

Editorial/Uvodnik

Celebrating 100 years of nursing education in Slovenia: The case for a university-level study programme in nursing

Ob 100 letnici izobraževanja medicinskih sester v Sloveniji: Zakaj univerzitetni študij zdravstvene nege?

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Introduction

As we celebrate a century of nursing education in Slovenia, we are confronted with a great shortage of nurses on a national and international level. Although this problem was predicted at least a decade ago, the European Union (EU), its member states and health policy makers have not given it the attention it deserves. The situation has been further exacerbated by the COVID-19 pandemic. Among OECD (Organization for Economic Cooperation and Development) members, interest in this profession has fallen by an average of 8% among 15-year-olds (OECD, 2024). Leaving rates have also risen, with several surveys reporting healthcare professionals' intention to leave the profession due to job dissatisfaction (de Vries et al., 2023, 2024; Virkstis et al., 2022).

The importance of education and working conditions

The nursing work environment in Slovenia is becoming increasingly demanding. The results of a cross-sectional survey on working conditions in nursing (RN4CAST), which was conducted in ten Slovenian hospitals in early 2020, are not encouraging. In Slovenia, the workload of registered nurses, measured by the number of patients per shift, is the highest among both EU and non-EU countries (Aiken et al., 2014; European Commission, 2024; Skela-Savič et al., 2023). In February 2020, the average intention to leave the hospital due to job dissatisfaction was 51.5 per cent (Skela-Savič et al., 2022). According to the results of a meta-analysis of RN4CAST data, the average intention-to-leave rate was 38 per cent (de Vries et al., 2024), while in a survey conducted in the neighbouring Italy, an average of one third of respondents expressed the intention to leave the hospital (Sasso et al., 2019). The intention to leave

the workplace due to job dissatisfaction is influenced by various factors. In a sample of registered nurses and nursing technicians in Slovenian hospitals, the following factors were found to be significant: emotional exhaustion, poor responsiveness of management in addressing practical problems, overtime, inefficient working conditions, dissatisfaction with the status of a nurse in the hospital, and with the career choice. While there were no significant differences between the two professional groups in terms of educational qualifications, the intention to leave the hospital was higher among younger respondents and also differed between hospitals (Skela-Savič et al., 2022). The excessive workload of registered nurses also emerges indirectly from a survey involving patients in selected hospitals for which data was collected within the same time frame. In this study, patients rated the written and verbal preparation for discharge from hospital as unsatisfactory, as well as information on newly prescribed therapy and pain management (Skela-Savič et al., 2025).

For over two decades, researchers have been trying to convince EU health policy makers, national politicians, health ministers, health institutions and managers that nurse education is of great importance and closely linked to patient outcomes (Aiken et al., 2003, 2011, 2014; Backhaus et al., 2017; Kane et al., 2007; Lasater et al., 2021; Li-Mei et al., 2016; Needleman et al., 2011; Porat-Dahlerbruch et al., 2022; Van den Heede et al., 2009; Yakusheva, 2014). The need to invest in nurse training and professional development has also been confirmed by economic studies (Amiri & Solankallio-Vahteri, 2020). As early as 2010, the National Academy of Medicine of the United States of America (USA) (IOM, 2010) issued a scientific, evidence-based recommendation that at least 80% of nurses in the health system should hold at least a 4-year Bachelor of Science degree in Nursing

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(BSN). In the ensuing years, this recommendation was followed by EU countries such as Austria, Cyprus, the Czech Republic, Estonia, Finland, France, Greece, Iceland, Ireland, Italy, Latvia, Lithuania, Hungary, the Netherlands, Portugal, Slovakia, Spain, Sweden, and others. In a systematic literature review, Schnell et al. (2024) conclude that there is now more than enough scientific evidence to support the view that a 4-year higher education degree (BSN) is the minimum requirement for entry into the nursing profession. This is the only way to produce competent, autonomous and satisfied nursing professionals whose work has a positive impact on ensuring quality and safety in health care and who will contribute to the achievement of positive outcomes for health organisations, the development of nursing as a profession and scientific discipline, and societal development.

Another important contribution to understanding the importance of four-year higher education qualifications for nurses was the scientific research conducted by the European RN4CAST consortium (Aiken et al., 2014; European Commission, 2024; Sermeus et al., 2011) in more than 16 EU countries, which focused on the importance of educational qualifications, years of nursing studies, the number of patients per registered nurse, a well-organised working environment, and nurses' job satisfaction (Aiken et al., 2011, 2017; European Commission, 2024; Skela-Savič et al., 2023). In a number of studies conducted in the USA, Europe, and beyond, patients treated by nurses with a four-year nursing degree (BSN) have been shown to have better health outcomes than those treated by nurses with a three-year nursing degree (Aiken et al., 2014; Backhaus et al., 2017; European Commission, 2024; Li-Mei et al., 2016; Porat-Dahlerbruch et al., 2022; Schnell et al., 2024; Yakusheva, 2014). Studies also show that patient mortality on surgical and internal medicine wards is associated with a higher number of patients per nurse, negative evaluation of the working environment, and a low proportion of nurses with a four-year higher education degree in nursing (BSN) (Aiken et al., 2003, 2011, 2014, 2017; Ball et al., 2018; Dierkes et al., 2021; Schnell et al., 2024). All of these factors also have an impact on the retention of nursing staff. The decision to persist in the nursing career is further related to professional development opportunities, training, professional autonomy, and the status of the nursing profession within the health organisation (de Vries et al., 2024; Pressley & Garside, 2023; Skela-Savič et al., 2022). In Slovenia, emotional burnout, the passive role of management in solving workplace problems, overtime, and dissatisfaction with the choice of career path in nursing were also confirmed as important factors (Skela-Savič et al., 2022).

The need for change in higher education in nursing

In the EU, nurse education is regulated by the Directive on the Recognition of Professional Qualifications (the Directive) and its amendments (European Union 2005, 2013, 2024). The Directive mandates a minimum three-year study programme comprising at least 4600 hours, of which 2300 hours are dedicated to training in clinical settings. The entry requirement updated in 2013 stipulates the completion of 12 years of general education (European Union, 2013). Eight new competences were added, which expand the graduate's competences and therefore also the content of the programme: (a) competence to independently identify patient needs, plan care activities, organise and deliver nursing care, (b) competence to collaborate effectively with other actors in the health sector, (c) competence to empower individuals, families and groups to adopt healthy lifestyles and practice self-care, (d) competence to independently implement immediate life-preserving measures and actions in crises and disaster situations, (e) competence to independently advise, guide and support persons in need of care and their relatives; (f) competence to independently provide quality nursing care and evaluate nursing care; (g) competence to communicate and collaborate with other professionals in a comprehensive and professional manner; and (h) competence to evaluate the quality of nursing care with a view to improving own professional practice. The implementation of these new points has proven to be very difficult in countries where the transition to a four-year higher education programme has not taken place. Slovenia is one of these countries.

In March 2024, further substantive amendments were made to the Directive to integrate scientific and technological advancements in health care (European Union, 2024). Scientific and technological advances to be incorporated into nurse education by 2026 include patient-centred care theories, patient safety theories, interprofessional and multidisciplinary theories, health promotion theories, management theories applied to nursing, transcultural nursing theories, evidence-based practice and research, eHealth, new methods and technologies in health care (European Commission, 2020). The requirements described in the latest update of the Directive (European Union, 2024) cannot be implemented in the form of a three-year professional higher education programme with 180 ECTS (European Credit Transfer and Accumulation System) credit points, as is currently the case in Slovenia, neither in terms of the complexity of the added knowledge, skills and competences nor in terms of the duration of the study programme. The duration of the programme should be extended to four years and 60 ECTS credit points should be added. This has already been implemented by most European

countries as part of the 2013 amendments (European Union, 2013). In addition, it should also be examined at national level whether the degree programme should remain at the professional higher education level or be raised to the university (academic higher education) level. The scientific evidence is in favour of university-level studies. This decision should extend to all healthcare study programmes, as there are currently physiotherapy study programmes in Slovenia at both three-year (professional higher education) and four-year (university) levels, which leads to confusion among employers and students alike.

In addition to the expansion of compulsory content and the duration of the study programme, the burden on nursing students in comparison to study programmes in other healthcare disciplines and beyond should not be overlooked. A review of the amendments to the Directive from 2013 (European Union, 2013) shows that the duration of a medical degree programme is at least five years (six years in Slovenia), with a prescribed number of 5500 hours of study and an average of 1100 hours per academic year. In Slovenia, nursing studies last three years to (the Directive stipulates a minimum of three years), with a prescribed 4600 hours of study and an average of 1533 hours per academic year. This indicates a high direct teaching load for nursing students, as a 100% attendance is required for seminars, tutorials and clinical training, and clinical training accounts for half of the study hours. The implementation of ECTS credit points also remains incomplete, as the amount of theoretical content is included in the hours of individual student work, which this in turn limits the ability to accurately account for individual student work within the allocated ECTS credit points. As a result, most EU countries opted for a four-year nursing degree programme in 2011, as the associated study conditions are analogous to those of other degree programmes. In Slovenia, several initiatives and explanations have already been proposed as to why such an extension of the study programme is necessary, but has not yet taken place.

How to proceed?

Reforms in higher education in nursing are essential if young people are to choose nursing as a career. However, this alone will not be enough to solve the problem. Career development opportunities, professional autonomy, enhancing the status of nurses within the health system, and taking on an independent role in the care for healthy and sick populations in the form of specialisations and clinical specialisations are the elements that will attract young people to the nursing profession. An important reason for leaving the profession is the lack of interest in systematising the Master of Nursing Science (MNSc) position for direct patient care (Skela-Savič, 2023). There are

more than 700 MNSc graduates in Slovenia, and this qualification has been available since 2007. However, despite all the scientific evidence, health policy makers and healthcare managers are still not convinced that their knowledge could contribute to improving work processes and access to care. Numerous studies have demonstrated the equivalence, expertise and effectiveness of clinical specialists and advanced practitioners in patient care (Htay & Whitehead, 2021; Karimi-Shahanjarini et al., 2019; Laurant et al., 2018), but in Slovenia those in charge ignore the issue.

The European Directive needs to be amended with regard to the scope of clinical training, as it currently places great burden on clinical settings, students and patients, despite doubts about the quality of its delivery given the severe shortage of qualified nurses. The mandated scope of clinical training dates back to Florence Nightingale, who advocated bedside teaching. This approach has already been abandoned by developed countries outside Europe. Several studies have shown that simulated clinical training is at least as effective as training in a real clinical setting (Hayden et al., 2014). The scope of clinical training has been problematised by European and other international researchers (Gobbi & Kaunonen, 2018; Henriksen et al., 2020; Potter, 2021; Roberts et al., 2019). It should be noted that hospitalisation times are decreasing along with the number of beds and clinical training opportunities for students (Henriksen et al., 2020). Potter et al. (2021) find no significant association between the lowest number of hours of clinical training and student performance on the national exam in the United States.

Changes are also needed at the secondary level of education. More opportunities need to be created for students to enrol in university programmes after completing secondary medical school. This will help encourage more students to pursue a higher education degree in health care while increasing their chances of enrolling in master's programmes. Students who wish to continue their education need additional mandatory content in general science education to better prepare for studies in their chosen field of health care. The Directive requires 12 years of general education for entry into a degree programme in nursing, rather than secondary vocational education in the health sciences, which should also be taken into account in the elective part of secondary vocational curricula.

For years, the female professional title for a nursing graduate ('medical nurse') has also been urgently calling for change. As is evident from the content requirements mandated for the EU, in order to be allowed to work with patients, a nursing graduate needs to obtain much more than just medical knowledge. For years, the male version of the title for a nursing graduate has been the well-established professional title of qualified health professional (CHP). It is time to standardise the professional title for female graduates (BSc), which I hope will soon become BSc (UN). This

would eliminate both conscious and unconscious subordination of nursing terminology to medicine.

Slovenian translation/Prevod v slovenščino

Uvod

V času, ko praznujemo 100-letnico izobraževanja medicinskih sester v Sloveniji, se soočamo z velikim pomanjkanjem medicinskih sester doma in v svetu. Problem je bil napovedan že vsaj desetletje nazaj, vendar ga Evropska unija (EU), države članice in odločevalci zdravstvenih politik niso vzeli dovolj resno. Epidemija COVID 19 je stanje le še poslabšala. Med članicami OECD (Organization for Economic Cooperation and Development; sl. Organizacija za gospodarsko sodelovanje in razvoj) smo med 15 letniki priča povprečnemu osem odstotnemu zmanjšanju zanimanja za poklic v zdravstveni negi (OECD, 2024). V porastu je tudi zapuščenje poklica, raziskave namreč poročajo o namerah zapuščenja poklica zaradi nezadovoljstva z delom (de Vries et al., 2023, 2024; Virkstis et al., 2022).

Pomen izobrazbe in delovnih pogojev

Delovno okolje medicinskih sester v Sloveniji postaja vse bolj zahtevno. Rezultati presečne raziskave o delovnih pogojih v zdravstveni negi (RN4CAST), izvedene v desetih slovenskih bolnišnicah v začetku leta 2020, niso spodbudni. Obremenitve diplomiranih medicinskih sester s številom pacientov na delovno izmeno so najvišje med državami EU in izven (Aiken et al., 2014; European Commission, 2024; Skela-Savič et al., 2023). Povprečna namera po zapustitvi bolnišnice zaradi nezadovoljstva z delom je februarja 2020 dosegla kar 51,5 odstotka (Skela-Savič et al., 2022). Po metaanalizi podatkov raziskave RN4CAST je ta namera znašala v povprečju 38 odstotkov (de Vries et al., 2024), medtem ko je v raziskavi, izvedeni v sosednji Italiji, povprečno namero po zapustitvi bolnišnice izkazala ena tretjina raziskovancev (Sasso et al., 2019). Namero po zapustitvi bolnišnice zaradi nezadovoljstva z delom pogojujejo številni dejavniki. Na vzorcu diplomiranih medicinskih sester in tehnikov zdravstvene nege v slovenskih bolnišnicah so se kot značilni izkazali naslednji dejavniki: čustvena izčrpanost, slaba odzivnost managerjev in vodij pri reševanju problemov v praksi, nadurno delo, neurejene razmere v delovnem okolju, nezadovoljiv status medicinske sestre v bolnišnici in nezadovoljstvo z izbiro poklica. Glede na stopnjo izobrazbe med poklicnima skupinama ni bilo značilnih razlik, namera po odhodu pa je bila večja pri mlajših anketirancih in se je med bolnišnicami razlikovala (Skela-Savič et al., 2022). O očitni preobremenjenosti diplomiranih medicinskih sester je mogoče posredno sklepati na

podlagi rezultatov raziskave, izvedene med pacienti izbranih bolnišnic, v sklopu katere so bili podatki zajeti v istem časovnem oknu. Pacienti so kot slabo ocenili pisno in ustno pripravo na odpust iz bolnišnice, ravno tako tudi informacije o novo predpisani terapiji in obvladovanju bolečine (Skela-Savič et al., 2025).

Raziskovalci že več kot dve desetletji prepričujejo oblikovalce zdravstvenih politik EU, nacionalne politike, ministre za zdravje, zdravstvene ustanove in direktorje zdravstvenih ustanov, da je izobrazba medicinskih sester zelo pomembna in tesno povezana z izidi zdravstvene obravnave pacientov (Aiken et al., 2003, 2011, 2014; Backhaus et al., 2017; Kane et al., 2007; Lasater et al., 2021; Li-Mei et al., 2016; Needleman et al., 2011; Porat-Dahlerbruch et al., 2022; Van den Heede et al., 2009; Yakusheva, 2014). Enako tudi ekonomske študije potrjujejo nujnost investiranja v izobraževanje in karierni razvoj medicinskih sester (Amiri & Solankallio-Vahteri, 2020). Že leta 2010 je Nacionalna medicinska akademija Združenih držav Amerike (ZDA) (IOM, 2010) na osnovi znanstvenih dokazov priporočila, da naj ima vsaj 80 % medicinskih sester v zdravstvenem sistemu visokošolsko izobrazbo na ravni štiriletnega študija (Bachelor of Science in Nursing, BSN). Priporočilo so z leti sledile tudi države EU, kot so Avstrija, Ciper, Češka, Estonija, Finska, Francija, Grčija, Islandija, Irska, Italija, Latvija, Litva, Madžarska, Nizozemska, Portugalska, Slovaška, Španija, Švedska idr. Schnell et al. (2024) v sistematičnem pregledu literature povzemajo, da je znanstvenih dokazov za štiriletno visokošolsko izobrazbo (BSN) kot minimalno zahtevo za vstop v poklic v zdravstveni negi danes več kot dovolj. Le na ta način je v zdravstveni negi mogoče pridobiti kompetentne, avtonomne in zadovoljne strokovnjake, ki bodo z delom prispevali h kakovosti in varnosti zdravstvene obravnave ter k doseganju pozitivnih izidov zdravstvenih organizacij, razvijali zdravstveno nego kot stroko in znanost ter pomembno prispevali k razvoju družbe.

Velik doprinos k razumevanju pomena štiriletnega visokošolskega izobraževanja medicinskih sester je pomenila raziskava evropskega konzorcija RN4CAST (Aiken et al., 2014; European Commission, 2024; Sermeus et al., 2011), ki je bila izvedena v več kot šestnajstih državah EU in je na znanstveni osnovi v ospredje postavila pomen stopnje izobrazbe, let študija zdravstvene nege, števila pacientov na diplomirano medicinsko sestro, urejenega delovnega okolja ter zadovoljstva z delom v zdravstveni negi (Aiken et al., 2011, 2017; European Commission, 2024; Skela-Savič et al., 2023). V številnih raziskavah, izvedenih v ZDA, Evropi in širše, se je izkazalo, da dosegajo pacienti, obravnavani s strani medicinskih sester s štiriletnim visokošolskim študijem zdravstvene nege (BSN), boljše izide zdravstvene obravnave kot tisti, ki so obravnavani s strani medicinskih sester s triletnim študijem zdravstvene nege (Aiken et al., 2014; Backhaus

et al., 2017; European Commission, 2024; Li-Mei et al., 2016; Porat-Dahlerbruch et al., 2022; Schnell et al., 2024; Yakusheva, 2014). Raziskave kažejo tudi, da je smrtnost pacientov na kirurških ali internističnih oddelkih povezana s povečanjem števila pacientov na medicinsko sestro, slabo oceno delovnega okolja in nizkim številom medicinskih sester s štiriletno visokošolsko izobrazbo zdravstvene nege (BSN) (Aiken et al., 2003, 2011, 2014, 2017; Ball et al., 2018; Dierkes et al., 2021; Schnell et al., 2024). Vsi navedeni dejavniki vplivajo tudi na zadržanje medicinskih sester v poklicu. Odločitev za nadaljevanje poklicne poti je povezana še z možnostmi kariernega razvoja, izobraževanja, poklicne avtonomije in statusom poklica v zdravstveni organizaciji (de Vries et al., 2024; Pressley & Garside, 2023; Skela-Savič et al., 2022). V Sloveniji so se kot pomembni dejavniki potrdili še čustvena izgorelost, pasivnost vodstva pri reševanju problemov pri delu, nadurno delo in nezadovoljstvo z odločitvijo za poklic medicinske sestre (Skela-Savič et al., 2022).

Nujnost sprememb v visokošolskem izobraževanju medicinskih sester

V EU je izobraževanje medicinskih sester urejeno z Direktivo za regulirane poklice (direktiva) in njenimi dopolnitvami (European Union 2005, 2013, 2024). Direktiva predpisuje vsaj triletni študij v obsegu vsaj 4600 ur, ki vključujejo 2300 ur usposabljanja v kliničnih okoljih. Pogoji za vpis v študij, uveden leta 2013, zahteva zaključeno 12-letno splošno izobraževanje (European Union, 2013). V spremembah je bilo dodanih osem novih kompetenc, s čimer je prišlo do širitve sposobnosti diplomanta in s tem tudi vsebin programa: a) sposobnost samostojnega prepoznavanja potreb pacientov, načrtovanja negovalnih aktivnosti ter organizacije in implementacije zdravstvene nege, b) sposobnost učinkovitega sodelovanja z drugimi akterji v zdravstvenem sektorju, c) sposobnost usposabljanja posameznikov, družin in skupin za zdrav življenjski slog in samopomoč, d) sposobnost samostojne vpeljave takojšnjih ukrepov za ohranjanje življenja in ukrepov v kriznih razmerah ter v primeru nesreč, e) sposobnost samostojnega svetovanja, vodenja in podpiranja oseb, ki potrebujejo nego, ter njihovih bližnjih, f) sposobnost samostojnega zagotavljanja kakovostne zdravstvene nege in njene evalvacije, g) sposobnost celovite profesionalne komunikacije in sodelovanja z delavci drugih poklicev ter h) sposobnost evalvacije kakovosti zdravstvene nege s ciljem izboljševanja poklicne prakse. Implementacija navedenih novih vsebin je bila močno otežkočena v državah, kjer ni prišlo do podaljšanja študija na štiriletni visokošolski študij. Med temi državami je tudi Slovenija.

V marcu 2024 so bile z namenom znanstvenega in tehnološkega napredka v zdravstvu predstavljene dodatne vsebinske dopolnitve direktive (European

Union, 2024). Znanstveni in tehnološki napredki, ki jih je potrebno prenesti v izobraževanje medicinskih sester do leta 2026, so teorije v pacienta usmerjene oskrbe, teorije varnosti pacientov, medpoklicne in večdisciplinarne teorije sodelovanja, teorije promocije zdravja, teorije managementa, aplicirane na zdravstveno nego, transkulturne teorije, na dokazih podprto delovanje in raziskovanje, e-zdravstvo, nove metode dela in tehnologije v zdravstveni obravnavi (European Commission, 2020). Zahtev, opisanih v zadnji dopolnitvi direktive (European Union, 2024), ni mogoče implementirati v obliki visokošolskega strokovnega triletnega študija s 180 ECTS (European Credit Transfer and Accumulation System; sl. Evropski sistem prenašanja in zbiranja kreditnih točk) kreditnimi točkami, kot ga v Sloveniji izvajamo sedaj, ne z vidika zahtevnosti dodanih znanj, spretnosti in kompetenc, kot tudi ne z vidika trajanja študija. Trajanje študija je potrebno podaljšati na štiri leta in dodati 60 ECTS kreditnih točk, kar je že uresničila večina evropskih držav v sklopu sprememb leta 2013 (European Union, 2013). Potrebna je tudi nacionalna presoja o tem, ali bo študij ostal na visokošolski strokovni ravni, ali pa bo prešel na univerzitetno raven. Znanstveni dokazi govorijo v prid univerzitetnemu študiju. Odločitev o tem bi morala zajemati vse študijske programe v zdravstvu, saj imamo trenutno v Sloveniji študij fizioterapije tako na ravni triletnega programa (VS) kot tudi štiriletnega programa (UN), kar ustvarja zmedo pri delodajalcih in tudi študentih.

Poleg širitve obveznih vsebin in trajanja študija ne gre zanemariti obremenitve študentov zdravstvene nege glede na študijske programe drugih zdravstvenih smeri in izven. Pregled dopolnitev direktive iz 2013 (European Union, 2013) namreč kaže, da študij medicine traja vsaj pet let, v Sloveniji šest let, pri čemer je predpisano število ur študija 5500 ur s povprečjem 1100 ur na študijsko leto. Študij zdravstvene nege traja v Sloveniji tri leta (direktiva navaja vsaj 3 leta), predpisano število ur študija je 4600, povprečje na študijsko leto pa znaša 1533 ur, kar predstavlja visoko neposredno pedagoško obremenitev za študente zdravstvene nege, saj imajo seminarji, vaje in klinično usposabljanje 100-odstotno prisotnost, klinično usposabljanje pa predstavlja polovico ur študija. Tudi implementacija ECTS kreditnih točk ni popolna, saj obseg teoretičnih vsebin vstopa v ure individualnega dela študenta, kar zmanjšuje možnosti upoštevanja individualnega dela študenta v okviru implementacije ECTS kreditnih točk. Iz navedenih razlogov se je večina držav EU leta 2011 odločila za štiriletni študijski program zdravstvene nege, saj ta omogoča primerljive pogoje za študij glede na druge študijske programe. V Sloveniji so že bile dane pobude in razlage o tem, zakaj je podaljšanje študija potrebno, vendar do tega še ni prišlo.

Kako naprej?

Spremembe v visokošolskem študiju zdravstvene nege so nujne, če želimo mlade pritegniti k izbiri

tega poklica. Vendar pa zgolj to ne bo zadostovalo. Možnosti kariernega razvoja, avtonomije dela, izboljšanje statusa strokovnjaka zdravstvene nege v zdravstvenem sistemu in prevzemanje samostojnih vlog v zdravstveni obravnavi zdrave in bolne populacije v obliki specializacij in kliničnih specializacij je tisto, kar bo mlade prepričalo, da se bodo odločali za poklic v zdravstveni negi. Eden od poglobitvenih razlogov za zapuščanje poklica je odsotnost interesa za sistematizacijo delovnega mesta magistra zdravstvene nege za neposredno delo s pacienti (Skela-Savič, 2023). V Sloveniji imamo več kot 700 magistrstov zdravstvene nege, pri čemer je to izobraževanje dostopno že od leta 2007, vendar zdravstveni politiki in direktorji zdravstvenih ustanov kljub vsem znanstvenim dokazom še danes niso prepričani, ali lahko njihovo znanje dejansko doprinese k izboljšanju delovnih procesov in dostopnosti zdravstvene obravnave. Številne raziskave dokazujejo enakovrednost, strokovnost in učinkovitost kliničnih specialistov in naprednih praktikov v zdravstveni obravnavi pacientov (Htay & Whitehead, 2021; Karimi-Shahanjarini et al., 2019; Laurant et al., 2018), le v Sloveniji si odgovorni zatiskajo oči.

Potrebne so tudi spremembe evropske direktive glede obsega kliničnega usposabljanja, ki kliničnim okoljem, študentom in pacientom predstavlja veliko breme, vprašljiva pa je tudi kakovost njegove izvedbe ob velikem pomanjkanju diplomiranih medicinskih sester. Obseg klinične prakse izhaja iz obdobja Florence Nightingale, ki je zagovarjala učenje ob pacientovi postelji. Ta pristop so razvite države izven Evrope že opustile. Več raziskav je pokazalo vsaj enakovrednost simuliranih kliničnih vaj z usposabljanjem v realnem kliničnem okolju (Hayden et al., 2014). Obseg klinične prakse problematizirajo tudi evropski in svetovni raziskovalci (Gobbi & Kaunonen, 2018; Henriksen et al., 2020; Potter, 2021; Roberts et al., 2019). Pri tem je pomembno dejstvo, da se čas hospitalizacij skrajšuje ob hkratnem zmanjševanju števila postelj in priložnosti za klinično usposabljanje študentov (Henriksen et al., 2020). Potter et al. (2021) niso odkrili nobene značilne povezave med najnižjim številom ur kliničnega usposabljanja in uspešnostjo študentov na državnem izpitu v ZDA.

Spremembe so nujne tudi na srednješolski ravni. Dijaki potrebujejo bolj dostopne možnosti, da se lahko po zaključeni srednji zdravstveni šoli vpišejo na univerzitetni študij. Na ta način bomo pridobili več dijakov, ki se želijo visokošolsko izobraževati na programih različnih zdravstvenih smeri in bodo imeli boljše možnosti tudi za vpis na enovite magistrske programe. Dijaki, ki želijo izobraževanje nadaljevati, potrebujejo dodatne obvezne vsebine iz splošnega naravoslovnega znanja, da bodo bolje pripravljene na študij izbrane zdravstvene smeri. Direktiva zahteva za vpis v študij zdravstvene nege 12 let splošnega izobraževanja in ne srednješolsko

strokovno izobraževanje zdravstvenih smeri, kar bi se moralo upoštevati tudi v izbirnem delu kurikuluma srednješolskega strokovnega izobraževanja.

Nenazadnje tudi strokovni naziv diplomanta v ženskem spolu že leta kliče po spremembah. Medicinsko znanje predstavlja le del znanj, ki jih diplomant zdravstvene nege potrebuje pri delu s pacientom, kar je razvidno že iz predpisanih vsebin na ravni EU. Za diplomanta zdravstvene nege je že leta dobro uveljavljen strokovni naziv v moškem spolu – diplomirani zdravstvenik (VS). Čas je, da poenotimo tudi strokovni naslov diplomantke (diplomirana zdravstvenica), pri čemer upam, da bo le-ta kmalu diplomirana zdravstvenica (UN). S tem bi odpravili zavedno in nezavedno terminološko podrejanje zdravstvene nege medicini.

Conflict of interest/Nasprotje interesov

The author confirms that there are no conflict of interest./Avtorica izjavlja, da ni nasprotja interesov.

Literature

- Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011). Effects of nurse staffing and nurse education on patient deaths in hospital with different nurse work environments. *Medical Care*, 49(12), 1047–1053. <https://doi.org/10.1097/MLR.0b013e3182330b6e> PMID:21945978; PMCID:PMC3217062
- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290, 1617–1623. <https://doi.org/10.1001/jama.290.12.1617> PMID:14506121; PMCID:PMC3077115
- Aiken, L. H., Sloane, D., Griffiths, P., Rafferty, A. M., Bruyneel, L., McHugh, M., Maier, C. B., Moreno-Casbas, T., Ball, J. E., Ausserhofer, D., Sermeus, W., & RN4CAST Consortium. (2017). Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety*, 26(7), 559–568. <https://doi.org/10.1136/bmjqs-2016-005567> PMID:28626086; PMCID:PMC5477662
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., K'ozka, M., Lesaffre, E., McHugh, M. D., Moreno-Casbas, M. T., Rafferty, A. M., Schwendimann, R., Scott, P. A., Tishelman, C., van Achterberg, T., & Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *Lancet*, 383(9931), 1824–1830. [https://doi.org/10.1016/S0140-6736\(13\)62631-8](https://doi.org/10.1016/S0140-6736(13)62631-8) PMID:24581683

- Amiri, A., & Solankallio-Vahteri, T. (2020). Analyzing economic feasibility for investing in nursing care: Evidence from panel data analysis in 35 OECD countries. *International Journal of Nursing Sciences*, 7(1), 13–20.
<https://doi.org/10.1016/j.ijnss.2019.06.009>
PMid:32099854; PMCID:PMC7031164
- Backhaus, R., van Rossum, E., Verbeek, H., Halfens, R. J. G., Tan, F. E. S., Capezuti, E., & Hamers, J. P. H. (2017). Relationship between the presence of baccalaureate-educated RNs and quality of care: A cross-sectional study in Dutch long-term care facilities. *BMC Health Services Research*, 17(1), Article 53.
<https://doi.org/10.1186/s12913-016-1947-8>
PMid:28103856; PMCID:PMC5244701
- Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., Lindqvist R., Tishelman, C., Griffiths, P., & RN4Cast Consortium. (2017). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International Journal of Nursing Studies*, 78, 10–15.
<https://doi.org/10.1016/j.ijnurstu.2017.08.004>
PMid:28844649; PMCID:PMC5826775
- Dierkes, A. M., Aiken, L. H., Sloane, D. M., & McHugh, M. D. (2021). Association of hospital nursing and postsurgical sepsis. *PLoS ONE*, 16(10), Article e0258787.
<https://doi.org/10.1371/journal.pone.0258787>
PMid:34662355; PMCID:PMC8523045
- European Commission. (2020). *Mapping and assessment of developments for one of the sectoral professions under Directive 2005/36/EC – Nurse responsible for general care*. European Commission.
- European Commission. (2024 June 18). *Nurse Forecasting: Human Resources Planning in Nursing: Final Report Summary*. European Union.
<https://cordis.europa.eu/project/id/223468/reporting>
- European Union. (2005). Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. *Official Journal of the European Union*, L 255, 22–142.
<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF>
- European Union. (2013). Directive 2013/55/EU of the European Parliament and of the Council, 2013. *Official Journal of the European Union*, L354/132.
<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0055&from=EN>
- European Union. (2024). Directive (EU) 2024/55/EU of the European Parliament and of the Council, 2024. *Official Journal of the European Union*.
<http://data.europa.eu/eli/dir/del/2024/782/oj>
- Gobbi, M., & Kaunonen, M., (Eds). (2018). Guidelines and reference points for the design and delivery of degree programmes in nursing. *WP 4 - Del. 1.4 Guidelines and Reference Points for the Design and Delivery of Degree Programmes in Nursing - FINAL.pdf (europa.eu)*
- Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), Supp S3-S40.
[https://doi.org/10.1016/S2155-8256\(15\)30062-4](https://doi.org/10.1016/S2155-8256(15)30062-4)
- Henriksen, J., Löfmark, A., Wallinvirta, E., Gunnarsdóttir, Þ.J., & Slettebø, Å.(2020). European Union directives and clinical practice in nursing education in the Nordic countries. *Nordic Journal of Nursing Research*, 40(1), 3–5.
<https://doi.org/10.1177/2057158519857045>
- Htay, M., & Whitehead, D. (2021). The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review. *International Journal of Nursing Studies Advances*, 17(3), Article 100034.
<https://doi.org/10.1016/j.ijnsa.2021.100034>
PMid:38746729; PMCID:PMC11080477
- Van den Heede, K., Lesaffre, E., Diya, L., Vleugels, A., Clarke, S. P., Aiken, L. H., & Sermeus W. (2009). The relationship between inpatient cardiac surgery mortality and nurse numbers and educational level: Analysis of administrative data. *International Journal of Nursing Studies*, 46, 796–803.
<https://doi.org/10.1016/j.ijnurstu.2008.12.018>
PMid:19201407; PMCID:PMC2856596
- Institute of Medicine. (2010). *A Summary of the February 2010 Forum on the Future of Nursing: Education*. Institute of Medicine.
<https://nap.nationalacademies.org/catalog/12894/a-summary-of-the-february-2010-forum-on-the-future-of-nursing>
- Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2007). The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis. *Medical Care*, 45(12), 1195–1204.
<https://doi.org/10.1097/MLR.0b013e3181468ca3>
PMid:18007170
- Karimi-Shahanjarini, A., Shakibazadeh, E., Rashidian, A., Hajimiri, K., Glenton, C., Noyes, J., Lewin, S., Laurant, M., & Colvin, C. J. (2019). Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: A qualitative evidencesynthesis. *Cochrane Database of Systematic Reviews*. 4, Article CD010412.
<https://doi.org/10.1002/14651858.CD010412.pub2>
PMid:30982950; PMCID:PMC6462850

- Lasater, K. B., Sloane, D. M., McHugh, M. D., Porat-Dahlerbruch, J., & Aiken, L. H. (2021). Changes in proportion of bachelor's nurses associated with improvements in patient outcomes. *Research Nursing Health*, 44(5), 787–795. <https://doi.org/10.1002/nur.22163> PMID:34128242; PMCID:PMC8440404
- Laurant, M., van der Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., & van Vught A. J. A. H. (2018). Nurses as substitutes for doctors in primary care. *Cochrane Database of Systematic Reviews*, 7, Article CD001271. <https://doi.org/10.1002/14651858.CD001271.pub3> PMID:30011347; PMCID:PMC6367893
- Li-Mei, L., Xiao-Yan, S., Hua, Y., & Jun-Wen, L. (2016). The association of nurse educational preparation and patient outcomes: Systematic review and meta-analysis. *Nurse Education Today*, 42, 9–16. <https://doi.org/10.1016/j.nedt.2016.03.029> PMID:27237346
- Needleman, J. (2017). Nursing skill mix and patient outcomes. *BMJ Quality & Safety*, 26(7), 525–528. <https://doi.org/10.1136/bmjqs-2016-006197> PMID:28039393
- Needleman, J., Buerhaus, P., Pankratz, V. S., Leibson, C. L., Stevens, S. R., & Harris, M. (2011). Nurse staffing and inpatient hospital mortality. *The New England Journal of Medicine*, 364, 1037–1045. <https://doi.org/10.1056/NEJMsa1001025> PMID:21410372
- OECD. (2024). *Fewer young people want to become nurses in half of OECD countries*. OECD Publishing.
- Porat-Dahlerbruch, J., Aiken, L. H., Lasater, K. B., Sloane, D. M., & McHugh, M. D. (2022). Variations in nursing baccalaureate education and 30-day inpatient surgical mortality. *Nursing Outlook*, 70(2), 300–308. <https://doi.org/10.1016/j.outlook.2021.09.009> PMID:34763898; PMCID:PMC9095709
- Potter, K., Hussey, L., Ojeda, M. (2021). Clinical hours and program types effects on NCLEX pass rates. *Teaching and Learning in Nursing*, 16(2), 131–134. <https://doi.org/10.1016/j.teln.2021.01.004>
- Pressley, C., & Garside, J. (2023). Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing Open*, 10, 2842–2858. <https://doi.org/10.1002/nop2.1588> PMID:36646646; PMCID:PMC10077373
- Roberts, E., Kaak, V., & Rolley, J. (2019). Simulation to replace clinical hours in nursing: A meta-narrative review. *Clinical Simulation in Nursing*, 37, 5–13. <https://doi.org/10.1016/j.ecns.2019.07.003>
- Sasso, L., Bagnasco, A., Catania, G., Zanini, M., Aleo, G., Watson, R., & RN4CAST@IT Working Group. (2019). Push and pull factors of nurses' intention to leave. *Journal of Nursing Management*, 27(5), 946–954. <https://doi.org/10.1111/jonm.12745> PMID:30614593
- Schnelli, A., Steiner, L. M., Bonetti, L., Levati, S., & Desmedt, M. (2023). A bachelor's degree for entering the nursing profession: A scoping review for supporting informed health care policies. *International Journal of Nursing Studies Advances*, 7(6), Article 100171. <https://doi.org/10.1016/j.ijnsa.2023.100171> PMID:38746800; PMCID: PMC11080422
- Sermeus, W., Aiken, L. H., Van den Heede, K., Rafferty, A. M., Griffiths, P., Moreno-Casbas, M. T., Busse, R., Lindqvist, R., Scott, A. P., Bruynell, L., Brzostek, T., Kinnunen, J., Schubert M., Schoonhoven, L., Zikos, D., & RN4CAST consortium. (2011). Nurse forecasting in Europe (RN4CAST): Rationale, design and methodology. *BMC Nursing*, 18(6), Article 6. <https://doi.org/10.1186/1472-6955-10-6> PMID:21501487; PMCID:PMC3108324
- Skela-Savič, B. (2023). Nursing development should now become a priority for health systems in Europe. *Zdravstveno varstvo*, 62(4), 162–166. <https://doi.org/10.2478/sjph-2023-0023> PMID: 37799413; PMCID: PMC10549248
- Skela-Savič, B., Albreht, T., Sermeus, W., Lobe, B., Bahun, M., & Dello, S. (2023). Patient outcomes and hospital nurses' workload: A cross-sectional observational study in Slovenian hospitals using the RN4CAST survey. *Zdravstveno varstvo*, 62(2), 59–66. <https://doi.org/10.2478/sjph-2023-0009> PMID:37266066; PMCID:PMC10231883
- Skela-Savič, B., Bahun, M., Kalender Smajlovič, S., & Pivač, S. (2025). Patients' experience with received healthcare in internal medicine and surgery wards of Slovenian hospitals: A cross-sectional survey. *Zdravstveno varstvo*, 64(1), 5–13. <https://doi.org/10.2478/sjph-2025-0002>
- Skela-Savič, B., Albreht, T., Sermeus, W., Bahun, M., Squires, A., Dello, S., & Lobe, B. (2022). *Spoznanja raziskave o delovni sili v zdravstveni negi (RN4CAST) v izbranih slovenskih bolnišnicah: poročilo raziskave*. Fakulteta za zdravstvo Angele Boškin.
- Virkstis, K., Boston-Fleischhauer, C., Rewers, L., Critchley, N., Whitmarsh, K., Paiewonsky, A., & Gerstenfeld, R. (2022). 7 Executive strategies to stabilize the nursing workforce. *JONA: The Journal of Nursing Administration*, 52(4), 194–196. <https://doi.org/10.1097/NNA.0000000000001129> PMID:35348481
- de Vries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & de Winter, P. (2023). The race to Retain Healthcare Workers: A systematic review on factors that Impact Retention of Nurses and Physicians in hospitals. *INQUIRY*, 60. <https://doi.org/10.1177/00469580231159318> PMID:36912131; PMCID:PMC10014988

de Vries, N., Maniscalco, L., Matranga, D., Bouman, J., & de Winter, J. P. (2024). Determinants of intention to leave among nurses and physicians in a hospital setting during the COVID-19 pandemic: A systematic review and meta-analysis. *PLoS ONE*, 19(3), Article e0300377.
<https://doi.org/10.1371/journal.pone.0300377>
PMid:38484008; PMCID:PMC1093920

Yakusheva, O., Lindrooth, R., & Weiss, M. (2014). Economic evaluation of the 80% baccalaureate nurse workforce recommendation: A patient-level analysis. *Medical Care*, 52(10), 864–869.
<https://doi.org/10.1097/MLR.000000000000189>
PMid:25215646

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