

Editorial/Uvodnik

Human resource standards and norms as tools for ensuring quality and safety in nursing and midwifery

Kadrovski standardi in normativi kot ogrodje za zagotavljanje kakovosti in varnosti tudi v zdravstveni negi in babištvu

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The two-year COVID-19 pandemic has put additional pressure on healthcare. Efficient response has been, to a large extent, dependent on nurses, who represent the largest professional group in healthcare. Despite the improved epidemiological situation at the beginning of 2022, a decrease in the pressure put on nurses and nursing is not to be expected during this year nor in the future years. In their report, the International Centre on Nurse Migration (2022) states that global shortages of nurses were estimated to be 5.9 million even before the pandemic. Due to burn-out, stress, job transfers, new responsibilities and additional workload caused by the pandemic, nurses have been increasingly leaving their profession. If, as a result of the pandemic, an additional 4% of the global nursing workforce leave the profession, the lack of nurses will increase to seven million. One out of six nurses in the world will retire in the next ten years, which means that 4.7 million nurses will be needed solely to replace the ones that will retire.

The situation in Slovenia is similar. In a document titled "Analysis of the labour market and proposed politics and measures regarding the human resources strategy in nursing and midwifery" (Nurses and Midwives Association of Slovenia, 2021), the Nurses and Midwives Association of Slovenia outlined the most important information about the professional groups in healthcare and midwifery, information on education, employment, expected retirement levels and the conducted analysis regarding the reasons for urgently increasing the number of positions for nurses and other healthcare and midwifery providers. These reasons include changed healthcare needs of the population, conducting new healthcare services and designing new structures in the healthcare system. Information regarding labor market trends (data on unemployed providers of nursing and midwifery and available job vacancies) and policy proposals, activities

and measures for ensuring and keeping an appropriate number of healthcare and midwifery providers, is also important. In the next few years, the largest and most experienced generation of healthcare providers will retire and they will be difficult to replace because there will not be a sufficient number of new, younger healthcare providers on the labour market. The age group spanning from 50 to 59 years contains 5759 providers of healthcare and midwifery that will retire in the next few years.

The efforts of the healthcare and midwifery profession to adopt a common document outlining the human resources standards and norms in healthcare and midwifery have been taking (too) long. Nurses and Midwives Association of Slovenia have been preparing and updating professional grounds and have, together with the unions, been putting pressure on policy decision-makers. The blue book on human resources standards and norms in nursing and midwifery and healthcare (original title: *Modra knjiga kadrovskih standardov in normativov v zdravstveni in babiški negi in oskrbi*) (Nurses and Midwives Association of Slovenia, 2013) that was approved by the Extended professional board for nursing (RSKZN) at the 11th correspondence meeting on 13 May 2013, is the first systematically written document that gives a chronological description of the basis and grounds for developing this document. The document clearly states that the planning of human resources norms in nursing and midwifery on all levels of healthcare and welfare should be based on the document 'Strategies of development in nursing and healthcare in the healthcare system in the Republic of Slovenia for the period from 2011 to 2020' (original title: *Strategije razvoja zdravstvene nege in oskrbe v sistemu zdravstvenega varstva v Republiki Sloveniji za obdobje od 2011 do 2020*) by the Ministry of Health (2011). The proposed human resource standards build on

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proven and internationally comparable criteria, and was based on the findings regarding the complexity of nursing, with the help of the Slovenian categorisation of the complexity of nursing (SKZBZN) that began to be implemented in 2007 (Klančnik-Gruden, Bregar, Peternelj, & Marinšek, 2011). It was adopted by the Health Council (ZS) as a tool for staffing calculations in November 2011, considering the division of tasks and duties between providers of nursing services listed in the document 'Professional activities and competences in nursing and midwifery' (Železnik, 2008). In 2013, that document was pertinent material for the Strike Agreement made between the Government of the Republic of Slovenia and the representative unions of the public sector; Item 8 stipulated that standards and norms in midwifery and nursing and healthcare be adopted by 31 December 2013. The Ministry of Health did not give consent to the blue book.

In 2015, through the Strategic council for nursing and midwifery, the Ministry of Health impacted the re-harmonization and review of human resources standards and norms in nursing and midwifery to "design a report on human resources standards for individual areas of nursing and midwifery in the European Union and internationally as well as to draft a proposal of human resources standards in Slovenia" (Kramar & Bregar, 2021).

In 2019 the unions and the government agreed on signing the Agreement on the settlement of strike demands (2018) that in Item XII stipulates that the government agrees that the responsible ministry shall deal with the submitted proposals regarding the human resources standards and norms for healthcare and social welfare in accordance with the procedure determined in the collective agreement. The Government promised that the ministry responsible for health shall adopt the human resources standards and norms in nursing and midwifery and healthcare by 30 September 2019 and that these would come into effect as of 1 January 2020 (Kramar & Bregar, 2021).

The Ministry of Health did not adopt the document. Instead, a decision on appointing new working groups for designing a proposal of norms in nursing on all levels of healthcare was adopted. The groups commenced with their work in July 2019. The new document 'Professional competences and activities of nursing providers' (original title: *Poklicne kompetence in aktivnosti izvajalcev v dejavnosti zdravstvene nege*) (Prestor et al., 2019) that was adopted by the Extended professional board for nursing and midwifery, and to which the Minister of Health Aleš Šabeder gave consent upon a recommendation issued by ZS on 16 May 2016, was considered.

Kramar & Bregar (2021) emphasize that the current document 'Human resources standards and norms in nursing and midwifery' is based on evidence-based methods of monitoring/measuring the complexity of nursing in Slovenian hospitals over a period of more

than twenty years and measuring the workload of nursing employees on the primary level of healthcare and in institutions that are under direct management of the Ministry of Labour, Family, Social Affairs and Equal Opportunities. This document represents a digression from the experiential standards and norms that remain in place by the funding providers today and are not related to today's needs of healthcare users on all levels. The document that was designed by a large group of experts from various fields of healthcare and welfare, also considers the results of the RN4CAST (Aiken et al., 2011; Aiken et al., 2014; Aiken et al., 2016; Aiken et al., 2018) study that are used as guidelines in the design of human resources norms in Europe and elsewhere.

Global strategic directions for nursing and midwifery 2021–2025 have been designed by the World Health Organization (2021) in order for countries to secure a sustainable contribution of nurses and midwives in order to achieve universal healthcare and reach other goals related to the health of the population. They include four main areas that are used in designing national strategies according to national needs and priorities: education, jobs, management and provision of services. The purpose of the four strategic directions is: 1) to educate enough midwives and nurses with competencies to ensure the population's healthcare needs; 2) creating jobs, managing migrations and employing midwives and nurses and keeping them where they are needed the most; 3) strengthening nursing and midwifery management with healthcare and academic systems; 4) ensure the support, respect, motivation and equipment for nurses and midwives, so that they can contribute to services as best as they can.

Two decades of drawing attention to the urgency of systemic solutions of the problems caused by the lack of nurses and other providers of healthcare and midwifery services in healthcare and welfare centers has brought about an emergency situation that threatens the wellbeing of patients and employees in healthcare and midwifery. A nurse and a midwife are both trustworthy professions but are, due to demanding working conditions in which nurses and midwives are overworked and underpaid and the fact that they have an immense responsibility in a society where material goods are valued the most, extremely difficult professions, and therefore are less and less appealing prospects for generation Z. If the status of nursing and midwifery providers is not solved systemically, we cannot expect young people to choose to work in this profession. After all the years of attempting to regulate the field of healthcare and nursing together with many other important stakeholders, a question arises whether health really is a priority for all the previous governments, or politics in general. If this is so, then now it is high time that human resources standards and norms are adopted.

In the globalized world, healthcare is becoming the strongest industry. Decision-makers should be aware that investing in nursing and midwifery is really an investment in the health of the people and the state rather than a financial burden. In nursing, probably due to the feminization of the profession, there are major inconsistencies in healthcare policies when it comes to this large professional group. This is evident in low investments by the governments into the improvement of the working conditions and insufficient payment for the job. We will not allow ourselves to be excluded from adopting strategic decisions. *"Nothing about us without us and nothing on healthcare without nurses and midwives"* – is our guideline in ensuring that joint efforts are made.

Slovenian translation/Prevod v slovenščino

Dve leti trajajoča pandemija virusa covid-19 je na zdravstvo ustvarila dodatne pritiske. Izrednega pomena za učinkovito ukrepanje so imele in še imajo medicinske sestre kot največja poklicna skupina v zdravstvu. Kljub epidemiološkemu umirjanju stanja v začetku leta 2022 vseeno ni pričakovati, da se bodo pritiski na medicinske sestre in zdravstveno nego zmanjšali. Ne v tem letu, niti v prihodnjih letih. Združenje *The International Centre on Nurse Migration* (2022) v svojem poročilu navaja, da je bilo že pred pandemijo svetovno pomanjkanje medicinskih sester ocenjeno na 5,9 milijona. Zaradi izgorelosti, stresa, prerazporeditev, novih odgovornosti in dodatnih delovnih obremenitev, ki jih je povzročila pandemija, medicinske sestre še dodatno zapuščajo opravljanje tega poklica. Če bi zaradi vplivov pandemije zapustilo poklic še dodatnih 4 % svetovne delovne sile v zdravstveni negi, bo na svetu primanjkovalo sedem milijonov medicinskih sester. Ena od šestih medicinskih sester na svetu se bo v prihodnjih desetih letih upokojila, kar pomeni, da bi potrebovali 4,7 milijona medicinskih sester le za nadomestitev upokojitev.

Razmere v Sloveniji so podobne globalnim razmeram. Zbornica zdravstvene in babiške nege Slovenije – Zveza društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije (Zbornica – Zveza) je v dokumentu *Analiza razmer na trgu dela in predlog politik ter ukrepov kadrovske strategije v dejavnosti zdravstvene in babiške nege* (Zbornica – Zveza, 2021) opredelila najpomembnejše podatke o poklicnih skupinah v dejavnosti zdravstvene in babiške nege, podatke o izobraževanju, zaposlovanju, projekciji predvidenega upokojevanja, izvedeni analizi razlogov o nujnosti povečanih potreb zaposlovanja medicinskih sester in drugih izvajalcev zdravstvene in babiške nege. Mednje spadajo spremenjene zdravstvene potrebe prebivalstva, izvajanje novih zdravstvenih storitev in oblikovanje novih struktur v zdravstvenem sistemu.

Pomembni so tudi podatki o razmerah na trgu dela (podatki o brezposelnih izvajalcih zdravstvene in babiške nege ter prostih delovnih mestih) in predlogi politik, aktivnosti in ukrepov za zagotavljanje in zadržanje ustreznega števila izvajalcev v dejavnosti zdravstvene in babiške nege. V prihodnjih letih se bo upokojila najbolj številčna in najbolj izkušena generacija izvajalcev in izvajalk zdravstvene nege, ki jo bo težka nadomestiti, saj na trgu delovne sile ne bo na razpolago ustreznega števila novih, mlajših izvajalcev zdravstvene nege. V starostnem razponu od 50 let do 59 let, je skupno 5759 izvajalcev zdravstvene in babiške nege, ki se bodo upokojili v prihodnjih letih.

Prizadevanja stroke zdravstvene in babiške nege, da bi sprejeli enotni dokument kadrovskih standardov in normativov v zdravstveni in babiški negi, so (pre) dolga. Zbornica – Zveza vse od vstopa v novo tisočletje pripravlja in posodablja strokovna izhodišča in skupaj s sindikati izvaja pritiske na politične odločevalce. *Modra knjiga kadrovskih standardov in normativov v zdravstveni in babiški negi in oskrbi* (Zbornica – Zveza, 2013), ki jo je na 11. korespondenčni seji z dne 13. 5. 2013 potrdil Razširjeni strokovni kolegij za zdravstveno nego (RSKZN), je prvi sistematični dokument, ki v uvodu kronološko opiše izhodišča in podlage za nastanek tega dokumenta. Dokument jasno opredeljuje, da je pri načrtovanju kadrovskih normativov v zdravstveni in babiški negi na vseh nivojih izvajanja zdravstvenega in tudi socialnega varstva treba izhajati iz *Strategije razvoja zdravstvene nege in oskrbe v sistemu zdravstvenega varstva v Republiki Sloveniji za obdobje od 2011 do 2020* Ministrstva za zdravje (2011). Predlagani kadrovske standardi gradijo na preverjenih in mednarodno primerljivih kriterijih ter na podlagi ugotovitev zahtevnosti zdravstvene nege s pomočjo Slovenske kategorizacije zahtevnosti zdravstvene nege (SKZBZN), ki se je začela izvajati leta 2007 (Klančnik - Gruden, Bregar, Peternej, & Marinšek, 2011). Kot orodje za izračun kadra v zdravstveni negi jo je sprejel Zdravstveni svet (ZS) meseca novembra 2011, če naj bi se upoštevalo razmejitve del in nalog med izvajalci storitev zdravstvene nege, navedenih v dokumentu *Poklicne aktivnosti in kompetence v zdravstveni in babiški negi* (Železnik, 2008). Takratni dokument je leta 2013 postal tudi materija Stavkovnega sporazuma, ki je bil sklenjen med Vlado Republike Slovenije in reprezentativnimi sindikati javnega sektorja in je v osmi točki določal, da se standardi in normativi v babiški in zdravstveni negi ter oskrbi sprejmejo do 31. 12. 2013. Ministrstvo za zdravje (MZ) Modri knjigi ni dalo soglasja.

V letu 2015 je MZ preko Strateškega sveta za področje zdravstvene in babiške nege vplivalo na ponovno usklajevanje in pregled kadrovskih standardov in normativov v zdravstveni in babiški negi, da »izdela poročilo kadrovskih standardov za posamezna področja zdravstvene in babiške nege na področju Evropske unije oz. širšem mednarodnem prostoru

ter oblikovanje predloga kadrovskih standardov v slovenskem prostoru» (Kramar & Bregar, 2021).

V letu 2019 so sindikati z vlado ponovno dosegli podpis Sporazuma o razreševanju stavkovnih zahtev (2018), ki v točki XII. določa, da se vlada zavezuje, da bo pristojno ministrstvo obravnavalo prejete predloge kadrovskih standardov in normativov za dejavnost zdravstva in socialnega varstva v skladu s postopkom, določenim v kolektivni pogodbi. Vlada se je zavezala, da bo ministrstvo, pristojno za zdravje, sprejelo kadrovske standarde in normative na področju zdravstvene in babiške nege ter oskrbe do 30. 9. 2019 z veljavnostjo od 1. 1. 2020 (Kramar & Bregar, 2021).

MZ dokumenta ni sprejelo. Namesto tega je ponovno sprejelo sklep o imenovanju novih delovnih skupin za oblikovanje predloga normativov v zdravstveni negi na vseh ravneh zdravstvenega varstva, ki so z delom začele julija 2019. Pri delu je bil upoštevan nov dokument *Poklicne kompetence in aktivnosti izvajalcev v dejavnosti zdravstvene nege* (Prestor et al., 2019), ki ga je sprejel Razširjeni strokovni kolegij za zdravstveno in babiško nego in h kateremu je 16. 5. 2019, na priporočilo ZS, podal soglasje tudi minister za zdravje Aleš Šabeder.

Kramar & Bregar (2021) poudarjata, da v tem trenutku aktualni dokument *Kadrovske standardi in normativi v zdravstveni in babiški negi* gradi na dokazih, podprti metodi več kot dvajset let trajajočega spremljanja/merjenja zahtevnosti zdravstvene nege v slovenskih bolnišnicah in merjenja obsega dela zaposlenih v zdravstveni negi, in sicer tako na primarni ravni zdravstvenega varstva kot na področju zavodov, ki spadajo pod neposredno vodenje Ministrstva za delo, družino, socialne zadeve in enake možnosti. S tem dokumentom se oddaljujemo od izkustvenih standardov in normativov, ki so še dandanes v veljavi od plačnika in niso povezani z današnjimi potrebami uporabnika zdravstvenega varstva na vseh ravneh. Dokument, ki ga pripravljala večja skupina strokovnjakov različnih področij zdravstvenega in socialnega varstva, upošteva tudi rezultate raziskav RN4CAST (Aiken et al., 2011; Aiken et al., 2014; Aiken et al., 2016; Aiken et al., 2018), ki jih kot smernice za pripravo kadrovskih normativov uporabljajo v Evropi in drugje po svetu.

Globalne strateške usmeritve za zdravstveno nego in babištvo 2021–2025 je pripravila Svetovna zdravstvena organizacija (2021), da države zagotovijo trajnostni prispevek medicinskih sester in babic za doseganje univerzalne zdravstvene oskrbe in doseganje drugih ciljev za zdravje prebivalstva. Vključujejo štiri glavna področja, ki jih glede na nacionalne potrebe in prioritete države uporabijo pri oblikovanju nacionalnih strategij: izobraževanje, delovna mesta, vodenje in zagotavljanje storitev. Namen štirih strateških usmeritev je: 1) izobraziti dovolj babic in medicinskih sester s kompetencami za zagotavljanje zdravstvenih potreb prebivalstva; 2) ustvarjanje delovnih mest,

upravljanje z migracijami in zaposlovanje babic in medicinskih sester in kako jih obdržati tam, kjer jih najbolj potrebujejo; 3) okrepitev vodenja zdravstvene nege in babištva z zdravstvenimi in akademskimi sistemi; 4) babicam in medicinskim sestram zagotoviti podporo, spoštovanje, zaščito, motivacijo in opremo, da lahko tako varno in optimalno prispevajo k izvedbi storitev v delovnih okoljih.

Dve desetletji opozarjanja na nujnost systemskega reševanja problematike pomanjkanja medicinskih sester in drugih izvajalcev zdravstvene in babiške nege v zdravstvenih in socialnovarstvenih zavodih je povzročilo izredne razmere, ki že ogrožajo paciente in tudi zaposlene v zdravstveni in babiški negi. Poklica medicinske sestre in babice sta zaupanja vredna poklica, ki na žalost predvsem zaradi težkih pogojev dela, pogosto celo na meji vzdržnega, zaradi preobremenjenosti, podplačanosti in velike odgovornosti v družbi materialnih vrednot postajata manj zanimiva za generacijo Z. Če ne bo systemsko rešen status izvajalcev zdravstvene nege in babištva, ne moremo pričakovati, da se bodo mladi odločali za ta poklic. Po vseh letih prizadevanj k urejanju področja zdravstvene in babiške nege, skupaj z mnogimi pomembnimi deležniki, se zastavlja vprašanje, ali je zdravje ljudi zares prednostna naloga te in vseh predhodnih vlad oziroma celotne politike. Če to drži, potem je zdaj skrajni čas, da se kadrovske standardi in normativi sprejmejo.

Zdravstvo postaja v globalnem svetu najmočnejša gospodarska panoga. Odločevalci se morajo zavedati, da vlaganje v poklic medicinske sestre in babice ne predstavlja stroška, temveč gre za naložbo v zdravje ljudi in državo. V zdravstveni negi, verjetno prav zaradi feminizacije poklica, obstajajo velike neenakosti zdravstvene politike do te velike poklicne skupine, ki se kaže v nizkem vlaganju vlad v izboljšanje delovnih pogojev in nedostojnem plačilu za delo. Ne bomo dopustili, da ne bi bili vključeni v sprejemanje strateških odločitev. »Nič o nas brez nas in nič o zdravstvu brez medicinskih sester in babic« – je naše vodilo pri zagotavljanju skupnih prizadevanj.

Conflict of interest/Nasprotje interesov

Avtorica je predsednica Zbornice zdravstvene in babiške nege Slovenije – Zveze strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije./The author is the president of the Nurses and Midwives Association of Slovenia.

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