

Leading article/Uvodnik

## Are we aware of our responsibilities for the development of nursing? Odgovornosti za razvoj zdravstvene nege: jih prepoznamo?

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### Facts, expectations and new developments

Today, nursing must reflect its achievements and clearly identify new strategic approaches that are not limited to the historical development of nursing, but responsive to the current health status of society, and the expectations and opportunities for the profession to develop in the next decades. Nursing is expected to assume responsibility for new nursing tasks, which should be introduced via professional associations, senior management at health centres and research institutions; many studies support this. In Slovenia, higher education along the vertical axis is available up to the second Bologna level. Our task is to position different nursing care training and education levels appropriately in a competence model of an evidence-based comprehensive approach to the individual, the family and community (Skela Savič, 2013).

Low and others (2012) highlight that much is expected from nursing care today, as health-care services should deliver high quality with controlled costs. Pressure stems from progress in medical technology and population ageing, while the role of employees in terms of their skills and contribution to work results is increasingly important, so delivering cost-effective nursing care in accordance with the guidelines and standards is a global challenge. The US Institute of Medicine has drawn attention to the fact that, in order to be more efficient and provide high-quality care, nurses should be very well trained.

The institute's recommendations are clear: the number of nurses who have achieved training at university level must be increased (The future of nursing, 2011). What should be understood by 'university level'? Such training is conceived at an academic level which promotes excellent knowledge, skills and understanding of professional concepts, as well as training and awareness of the significance

of monitoring one's own work, and professional development relying on one's own research and the research of others. Thus understanding the concept of evidence-based work becomes an element in professional values and the profession's development paradigm.

The Institute of Medicine recommends that nurses with no university training should have the opportunity to obtain it, and sets the objective of 80 per cent of nurses having university-level education by 2020 (The future of nursing, 2011). Given that this recommendation comes from a medical institute, and applying it to our situation, we wonder when can we expect associations of physicians to support this type of education for nurses in Slovenia? Why has this not happened and why do politicians, managers in health-care and higher education, and the national association fail to attribute internationally comparable significance to the level of qualifications achieved by nurses? There are several answers: one is the low critical mass of trained nurses with access to research funding to conduct nationally significant studies which would present the significance of training and education in delivering nursing care in our health system. In addition, there is no critical mass of nurses able to follow significant scientific and professional journals and translate findings into practice. There is also a wide gap between higher education institutions and the clinical environment in terms of transferring knowledge about research, publications and evidence-based work. The fact that the culture of performance quality and monitoring one's own performance is only evolving is also important, and that patients' demands and lawsuits due to medical errors are not as common as in the USA. Therefore, physicians and nurses in Slovenia have not succeeded in joining forces to fight for appropriate working conditions in patient care which they provide as a team.

In Slovenia, we must face more complicated

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formats for delivering nursing care which are defined as achieving high levels of clinical skills and competences, autonomous clinical decision-making, assessing performance and implemented activities, research work and leadership (Griffiths, et al., 2010). Health-care policy in Slovenia must recognise that the study of nursing at the second Bologna level should be promoted in clinical environments, while paying attention to quality and quantity, as the review of international literature of several countries clearly shows that the need for training at the second and third levels is greater than existing training capacities would permit (Skela Savič, 2012).

### **Nursing care must be strategically oriented**

In addition to drawing up the existing National Strategy of Nursing Care Development in Slovenia (Kadivec, et al., 2013), which was prepared on the initiative of the Ministry of Health, we should also ask how successful we are in implementing the strategy. In this respect, we can refer to the international document '*Strategic directions for strengthening nursing and midwifery services 2011–2015*' (World Health Organization, 2010), which stresses the decisive contribution of nurses and midwives to health care outcomes for individuals, families and communities. The international recommendations are clear: nursing care experts should be involved at all levels of nursing care policy, in the development of nursing programmes and decision-making regarding the health-care system in the future. Planning for the development of nursing care in the health-care system should include representatives of the government, civil society, health institutes, education institutes and professional associations. Approved decisions must take into account local needs, the current situation of the health-care system, and delivery and training possibilities. The focus should be on regulatory mechanisms in the profession, standardisation, developing research within nursing care and more widely in order to identify gaps between the existing situation and needs. Training programmes at all levels of education should be based on the continuous evaluation of individuals' work and working in the profession, and research findings. Through standards of work, management should ensure working conditions that meet public expectations. Operating strategies should be based on evidence, while the technical support for delivering nursing care, a sufficient number of staff, mobility and sharing knowledge and experience between departments and health institutions is also important. There is a need to establish multi-professional cooperation at all levels: within health-care institutions, between such institutions, with the government, between professional associations, etc.

### **From strengthening professionalism to research in nursing care**

On the basis of research, Johnson, et al. (2012) believe that the professional identity of nurses develops through their lifestyle before inclusion in training, during their years of studies, clinical experience and in the course of their careers. The training period is critical, as they acquire knowledge and skills as professionals. Watkinson (2011) summarises that professionalisation can only be achieved through formal education, which should include knowledge gained through systematic research, and include professional judgement by developing critical thinking and evidence-based decision-making. These are significant elements that increase nurses' autonomy. Developing these attributes through the education system will provide nurses with support for championing the profession. While an undergraduate degree is now proposed as the starting point for a job, Watkinson (2011) argues that masters' education is a strategy for achieving professionalism. Knowledge and skills acquired during masters' studies, including finding literature, critical analysis of conducted and published research, the use and application of studies in practice and conducting studies improve personal confidence, cognitive functioning and evidence-based practice, which increases professionalism.

Nursing is often perceived as a subordinate occupation, which is an unnecessary obstacle to development and in addition to the need to provide constant evidence that it is an independent profession. Nursing should adapt to new social requirements, including caring for the chronically ill, palliative care, promoting health, etc, which requires a scientific approach. In addition, nursing involves fundamental tasks of providing care and assistance to patients and relatives. The profession thus hovers between providing fundamental care, which used to be delivered by less-trained nurses and nursing as an applied science that is provided, or should be provided, by academically trained nurses (Horton, et al., 2007).

Science is depends considerably on research. McCance and others (2007) studied how to include research in nursing. Research was defined as a crucial element in the advancement of nursing, which requires the establishment of conditions for leading, providing and applying results. He defined three crucial aspects in developing research:

- the importance of strong and visible leadership;
- developing research expertise that enables the profession to deliver programmes of research and
- increasing the capacity of individuals and organisations to engage in development activity.

To realise these three aspects, the following priorities are significant: a clear development vision; strong and visible leadership, which implements the vision; integrating research and development in clinical practice and improving strategic leadership at lower levels.

An overview of international studies and expertise on the study of nursing at doctoral level by Skela Savič (2012) highlights the poor success of nursing researchers in acquiring research funds, stresses the significance of clinical and research competences of PhD students, draws attention to the significance of PhD study performance indicators and poor recognition of the significance of research on nursing and more broadly, and maturity/late decision to undertake PhD studies in terms of students' age. Researchers are critical to the selected research topics of nursing PhD students, which are not sufficiently clinical in orientation. All this should serve as a guideline when preparing PhD studies in nursing in Slovenia.

## How to proceed?

The advancement of nursing today and in the future must rely on knowledge and informed professionals; following research; the ability to perform in front of the professional and general public to promote the advancement of the profession; own research work and participation in international studies; international liaising with known stakeholders, and opinion makers in the European Union; and above all, a definition of one's own work and critical evaluation of the capacities of the profession and allocation of existing resources. This requires a great deal of innovation, following the latest professional knowledge, networking and communicating with the public on the significance of nursing for society. Trained and charismatic individuals who will work in the interests of development and know how to present the significance of nursing for society, and communicate with the expert and wider public, and politics must be identified. Nursing should be transparent in terms of self-regulation, and operate and be presented as a profession which is based on evidence (research, guidelines, standards, best practice in a given moment, active role of patients in nursing care, etc.).

Management should require and enable the reflection of professional work, logical thinking, the collecting of information on comparable professional issues in professional and scientific publications, clearly define professional problems and establish links with research environments in order to enable their resolution. Providing initiative is essential in order to critically discuss professional issues, which should be followed by assuming responsibility for resolving professional problems. In order to achieve this, the profession needs a national research centre, while the establishment of research and development departments should be promoted by management (Skela Savič, 2013).

Today, nursing should be presented as a profession and a science which evolves independently, researches approaches to patients that will affect their health, and autonomously responds to and provides nursing care to individuals, families, groups and communities.

Nursing should accept lower-trained colleagues in order to provide comprehensive care to patients, while it should be able to respond to problems related to it with a scientific approach through scientific and research work. Research should be realistic and focus on clinical issues.

Nursing should finally have the courage, as the evidence has been presented several times, to name professions in the field after itself, not the profession in which it works as a team (i.e. medicine). It is time for nursing graduates to be awarded appropriate titles as bachelors of nursing. International recommendations and guidelines for the titles of qualifications along the entire vertical axis of education are clear (International Council of Nurses, 2008). Unfortunately, in Slovenia we nostalgically cling to the title of 'medical nurse', who is trained in nursing schools and programmes and provides nursing care, not medical care. This is not essential for the status of nursing, but provides an opportunity to discuss the history of nursing in Slovenia, its professional identity and self-image, and our ability to respond to the changes that are needed.

## How can the Slovenian nursing review contribute to the advancement of nursing?

The review's contribution to the advancement of nursing is reflected in its development ambition. From 2014, the journal is fully freely accessible. We are convinced that this will increase readership and contribute to disseminating knowledge within the profession and beyond. Beginning in 2014 the journal will undergo a two-year assessment to acquire an impact factor. Therefore, we have increased the number of reviews to three, expanded the board of editors to include international members, prepared new layout and amended publication guidelines in accordance with the assessment criteria. However, the authors of articles have the greatest influence on the external evaluation, as only high-quality articles can lead to new findings useful for professional work or present new findings that are used for further research. An article's quality is proven by the number of citations and summaries of the findings presented in the Slovenian Nursing Review in other journals.

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*Slovenian translation/Prevod v slovenščino*

## Dejstva, pričakovanja in nova znanja

Danes je v zdravstveni negi potrebna refleksija na doseženo in jasno prepoznavanje novih strateških prijemov, ki ne bodo omejeni z zgodovinskim razvojem zdravstvene nege, temveč bodo odgovor na zdravstveno stanje v družbi danes in pričakovanja ter priložnosti za razvoj stroke v naslednjih desetletjih. Od zdravstvene

nege se pričakuje prevzemanje odgovornosti za nove vloge v zdravstveni obravnavi, pot do tega vodi prek profesionalnih združenj, vrhnjega menedžmenta zdravstvenih zavodov in izobraževalnih institucij. Raziskav, ki to dokazujejo, je veliko. V Sloveniji poteka vertikalno izobraževanje na visokošolski ravni do druge bolonjske stopnje. Naša naloga je, da ustrezno umestimo različne ravni izobraževanja v zdravstveni negi v kompetenčni model celostnega pristopa do posameznika, družine in skupnosti, ki bo podprt z dokazi (Skela Savič, 2013).

Lowe s sodelavci (2012) izpostavlja, da se danes od zdravstvene nege pričakuje veliko, saj mora biti zdravstvena obravnava kakovostna, stroški kontrolirani, opazen je pritisk medicinske tehnologije, staranja populacije, vse pomembnejša je vloga zaposlenih z vidika znanj in doprinosu k rezultatom dela, globalni izziv je izvajati zdravstveno obravnavo, ki bo skladna s smernicami in standardi, zmožljiva in stroškovno učinkovita. Ameriški inštitut za medicino (Institute of Medicine) opozori, da morajo biti medicinske sestre za doseganje večje učinkovitosti in zagotavljanje visoke kakovosti pri zdravstveni negi pacienta zelo dobro izobražene. Priporočila inštituta so jasna, za vstop v poklicno delo je treba povečati število medicinskih sester, ki so izobražene na univerzitetni ravni (The future of nursing, 2011). Kako razumeti univerzitetni študij? Tak študij je zasnovan na znanstveni ravni, kar omogoča odlično znanje, sposobnosti in razumevanje koncepta stroke in na drugi strani usposobljenost in zavedanje o pomenu spremljanja lastnega dela, razvijanja stroke na osnovi lastnih raziskav in raziskav drugih. Razumevanje koncepta na dokazih podprtega dela postane del profesionalnih vrednot in razvojna paradigma stroke.

Priporočilo ameriškega inštituta za medicino je, da je treba medicinskim sestram, ki še nimajo univerzitetne izobrazbe, le-to omogočiti in da je do leta 2020 treba doseči, da bo imelo 80 % medicinskih sester univerzitetno izobrazbo (The future of nursing, 2011). Če pomislimo, da gre za priporočilo medicinskega inštituta, in če ga prenesemo v našo prakso, se sprašujemo, kdaj lahko v Sloveniji pričakujemo, da bodo zdravniška združenja na ta način podprla izobraževanje medicinskih sester v Sloveniji? Zakaj se to pri nas ne zgodi in zakaj politika, menedžment zdravstvenih in visokošolskih zavodov ter nacionalno združenje stopnji izobrazbe medicinskih sester in kakovosti izobraževanja v zdravstveni negi ne pripisujejo mednarodno primerljive pomembnosti? Odgovorov je več, zagotovo so vzroki v majhni kritični masi izobraženih medicinskih sester, ki bi imele dostop do raziskovalnih sredstev za izvajanje nacionalno pomembnih raziskav, s katerimi bi pokazale na pomen znanj in izobrazbe pri zdravstveni obravnavi pacientov v našem zdravstvenem sistemu. Prav tako med medicinskimi sestrami ni kritične mase tistih, ki bi sledile pomembnim znanstvenim

in strokovnim revijam in bi spoznanja prenašale v prakso. Zelo močan je tudi prepad med visokošolskimi zavodi in kliničnim okoljem z vidika prenosa znanj o raziskovanju, publiciranju in na dokazih podprtem delu. Pomembno je tudi dejstvo, da se kultura kakovosti dela in spremljanje lastnega dela šele razvija in zahteve pacientov ter pogostost tožb zaradi napak v zdravstvu v Sloveniji niso tako pogoste kot v Združenih državah Amerike. Zdravniki in medicinske sestre v Sloveniji še niso uspeli stopiti skupaj in se boriti za ustrezne delovne pogoje pri zdravstveni obravnavi pacientov, ki jo izvajajo skupaj, v timu.

V Sloveniji se moramo soočiti z zahtevnejšimi oblikami dela v zdravstveni negi, ki so opisane kot doseganje visoke ravni kliničnih veščin in kompetenc, avtonomno klinično odločanje, vrednotenje dela in izvedenih aktivnosti, raziskovalno delo in vodenje (Griffiths, et al., 2010). Zdravstvena politika v Sloveniji mora prepoznati, da je treba v kliničnih okoljih spodbujati študij zdravstvene nege na drugi bolonjski stopnji. Ob tem je treba paziti na količino in kakovost, saj mednarodni pregled literature več držav jasno pokaže, da so potrebe po izobraževanju na drugi in tretji stopnji večje, kot so zmožnosti izobraževanja (Skela Savič, 2012).

## Potrebna je strateška usmerjenost zdravstvene nege

Poleg tega, da je izdelana Nacionalna strategija razvoja zdravstvene nege v Sloveniji (Kadivec, et al., 2013), katere pobudnik je bilo Ministrstvo za zdravje, si moramo odgovoriti na vprašanje, kako uspešni smo pri uresničevanju strategije. Kot pomoč pri tem nam lahko služi mednarodni dokument »*Strategic directions for strengthening nursing and midwifery services 2011–2015*« (World Health Organization, 2010), kjer je poudarjen odločilen doprinos medicinskih sester in babic za izboljšanje izidov zdravstvene obravnave na ravni posameznikov, družin in skupnosti. Mednarodna priporočila so jasna. Potrebno je aktivno vključevanje strokovnjakov zdravstvene nege na vse ravni zdravstvene politike, v razvijanje zdravstvenih programov in v odločanje o zdravstvenem sistemu prihodnosti. V načrtovanje razvoja zdravstvene nege v sistemu zdravstvenega varstva morajo biti vključeni predstavniki vlade, civilne družbe, zdravstvenih zavodov, izobraževalnih zavodov in profesionalnih združenj. Sprejete odločitve morajo upoštevati lokalno raven potreb, trenutni položaj zdravstvenega sistema, zmožnosti izvedbe in zmožnosti izobraževanja. Osredotočiti se je treba na regulacijske mehanizme v stroki, standardizacijo študijskih programov, razvoj raziskovanja znotraj zdravstvene nege in širše za odkrivanje prepadov med dejanskim stanjem in potrebami. Izobraževalni programi na vseh ravneh izobraževanja morajo temeljiti na stalnem spremljanju, vrednotenju



lastnega dela in dela v stroki ter spoznanjih raziskav. Menedžment mora zagotoviti pogoje za delo, preko standardov dela, ki so skladni s pričakovanji javnosti. Strategije delovanja morajo biti na dokazih podprte, pomembna je tehnična podpora procesov izvajanja zdravstvene nege, zadostno število kadra, mobilnost in prehajanje znanj ter izkušenj med oddelki in zdravstvenimi zavodi. Vzpostaviti je treba multiprofesionalno sodelovanje na vseh ravneh: znotraj zdravstvenega zavoda, med zdravstvenimi zavodi, z vlado, med profesionalnimi združenji ipd.

## Od krepiteve profesionalizma do raziskovanja v zdravstveni negi

Johnson in drugi (2012) na osnovi izvedene raziskave menijo, da se profesionalna identiteta medicinskih sester razvije skozi življenjski stil pred vključitvijo v izobraževanje, skozi leta študija, kliničnih izkušenj in potek njihove kariere. Izobraževanje je ključno obdobje, saj takrat pridobijo znanja in veščine kot strokovnjaki v stroki. Watkinson (2011) povzema, da je profesionalizacija lahko dosežena samo s formalnim izobraževanjem, ki mora vključevati znanje, pridobljeno s sistematičnim raziskovanjem, in vključuje strokovno presojo skozi razvoj kritičnega razmišljanja in odločanje na osnovi dokazov. To so pomembne značilnosti, ki povečujejo avtonomijo. Razvoj teh atributov skozi izobraževalni proces bo dal medicinskim sestram podporo za prepoznavanje profesije. Če se danes univerzitetno izobraževanje predlaga kot vstop v poklic, pa Watkinson (2011) pravi, da je izobraževanje na ravni magistrerja strategija za doseganje profesionalizma. Znanja in sposobnosti, pridobljene na magistrskem študiju, kot so iskanje literature, kritična analiza že izvedenih in objavljenih raziskav, uporaba in aplikacija raziskav v praksi ter izvajanje raziskav, povečajo osebno samozaupanje, spoznavno funkcioniranje in dožemanje delovanja na osnovi dokazov, kar poveča profesionalizem.

Zdravstvena nega se velikokrat dojema kot podrejena profesija, kar povzroča nepotrebne zastoje v razvoju in nenehno dokazovanje, da je to samostojna profesija. Zdravstvena nega (op. nursing v angleščini) se mora prilagajati novim zahtevam v družbi, kot so obravnava kronično bolnih, paliativna oskrba, promocija zdravja, idr., za kar je potreben znanstveni pristop. Poleg tega zdravstvena nega vključuje temeljne naloge negovanja in pomoči pacientom in svojem. Profesija se tako nahaja med izvajanjem »nege in skrbi« (op. fundamental care v angleščini), ki so jo zgodovinsko izvajale manj izobražene medicinske sestre, in »negovanjem« (nursing) kot znanostjo, ki jo izvajajo/ali bi jo morale izvajati akademsko izobražene medicinske sestre (Horton, et al., 2007).

Znanost je v tesni povezanosti z raziskovanjem. McCance s sodelavci (2007) je raziskovala strategijo umeščanja raziskovanja v zdravstveno nego. Raziskovanje

opredeli kot ključni element razvoja zdravstvene nege, za katerega je treba vzpostaviti pogoje za vodenje, izvajanje in uporabo rezultatov. Opredeli tri ključna področja za razvoj raziskovanja:

- pomembno je močno in vidno voditeljstvo zdravstvene nege;
- pripraviti strokovne ekspertize s problemi v strokovnem delu, ki bodo osnova za oblikovanje raziskovalnih programov in
- povečanje sposobnosti posameznika in organizacije za prevzemanje aktivnosti na področju razvoja zdravstvene nege.

Za uresničevanje navedenih ključnih področij se izkažejo kot pomembni: jasna vizija razvoja, močno in vidno voditeljstvo vodstva, ki uresničuje vizijo, integracija raziskovanja in razvoja v neposrednem kliničnem delu, povečanje strateškega vodenja na nižjih ravneh.

Pregled mednarodnih raziskav in ekspertnih mnenj o doktorskem študiju v zdravstveni negi avtorice Skela Savič (2012) opozori na slabe dosežke raziskovalcev v zdravstveni negi pri pridobivanju raziskovalnih sredstev, poudari pomen kliničnih in raziskovalnih kompetenc doktorantov, opozori na pomen kazalnikov kakovosti doktorskega študija in na slabo prepoznavnost pomena raziskovanja v zdravstveni negi in širše ter pozno odločanje za doktorski študij z vidika starosti študentov. Raziskovalci so kritični do izbranih raziskovalnih tem doktorjev zdravstvene nege, ki so premalo klinične. Vse to nas mora voditi, ko bomo v Sloveniji oblikovali doktorski študij v zdravstveni negi.

## Kako naprej?

Za razvoj zdravstvene nege danes in v prihodnosti je potrebno znanje, obveščenost, sledenje raziskavam, sposobnost nastopanja v strokovni in laični javnosti za korist razvoja profesije, lastno raziskovalno delo in vključevanje v mednarodne raziskave, mednarodno povezovanje s prepoznanimi akterji, oblikovalci stališč v Evropski uniji, predvsem pa je potrebna definicija lastnega dela in kritična ocena o možnostih, ki jih profesija ima ter alokacija obstoječih resursov. Potrebna je velika mera inovativnosti, sledenja najnovejšim spoznanjem v stroki, mreženje in komuniciranje z javnostjo o pomenu zdravstvene nege v družbi. Prepoznati je treba usposobljene in karizmatične posameznike, ki bodo delovali v interesu razvoja in bodo znali predstavljati pomen zdravstvene nege za družbo in le-to komunicirati s strokovno javnostjo, širšo družbo in politiko. Zdravstvena nega mora biti transparentna pri samoregulaciji, deluje in predstavlja naj se kot stroka, katere osnova za delovanje so dokazi (raziskave, smernice, standardi, najboljša praksa v danem trenutku, aktivna vloga pacientov v zdravstveni obravnavi ipd.).

Management mora zahtevati in omogočati refleksijo na strokovno delo, logično razmišljanje, zbiranje informacij o primerljivih strokovnih problemih v strokovnih in znanstvenih publikacijah in jasno definirati strokovne probleme ter se povezati z raziskovalnimi okolji za razreševanje le-teh. Ključnega pomena je inicializacija, da se o strokovnih problemih kritično razpravlja, čemur sledi prevzemanje odgovornosti za reševanje strokovnih problemov. Da bo to področje zaživelo, potrebuje stroka nacionalni raziskovalni center, na ravni managementa je treba pristopiti k oblikovanju oddelkov za raziskovanje in razvoj (Skela Savič, 2013).

Danes je zdravstveno nego treba predstavljati kot stroko in znanost, ki se samostojno razvija, raziskuje pristope k pacientom, ki bodo imeli vpliv na njihovo zdravje, avtonomno odgovarja in je nosilka zdravstvene nege posameznika, družine, skupine in skupnosti. Zdravstvena nega mora iskreno razviti držo, da sprejema sodelavce v zdravstveni negi, ki so nižje izobraženi, v skrbi za celostno obravnavo pacienta. Z znanstveno raziskovalnim delom pa si mora izboriti status, da na probleme na svojem področju delovanja odgovarja z znanstvenim pristopom. Raziskovanje mora biti realistično, usmerjeno v klinične probleme.

Zdravstvena nega naj končno zbere pogum, dokazi so bili predstavljeni že večkrat, in poklice, ki delujejo v tej stroki, poimenuje po njej, in ne po stroki, s katero sodeluje v timu (beri medicina). Čas je, da iz zdravstvene nege diplomirajo diplomirane zdravstvenice in zdravstveniki. Mednarodna priporočila in usmeritve na področju poimenovanja poklicev so namreč jasna za celotno vertikalno izobraževanja (International Council of Nurses, 2008). Žal se v Sloveniji nostalgичno oklepamo »medicinske sestre«, ki se izobražuje na zdravstvenih šolah na programih zdravstvene nege in izvaja zdravstveno, in ne medicinsko nego. Seveda to ni nujno za status zdravstvene nege, daje pa veliko priložnost za pogovor o zgodovini razvoja zdravstvene nege v Sloveniji, profesionalni identiteti, samopodobi in kaže na naše sposobnosti odzivati se na potrebne spremembe.

## Kaj lahko pri razvoju zdravstvene nege prispeva Obzornik zdravstvene nege?

Prispevek revije za razvoj zdravstvene nege se kaže v njenih razvojnih ambicijah. Obzornik zdravstvene nege je od leta 2014 v celoti prosto dostopna revija. Prepričani smo, da bo to pripomoglo k večjemu branju in širitvi znanj znotraj stroke in izven nje. Ker bo revija od 2014 na dveletni presoji za pridobitev faktorja vpliva, smo povečali število recenzij na tri, razširili uredniški odbor z mednarodnimi člani, pripravili novo postavitev člankov in dopolnili navodila za objavo, ki so skladna s kriteriji ocenjevanja. Največjo težo pri zunanji evalvaciji revije imate avtorji člankov, saj le kakovostni članki doprinejajo nova spoznanja, ki so koristna za strokovno delo ali predstavljajo pomembna spoznanja, ki se uporabljajo v nadaljnjem

raziskovanju. Dokaz za kakovost članka je citiranje in povzemanje spoznanj raziskovalcev, ki so objavili v Obzorniku zdravstvene nege, v drugih revijah.

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