


## EDUCATED NURSE REALITY AND CHALLENGES IN SERBIA

Author :  
Zlatibor  
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Ph.D Radmila Nešić  
President




### Nurse – ICN's definition

- Nurse is a person who was educated in the programme of primary education for nurses and is given a licence by a certain regulatory body for performing health care in her/his country..
- The primary education for nurses is formally accepted programme of education which ensures us with the wide basis of knowledge and is a firm base for the section of behavioural sciences (social) and te biological and nurses knowledge for practicing health care.
- **It makes** the role of leaders possible , just like the possibility of continual education edukacije at a higher levels of specialization or even higher levels of advanced nursing practice.

### ➤WHO – Definition

“Nursing is a concept by which we imply the whole activity of nurses and midwives, which we comprehend as the role in preserving health, prevention of diseases, health care and treatment of the patients, and they role in the process of healing ”



### Millenium development goals (MDG) and nursing care

**Nurses represent the spine of health care systems all over the world and they give us the basis onto which we solve MDG and find solutions and results.**

**If we want to succeed and advance the performance of health care systems, urgent actions are necessary in order to overcome problems which can undermine the contribution that nurses and midwives can have onto the vision of better health for everybody and in every community.**

General director, 2002.

### The standards for education of nurses and midwives in EU



- ❖ **WHO ,the European strategy** for education of nurses and midwives
- ❖ **Directive of EU # 2005/36/EC** about accepting professional qualifications
- ❖ **WHO** European strategy for continual education of nurses and midwives
- ❖ **WHO World** standards for initial education of professional nurses and midwives
- ❖ Regulatory models of ICN (International Council of Nurses)
- ❖ Technical help and exchanging information (TAIEX)

### SZO European strategy for education of nurses and midwives

- Main goal
  - ❖ Defining fundamental principles of initial preparation of nurses and midwives
  - ❖ [http://www.euro.who.int/nursingmidwifery/publications/20050816\\_2](http://www.euro.who.int/nursingmidwifery/publications/20050816_2)



### WHO fundamental principles and initial preparations of nurses and midwives

- ❖ The care of nurses and midwives must be an integral part of essential legislative and regulatory frame for health professions in every membership country.



### WHO Fundamental principles of initial preparation of nurses and midwives

- ❖ Entering schools for nurses and midwives must follow successful end in secondary school, with qualifications that are asked for when entering a university in some member countries.

- ❖ The curriculum and programme must be based on research, evidence and abilities.
- ❖ The abilities mentioned above must include the capability to work in hospitals and under the conditions in the community and in multi-disciplinary health care team as well.

### SECTORAL DIRECTIVES IN EU

- ❖ In 1970s and 1980s the European Commission prepares special directives for professions-as sectoral directives.
  - ❖ Every directive was taken out of the process of „harmonization“ (adjustment) and which is reached with the work of relevant professions at the meetings of The Advisory Committee in Brussels.
  - ❖ The Committee adjusted the minimal standards for professions (doctors, nurses, dentists, veterinary surgeons, midwives, pharmacists, architects)
- About the nature, minimal standards and the time of education and training that are necessary for receiving qualification, which will be accepted by all member countries



### Directive 2005/36/EC about recognition of professional qualifications

- ❖ This Directive came into effect on October 20, 2007, and it exchanged 15 sectoral Directives, including 4 that were about professions of nurses and midwives.
- ❖ Directives: 77/452/EEC ; 77/453/EEC for nurses  
Directives: 80/154/EEC ; 80/155/EEC for midwives
- ❖ The goal was strengthening the four earlier described freedoms and simplification of the process of correlation, and harmonization and acceptance.
- ❖ The correlation is a process by which the decisions of one member country also respect in the other, unless there are ambiguous basis to have a doubt.

### Directive 2005/36/EC ,act 31 –Basic demand for General profile nurse training

- ❖ Entering General profile nurse training can start after finishing the primary education.  
**10 years lasting**
- ❖ Confirmed with a diploma, certificate or other evidence issued by the authorities of a member country or
- ❖ With a confirmation for a successful pass an exam of a certain level, in order to entering a nursing school.

- ❖ 3 years of full-time training
  - ❖ Minimum of 4600 hours of theory and clinical training
    - Minimum theory 1/3=1533 hours
    - Minimum practice 1/2= 2300 hours
- For coordination the curriculum basis of nurses are responsible.

- ❖ Theoretical training is provided by **nurses teachers**
  - ❖ Professional knowledge, insight, skills
- ❖ Training in clinics
  - As a team, they learn how to give, organize, maintain and evaluate nursing care
  - Lead a team
  - Organize health care including education in health care for individuals and small groups.
- ❖ The programme flows in hospitals and other health institutions, as well as in institutions.

### Education must ensure:

- ❖ Certain knowledge as the base of general health care
- ❖ Skills in ethics of general principles of health care
- ❖ Certain experience in hospital care
- ❖ The capability of taking part in educational work of health care workers.
- ❖ Experience in work with the rest of the members of other professions in health care sector.

### B. Clinical practice:

- ❖ Nursing in relation to:
  - general and specialized medicine
  - general and specialized surgery
  - child care and pediatrics
  - pregnant women care/child-bearing care
  - mental health and psychiatry
  - care for old and geriatry
  - house care
- ❖ Theoretical instruction must be valued and clinical practice must be coordinated.



### TRAINING OF MIDWIVES

(Act 40–42 Directive 2005/36/EC)

- ❖ Act 40

The admission to training of midwives will be fulfilling one of the old terms:

At least 10 years of primary education

First way:

Special training in the form of regular school for nurses that will involve at least 3 years of theory and practice which includes the programme described for nurses

Other way:

- ❖ Special training in the form of regular school for midwives lasting 18 months, including at least the programme of schooling, that was not the subject of training for general profile nurse.



*The reality of nurses  
and midwives in Serbia  
2010.*






**THE EDUCATION OF NURSES IS REALIZED :**

- ❖ **MIDDLE-LEVEL OF EDUCATION(4 years)**
- ❖ 33 STATE SECONDARY SCHOOLS
- ❖ 2 PRIVATE SECONDARY SCHOOLS

With 6 major

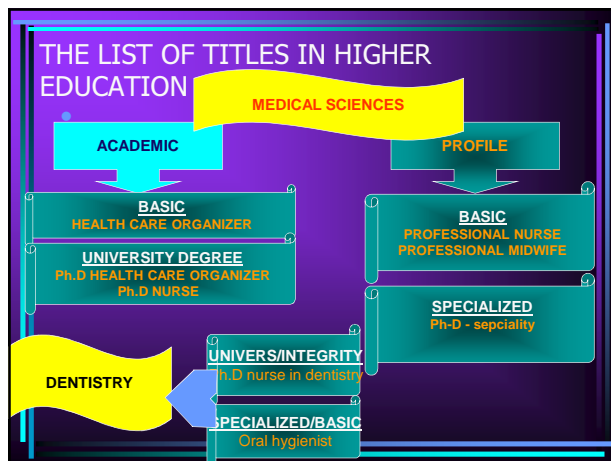
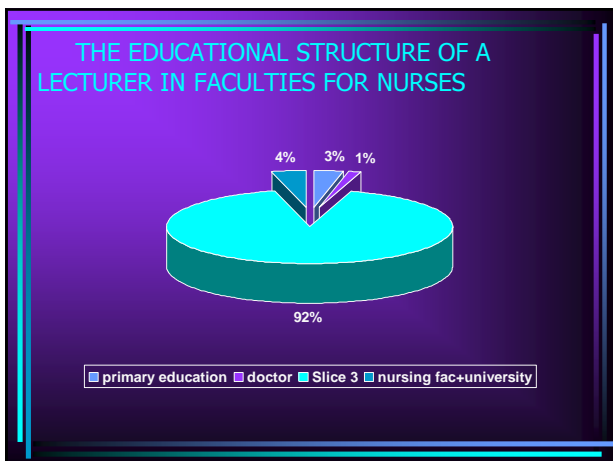
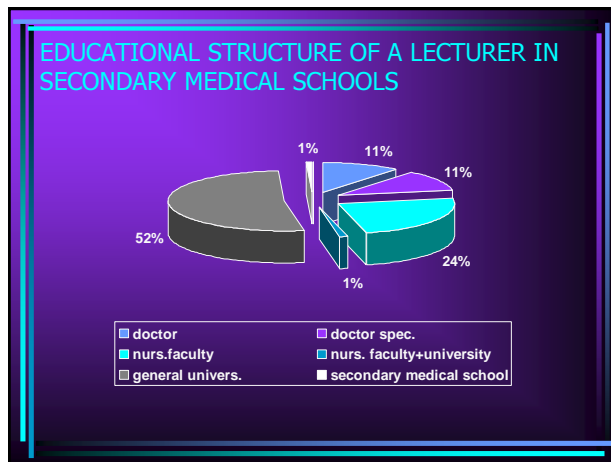
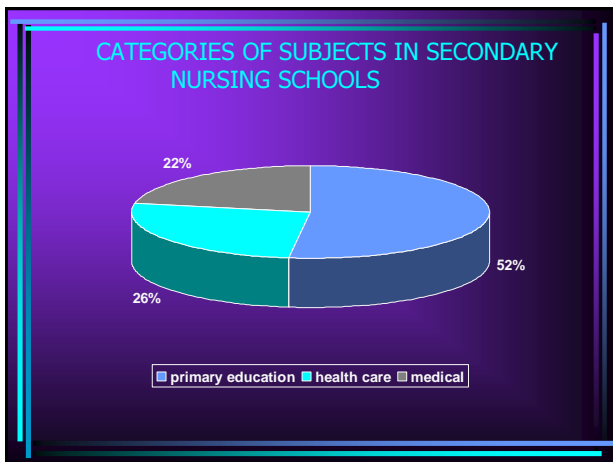
- NURSE-TECHNICIAN
- NURSE IN PEDIATRICS – TECHNICIAN
- MIDWIFE-TECHNICIAN
- NURSE – PEDAGOGUE
- NURSE IN DENTISTRY
- HEALTH CARER/exp



❖ **HIGHER EDUCATION OF NURSES IS REALIZED IN THE FORM OF:**



1. **PROFESSIONAL STUDIES** LASTING 3 YEARS - TITLE PROFESSIONAL NURSE AND PROFESSIONAL MIDWIFE /PRIMARY/ AND PROFESSIONAL NURSE SPECIALIST FOR.../SPEC/ **IN 3 FACULTIES**
2. **ACADEMIC STUDIES** LASTING FOUR YEARS -TITLE HEALTH CARE ORGANIZER /PRIMARY/ PhD HEALTH CARE ORGANIZER  
4 SECTIONS ON MEDICAL UNIVERSITIES IN:  
Novi Sad, Niš, Krajevac, Priština
3. **MASTER STUDIES** MEDICAL UNIVERSITY IN Belgrade





- ❖ THE SYSTEM OF EDUCATION OF NURSES AND MIDWIVES IS IN TRANSITION
- ❖ IT IS NOT COHERENT
- ❖ ITS CONCEPTION IS NOT FINISHED
- ❖ IT IS NOT COORDINATED WITH THE STANDARDS OF EU
- ❖ WE MISS 10 YEARS OF PRIMARY EDUCATION
- ❖ THERE IS RE-QUALIFICATION OF WORKERS INTO HEALTH WORKERS IN HIGH SCHOOLS
- ❖ NO LAW ON NURSING
- ❖ NO LAW ON HEALTH CARE



- ❖ OUR KNOWLEDGE IS NOT COORDINATED WITH NUMENCLATURE OF TITLES IN EU
- ❖ OUR QUALIFICATIONS ARE NOT INTERNATIONALLY RECOGNIZED
- ❖ THERE IS NO CLEAR DEFINITION OF TITLES- MINISTRY OF EDUCATION IN RELATION TO EDUCATIONAL PROFILES FOR WORKING IN HEALTH CARE
- ❖ SOME TITLES DOES NOT EXIST IN THE LAW OF HEALTH PROTECTION



- ❖ STUDENTS DO NOT HAVE HORIZONTAL AND VERTICAL PERMANENCE
- ❖ DIFFERENCES EXIST IN:
  - CURRICULUM
  - THE NUMBER OF CLASSES NOT EQUALIZED AND ARE BETWEEN 1785 AND 3660, WHICH IS NOT ENOUGH (*European standard is at least 4600*)
  - UNEQUALIZED RELATION OF THEORY AND PRACTICE  
63% - 37% do 27% - 73% (*European standard is 1/3 theory and 2/3 of practice*)



- ❖ HYPERPRODUCTION OF STAFF IN SECONDARY SCHOOLS-UNEMPLOYMENT
- ❖ *THERE IS NOT A CENTER OF BASE KNOWLEDGE* (evidence base)
- ❖ NO index magazines for nurses, low use of internet in order to come to new knowledges,
- ❖ NO e-learning

### **Some of the facts about the position in nursing in Serbia**

- ❖ Necessary educational vertical line
- ❖ Lack of registered nurse
- ❖ Lack of educated professionals in the structure of nurses employed
- ❖ No possibility to professional advance
- ❖ Workload of nurses that affects the growth of health problems in nursing
- ❖ Youth unmotivated for nursing

- ❖ Lack of interest in forcing professional qualification
- ❖ Lack of possibility to influence making decesion
- ❖ Uncertainty in workplaces
- ❖ Lack of cooperation and employer support in the context of lifetime education (horizontal improvement)
- ❖ Lack to evaluate a quality work

- ON THE POSITIONS OF HEAD NURSES – NURSES WHO FINISHED SECONDARY SCHOOLS AND/OR OTHER PROFILES...
- LOW PROFESSIONAL STATUS
- HEALTH CARE IS:
  - INVISIBLE,
  - UNDEFINED,
  - DEPENDENT ,
  - HARDLY CARING.

- ❖Lack of inactivity of the leader of good practice
- ❖Orientation on the appliance of medical knowledge
- ❖Expired and old literature at the level of higher education
- ❖Isolation of the profession from professional and science community (research, publication...)

WHERE ARE WE AND WHAT SHOULD WE SOLVE?



- ON A HALF WAY TO THE GOAL...



- WE DECIDED TO RESPECT THE REGULATORY HERITAGE OF EU:

EU *acquis*, ( fr.) which means  
 „The thing that is compatible”

- Not even one policy of Nursing or nurses and midwives won` t be developed and applied without active participation of the representatives of the profession.

- We cannot wait to start it FROM ABOVE!  
 “REVOLUTION” always starts UNDERNEATH, from the base!



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