 Educational needs of the development of teamwork competencies in nurses' population

Based on the correlation analysis, thirty two teamwork competencies that should be developed in nurses' population, were diagnosed: √ability to diagnose mistakes in activity context/ability to diagnose activity mistakes; √ability to evaluate/measure activity outcome (achievements); √leadership ability; √ability to collaborate equivalently; √ability to give feedback; √ability to inform clearly and precisely; √ability to define activity objectives precisely and clearly; √ability to realize membership in a team; √ability of self-evaluation and self reflection; √ability to make a decision; √ability to communicate openly/ability to communicate equivalently; √self-empowerment to activity; √ability to act purposefully; √ability of permanent self-development /ability to empower self for permanent development; √ability to listen; √ability to solve conflicts constructively; √ability to criticize constructively; √ability to empathize; √ability to form realistic aims of activity; √ability to plan activity; √ability to evaluate the limits of employees' competencies; √ability to allocate roles of team members; √ability to allocate targets according to priorities; √ability to form clear, exact and measurable criteria for the assessment of activity outcomes; √ability to organize and lead meetings; √ability to lead purposeful discussions; √ability to identify the causes of conflicts; √ability to solve problems; √ability to coordinate activity; √ability to make systemic conclusions about activity outcome; √ability to represent a team; √ability to reconcile resources and team objectives.

3. Theoretical-hypothetical model of the development of teamwork competencies in the context of the conducted educational diagnostic research

3.1 Critical reflection on the curriculum of vocational education of nurses with the view to the development of teamwork competencies

The curriculum of vocational education of nurses is based on these qualitative indicators: **1) Scientific area of a study module.** **2) Orientations of parameters of the modules** (study aims and objectives, acquiring competencies) *to cognitive levels* (knowledge, comprehension, application, analysis, synthesis, assessment). **3) Orientations of theme contents of the modules and the acquiring competencies to nursing receivers** (individual, group, family, community, society). **4) Orientations of theme contents of the modules and the acquiring competencies to**

nursing activity areas: √from the standpoint of working activity (nursing practice, nursing administration, patient teaching, psychological support for a patient); √from the standpoint of collaboration (individual work, teamwork). **5) Orientations of acquiring competencies to holistic teamwork competencies** (socio-psychological, educational, administrative/management and expertise). **6) Orientation of acquiring competencies to a nurse's role:** √from the standpoint of teamwork (leader, member, and non-identified role); √from the standpoint of autonomy (autonomous activity: nurse-expert; dependent activity: nurse-performer). **7) Orientations of study methods to cognitive levels** (see indicator 2). **8) Orientations of study methods to the work nature from the standpoint of collaboration:** √individual work (oriented to a teacher; oriented to a student); √group work; √teamwork. **9) Orientations of study character** (theory, practice, integration of theory and practice). **10) Orientations of study assessment/evaluation methods to cognitive levels** (see indicator 2).

The steps of the curriculum (of vocational education of nurses) analysis are these: 1) Reading the curriculum content in its original structure. 2) Analyzing the content of curricula by using concrete qualitative indicators. 3) Comparing the results of different curriculum analysis. 4) Presenting conclusions. The six curriculum were analyzed: WHO (EU); curriculum examples from UK, USA, Canada, Lithuania (non-university and university levels).

The results of the curriculum analysis are these: **1)** In all the six curricula the modules are oriented to biomedical sphere, nursing area. **2)** The orientations of acquiring competencies in all the analyzed curricula are on application level and in the curricula of non-university level in the UK, the USA, Canada and Lithuania an urgency of mastering cognitive level of analysis is reflected. **3)** In all the curricula (except Lithuanian university level, where the orientation is to personality) the acquiring competencies are oriented to the individual work with patients and groups of patients. **4)** In all the curricula the orientation of acquiring competencies is to nursing practice and nurses' ability to work individually. **5)** From the standpoint of the development of teamwork competencies in the curricula of university level in Lithuania the orientation of acquiring competencies is to mastering expertise and managerial holistic teamwork competencies, while in the other analyzed five curricula the highest orientation of acquiring competencies is just only to mastering expertise holistic teamwork competence. **6)** Nurse's role in a team in all the analyzed curricula (except the Lithuanian university level) is identified: √In WHO (EU) and UK curriculum there is an equivalent focus on nurse's leadership and membership in a team. √In Lithuanian non-university level curriculum the presented competencies are oriented to nurse's membership in a team. **7)** All the curricula emphasized autonomous work of a nurse. **8)** The analyzed orientations of study methods in group work and/or teamwork identified, that: √WHO (EU) curriculum indicates nurse's ability to work equivalently in a group and team. √In the Canadian curriculum study methods are oriented to teamwork. The UK and the USA curricula showed that study methods there are oriented to nurse's ability to work in a team. √The Lithuanian non-university level curriculum presented that study methods there are oriented to individual work. **9)** The results of the curriculum analysis disclosed common tendencies of the interferences with the development of teamwork competencies in vocational education of nurses: √incompatibility between curriculum parameters, i.e. methodological disproportions between study aims, objectives, acquiring competencies, themes, study methods and assessment/evaluation methods; √strong orientation of acquiring competencies to nursing practice, without emphasis on the significance of various roles of a nurse (as an educator/teacher, manager/administrator, psychological supporter); √emphasis on individual work and individualized nursing and poor accentuation of group

work, team work, community and family nursing; ✓ orientation of acquiring competencies just only to mastering of expertise/specialized holistic teamwork competence.

3.2. Modeling integration of teamwork competencies into the curriculum of vocational education of nurses.

Nurses are educated to function in the world of activity, where knowledge is permanently changing. The essential principle of curriculum is empowerment of a student to learn how to learn, i.e. from the practical experience as well. Here the use of the concept of a reflective practitioner (Schön, 1991) is urgent, since it presents reflection as an essential element of knowledge and research-based practice. A nurse performs “double” reflection in the context of practice: *in activity (action)* and *after activity (action)* (see figure 1):

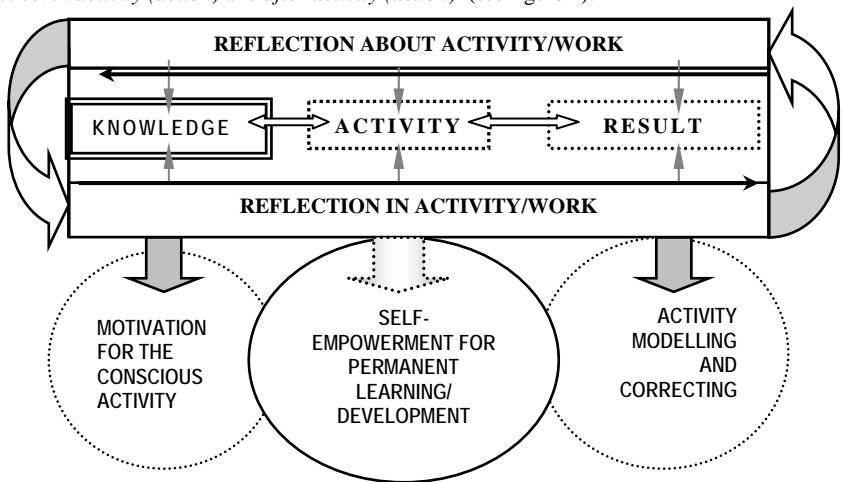


Figure 1. Interrelation of two-type reflection (Žydzūnaitė, 2003)

In summary it is important to note, that:

- The curriculum of nursing studies, which is oriented to the integration of teamwork competencies, should be based on cooperative learning, reflection and experiential learning, when students acquire the strategies of independent, cooperative and team learning.
- The theoretical-hypothetical model consists of the parameters of the curriculum of vocational education of nurses, which integrates teamwork competencies and its interrelations; the parameters include philosophy of nursing studies on which the curriculum of vocational education of nurses is based; nursing philosophy; curriculum content; parameters of modules – aims, objectives, learning outcomes/acquiring competencies; study methods; character of studies; assessment/evaluation methods) (see figure 2):

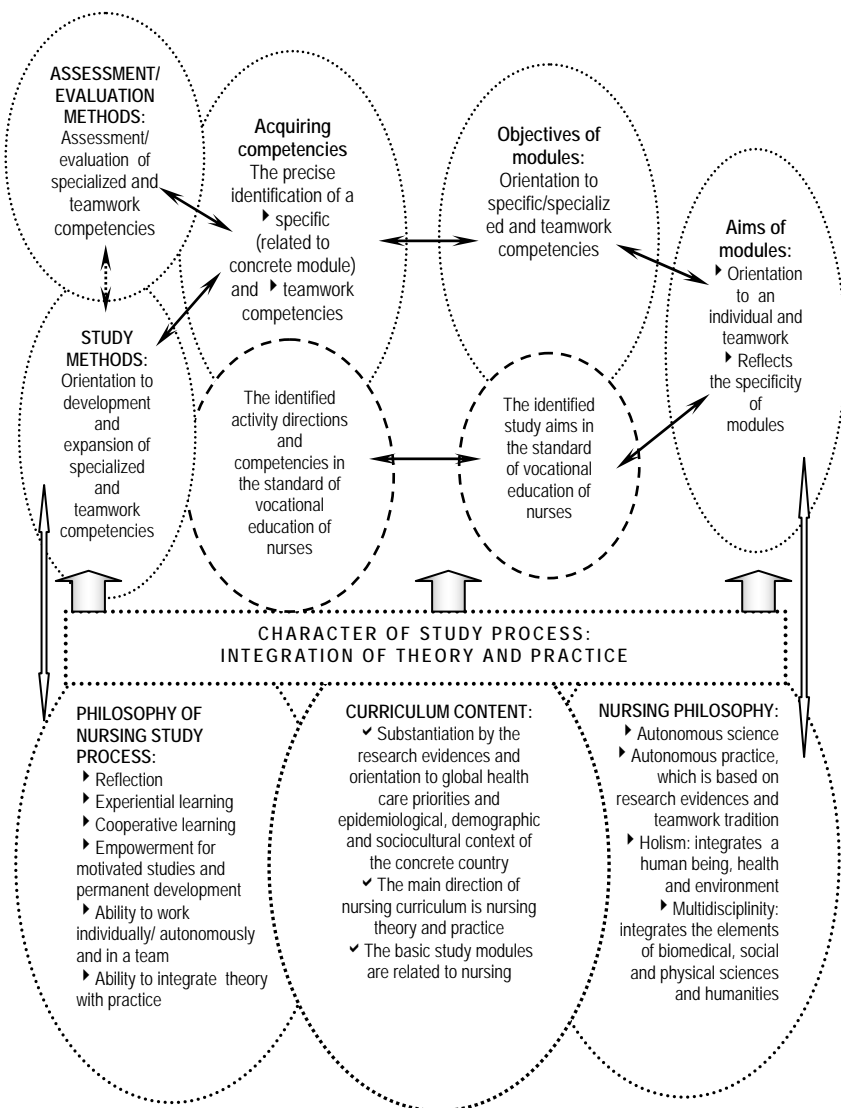


Figure 2. The theoretical-hypothetical model of the development of teamwork competencies
(Žydzūnaitė, 2003)

- *In modeling the curriculum of vocational education of nurses, which integrates teamwork competencies it is necessary to form and accomplish the following four key components: 1) philosophical approach to nursing studies; 2) standpoints of nursing philosophy; 3) curriculum content, which is based on integrated modules that are oriented to the nursing context; 4) integration of theory and practice of nursing studies.*
- *In the study process the teamwork competencies are developing and expanding; thus, from the educational standpoint, in modeling the curriculum of vocational education of nurses it is not precise to emphasize just only expansion of competencies: expansion of competencies is based on the developed (acquired, mastered) competencies.*

Conclusions:

1. *The analysis of educational, psychological, management and sociological scientific literature illuminated, that the competence of team members is a core component of teamwork and an essential premise for such activity and teamwork competencies are the elements of professional competence:*

- *A competent employee is able to perform concrete activity according to the required standard, which is urgent for a concrete organization and concrete work, i.e. competence includes dimensions of situation and personality. The notion of *professional competence* in the process of concrete activity means not only the realization of acquired qualification, but it is treated as an ability of an employee or a team to achieve an urgent aim for an organization and realize various roles the change of which depends on the requirements of the world of activity. The concept of professional competence could be divided into separate competencies that are a premise for effective activity and that are related to personal “deposit”, which includes personal features, character and non-specialized abilities. Thus, professional competence includes the competencies, oriented to personality and work and their synergy stipulates effectiveness of activity. Efficiency of activity is stipulated not only by professional qualification and specialized competencies. An employee “brings” acquired competencies to teamwork environment and those competencies help him/her realize urgent roles for the team and they are directly related to the effectiveness of the performance of teamwork competencies.*
- *Teamwork competencies are not a compulsory element of professional competence, however, they are urgent for those employees and organizations, where teamwork is an element of organizational development and culture. Teamwork “uses” the two types of competencies: *key competencies* and *oriented to aims competencies* (that are directly correlated with the organizational aims). The teamwork competencies, oriented to aims, are characterized by continuous change, while the key competencies are described by the tendencies of expansion and constancy.*
- *Teamwork competencies are “active”, even in the context of complex activity and they are based on the knowledge, abilities, standpoints of team members, but in the structure of this concept the teamwork process becomes urgent, where two essential orientations are expressed: 1) To scientific areas that “stimulate” teamwork – *management* (e.g. activity monitoring, leadership), *psychology* (e.g. self-reflection, conflict management, making decisions), *education* (e.g. permanent learning and development). 2) To levels – *individual/team member* (e.g. personal features, personal obligations) and *team* (e.g. unity of team members, team morality).*
- *Professional competence is reciprocal with teamwork, but the processes of developing professional competence and teamwork competencies are not identical, however, connected by*

the teamwork context: professional competence could be realized in teamwork and non-teamwork, while teamwork competencies can be performed only in the teamwork environment.

2. *The outcome of scientific literature analysis substantiates, that professional nursing activity is a complex process of multidisciplinary nature, that includes theory and practice, i.e. the acquired knowledge, skills, abilities of a nurse are the “means” and these demonstrate their value in the context of professional nursing activity. Then a nurse takes responsibility for the quality of the realization of activity and for professional self-preparation/readiness to perform it. Professional nursing activity is based not just on autonomous, elementary skills, but on the ability to apply cognitive abilities, integrate them with personal features and include the components of biomedicine, social sciences and philosophy that empower nurses for permanent development and expand their competencies in various scientific areas. Multidisciplinarity of professional nursing activity, i.e. the influence of various scientific areas stipulates these processes:*

- *Biomedical sciences:* ▶ Give the knowledge about human biology and the specificities of diseases and, thus, it is a precondition for efficient clinical and educational activity of a nurse. ▶ Application of biomedical model in nursing demonstrates the orientation to disease and its treatment/cure, but not to the individual problems and needs of a patient. ▶ In nursing, which is based on biomedical model, a nurse is “invisible”, he/she performs the functions of an “attendant” and “carrier”, and power is projected towards the profession of a physician; consequently, hierarchy predominates in nursing activity, but not collaboration.
- *Philosophy:* ▶ “Detaches” nurses from “biologization” of a human being and induces the development of professional nursing activity, based on holism, humanistic existentialism, care and the recognition of individual’s right to have personal autonomy. ▶ Teach nurses to perceive the integrity of a human being, i.e. his/her four dimensions (physical, emotional, mental, spiritual) that are urgent not to be violated in the nursing process.
- *Social sciences:* ▶ Predetermine effective realization of nursing activity, because nursing is a complex process, which incorporates the aspects of management, psychology, education and sociology. ▶ Empowers nurses for permanent development and expansion of competencies, because in realization of professional nursing activity it is not enough for nurses to perform technical procedures and know pathological processes; here the abilities to communicate and collaborate, plan and delegate, teach and conduct research are important. ▶ Help understand patient’s individuality and uniqueness in a concrete context and teach not to ignore subjective aspects of a person, i.e. emotions, feelings, expectations, standpoints.

3. *The results of theoretical analysis about the changing processes in nursing substantiate the attitudes, that nursing is not only a practical discipline: with the change of social aspect in nursing; it is important to note, that nursing should be defined not only as an obligation, since in this aspect nurses are reduced to “move” according to official guidelines (as to the principle of matrix). The treatment of nursing as an autonomous science and recognition of it as a specific area of education, management, politics and complex practice, based on ethical principles and personal philosophy helps to perceive that nursing is not just altruism. In the performance of holistic activity of nursing, nurses should apply empirical, esthetical, personal, ethical knowledge and create the balance of cognitive and personal traits. These social and philosophical aspects are the basis of nursing comprehension as an intellectual, ethical and multidisciplinary activity. These features characterize the worldwide tendencies in the development of professional nursing institution and its projection to the Lithuanian context:*

- *In the worldwide context* nursing practice is concentrated on health and a person/patient from holistic point of view. Nursing practice is treated as a process, based on systemic method of problem solving, psychological, social needs of individuals, families, communities and society. Nurses should be generalists, who have mastered a wide collection of multidisciplinary competencies and are able to work independently and in teams. *In Lithuania* the documents, which regulate nursing practice are identical to the worldwide tendencies, however, in reality nurses have no possibilities to apply their multidisciplinary competencies.
- *In the worldwide context* reorganization of nursing studies is oriented to primary health care and community nursing, and the preparation of nurses is directed to autonomous work and the ability to work in teams; nurses acquire basic education at the universities. Essential study subjects are related to nursing and health sciences and the basic study methods are experiential learning and problem based teaching and learning, which includes self-reflection and case analysis. *In Lithuania* it is admitted, that nurses should acquire Bachelor's degree in nursing, however, they are trained and educated at two educational institutions - colleges and universities. Such artificial decomposition of nursing studies into higher university and non-university levels results negative consequences for the studying nurses: there is no collaboration and compatibility between organizations where nurses are trained and educated, thus they have no possibilities to continue their study process without repeating previously learned modules and to acquire the degree of higher education in a shorter time.
- *In the worldwide context* nursing management is based on the health needs of population, and the role of a nurse-leader is not limited just to the context of nursing activity - it is performed globally, i.e. within the general scope of health care. The role of a nursing manager is oriented to solving urgent nursing problems, and the receipt and use of resources in solving these problems. *In Lithuania* strategic directions of nursing management are not formed, and nursing managers do not have formal requirements, oriented to compulsory acquisition of university level education. The activity of nursing managers is oriented to the local needs of a concrete organization.
- *On the worldwide scope* nursing science is based on the results of nursing research, when it is oriented to the illumination of nursing multidisciplinary, specificity of nursing practice, nurses' profession, nursing philosophy. The basic knowledge of nursing science is oriented to nursing practice, nursing management and leadership, nursing education, nursing theory, nursing philosophy, working conditions of nurses, nursing history, methodology of nursing research. *In Lithuania* strategic directions of nursing research and the volté-face of nursing research politics are not formed.
- *In the worldwide context* nursing politics includes the standards of nursing practice, the registration and licensing systems of nurses, the vocational training and education of nurses and continuous studies, the system of permanent development, realization of research and evidence-based nursing practice, preparation of nurses-teachers/lecturers and nurses-leaders, the system of nursing research and the positions of nurses on the governmental level. *In Lithuania* the law of nursing practice is confirmed. Licensing of nurses is underway, but the system of nurses' registration is not functioning, and in the process of vocational training and education, nurses are not regarded as key specialists. The status of nursing from the political point of view is poor: only professional associations represent nurses, while governmental institutions do not recognize autonomy of nursing as a professional institution.

4. *The results of scientific literature analysis exposed the following characteristics of nurses' competencies and the trends of the development of teamwork competencies in nurses' population:*

- Nurse's competence, behavior and the level of thinking substantiate effectiveness of nursing practice. Nurse's competence includes more than psychomotor skills, because personal, biomedical, social sciences and research methodology competencies are necessary for the role of a nurses in the spheres of clinical nursing, education, management and nursing research. The essential factors, influencing the performance of nurses' roles are social learning, the feedback mechanism, activity aims and an ability to avoid conflicts among the roles of nurses. An instrumental part, which includes long-term aims of mastering a role, and an expressional part, which is related to feelings, values and attitudes in the context of a concrete situation, in which the adequate role is performed, could be defined in the content nurse's roles as well as in their competencies.

- The characteristics of nurses' competencies are these: *Elements* (knowledge, skills, abilities, standpoints, values). *Components* (behavioral and mental). *Transferity of competencies* (substantiated by the assessment and evaluation of effectiveness of the accomplished cognitive procedures/processes). *Assessment/evaluation of competencies* (controlled situations are not the basis for the assessment/evaluation of competencies, because competencies include unknown and unique situations).

- The process of development is oriented to changes, stipulated by society, labor market/employers, the needs of specialists from concrete areas and of a particular profession. Development concentrates on the adaptation of a concrete culture, i.e. it includes various methods, which influence increase of the effectiveness of a concrete process in the adequate context/level and implementation of a change with the orientation to effective learning system and effective treatment of teaching and learning as a method of change management. This is an essential principle and the basis for the development of teamwork competencies in nurses' population. The developmental directions of nurses' teamwork competencies are the following three: *Personality* – which is oriented to nurses' ability to evaluate self-competence and personal features on the self-reflection basis. *Situational comprehension* – which is oriented to the cognitive activities of a nurse, that is the basis in receiving, realizing and interpreting external stimuli, influencing the performing activity. Here a tension exists between subjective reality, which is a subjective perception of a nurse about the right decision and the objective reality, which is a decision of all team members. *Specific teamwork competencies* – which are oriented to the development, expansion and application of teamwork competencies, urgent for nursing.

5. *The outcome of content analysis is the diagnosed features of nursing comprehension that illuminate the compatibility/harmony between factual expression (substantiated by the results of the empirical research) and normative theoretical expectations (identified in scientific literature and oriented to the new paradigm of nursing). It means, that nurses' standpoints, which are an integral part of their competence, are not oriented to the positivistic views (that are merely based on biomedical knowledge and on the notion, that a person is a "damaged apparatus"). Nurses' views are projected to the application of psychosomatic-hermeneutic and socio-medical models (where the key modus of nursing activity is comprehension of patients' needs and problems, equal communication, organization of educational activity and realization of teamwork). This orientation, diagnosed in nurses' standpoints, is identical to the current*

nursing comprehension, it is in harmony with the worldwide tendencies of changes in nursing institution, and indirectly reflects the effectiveness of the development of nurses' competencies and their expansion:

- Twenty-six qualitative categories, which uncovered the orientations of nurses' comprehension about nursing, were extracted. The nurses (working in all level organizations of health care) *identified nursing as help, which was performed through patients' teaching, nursing, communication and counseling.* The respondents purposefully extracted the nursing category in order to separate the two aspects of nursing comprehension, i.e. *nursing as technical manipulations and procedures on the one hand, and nursing as science, academic subject, area of activity and research on the other.* Teaching, according to the respondents, *included the functions of informing, counseling and teaching.* Communication, though extracted as a separate category, according to the research participants, *was not an aim of nursing or a separate function of a nurse.*

- The orientations of nurses' comprehension to activity, a patient, professional development and the rigidity of a profession were identified in the content of the extracted qualitative categories. The nurses understood nursing formally and did not include any emotions there, however, *in their orientation to a patient, the aspects of ethics, interaction, values, multidisciplinary competencies were illuminated. In the orientation to professional development, the aspects of activity development and recognition of nursing as an autonomous science were evident.*

- After distributing the content of qualitative categories (related to nursing comprehension) into four levels, it was identified, that: 1) *Micro-system* reflected personal standpoints of the nurses (e.g. nursing as responsibility, efforts, process, orientation to health as to an essential object). 2) *Mezo-system* included the network of personal environments of the nurses, which consisted of the following dichotomies: nurse-nurse, nurse-physician, nurse-patient. Here communication, connection, support were urgent, i.e. the determination of realizing social competence was vivid. 3) *Echo-system* reflected the standpoint of labor market, the network of health care and the means of mass media. Here there was an evident attitude to nursing as a service. 4) *Macro-system* included value priorities, expressed by the respondents through the content of qualitative categories. For the society the main value is treatment/cure, while nursing is a new and not acceptable standpoint.

- The core aim of nursing is health maintenance where nurse's ability to realize concrete actions/competencies and patient's empowerment is urgent, and health is comprehended as a nursing object. The qualitative *category of health maintenance is exceptionally oriented to educational activity* and in the content of this category the two following levels are evident: 1) *Realization of nurse's educational activity* (subcategories: disease prophylaxis, maintenance of life quality through health care, increase in personal knowledge about health, simplicity and clarity of informing). 2) *Patient's empowerment* (subcategories: forming and managing the ways of self-perception and problem solving, awareness of personal responsibility for personal health). In the content of the above-mentioned categories, the standpoints of social-critical theory, based on socio-medical model, according to which a patient is empowered through teaching, explaining, informing are identified.

- The nurses identify *educational activity as a key activity* in concrete situations: as a means of facilitating patients' adaptation, giving a patient psychological safety and motivating him (her)

to take a responsibility for personal health care, helping to strengthen the prestige of nurse's profession in the society, empowering nurses for the development of their own competence.

6. *The results of qualitative diagnostics prove, that the interferences with the realization of nurses' competencies in the context of nursing activity are these:*

- The nurses have no possibilities to realize competencies, which they acquired at educational institutions, in full value, because in reality nursing practice is oriented mainly to the performance of technical skills.

- Activity of the nurses is twofold: one part of it consists of the acquired, but not "used" competencies (e.g. educational, managerial, psychological, research methodology) and the other part includes "undefined" roles (e.g. secretary, sanitary inspector, courier) that do not require multidisciplinary competencies, the latter roles are noticed by the society, however, they do not empower nurses for permanent development. Activity roles, which are based on the acquired and permanently developing in reality competencies are not "visible" for the society (e.g. manager, researcher-evaluator, teacher).

- The real nursing practice does not recognize the need for multidisciplinary and mental potential of nurses and it is not based on collaboration and teamwork principles.

- The limits of interaction on various levels are related to: *↘deficiency in emotional intelligence* (expression of negative personal features and non-ethical behavior, e.g. inability to support emotionally and to be emphatic); *↘ignorance to professional development* (opposition to innovations and inability to empower self for professional development); *↘deficiency in self-reflection* (inability to evaluate the limits of personal competence and acknowledgement of these limits); *↘deficiency in activity competence* (inability to act autonomously and to take responsibility for activity outcome).

7. *The results of qualitative content analysis illuminated, that the realization of teamwork in nurses' population is stipulated by the two essential premises:*

- The acquired four types of holistic competencies of teamwork: *socio-psychological* (self-reflection, conflict management, emotional stability, etc.), *clinical/expertise* (ability to solve problems, ability to analyze activity results/outcomes and mistakes, etc.), *education* (teaching a patient, ability to give clear and exact information, etc.), *administration,/management* (conducting teamwork, instilling innovations, etc.).

- Traits of activity environment, which are benevolent for the realization of teamwork: collaboration, ethical behavior, expression of personal features, acknowledgment (of nursing activity, nurse's competence, nurse's profession).

The results of factor analysis revealed the eight basic and common characteristics of teamwork in nurse's population: ↘communication; ↘collaboration; ↘systemic/methodical work; ↘realistic outcome/results; ↘inducing/stimulation; ↘responsibility; ↘autonomy; ↘self-expression.

8. *The correlation analysis diagnosed thirty two teamwork competencies, which were divided into five levels (according to the peculiarities of the overlap among the contents of six tested teamwork dimensions), where the first level (which includes these abilities: to diagnose activity mistakes and to measure activity results/achievements) and the second level (which includes abilities of leadership, equivalent collaboration, giving feedback, clear and exact informing) are the key levels; thus, teamwork competencies, which compose the above-mentioned levels, could be defined as key teamwork competencies. The results of correlation analysis illuminated educational need for developing and expanding theoretical knowledge and teamwork competencies, oriented to concrete scientific areas, according to work status:*

- For nurse practitioners it is important to expand their management and administration competencies and the knowledge of organizational behavior, climate, culture and communication psychology.
 - For chief nurses it is important to develop their competencies in management, administration and education, and to expand the knowledge of communication psychology.
 - For heads of departments it is important to develop their competencies in management, administration, psychology, education and to expand the knowledge of teamwork, organizational behavior, climate and culture, learning organization, communication in organization, management styles and communication psychology.
- 9.** *The results of curriculum analysis of vocational education of nurses revealed, that in the content of the investigated curricula poor orientation to the development of teamwork competencies exists. Identical features characterize the analyzed curriculum:*
- The acquiring competencies during a study process are strongly oriented to the development of expertise/specialized competence and they are weakly oriented to mastering holistic educational competence of teamwork. This result is opposite to the results of the content analysis, where educational activity is identified as an essential nurse's activity. Such contradiction in the Lithuanian context reveals a detachment between the content of nursing practice in reality and the curriculum of vocational training and education of nurses.
 - In a study process the development of competencies is poorly oriented to the acquisition of multidisciplinary competencies that could stipulate effective autonomous work and teamwork.
 - Study process is oriented to individual work and individualized nursing.
 - Methodological disproportions exist among curriculum parameters (aims, objectives, acquiring competencies, themes, study methods and evaluation methods).
- 10.** *The results of curriculum analysis, the collection of abundant factual material (on the basis of qualitative and quantitative research results) and the analysis of scientific literature revealed, that, in a common sense, study process of nursing includes development and expansion of competencies. Thus, in modeling the curriculum of vocational education of nurses, which integrates teamwork competencies, from the educational standpoint it is not precise to keep orientation only to the expansion of competencies: since the expansion of competencies is based on developed/mastered competencies. The theoretical-hypothetical model of the development of teamwork competencies (based on the results of the research, presented in this dissertation) is the curriculum of vocational education of nurses, which includes these characteristics:*
- Integrates the four key components: ▶ philosophical attitudes to nursing education/studies; ▶ standpoints of nursing philosophy; ▶ curriculum content, based on integrated modules, oriented to nursing context; ▶ integration of theoretical and practical studies.
 - Study process is based on cooperative learning, reflection and experiential learning, when students acquire strategies of independent learning and learning in groups and teams.
 - The content integrates these aspects: ▶ It is substantiated by research evidence and it is oriented to the global priorities in health care and the epidemiological, demographic and socio-cultural context of a concrete country. ▶ The main direction of the curriculum of nursing studies' is nursing practice and theory. ▶ The modules that are not related to nursing should be integrated with nursing. ▶ Nursing contextuality is the main characteristic of curriculum modules.
 - The modules, that compose curriculum model, include these parameters:

☐ *Aims of modules:* ▶ Identify concrete cognitive levels, elements of module specificity, relation to nursing theory and/or practice, orientations to nursing receivers, character of nursing activity from the collaboration point of view. ▶ Are related to nursing philosophy, objectives of a module and study aims from the standpoint of vocational education of nurses that are urgent for a concrete module.

☐ *Objectives of modules:* ▶ Identify concrete cognitive levels, character of nursing activity from the collaboration point of view, orientations to nursing receivers, orientations to concrete teamwork competencies. ▶ Are related to the aims defined as the standard of vocational education of nurses.

☐ *Acquiring competencies:* ▶ Identify concrete cognitive levels, concrete nursing receivers, nursing realization areas, individual work or teamwork, specific (as the outcome of a concrete study module) competencies and teamwork competencies, concrete activity areas defined as the standard of vocational education of nurses. ▶ Are related to the objectives of modules and the competencies defined as the standard of vocational education of nurses.

☐ *Study methods:* ▶ Are related to acquiring competencies from the standpoint of cognitive levels, to the aims and objectives of modules, and to the competencies, defined as the standard of vocational education of nurses.

☐ *Character of studies:* ▶ The minimal number of modules that compose curriculum are oriented merely to theoretical or practical studies and the maximum number of modules are oriented to the integration of theory and practice.

☐ *Assessment/evaluation methods:* ▶ Are related to acquiring competencies from the standpoint of cognitive levels. ▶ Assess/evaluate individual nurse-student's work and the work, which is performed in a team, as well as specific and teamwork competencies that are indicated in a concrete module.

The results of qualitative and quantitative research confirm/reject these hypotheses:

Partly confirm hypothesis H1: *The interferences with the realization and development of teamwork competencies in nurses' population are stipulated by: the elements of professional competence of nurses (knowledge, standpoints, values), the content of nursing activity, the possibility to realize professional competence in full value, nurses' empowerment and their work status.*

The interferences of teamwork competencies are the following: the content of nursing activity, which limits the possibilities to realize the competencies of nurses, and the deficiency in nurses' empowerment from the activity point of view. Realization and development of teamwork competencies is not interfered by the elements of professional competence of nurses (knowledge, standpoints, values) and their work status.

Confirms hypothesis H2: *The diagnostics of the peculiarities of nurses' interaction on various activity levels at health care organizations stipulates the identification of the directions in the development, realization and expansion of teamwork competencies*

Reject hypothesis H3: *Adequate statistical relations between external variables that represent health care organization (type of an organization), team (type and specialization of a team, status of a nurse in a team), employee (work experience of a nurse in a current work status, the total work experience, nurse's age and educational level) and realization of teamwork competencies exist here.*

All the above-mentioned external independent variables establish different statistical relations with teamwork competencies, i.e. these variables differently influence the performance of teamwork competencies.

Reject hypothesis H4: *Positive interdependence between personal status in the organization and educational need to develop teamwork competencies exists here: the higher is work status, the lower is educational need for the development of teamwork competencies.*

The higher is work status, the higher educational need is for the development of teamwork competencies.

KOMANDINIO DARBO KOMPETENCIJŲ EDUKACINĖ DIAGNOSTIKA IR JŲ VYSTYMO, RENGIANČIŲ SLAUGYTOJUS, PAGRINDIMAS

SANTRAUKA

Komandinio darbo konceptas tirtas daugelio užsienio ir Lietuvos mokslininkų. Viena esminių komandinio darbo charakteristikų yra *komandos narių kompetencija*. *Kompetencijos* konceptas glaudžiai siejasi su gebėjimu valdyti kompleksines situacijas bei taikyti žinias, įgūdžius įvairaus sudėtingumo veiklos lygmenyse ir dėl to yra aktualus socialinių tyrimų objektas. *Kompetencijų* teorinis konstruktas praplėtė *kompetencijos* sąvokos reikšmę ir tapo esmine edukologijos tiksline kategorija, pasireiškiančia veiklos, socialine bei savimonės kompetencijomis. Kompetencijos – viena aktualiausių temų *edukologijoje, vadyboje, psichologijoje, slaugoje*. Kompetencijos ir kompetencijų vieta yra slaugytojų nuolatinio profesinio vystymosi ir slaugos veiklos sandūroje, o slaugytojų kompetencijų tyrimai ieško galimybių integruoti tarpusavyje veiklą, jai keliamus reikalavimus, slaugytojo profesijai reikalingas asmenines savybes bei nuolatinio mokymosi procesą. Nepaisant įvairių mokslų sričių tyrinėjimų įdirbio *kompetencijos koncepto kontekste tenka konstatuoti, jog egzistuoja sąlygiškai apleistas edukologijos tyrimų ruožas – komandinio darbo kompetencijų bruožai bei šių kompetencijų charakteristikos, aktualios slaugytojams, ir komandinio darbo kompetencijų vystymo ypatumai, rengiant slaugytojus.*

Komandinio darbo kompetencijų konceptą tiriančių mokslininkų (Mahmoodi & King, 1992; Doe, 2000, 2001; Salas, 2002) teigimu, komandinio darbo kompetencijos apima tris elementus: 1) komandiniam darbui aktualias žinias, gebėjimus, požiūrius/nuostatas; 2) orientaciją į vadybos, psichologijos, edukologijos, sociologijos mokslų kryptis, „stimuliuojančias“ komandos darbą; 3) orientaciją į individo/komandos nario ir komandos lygmenis. Paminėtų aspektų integravimas komandinio darbo aplinkoje – prielaida nariams suprasti komandinio darbo ir komunikavimo procesus, diagnozuoti komandinio darbo kompetencijų realizavimo trikdžius bei, remiantis šios diagnostikos rezultatais, reflektuoti veiklą ir įgalinti save nuolatiniame profesiniame vystymuisi.

Profesinis vystymas atspindi asmens įsipareigojimą atsakyti į klausimus, kurie nuolat iškyla praktikos kontekste (Mueller, 1987): „Kas daro įtaką požiūriui į mokymąsi, besiremiančio probleminių klausimų kėlimu, formavimui ir vystymui (t.y. motyvacijai vystyti supratimą ir kompetencijas)? Kas užtikrina, kad asmeninis specialisto įsipareigojimas ir entuziazmas sąlygoja atitinkamą profesinį vystymąsi?“ Profesiniame vystyme visuomet aktualūs du kintamieji (French & Bell, 1984): 1) *Turinys*, apimantis veiklos tikslus ir uždavinius bei atsakantis į klausimą, *ko siekia* konkrečios veiklos vykdytojai ir priėmėjai bei *ką turi atlikti* atitinkama profesinė grupė. 2) *Procesas*, nurodantis, *kaip* ši profesinė grupė siekia tikslo arba *kaip* vykdo konkrečius uždavinius.

1988m. Vienoje (Austrija) vykusiame pirmoje Europos Slaugos konferencijoje buvo suformuotos gairės naujo Europos slaugytojo vaidmeniui, neapsiribojančiam siauru profesiniu išsilavinimu bei į užduotis orientuotos slaugos vykdymu. Slaugos misija buvo įvardyta kaip

pagalba žmonėms nustatant ir pasiekiant jų sveikatos potencialą darbo bei gyvenimo aplinkose (Salvage, 1993). Tai reiškia, jog slaugytojams būtini du aspektai: ▶ plačios apimties bazinis išsilavinimas kaip prielaida, jog slaugytojai yra įgiję multidisciplines kompetencijas; ▶ tęstinis šių kompetencijų vystymas ir nuolatinis plėtojimas, „nukreiptas į sveikatos ugdymą bei sveikatos priežiūros administravimą ir vadybą“ (International Labour Organization, 1998, p.40). Slaugytojų profesinis ugdymas, orientuotas į specialiųjų įgūdžių, mokėjimų bei teorinių žinių įgijimą, išsėmė savo galimybes pakitusių veiklos sistemos reikalavimų ir besikeičiančios visuomenės poreikių požūriu. Vadinasi, slaugytojų nuolatiniam profesiniam vystymui yra aktuali veiklos orientacija, o tai reiškia gebėjimą dirbti aplinkose, kurios charakterizuojamos problemiškomis situacijomis ir komandinio darbo tradicija. Šiame kontekste išryškėja *vystymo* koncepto jungtis su *kompetencijų* bei *komandinio darbo kompetencijų* konceptais. Douglas & Bevis (1979) patvirtina tokią jungtį ir nurodo, jog „komandinis darbas, realizuojamas slaugytojų populiacijoje, palengvina profesinės slaugytojų grupės galimybes pilnaverčiai realizuoti ir vystyti kompetencijas“ (p.178).

Į komandinį darbą orientuotoje slaugoje dėmesys skiriamas slaugytojo gebėjimui taikyti multidisciplines žinias, atlikti „organizuojančio specialisto vaidmenį“ (Janhonen, 1992, p.41) bei praktikoje taikyti socialinius mokslus: ▶ *vadybos*, apimančios gebėjimą valdyti kompleksinį pagalbos pacientui procesą; ▶ *psichologijos*, inkorporuojančios slaugytojo gebėjimą komunikuoti su pacientu, atsižvelgiant į jo poreikius, lūkesčius ir gebėjimą motyvuoti pacientą siekti kuo didesnės savirūpos; ▶ *edukologijos*, akcentuojančios slaugytojo žinias, kaip teikti slaugą, ko mokyti pacientą ir kokiose srityse tobulėti pačiam. Tai reiškia, jog į komandinį darbą orientuotoje slaugoje persidengia socialiniai ir slaugos mokslai. Komandiniam darbui slaugytojai turi būti ugdomi, o slaugos studijų programų (curriculum) turinį prasminga pagrįsti tyrimais, skatinančiais tęstinai analizuoti ir mokytis iš patirties, suprasti reguliarių vertinimų svarbą, kaip neatsiejamą slaugos veiklos komponentą (Salvage, 1993; WHO, 1998). Vadinasi, slaugos studijų procesas, besiremiantis mokymusi bendradarbiaujant, reflektavimu ir mokymusi iš patirties yra pirminė slaugytojų profesinio vystymo prielaida.

Mokslinės problemos pagrindimas. Lietuvos visuomenė gyvena transformacijų laikotarpyje, kuriam būdinga politinių, ekonominių, socialinių tendencijų kaita. Pastaroji nepalieka nuošalyje ir sveikatos priežiūros bei profesinio rengimo sistemų, keliančių aukštus reikalavimus slaugytojų profesinės kompetencijos bei pastarąją sudarančių kompetencijų įgijimui ir nuolatiniam vystymui (Salvage, 1993; WHO, 1997; ICN, 1999). Slaugytojų kompetencijų specifiskumas ir jų charakteristikos yra aktualus socialinių tyrimų objektas Vakarų šalyse nuo devintojo 20a. dešimtmečio (pvz., Allison & McLaughlin–Renpenning, 1998; Hird, 1995; Clifford, 1993; Parsons, 1992; Gonczi *et al.*, 1990). Lietuvoje stokojama tokio pobūdžio mokslinių tyrimų. Slaugytojų kompetencijų vystymas yra esminė edukologijos mokslo problema (Doran *et al.*, 2002; Miller *et al.*, 1999; Nolan *et al.*, 1998; Campbell, 1998; Benner *et al.*, 1996; Lankshear *et al.*, 1996; Norman *et al.*, 1996; Stutsky & Laschinger, 1995; Ashroft, 1992). Šios problemos veiksmingo sprendimo prielaida yra *edukacinės diagnostikos realizavimas*: ▶ *leidžiantis nustatyti slaugytojų kompetencijų raišką ir jų vystymo ribotumus, poreikius ir kryptis*; ▶ *skatinantis slaugytojus reflektuoti veiklą ir nuolatos tobulintis*.

Didžiąją slaugytojų veiklos dalį sudaro ekstremalios situacijos, sudėtingos problemos, kurias suvaldyti ar išspręsti nepakanka techninių, į biomediciną orientuotų kompetencijų (Stutsky & Laschinger, 1995) bei tradicinės slaugos veiklos, pasižyminčios griežta hierarchija ir paklusnumu (Macleod *et al.*, 1992; Kneafsey *et al.*, 2001). Slaugos instituto virsmas pasauliniame kontekste ir jo projekcija į Lietuvą formuoja naują sampratą apie slaugą kaip

tarpdisciplininę veiklą, kuri: •vyksta interakcijos (asmenybė – asmenybė) ir mąstymo (asmenybė – problemų sprendimas) lygmenyse; •pirmenybę teikia komandiniam, o ne individualiam darbui. Būtent komandinis darbas sąlygoja slaugos veiklos kryptingumą ir leidžia pasiekti laukiamų rezultatų (Miller *et al*, 1999; Kneafsey *et al*, 2001; Doran *et al*, 2002).

Disertantės ekspertinė patirtis (kaip slaugytojos praktinės) ir šio disertacinio tyrimo rezultatai parodo, jog šiandieninė slaugos profesinės veiklos realybė Lietuvoje rodo, jog: •slaugytojų veikla sutelkta į technines manipuliacijas ir individualią veiklą; •dėl didelio krūvio slaugytojams dažniausiai pritrūksta laiko bendravimui su pacientais; •dėl įgalinimo stokos slaugytojai nepilnaverčiai realizuoja multidisciplines kompetencijas ir neturi vidinės motyvacijos jas vystyti bei plėtoti. Tai reiškia, jog slaugytojo holistinės profesinės kompetencijos, apimančios ir komandinio darbo kompetencijas, realizavimas priklauso nuo psichosocialinio ir edukacinio kontekstų sąveikos (Kneafsey *et al*, 2001; Benner *et al*, 1996; Hird, 1995).

Slaugytojų profesinis rengimas ir ugdymas Lietuvoje yra sutelktas kolegijose ir universitetuose. Šiose švietimo institucijose įgyjamos kompetencijos sudaro prielaidas klinicinei/techninei veiklai ir autonomiškam darbui, tuo tarpu slaugytojų rengimui dirbti komandose skiriamas menkas dėmesys. Taigi komandinio darbo kompetencijų įgijimui reikalingas slaugytojų profesinio ugdymo turinio (curriculum) modelis, leidžiantis patenkinti edukacinį komandinio darbo kompetencijų vystymo poreikį.

Komandinio darbo kompetencijų vystymo ir plėtojimo kryptis veiksmingiausiai padeda nustatyti *edukacinė diagnostika*, leidžianti asmeniui susidaryti individualų mokymosi bei tobulėjimo planą, numatyti mokymosi strategijas (Cimbricz, 2002; Pearson *et al*, 2000; Benner *et al*, 1996; Camilli, 1996; Sanders & Horn, 1995; Stutsky & Laschinger, 1995). Diagnostinio tyrimo išdavoje surinkta informacija ir jos analizė įgalina slaugytojus giliau suvokti situaciją, reflektuoti veiklą ir, tuo remiantis, tikslingai vystyti bei plėtoti reikiamas kompetencijas, o slaugytojų profesinio ugdymo organizacijoms – peržvelgti ir koreguoti curriculum. Todėl *aktuali komandinio darbo kompetencijų vystymo, rengiant slaugytojus, mokslinė problema edukologiniu požiūriu – prieštaravimas tarp keturių aspektų: 1) sparčių profesinės slaugos veiklos pokyčių, projektuojamų iš pasaulinio konteksto į Lietuvą; 2) slaugytojų kompetencijų poreikio kaitos, orientuotos į slaugos multidiscipliniškumą ir komandinį darbą; 3) multidisciplininių slaugos krypties ir komandinio darbo kompetencijų vystymo bei plėtojimo; 4) galimybių kompetencijų kaitos poreikius tenkinti slaugytojų profesinio rengimo ir ugdymo institucijose bei sveikatos priežiūros organizacijose.*

Šiame disertaciniame darbe sprendžiama kompleksinė mokslinė problema leidžia susisteminti pasaulio šalių ir Lietuvos mokslininkų žinias bei mokslinių tyrimų patirtį apie komandinį darbą ir jį sudarančias kompetencijas, kokybinę ir kiekybinę edukacinę diagnostiką, profesinės slaugos veiklos tarpdisciplines charakteristikas, į komandinio darbo kompetencijų vystymą orientuotą curriculum elementus, atsakant į aktualius mokslui *klausimus, sudarančius sprendžiamos mokslinės problemos pagrindą:*

- Kokiomis multidisciplininėmis charakteristikomis pasižymi komandinio darbo fenomenas socialinių tyrimų požiūriu, ir kurios iš šių charakteristikų yra edukologijos tyrimų objektas?
- Kokie pagrindiniai veiksniai sąlygoja profesinės kompetencijos ir komandinio darbo kompetencijų jungties realizavimą edukologijos požiūriu?
- Kokiose tipinėse tyrimo situacijose teiktina pirmenybė kokybinei ar kiekybinei metodologinei tradicijai, tiriant komandinio darbo kompetencijas slaugos kontekste?

- Kokie trikdžiai egzistuoja edukologiniu požiūriu slaugytojų populiacijoje, realizuojant komandinio darbo kompetencijas?
- Kokie komandinio darbo kompetencijų vystymo edukaciniai poreikiai yra slaugytojų populiacijoje?
- Kokie „raktiniai“ elementai sudaro slaugos studijų curriculum, integruojančio komandinio darbo kompetencijas bei sąlygojančio šių kompetencijų vystymą?

Disertacijoje pristatomo *mokslinio tyrimo objektas* - komandinio darbo kompetencijos, o *mokslinio tyrimo dalykas* - komandinio darbo kompetencijų edukacinė diagnostika.

Disertaciniame darbe siekiama šio *kompleksinio tyrimo tikslo: teoriškai pagrįsti komandinio darbo kompetencijas kaip profesinės slaugytojų kompetencijos elementą bei empiriškai diagnozuoti komandinio darbo kompetencijų raiškos ir vystymo trikdžius slaugytojų populiacijoje įvairių lygmenų sveikatos priežiūros organizacijose ir slaugos studijų curriculum turinyje, realizuojamame slaugytojų profesinio rengimo institucijose.*

Mokslinio tyrimo tikslo siekiama sprendžiant tokius *tyrimo uždavinius*:

1. Išryškinti profesinės kompetencijos ir komandinio darbo kompetencijų tarpusavio jungtį.
2. Pagrįsti profesinės slaugos veiklos ir slaugytojų profesinio rengimo tarpdiscipliniškumą.
3. Atskleisti slaugos profesinio instituto ir slaugytojų profesinio rengimo vystymosi tendencijas pasauliniame kontekste ir jų projekcijos į Lietuvą bruožus.
4. Išryškinti slaugytojų kompetencijų charakteristikas bei komandinio darbo kompetencijų vystymo kryptis slaugytojų populiacijoje.
5. Diagnozuoti slaugos teorinės sampratos ypatumus slaugytojų populiacijoje, išryškinant, ar pasireiškia/nepasireiškia dermė tarp faktinės raiškos ir normatyvinių teorinių lūkesčių.
6. Diagnozuoti slaugytojų kompetencijų raiškos trikdžius slaugos veiklos kontekste.
7. Diagnozuoti komandinio darbo realizavimą sąlygojančias prielaidas ir komandinio darbo bendrąsias charakteristikas slaugytojų populiacijoje.
8. Nustatyti komandinio darbo kompetencijų vystymo edukacinius poreikius slaugytojų populiacijoje.
9. Įvertinti slaugytojų profesinio ugdymo curriculum orientacijas komandinio darbo kompetencijų vystymo atžvilgiu.
10. Pagrįsti komandinio darbo kompetencijų vystymo, rengiant slaugytojus, teorinį-hipotetinį modelį.

Komandinio darbo kompetencijų edukacinė diagnostika ir jų vystymo procesas, rengiant slaugytojus, grindžiamas šiomis *teorinėmis ir metodologinėmis nuostatomis*:

Teorinės nuostatos:

- *Grupių ir organizacijų struktūros bei dinamikos koncepcija* (Bern, 2000): interakcija/transakcija yra esminis procesas, lemiantis darbinės grupės veiklos ir organizacijos vystymo kryptingumą.
- *Organizacijos vystymo diagnostikos koncepcija* (Cole, 1998; Stewart, 2001): organizacijos vystymo diagnostikos pagrindas – komandinio darbo kintamųjų ir komandos narių realizuojamų vaidmenų, reikalaujančių multidisciplininių kompetencijų, vertinimas.
- *Vaidmenų komandoje koncepcija* (Belbin, 1993): vaidmenis atlieka kiekvienas komandos narys; kiekvienas vaidmuo komandoje pasižymi neigiamomis ir teigiamomis savybėmis, o vaidmenų kombinacija lemia efektyvų ir veiksmingą komandinio darbo realizavimą.
- *Kompetencijos koncepcija* (Davies, Ellison, 2001; Westera, 2001; Lepaitė, 2001; Jucevičienė & Lepaitė, 2000; Bowden & Marton, 1998; Kirschner, 1997; Barnett, 1994; Schön,

1991; White & Mayer, 1980; Gagne, 1977; Gardner, 1975; Posner & Keele, 1973): kompetencija yra traktuojama ne kaip kvalifikacijos fenomeno sudėtinė dalis, o kaip holistinė asmens potencialo raiška, inkorporuojanti turimas individo žinias, įgūdžius, gebėjimus, požiūrius, asmenybės bruožų raišką, vertybines orientacijas, nuostatas bei gebėjimą tikslingai veikti įvairiose aplinkose.

- *Komandos kompetencijų koncepcija* (Mahmoodi & King, 1992; Salas, 2002; Doe, 2000, 2001): komandinis darbas yra savarankiška holistinė kompetencija, apimanti specifines kompetencijas, besiremiančias edukologijos, vadybos, psichologijos, sociologijos mokslų pagrindais ir atspindinčiais asmens potencialumą, inkorporuojančių žmogaus sugebėjimą integruoti mentalinį ir fizinį pajėgumą.

- *Mokymosi bendradarbiaujant koncepcija* (Joyce *et al.*, 1999; Teresevičienė & Gedvilienė, 1999; Šiaučiukėnienė, 1997; MacGilchrist *et al.*, 1995; Qin *et al.*, 1995; Joyce, 1991; Kagan, 1990; Mortimore *et al.*, 1988; Slavin, 1983, 1990, 1991; Sharan, 1980, 1990; Johnson & Johnson, 1974, 1981, 1990, 1993, 1994): apima mokymosi grupėse ir mokymosi komandose studijų strategijas bei sąlygoja tokias išdavas: ✓generuoja mokslinius tyrimus ir atradimus apie socialinio gyvenimo prigimtį bei procesus; ✓įtraukia studentus į socialinių ir tarpasmeninių problemų sprendimą; ✓sukuria patirtinio mokymosi situaciją; ✓skatina atviro dialogo realizavimą; ✓įgalina studentus įvairiapusiam reflektavimui; ✓ugdo studentų autonomiškumą ir pagarbą kitiems asmenims; ✓ugdo tarpasmeninio supratingumo, tolerancijos jausmus, plėtoja adaptacijos gebėjimą; ✓plėtoja konstruktyvų ir kritinį požiūrį į žinias; ✓yra esminė prielaida, vystant ir plėtojant komandinio darbo kompetencijas.

- *Reflektyvaus praktiko mokymosi koncepcija* (Schön, 1991): refleksija yra esminis žiniomis ir moksliniais tyrimais paremtos praktikos elementas, ir praktikas realizuoja dvejopas refleksijas, kurios tarpusavyje yra susiję – 1) *refleksija veikiant*, kai praktikas prisimena žinias, apmąsto veiksmus ir veikia; 2) *refleksija apie veiklą*, kai praktikas apmąsto ir įvertina pasiektus rezultatus, permąsto veiklą ir turimų žinių diapazoną bei įvertina savo kompetencijų ribotumus. Šis „dvigubas“ reflektavimas yra tiesiogiai susijęs su praktiko motyvacija sąmoningai veiklai ir jos modeliavimu, koregavimu bei netiesiogiai sąlygoja praktiko savęs įgalinimą nuolatiniam mokymuisi/tobulėjimui.

- *Patirtinio mokymosi ciklo koncepcija* (Kolb, Rubin & McIntyre, 1984): mokymosi ciklas integruoja induktyvų ir deduktyvų mokymosi stilius ir remiasi keturiomis stadijomis: ▶konkrečios patirties; ▶stebėjimo, refleksijos ir supratimo; ▶abstrakčių konceptų formavimo; ▶aktyvaus eksperimentavimo.

- *Keturių mokymosi tipų koncepcija* (Jervis, 1983): egzistuoja keturi mokymosi tipai: ▶derintojo (aktyvi veikla ir naujovių taikymas); ▶skirstytojo (reflektavimas ir darbų paskirstymas); ▶įsisavintojo (teorinių modelių vystymas bei naujų idėjų formavimas); ▶nukreipėjo (veiklos nukreipimas reikiama linkme).

- *Darbo filosofijos koncepcija* (White, 1997; Boud & Garrick, 1999): ▶darbas ir veikla yra ir savarankiški, ir persidengiantys konceptai; ▶darbo ar veiklos efektyvumą lemia darbuotojų kvalifikacijos kaita, kompetencijos vystymas ir darbuotojo gebėjimas reflektuoti atliktą darbą.

- *Kompetencija grindžiamo curriculum vystymo koncepcija*: (Burrell *et al.*, 1988; Hogston, 1993; Storey, 2001; Ovalle, 2000): kompetencija grįstas curriculum slaugytojams – ▶sudaro profesinio ugdymo ir pasiekimų vertinimo „rėmą“; ▶tiksliai įvardija slaugytojų vaidmenis slaugytojų populiacijoje ir kitų sveikatos priežiūros specialistų atžvilgiu; ▶yra pagrindas

profesinio rengimo curriculum vystymui bei tobulinimui; ▶suteikia galimybę patikrinti ir (i)vertinti slaugytojų veiklą bei ją plėtoti.

Metodologinės nuostatos:

- *Koncepto analizės koncepcija* (Walker & Avant, 1995; Meleis, 1997): koncepto analizė yra procesas, apimantis nuoseklias stadijas - ▶koncepto dimensijų ir komponentų identifikavimą; ▶koncepto palyginimą su kitais panašiais konceptais, išskiriant panašumus bei skirtumus; ▶koncepto tikslų apibūdinimą (kas yra ir kas nėra konkretus konceptas).
- *Edukacinės diagnostikos koncepcija* (Cimbricz, 2002; Camilli, 1996; Sanders & Horn, 1995; Ingenkamp, 1989): ▶savarankiška edukologijos tyrimo metodologija, kuri yra kokybinė ir kiekybinė; ▶šios metodologijos rezultatai leidžia nustatyti mokymosi poreikį ir numatyti tobulėjimo kryptis, t.y. pasižymi prognostiniu pobūdžiu.
- *Kokybinės turinio (content) analizės koncepcija* (Mayring, 2000): content analizė remiasi sistemišku žingsnių vykdymu - 1) daugkartiniu teksto skaitymu; 2) manifestinių kategorijų bei subkategorijų išskyrimu ir jų pagrindimu iš teksto ekstrahuotais įrodymais; 3) kategorijų, apimančių subkategorijas, interpretavimu.
- *Fenomenologijos metodologinė koncepcija* (Creswell, 1998; Holstein & Gubrium, 1998; Willig, 2001): fenomenologija apima šias dimensijas - ▶*fenomenologinę redukciją*, kai sudėtinga problema redukuojama į pamatinius elementus, o tyrėjas ignoruoja savo ankstesnes nuostatas; ▶fenomenologinį *epoche*, kai tyrėjas susilaiko nuo išankstinių prielaidų, įsitikinimų, sprendimų; ▶*suskliautimą*, kuomet „į skliaustus imama“ natūrali nuostata, ir fenomenas tiriamas platesniame kontekste.
- *Hermeneutikos metodologinė koncepcija* (Mickūnas & Stewart, 1994; Dahlberg, Drew & Nyström, 2001): hermeneutika remiasi trimis taisyklėmis - ▶teksto interpretacija vyksta jo paties kontekste; ▶realizuojamas mentalinis „judėjimas“ tarp atskirų dalių link visumos ir atgal; ▶interpretuotojui privalu suprasti teksto autorių per patį tekstą.
- *Šiuolaikinės testų teorijos metodologinė koncepcija* (Mažeikienė & Merkys, 2000, 2001; Merkys, 1999a, b, c; 1997; Ingenkamp, 1989): ▶testas yra pirmasis žingsnis, statant „tiltą“ tarp teorijos ir faktų; ▶testavimas sudaro galimybę įvertinti įvairių objektivių procesų raiškos laipsnį kiekybiškai; ▶testavimo rezultatas – kiekybinių duomenų matrica, įgalinanti tyrėją dirbti ne su „žalia“ pirmine realybe, bet su abstrakčiu jos teoriniu modeliu.

Disertacijoje taikyti šie **tyrimo metodai**:

1. *Mokslinės literatūros analizė*: ▶Išskirtos komandinio darbo koncepto, kaip socialinių tyrimų objekto, charakteristikos. ▶Išryškinta profesinės kompetencijos ir komandinio darbo kompetencijų tarpusavio jungtis, pagrindžiant šią jungtį teoriniu modeliu. ▶Pagrįstas profesinės slaugos veiklos tarpdiscipliniškumas, išryškinant socialinių mokslų aktualumą šiai veiklai. ▶Atskleisti slaugos profesinio instituto vystymosi bruožai pasauliniame kontekste ir jų projekcija į Lietuvą. ▶Išryškintos ir pagrįstos slaugytojų kompetencijų charakteristikos ir šių kompetencijų vertinimo dimensijos. ▶Atskleistos komandinio darbo kompetencijų vystymo kryptys, aktualios slaugytojų populiacijai.

2. *Dokumentų turinio analizė*: ▶Sveikatos priežiūros sistemą, slaugos veiklą ir slaugytojų profesinį rengimą bei ugdymą reglamentuojančių dokumentų analizė papildė sampratas apie slaugos instituto virsmo tendencijas pasauliniame kontekste ir Lietuvoje. ▶Mokslinių slaugos srities konferencijų medžiagos turinio analizė išryškino slaugos mokslinių tyrimų orientaciją į socialinių mokslų paradigmą.

Atlikta slaugytojų profesinio rengimo ir ugdymo curriculum turinio (imtis n=6) analizė, remiantis 10 kokybinių vertinimo indikatorių, suformuotų šios disertacinio darbo autorės, leido: ▶[vertinti slaugytojų profesinio ugdymo curriculum orientacijas komandinio darbo kompetencijų vystymo atžvilgiu. ▶Suformuoti bei pagrįsti teorinį-hipotetinį komandinio darbo kompetencijų vystymo, rengiant slaugytojus, modelį.

3. *Apklausa raštu (naudotas slaugytojų kompetencijos elementų raiškos klausimynas slaugos veiklos kontekste, parengtas disertacinio darbo autorės, remiantis kompetencijos ir kompetencijų struktūrą grindžiančiais konceptais; ¾ anketos sudaro atviri klausimai. Apklausti 335 respondentai, dirbantys pirminio, antrinio ir tretinio sveikatos priežiūros lygmens organizacijose bei pagal darbinį statusą einantys slaugytojo praktiko, vyr. slaugytojo-slaugos administratoriaus ir direktoriaus pavaduotojo slaugai pareigas):* ▶Diagnozuoti subjektyvios slaugos teorinės sampratos ypatumai slaugytojų populiacijoje. ▶Diagnozuoti slaugytojų kompetencijų realizavimo trikdžiai slaugos veiklos kontekste. ▶Diagnozuotos komandinio darbo realizavimą sąlygojančios prielaidos: kompetencijų, kurias būtina vystyti, tipai ir veiklos aplinkos bruožai, palengvinantys komandinio darbo realizavimą slaugytojų populiacijoje.

4. *Kokybinė turinio (content) analizė:* ▶Atsakymų į atvirus klausimus turinys nagrinėtas, remiantis kokybinės content analizės ir fenomenologijos bei hermeneutikos metodologinių nuostatų elementų jungties tradicija, leidžiančia intersubjektyviai pagrįsti kokybinės diagnostikos duomenis.

5. *Testavimas (naudotas „Komandinio darbo diagnozės“ testas „Team-Puls“ (Wiedemann, von Watzdorf, Richter, 2000); ištestuotos 94 slaugytojų komandos; iš viso - 621 respondentai):* ▶Diagnozuotos bendrosios komandinio darbo charakteristikos, aktualios slaugytojų populiacijai. ▶Nustatyti komandinio darbo kompetencijų vystymo edukaciniai poreikiai slaugytojų populiacijoje.

6. *Statistinė tyrimo duomenų analizė (atlikta taikant SPSS 10.0 for Windows statistinių duomenų apdorojimo programą):* ▶Taikyta aprašomoji statistika: absoliučių ir procentinių dažnių, modos, medianos, vidurkių ir standartinio nuokrypio skaičiavimai. ▶Realizuotas koreliacijos koeficientų skaičiavimas ir jų analizė. ▶Vykdta faktorinė analizė. ▶Skaičiuotas Cronbach α koeficientas, taikant pagrindinių komponentų metodą ir VARIMAX rotaciją su Kaiser norminimu.

Disertacinis tyrimas buvo atliekamas penkiais etapais

1. *Pirmas etapas (2000m. rugsėjis – 2001m. birželis).* ▶Suformuotas pirminis disertacinio tyrimo dizainas. ▶Atlikta teorinė komandinio darbo koncepto, slaugos multidisciplininių konceptų bei kokybinių tyrimų metodologijų analizė. ▶Išnagrinėta edukacinės diagnostikos metodologinė nuostata. ▶Suformuotas autorinis nestandartizuotas atviro tipo klausimynas.

2. *Antras etapas (2001m. rugsėjis – 2001m. gruodis).* ▶[vykdta apklausa, naudojant atviro tipo klausimyną. ▶Atlikta dokumentų analizė (sveikatos apsaugos, švietimo bei mokslinių slaugos konferencijų medžiagos). ▶Pakoreguotas disertacinio tyrimo dizainas.

3. *Trečias etapas (2002m. sausis – 2002m. birželis).* ▶Išanalizuoti kokybinio tyrimo duomenys, pateikti šio tyrimo rezultatai bei pagrįstos iškeltos hipotezės (H1; H2). ▶[vykdytas testavimas, naudojant standartizuotą testą „Team-Puls“ (Wiedemann, von Watzdorf & Richter, 2000). ▶Išanalizuoti kiekybinio tyrimo duomenys, pateikti šio tyrimo rezultatai bei pagrįstos iškeltos hipotezės (H3; H4).

4. *Ketvirtas etapas (2002m. rugsėjis – 2002m. gruodis).* ▶Parengta teorinė (pirmoji) disertacijos dalis. ▶Parengta empirinė (antroji) disertacijos dalis.

5. *Penktas etapas (2003m. sausis – 2003m. birželis).* ▶Atlikta teorinė mokslinių šaltinių, pristatančių komandinio darbo kompetencijų vystymo modelius, analizė. ▶Išanalizuota vertinamojo tyrimo metodika ir suformuoti curriculum vertinimo indikatoriai. ▶Atlikta slaugytojų profesinio ugdymo curriculum analizė. ▶Suformuotas teorinis-hipotetinis komandinio darbo kompetencijų vystymo, rengiant slaugytojus, modelis. ▶Suformuotos bendrosios disertacinio tyrimo išvados ir pateiktos rekomendacijos tolimesnių tyrimų vykdymui.

Disertacijos struktūra. Disertacinį darbą sudaro: įvadas; pirmoji dalis - apima teorinio tyrimo rezultatus (4 skyriai ir 8 poskyriai); antroji dalis – remiasi empirinio tyrimo rezultatais (3 skyriai ir 7 poskyriai); trečioji dalis - integruoja empirinio tyrimo ir teorinio tyrimo duomenis, kuriais remiantis suformuotas teorinis hipotetinis komandinio darbo kompetencijų, rengiant slaugytojus, modelis (2 skyriai); išvados; rekomendacijos ir tolimesnių tyrimų perspektyvos; literatūros sąrašas (bendras išnagrinėtų šaltinių skaičius: 463 pozicijos); priedai. Bendroji disertacijos apimtis: 197 puslapiai (be priedų), 24 lentelės, 22 paveikslai, 38 priedai (pateikti atskiroje knygoje).

Disertacinio tyrimo teorinis reikšmingumas: ▶Išanalizuotas ir pagrįstas komandinio darbo koncepto kompleksiskumas ir jį charakterizuojantys parametrai multidisciplininiu požiūriu, o ypač ugdymo mokslo požiūriu, kur kompetencija traktuojama kaip tikslas ir faktiškai įvaldyta profesionalo charakteristika. ▶Apibūdintos komandinio darbo kompetencijų raiškos ir vystymo charakteristikos slaugytojų populiacijoje. ▶Suformuoti ir pagrįsti „Kompetencijos, kompetencijų ir veiklos sąveikos“ bei „Komandinio darbo kompetencijų ir profesinės kompetencijos jungties“ teoriniai modeliai. ▶Atskleistas profesinės slaugos veiklos tarpdiscipliniškumas, ir ši veikla pagrįsta kaip socialinių mokslų taikymo ir tyrimų erdvė. ▶Parngtas teorinis-hipotetinis komandinio darbo kompetencijų vystymo modelis edukologijos požiūriu.

Disertacinio tyrimo mokslinis naujumas: ▶Pagrįsta kokybinės ir kiekybinės edukacinės diagnostikos nuoseklaus taikymo metodologija konkrečiau tyrimo kontekste, išryškinant šių metodologinių tradicijų savarankiškumą bei atskleidžiant kokybinės edukacinės diagnostikos aktualumą edukologijos mokslo tyrimams. Šios metodologijos įdirbis charakterizuojamas potencialiu pritaikomumu kituose (gimininguose) tyrimuose. ▶Parengti edukacinės diagnostikos rezultatų panaudojimo edukologijos erdvėje modeliai, atveriantys galimybes veiksmingiau realizuoti slaugytojų komandinio darbo kompetencijų vystymą ir plėtojimą individo ir organizacijos lygmenimis. ▶Sukaupta gausi faktinė medžiaga, atspindinti komandinio darbo kompetencijų raiškos statistinius ryšius su organizaciją ir darbuotojus atspindinčiais kintamaisiais. ▶Parengta slaugytojų profesinio ugdymo curriculum analizės indikatorių matrica, leidžianti nustatyti curriculum sudarančių parametų disproporcijas bei orientacijas į komandinio darbo kompetencijų vystymą. Šis matrica gali būti potencialiai pritaikyta analizuojant ir vertinant įvairių sričių (ne tik sveikatos priežiūros) profesinio rengimo ir ugdymo curriculum.

Praktinis disertacinio darbo reikšmingumas: ▶Identifikuoti ribotumai, sutinkami projektuojant pasaulinio slaugos instituto kaitos dimensijas į Lietuvos kontekstą. ▶Diagnozuotos slaugytojų sampratos apie naująją slaugos paradigmą orientacijos kaip profesinio pasirengimo bei nuolatinio tobulinimosi išdava. ▶Nustatyti slaugytojų multidisciplininių kompetencijų taikymo trikdžiai realioje slaugos praktikoje. ▶Identifikuotos komandinio darbo kompetencijos, kurias būtina įvaldyti slaugytojams, siekiant veiksmingai realizuoti komandinį darbą. ▶Diagnozuoti komandinio darbo realizavimo trikdžiai ir ribotumai

slaugos praktikos erdvėje. ▶ Nustatytos komandinio darbo charakteristikos ir darbinės aplinkos bruožai, sąlygojantys komandinio darbo realizavimą slaugytojų populiacijoje. ▶ Identifikuoti komandinio darbo kompetencijų vystymo edukaciniai poreikiai slaugytojų populiacijoje. ▶ Diagnozuotos slaugytojų profesinio ugdymo curriculum parametru disproporcijos bei komandinio darbo kompetencijų vystymo ribotumai, rengiant slaugytojus. ▶ Sukurtos mokslinės-informacinės prielaidos tobulintis (reformuoti) slaugytojų profesinio rengimo curriculum bruožus komandinio darbo kaip bazinės kompetencijos erdvėje individo ir organizacijos lygmenimis.

Information about the author of a dissertation:

1990-1993: Nursing studies at the Kaunas Higher Medical School; acquired two qualifications – the nurse and the medical fedsr

1993-2001: Pediatric nurse (practitioner) at the Pediatric Clinic of Kaunas University Clinics

1994-1998: Studies at the Kaunas Medical University, faculty of Nursing; acquired qualification of a Diploma specialist in Nursing (equivalent to Bachelor in Nursing)

1998-2001: Lecturer at the Kaunas Higher Medical School

1998 – 2000: Master's degree studies at the Kaunas Vytautas Magnus University, faculty of Social sciences; acquired degree of a qualification – Master in Education science (specialty: management of vocational training and education)

2000-2003: PhD studies in Education Science (Kaunas University of Technology, faculty of Social Sciences, Institute of Education)

From 2001: Lecturer-expert at the Klaipėda College, Health faculty

From 1993: The member of Lithuanian Nurses' Organization

From 1996: Representative of Lithuanian Nurses' Organization at the WENR (Workgroup of European Nurses Researchers)

1993-2003: Competence development in these countries – Denmark, Sweden, Finland, Hungary, UK, Spain, Portugal, Israel, Canada, Germany, Italy, Switzerland, Channel islands, Netherlands.

Co-author of three books (in Lithuanian language):

- Moksleivių sveikatos ugdymas/*Education of school children* . – Vilnius: SDTSC, 2000.
- Bendrieji gebėjimai/*Core skills*. – Vilnius, 1999.
- Slauga pirminėje sveikatos priežiūroje/*Nursing in primary health care*. – Vilnius, 1998.

Author of five books:

In Lithuanian language -

- Žydžiūnaitė, V. (2001). Baigiamojo diplominio darbo parengimas ir įvertinimas. Mokomoji knyga/*Preparation and evaluation of diploma/graduation thesis. Study book*. – Klaipėda: Klaipėdos kolegija, Sveikatos fakultetas.
- Žydžiūnaitė, V. (2001). Kaip parengti studijų darbus? Kursinis projektas, kursinis darbas, referatas, esė, refleksija. Mokomoji knyga/*How to prepare the study works? Course project, course work, summary synopsis, essay, reflection. Study book*. - Klaipėda: Klaipėdos kolegija, Sveikatos fakultetas.
- Žydžiūnaitė, V. (2001). Slaugos mokslinių tyrimų metodologijos pagrindai. Mokomoji knyga/*The basis of nursing research. Study book*. – Vilnius: SDTSC.

In Lithuanian and English language -

- Žydžiūnaitė, V. (2001). Farmakotechnikos specialybės studentų įgalinimas motyvuotoms studijoms remiantis probleminiu mokymu ir refleksijomis. Studija/*How to empower students pharmacy assistants to study with motivation using problem solving and reflections. Research study*. – Kaunas: Technologija.

- Žydzūnaitė, V. (2001). Profesinių tyrimų metodologija. Metodinės nuorodos/Methodology of vocational/professional research. Methodical guidelines. – Kaunas: Technologija.
8 scientific publications and over 30 articles on nursing in professional journals and newspapers.

Trumpa informacija apie disertacijos autorę:

1993m. Kauno aukštesniojoje medicinos mokykloje įgytos medicinos felčerio bei medicinos sesers kvalifikacijos

1993-2001m. Vaikų slaugytoja Kauno medicinos universiteto vaikų ligų klinikoje

1998m. Kauno medicinos universiteto slaugos fakultete įgyta diplomuotos slaugytojos kvalifikacija

1998-2001m. Kauno aukštesniosios medicinos mokyklos dėstytoja

2000m. Vytauto Didžiojo universitete suteiktas Edukologijos magistro kvalifikacinis laipsnis (specializacija: profesinio mokymo vadyba)

2000-2003m. Studijos Edukologijos doktorantūroje, Kauno technologijos universiteto Socialinių mokslų fakultete, Edukologijos institute

Nuo 2001m. – Klaipėdos kolegijos, Sveikatos fakulteto dėstytoja-ekspertė

Nuo 1993m. – Lietuvos slaugos specialistų organizacijos narė, o **nuo 1996m.** – nuolatinė Slaugos Specialistų Organizacijos atstovė Europos slaugos tyrėjų grupėje (WENR)

1993-2003m. vystyta kompetencija šiose šalyse: Danijoje, Švedijoje, Suomijoje, Vengrijoje, Jungtinėje Karalystėje, Ispanijoje, Portugalijoje, Izraelyje, Kanadoje, Vokietijoje, Italijoje, Šveicarijoje, Channel salose (JK), Olandijoje.

Trijų leidinių bendraautorė:

- Moksleivių sveikatos ugdymas. – Vilnius: SDTSC 2000.
- Bendrieji gebėjimai. – Vilnius, 1999.
- Slauga pirminėje sveikatos priežiūroje. – Vilnius, 1998.

Penkių leidinių autorė:

- Žydzūnaitė, V. (2001). Baigiamojo diplominio darbo parengimas ir įvertinimas. Mokomoji knyga. – Klaipėda: Klaipėdos kolegija, Sveikatos fakultetas.
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