



An attempt to identify relevant competences and skills of specialist nurses in the management of Inflammatory Bowel Disease.

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Aim: To identify, from the available scientific evidence, competences, skills, and abilities of specialist nurses that help to improve the management of Inflammatory Bowel Disease (IBD).

Materials and Methods: Systematic search about nursing involvement in the management of IBD in bibliographic databases (Medline, Embase, Spanish Medical Index (SMI), and the Cochrane Library) from 1999 to 2009, and grey literature (e.g., Professional Societies, Quality of care Agencies, Governmental Agencies) in English or Spanish. Inclusion criteria for documents: the document provides some relevant aspect on the role, competences, skills, or abilities of IBD specialist nurses. If the reference could not be excluded reading the title, the abstract was read. If, after reading the abstract, the reference was not excluded, the full text article or document was obtained and read. To decide whether the article (or document) met the inclusion criteria, two researchers read the document independently. In case of discrepancy, the decision was made by consensus.

Results: 232 titles were found in Medline, 33 in Embase, 6 in the SMI, and 1 in the Cochrane Library. Eight articles met the inclusion criteria. Thirty four national institutions (e.g., professional societies), 3 international institutions (2 European), and 10 agencies of quality of care were identified in the grey literature. From these institutions, 5 documents were included. Six studies use qualitative methodology, 2 are systematic and 2 non-systematic reviews, 2 focus on the development of quality standards, one is an observational study, and one is an opinion article. One document has more than one type of design. Many competences assigned to the nurse in the management of IBD were found, some of them more conceptual and others more operational. Among the found competences, could be mentioned: integration in the multidisciplinary team; liaison with the patient, the team and primary care; disease control and adherence to treatment; early detection of adverse effects; health education to patients and families; physical and emotional support; being accessible when the patient requires; or organizing support groups for patients, among others. The development of these competences requires continuous training. Patients and their families appreciate, among the nurse's skills availability, communication skills, kindness, sympathy, and giving confidence to cope with the disease, among others. The association between nurse competences and patient outcomes remains unclear.

Conclusions: Numerous conceptual and operational competences have been identified. They usually refer to roles within the multidisciplinary team, with the patient, and in the relationship between patient, team, and even with primary care. Nurse competences aim not only to improve the physical condition of patients, but also emotional aspects affecting personal, family, social, and labour areas. Studies for understanding the relationship between competences and skills of nurses, and the quality of care and the efficient use of resources in managing IBD, would be desirable.

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