The political imperative of nurse education

Politični imperativ izobraževanja v zdravstveni negi

Maria Cassar[1, *]

Health and social care systems are inherently political (Jardin, 2001). From the allocation of limited resources to the directions related to patients' access to care and professional scope of practice of the workforce, the health environment is shaped not by clinical facts alone, but by political decisions. Yet, for too long, nursing education has perpetuated the practice of equipping graduates with clinical skills while leaving them politically limited, often mute. This omission is no longer tenable. For nursing to meet the demands of 21st-century healthcare, nurse education must critically integrate the politics of nursing into educational programmes. Determining the optimal level of delivery and identifying the appropriate experts to lead this integration are two challenges which require attention.

A main dimension of politics is to engage in the authoritative distribution of power and resources. In nursing, this political dimension manifests daily (Easton, 2017). A nurse advocating for safe staffing levels is engaging in labour politics. A community health nurse arguing for increased funding for diabetes care for citizens in their own homes is engaging in social and budgetary politics. A nurse research advocating for ethical considerations of patients' interests in clinical trials is engaging in regulatory politics. Arguably, the existence of the politically neutral nurse is a myth because arguably conscious inaction itself is a political stance adopted by the nurses who may favours the status quo (Dickman & Chicas, 2021).

Historically, nursing curricula have prioritized the bio-physical and psychological needs of the patient. These were and remain essential areas of nursing. Social dimensions of health have gained significant attention in nursing curricula over the last few decades allowing for wider holistic approaches to care planning and delivery as did digital literacy. Exclusive focus on these areas creates a professional identity focused on highly competent clinicians, but risks creating a generation of nurses who are experts in *what* to do, but passive recipients of *how* and *why* they must do it. Cultivating political competence through nurse education, that is the capacity to understand, analyse, and influence the systemic, regulatory, and financial forces that determine health outcomes across populations and assure the well-being of nurses is also required (Thomas et al., 2020). The hallmark constraining conditions and environments in which health and social systems prevail demand political competence. Failure to instil this competence forfeits nursing's participation in crucial policy debates, from addressing the social determinants of health to ensuring equitable and safe workforce management (Wilson et al., 2022). To-date research on the inclusion and effectiveness of education content which seeks to enable nurses' active participation in the politics of their practice is very limited (Cornish et al., 2025).

When should political education occur? The exploration of an answer to this question pits the already-saturated pre-registration curriculum against post-registration nurse education opportunities (Montegrico, 2023). The pre-registration inclusion of political literacy entails threading core concepts of power dynamics, legislative process, and resource economics through existing courses, demonstrating that policy is inseparable from practice. Embedding basic health policy, advocacy skills, and the history of nursing's political struggles early on enable the framing of the profession not merely as a set of tasks, but as a wider societal role. Delaying this instruction risks graduating nurses who have internalized sub-optimal possibly even dysfunctional systems, making future policy shifts harder to accept or implement. Content saturation of pre-registration education presents evident challenges which cannot be overlooked nor underestimated (Alley, 2018).

[1] University of Malta, Faculty of Health Sciences, Department of Nursing, Mater Dei Hospital, Msida, MSD 2080, Malta

* Corresponding author/Korespondenčni avtor: maria.cassar@um.edu.mt

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Conversely, the argument for post-registration education holds significant merit. The clinical novice often lacks the practical experience necessary to fully contextualize political concepts. The experience of qualified nurse, having contended with budget cuts, staffing crises, or complex ethical dilemmas dictated by regulation and constraints lends itself well to engaging effectively and efficiently with politics education. At post-registration level, the politics education can move beyond favourably from foundational concepts to real-world application, such as drafting policy briefs or engaging with legislative bodies. Practice-focused educational opportunities related to policy analysis, lobbying, governance and advocacy logically fit the post-registration end of the nurse education continuum.

Against the backdrop of this debate, the optimal solution may not lie with either/or scenario but an integrated continuum of political education wherein pre-registration curricula provides a mandatory foundation, which may be later expanded and specialized in post-registration education. An introduction to the health policy landscape, basic advocacy, and the profession's civic duty in pre-registration may be supplemented by educational opportunities which lead to qualifications in health policy and administration. This approach may assure that all nurses possess the minimum political literacy required for practice, while providing pathways for those who wish to become dedicated nurse-policy leaders. Evaluation research which measures the effectiveness of education pertaining to politics on nurses' performance should complement the suggested initiatives (Cornish et al., 2025).

The integration of politics into nurse education requires determining who should deliver this education. Asking clinicians whose expertise lies predominantly at the service delivery point to teach policy may result in a gap in theoretical underpinnings while relying on academics may result in an overly theoretical approach to politics education.

In view of the above, an effective teaching of nursing politics requires a interdisciplinary approach. Alongside experienced the contribution of nurse leaders who may provide inspirational narratives and authentic guidance and advice, nurse education in political competence should possess the extensive participation of professionals with experience in eclectic array of fields such as:

1. Health economics and finance: Enabling an understanding money flows in healthcare and social systems.
2. Public health policy and law: Recognising regulatory frameworks and legislative processes.
3. Organizational and systems leadership: Building the capacity to navigate and change.

Nurse educators must foster collaborations with other educational arenas including public health, political science, and law to co-create and co-deliver these education initiatives in politics. The content of political education requires careful planning and discretion acknowledging respective contextual realities (Adami & Kiger, 2005). Furthermore, professional nursing organizations must commit to funding and developing educational fellowships that produce politically skilled educators and that allow for governance to be established and safeguarded accordingly.

The limited inclusion of politics education in nursing education is a systemic flaw that weakens the profession. Critically, this gap undermines patient advocacy and jeopardises nurses well-being and safety. The time for viewing education as an optional or elective content is over. This requires adopting an integrated educational approach: instituting a mandatory, foundational layer of political education at the pre-registration level, complemented by specialized, applied policy training in post-registration programmes, thereby enabling the profession to be both clinically proficient and politically engaged for the optimal benefit of patients and the workforce alike. Rigorous research is needed to measure education effectiveness and to inform how to prepare a politically competent nurse workforce.

Slovenian translation/Prevod v slovenščino

Sistemi zdravstvenega in socialnega varstva so inherentno politične narave (Jardin, 2001). Zdravstvenega okolja namreč ne oblikujejo le klinični podatki, temveč tudi politične odločitve, ki vključujejo razporejanje sredstev, oblikovanje smernic v zvezi z dostopom pacientov do oskrbe ter obseg profesionalne prakse zaposlenih. Izobraževanje v zdravstveni negi je predolgo poudarjalo pridobivanje kliničnih znanj diplomantov na račun razvoja njihovih političnih kompetenc. To je privedlo do politične nemoči stroke, kar ni več vzdržno. Če želi zdravstvena nega izpolniti zahteve zdravstvenega varstva 21. stoletja, mora na področju izobraževanja medicinskih sester kritično razmisliti o vključitvi politike zdravstvene nege v izobraževalne programe. Pri tem posebno pozornost zahtevata dva izziva: določitev optimalne ravni vključevanja političnih vsebin v izobraževalni proces ter iskanje ustreznih strokovnjakov za koordinacijo te integracije.

Avtoritativno razporejanje moči in sredstev predstavlja osnovno politično dimenzijo, ki se v zdravstveni negi manifestira vsakodnevno (Easton, 2017). Medicinska sestra, ki se zavzema za varno kadrovsko zasedbo, se neizbežno ukvarja tudi s politiko trga dela. Patronažna medicinska sestra, ki se zavzema za povečanje sredstev za oskrbo diabetikov na domu, se ukvarja s socialno in proračunsko politiko. Medicinska sestra, ki se zavzema za etično odgovornost do pacientov, vključenih v klinične

raziskave, se ukvarja z regulativno politiko. Obstoj politično nevtralne medicinske sestre je najbrž mit, saj je že zavestna nedejavnost lahko sama po sebi izraz političnega stališča tistih medicinskih sester, ki morda podpirajo določen status quo (Dickman & Chicas, 2021).

Učni načrti zdravstvene nege so v preteklosti dajali prednost biofizikalnim in psihološkim potrebam pacienta. Medtem ko le-te ostajajo primarni fokus zdravstvene nege, se je v zadnjih nekaj desetletjih pozornost usmerila tudi na socialne razsežnosti zdravja, ki podobno kot digitalna pismenost omogočajo oblikovanje obsežnejših celostnih pristopov k načrtovanju in izvajanju nege. Medtem ko izključna osredotočenost na ta področja ustvarja specifično poklicno identiteto, usmerjeno v razvoj visoko kompetentnih medicinskih sester, obstaja tveganje, da se bo oblikovala generacija zdravstvenih strokovnjakov, ki bodo kljub siceršnji strokovni podkovanosti v izvajanju nalog zgolj pasivni prejemniki načinov in razlogov za njihovo izvajanje. V izobraževanje medicinskih sester je zato potrebno vključiti tudi politično kompetenco, to je sposobnost razumevanja, analize in vplivanja na sistemske, regulativne in finančne sile, ki določajo zdravstvene izide populacij in zagotavljajo dobrobit medicinskih sester (Thomas et al., 2020). Omejevalni dejavniki okolij, v katerih prevladujejo zdravstveni in socialni sistemi, zahtevajo določeno politično kompetenco. Če bodoče medicinske sestre te kompetence ne bodo uspešno razvile, bodo izključene iz temeljnih političnih razprav o socialnih determinantah zdravja ter zagotavljanju pravičnega in varnega upravljanja delovne sile (Wilson et al., 2022). Dosedanje raziskave o vključevanju in učinkovitosti izobraževalnih vsebin, ki medicinskim sestram omogočajo aktivno sodelovanje v politiki njihove strokovne prakse, so precej omejene (Cornish et al., 2025).

Kdaj naj poteka izobraževanje o političnih vsebinah? Pri iskanju odgovora na to vprašanje se sopostavljata možnosti integracije teh vsebin v že tako nasičen dodiplomski učni načrt na eni strani ter podplomsko izobraževanje medicinskih sester na drugi (Montegrico, 2023). Razvijanje politične pismenosti študentov v predregistracijski fazi pomeni vključitev ključnih konceptov dinamike moči, zakonodajnega procesa in ekonomije resursov v obstoječe predmete študijskih programov, s čimer študent pridobi razumevanje neločljive povezanosti med politiko in strokovno prakso. Takšna vključitev osnov zdravstvene politike, veščin zagovorništva in zgodovine političnih prizadevanj zdravstvene nege v zgodnjo fazo izobraževalnega procesa omogoča oblikovanje profesionalnega profila ne le kot niza posameznih delovnih nalog ampak kot širše družbene vloge. Če te izobraževalne vsebine prenesemo na kasnejše faze izobraževalnega procesa, tvegamo, da bodo diplomirane medicinske sestre ponotranjile suboptimalne, morda celo disfunkcionalne sisteme, kar bo otežilo sprejemanje ali izvajanje prihodnjih političnih sprememb. Pri tem pa očiten izziv predstavlja preobremenjenost dodiplomskih izobraževalnih vsebin, ki ga ne prav tako ne smemo spregledati ali podcenjevati (Alley, 2018).

Nasprotno pa ima tudi argument za tovrstno izobraževanje po vpisu v register medicinskih sester ravno tako pomembne prednosti. Začetniki v zdravstveni praksi pogosto nimajo praktičnih izkušenj, potrebnih za popolno kontekstualizacijo političnih konceptov. Za učinkovito in uspešno sodelovanje v političnem izobraževanju so primernejše kvalificirane medicinske sestre, ki so se že spopadale z zmanjšanjem proračuna, kadrovskimi krizami ali zapletenimi etičnimi dilemami, ki jih narekujejo predpisi in omejitve. V sklopu podiplomskega izobraževanja se lahko politično izobraževanje ustrezno razširi od usvajanja temeljnih konceptov do njihove praktične uporabe, npr. priprave političnih poročil ali sodelovanja z zakonodajnimi organi. Izobraževalne priložnosti, ki so usmerjene v strokovno prakso, povezano z analizo politik, lobiranjem, upravljanjem in zagovarjanjem interesov, logično bolj ustrezajo zaključku izobraževanja na področju zdravstvene nege po vpisu v register medicinskih sester.

Ob upoštevanju navedenega optimalne rešitve morda ne predstavljata ne ena ne druga možnost, ampak integriran kontinuum političnega izobraževanja, v katerem dodiplomski kurikulum zagotavlja obvezno osnovo, ki se lahko kasneje razširi in specializira skozi podiplomsko izobraževanje. Uvod v zdravstveno politiko, osnove zagovorništva in opis državljanske dolžnosti profesije v dodiplomski fazi izobraževanja se lahko dopolni z izobraževalnimi priložnostmi, ki vodijo do kvalifikacij na področju zdravstvene politike in upravljanja. S tem pristopom se lahko vsem medicinskim sestram zagotovi minimalno politično pismenost, potrebno za izvajanje zdravstvene prakse, hkrati pa se odpre pot tistim, ki želijo postati predani voditelji na področju zdravstvene politike. Predlagane pobude bi veljalo dopolniti skozi evalvacijsko raziskavo, ki bi merila učinke političnega izobraževanja na uspešnost medicinskih sester (Cornish et al., 2025).

Za vključevanje političnih vsebin v izobraževanje medicinskih sester je potrebno določiti izvajalca tovrstnega izobraževanja. V kolikor se za poučevanje političnih vsebin zaprosi strokovnjake zdravstvene nege, ki posedujejo strokovno znanje predvsem na področju izvajanja storitev, lahko pride do vrzeli v teoretičnih temeljih, medtem ko se zanašanje na visokošolske učitelje lahko izkaže za preveč teoretičen pristop k političnemu izobraževanju.

Glede na navedeno je za učinkovito poučevanje političnih vsebin v zdravstveni negi potreben interdisciplinarni pristop. Poleg prispevka izkušenih vodij medicinskih sester, ki lahko posredujejo navdihujoče zgodbe ter avtentična navodila in nasvete,

mora izobraževanje medicinskih sester na področju političnih kompetenc vključevati tudi obsežno sodelovanje strokovnjakov z izkušnjami na različnih področjih, kot so:
– zdravstvena ekonomija in finance: omogočanje razumevanja denarnih tokov v zdravstvenih in socialnih sistemih;
– politika in zakonodaja na področju javnega zdravja: poznavanje regulativnih okvirov in zakonodajnih postopkov;
– organizacijsko in sistemsko vodstvo: razvijanje sposobnosti za oblikovanje smernic in sprememb.

Izobraževalci medicinskih sester morajo pri oblikovanju in implementaciji izobraževalnih vsebin s področja zdravstvene politike spodbujati sodelovanje z drugimi izobraževalnimi področji, vključno z javnim zdravjem, političnimi vedami in pravom. Vsebina političnega izobraževanja zahteva skrbno načrtovanje in diskrecijo ob upoštevanju ustrezne kontekstualne realnosti (Adami & Kiger, 2005). Poleg tega se morajo strokovne organizacije medicinskih sester zavezati k financiranju in omogočanju izobraževalnih štipendij, ki spodbujajo razvoj politično usposobljenih izobraževalcev ter ustrezno vzpostavitev in zaščito upravljanja.

Omejena vključenost političnega izobraževanja v proces izobraževanja medicinskih sester predstavlja sistemsko pomanjkljivost, ki slabi stroko zdravstvene nege. Ta vrzel kritično ogroža zagovorništvo pacientov ter dobrobit in varnost medicinskih sester. Čas, ko smo politično izobraževanje obravnavali kot neobvezno ali izbirno, je minil. Sprejeti moramo integriran izobraževalni pristop: uvedbo obvezne, temeljne ravni političnega izobraževanja na dodiplomski ravni, dopolnjeno s specializiranim, aplikativnim usposabljanjem v podiplomskih izobraževalnih programih. S tem se bo stroki zdravstvene nege omogočila klinična usposobljenost in politična angažiranost za optimalno korist pacientov in delovne sile. Za merjenje učinkovitosti izobraževanja in obveščanje o tem, kako pripraviti in oblikovati kompetentno zdravstveno osebje, so potrebne temeljite raziskave.

Conflict of interest/Nasprotje interesov

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