



**HAL**  
open science

## Self-Reported Competencies and Educational Needs of Rheumatology Nurses: Results of a National Survey

Catherine Beauvais, Laure Gossec, Aurélien Mulliez, Françoise Fayet, Rose Marie Poilverd, Sophie Pouplin, Serge Perrot, Christian l'Amour, Laurence Carton, Marie Pierre Aubert, et al.

► **To cite this version:**

Catherine Beauvais, Laure Gossec, Aurélien Mulliez, Françoise Fayet, Rose Marie Poilverd, et al.. Self-Reported Competencies and Educational Needs of Rheumatology Nurses: Results of a National Survey. *Joint Bone Spine*, 2020, 87 (1), pp.91–93. 10.1016/j.jbspin.2019.06.010 . hal-03892144

**HAL Id: hal-03892144**

**<https://hal.sorbonne-universite.fr/hal-03892144>**

Submitted on 15 Mar 2023

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

## **Self-reported competencies and educational needs of rheumatology nurses: results of a national survey.**

Catherine Beauvais (1), Laure Gossec (2), Aurélien Mulliez (3), Françoise Fayet (4), Rose Marie Poilverd (1), Sophie Pouplin (5), Serge Perrot (6), Christian L'amour (7), Laurence Carton (8) , Marie Pierre Aubert (9), Sylvie Miconnet (10), Laurent Grange (11) Elisabeth Flipon-Cousin (12) Maryse Mézieres (13), Maxime Dougados (14), Nelly Jaccaz-Vallée (15), Carine Savel (4)

### **Corresponding author:**

Catherine Beauvais MD

Rheumatology Department, Saint Antoine University Hospital, DHU i2B, APHP, Paris, France, 184 rue du Faubourg Saint Antoine 75012 Paris. 01 49 28 25 20 ; fax 01 49 28 25 13 ; [catherine.beauvais@aphp.fr](mailto:catherine.beauvais@aphp.fr)

The corresponding author certifies that all authors approved the entirety of the submitted material and contributed actively to the study.

(1) Rheumatology Department, Saint Antoine University Hospital, DHU i2B, APHP, Paris, France,

(2) Sorbonne Université, Institut Pierre Louis d'Epidémiologie et de Santé Publique, Paris France; and Pitié Salpêtrière Hospital, APHP, Rheumatology Department, Paris, France;

(3) Biostatistic Department, University Hospital Gabriel-Montpied, Clermont-Ferrand France

- (4) Rheumatology Department, University Hospital Gabriel-Montpied, Clermont-Ferrand France
- (5) Rheumatology Department, University Hospital, Rouen, France
- (6) Medicine Department, University Hospital Cochin, University René Descartes, France
- (7) Rheumatology Department, Pitié-Salpêtrière University Hospital , APHP, France
- (8) Association AFLAR Association de Lutte Anti-Rhumatismale, Paris, France
- (9) Rheumatology Department, University Hospital Hôtel Dieu, Nantes, France
- (10) Rheumatology Department, Bicêtre University Hospital, , APHP, Le Klemelin Bicetre , France
- (11) Rheumatology Department, University Hospital Grenoble Alpes , Echirolles, France
- (12) Pharmacy, General Hospital, Nanterre, France
- (13) Rheumatology Department, University Hospital Cochin, France
- (14) Rheumatology Department, University Hospital Cochin, University René Descartes, France
- (15) Rheumatology Department, University Hospital Bretonneau, Tours, France

Disclosure of interest: None of the authors has any conflicts of interest to

declare.

Key words : educational needs, Rheumatology Nurses, Nurse practitioners;  
advanced practice nurse

## **Manuscript 498**

Rheumatology nurses (RN) play an important role in the management of rheumatic and musculoskeletal diseases (RMDs) particularly inflammatory arthritis (IA) [1-5]. However differences exist between European countries regarding RNs' activities and qualifications [6] and there is no insight about French RN. The objective of this study was to investigate the competencies and educational needs of French RN.

A cross-sectional survey was conducted from December 2014 to May 2015 through 3 successive on-line rounds completed by 64-104 RN per round: 93% were female, 69% working full time in a University hospital. The lists of competencies comprising 70-78 items were elaborated by a multidisciplinary group of 27 participants including patients. Cognitive skills and know-how were assessed concerning a wide range of RMDs (table 1,2) and generic skills (table 2). For each item of the list, RN indicated if they believed they had acquired the skill and if they considered it of importance. Statistics were computed using Stata (version 12, StataCorp, College Station, USA). The difference rate between knowledge and know-how was calculated; the educational needs were the difference between the reported skills and those considered very or rather important by the nurses.

For RA and SpA, median reported competency levels were high on symptomatic treatments (90%), good on DMARDs (79%) and investigations/imaging (59%). Lesser skills were declared on disease activity and psychosocial assessment (31%, 28%), comorbidities (43%) and non-

pharmacological treatments (53%) (table1). The gap between knowledge and know-how was small for DMARDs (12%), biologics (6-12%), comorbidities (13-18%) and symptomatic treatments (2-5%). Conversely the gap was high concerning the psychological assessment (60-71%) and disease activity assessment (43%). In these last domains the educational needs were the highest.

Competencies were lower on other RMDs (Table 2). For osteoporosis, a median competency score of 50-60 % was obtained in disease knowledge and medications, practical skills on pharmacological and non-pharmacological treatments. In low back pain a median score > 50% was only found on pharmacological treatment (56%). Osteoarthritis and other RMDs were the least known and educational needs were high. Although generic skills were high (table 2), some educational needs emerged such as assessment of medication adherence or motivational interviewing.

Our results are concordant with a survey in the UK [7] among 162 nurses and HPs, showing that 71% of respondents had the knowledge and skills to manage the care of person with RA. The responding French nurses had better skills in pain management and similar skills in non-pharmacological management than in others studies [7,8], although musculoskeletal courses have for long existed for nurses on some European countries [7-9].

Although the number of responding nurses may seems rather low, the response rate was is similar to the other studies [7-10]. We found that French nurses have a more comprehensive approach of their role in rheumatology, not limited to RA and SpA.

In conclusion, this study provides an insight on RN competencies in France. This study will be useful in developing post graduate curriculum, advanced practice degrees and improve the comprehensive treatment of RMDs.

## References

1. [van Eijk-Hustings Y](#), [van Tubergen A](#), [Boström C](#), et al. EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis. [Ann Rheum Dis](#). 2012;71:13-9.
2. [Dougados M](#), [Soubrier M](#), [Perrodeau E](#), et al. Impact of a nurse-led programme on comorbidity management and impact of a patient self-assessment of disease activity on the management of rheumatoid arthritis: results of a prospective, multicentre, randomised, controlled trial (COMEDRA). [Ann Rheum Dis](#). 2015;74:1725-33.
3. Larsson I, Fridlund B, Arvidsson B, Teleman A, Svedberg P, Bergman S. A nurse-led rheumatology clinic versus rheumatologist-led clinic in monitoring of patients with chronic inflammatory arthritis undergoing biological therapy: a cost comparison study in a randomised controlled trial. [BMC Musculoskeletal Disord](#). 2015;16:354.
4. [Solomon DH](#), [Fraenkel L](#), [Lu B](#), et al. Comparison of Care Provided in Practices With Nurse Practitioners and Physician Assistants Versus Subspecialist Physicians Only: A Cohort Study of Rheumatoid Arthritis.

[Arthritis Care Res \(Hoboken\)](#). 2015;67:1664-70.

5. [Zangi HA](#), [Ndosi M](#), [Adams J](#) et al. EULAR recommendations for patient education for people with inflammatory arthritis. [Ann Rheum Dis](#). 2015;74:954-62.

6. [van Eijk-Hustings Y](#), [Ndosi M](#), [Buss B](#), et al. Dissemination and evaluation of the European League Against Rheumatism recommendations for the role of the nurse in the management of chronic inflammatory arthritis: results of a multinational survey among nurses, rheumatologists and patients. [Rheumatology \(Oxford\)](#). 2014;53:1491-

7. [Lillie K](#), [Ryan S](#), [Adams J](#). The educational needs of nurses and allied healthcare professionals caring for people with arthritis: results from a cross-sectional survey. [Musculoskeletal Care](#). 2013;11:93-8.

8. [Vliet Vlieland TP](#), [van den Ende CH](#), [Alliot-Launois F](#), et al. Educational needs of health professionals working in rheumatology in Europe. [RMD Open](#). 2016 24;2:e000337. eCollection 2016.

9. Robinson S, Hassell A, Ryan S, Adams N, Walker D. A national survey of nurse training: Confidence and competence in educating patients commencing methotrexate therapy. [Musculoskeletal Care](#). 2017;15:281-292.

10. [Riley L](#), [Harris C](#), [McKay M](#), [Gondran SE](#), [DeCola P](#), [Soonasra A](#). The role of nurse practitioners in delivering rheumatology care and services: Results of a U.S. survey. [J Am Assoc Nurse Pract](#). 2017 ;29:673-681.



**Table 1 Competencies in RA, SpA and CTDs described by 106 RN**

Competencies	“Very much or rather acquired” competencies %		Competencies rated “rather important or essential “(%)	
	Cognitive*	Know how*	Cognitive*	Know how *
<b>RA-SpA</b>	<b>56 [ 8-94]*</b>	<b>44 [6-94]</b>	<b>96 [57-100]*</b>	<b>91 [48-100]</b>
-Disease process, diagnosis , etc..	53 [36-81]		96 [92-100]	
-Disease activity assessment	31 [8-50]	25 [11-29]	72 [57-84 ]	62 [48-62]
-Comprehensive assessment (psychosocial)	28 [13-59]	19 [6-28]	85 [70-98]	86 [57-89]
-Investigations/imaging	58 [36-81]	51 [49-59]	83 [70-98]	72 [66-93]
-DMARDs	79 [57-83]	72 [50-76]	100 [93-100]	100 [86-100]
-Symptomatic treatments**	90 [87-94]	87 [85-94]	100 [100 – 100]	100 [100-100]
-Non pharmacological treatments	53 [28-64]	41[31-45]	97[9-98]	95 [89-100]
-Co morbidities	43 [36-50]	37 [31-43]	98 [98 – 98]	91 [90-93]
<b>CTDs***</b>	<b>28 [21-40]</b>		<b>90 [86-98]</b>	

\*median, extreme values

\*\*analgesics and non-steroidal anti-inflammatory drugs (NSAIDs)

\*\*\* Sjögren Syndrome, systemic lupus erythematosus

**Table 2 Competencies in other RMDs and generic skills described by 71 and 64 RN respectively.**

Competencies	“Very much or rather acquired” competencies %		Competencies rated “rather important or essential “(%)	
	Cognitive*	Know how*	Cognitive*	Know how *

<b>Osteoporosis</b>	<b>54 [19-83]*</b>	<b>27 [6-68]</b>	<b>97 [67-99]</b>	<b>90 [68-99]</b>
Disease process, diagnosis	61 [61-61]		98 [98-99]	
Assessment, imaging	46 [21-83]	23 [18-27]	96 [67-99]	70 [68-82]
Comprehensive assessment	42 [20-64]	10 [6-14]	93 [89-97]	78 [68-89]
Pharmacological treatments	56 [54-57]	56 [49-63]	99 [99-99]	98 [97-99]
Non pharmacological treatments	35 [19-50]	53 [17-68]	93 [92-94]	96 [90-97 ]
<b>Low back pain</b>	<b>30 [3-72]</b>	<b>19 [3-54]</b>	<b>87[65-96]</b>	<b>84 [62-95]</b>
Disease process, imaging	44 [34-55]		88 [81-95 ]	
Comprehensive assessment	12 [3-26]	3 [3-3]	75 [65-86]	64 [62-67]
Treatments	56 [18-72]	34 [9-54]	91 [87-96]	91 [79-95]
<b>Osteoarthritis</b>	<b>31 [5-47]</b>	<b>18 [3-47]</b>	<b>87 [62-97]</b>	<b>86 [58-99]</b>
Disease process, imaging	28 [5-40]	3 [3-3]	87 [62-96]	58 [58-58]
Comprehensive assessment	36 [36-36]	17 [17-17]	86 [86-86]	86 [86-86]
Treatments	32 [8-47]	23 [18-47]	89 [80-97]	97 [79-99]
<b>Other IA**/ other RMDs***</b>	34 [18-52]		93 [88-97]	
<b>Pain management</b>	63 [25-81]	39 [17-87]	98 [75-100]	98 [72-100]
Physiopathology, investigations	54 [54-54]		98 [98-98]	
Comprehensive assessment ( psychosocial)	71 [63-80]	87 [87-87]	98 [98-98]	100 [100-100]
Pharmacological and non-pharmacological treatment	64 [25-81]	26 [17-70]	98 [75-100]	89 [72-95]
<b>Patient-nurse communication</b>	64[29-84]	54 [7-80]	98 [90-100]	98 [77-100]
<b>Patient education</b>	63 [25-78]	55 [32-68]	96 [85-99]	95 [85-99]
<b>Research</b>	28 [10-35]	26 [9-35]	69 [ 52-82]	66 [35-82 ]

\*median, extreme values

\*\*polymyalgia rheumatica, Horton disease, chondrocalcinosis and gout

\*\*\*fibromyalgia, infections, onco-rheumatology