

Basic Principles in Creating Programs for The Education of Nurses and Midwives

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SUMMARY

Introduction: The this paper the authors describe the development of the education program for nurses in public health in the European Union (EU).

Methods: This paper will present information from relevant professional/scientific data sources about the basic principles in the development of nursing and midwifery education programs, which will contribute to the development of new competencies of nurses in the field of health care and public health. The paper provides an overview of the Munich Declaration, followed by an overview of the educational systems for nurses and midwives in several countries of Western Europe and the Balkans.

Topic: The authenticity of health care evaluation ensures the conditions for strengthening nurses' awareness of the value of their own profession and the independence of acquired competencies and skills from inappropriate external interference. Recognizing the profession or authenticity of nursing requires more education. All questions and reflections are focused on the identity and authenticity of the profession, emphasizing the value of nursing care, as well as the aspiration that the development of the nursing profession remains within the framework of the fundamental value.

Conclusion: Today, nurses make a significant contribution to the health care system of a country at all levels of health care. In order to achieve the professionalization of nursing, it is necessary to transform nurses, which implies a high level of quality knowledge and skills, as well as an awareness of moral and ethical responsibility towards patients, colleagues and oneself.

Keywords: Nurses, Midwives, Munich Declaration, Education, Health Care

INTRODUCTION

Historically speaking, nursing was founded on the practice and tradition of caring for patients and the value structure of nursing, which consists of people, health, the environment and health care. The transformation of nursing throughout history is related to the dynamics of social phenomena that reflected on the

state and perception of health, as well as the quality of life. Therefore, throughout history, nursing developed following the knowledge of advanced medicine, but also the needs arising from the conditions of the living environment. Through the synthesis of knowledge and experience, nurses applied different concepts and

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models of work, developing from a helping discipline to a profession, i.e. from the skill to the professional activity of the nurse's scope of work. Although caring for the sick, wounded and weak, as a form of helping has been present throughout humanity, it was only with the development of nursing that professional forms of evidence-based health care began to develop [1]. Nursing represents an autonomous profession, and nurses are professionals competent in the health care of sick and healthy individuals, families and society as a whole. The ability and right to make independent decisions in decision-making can be defined as the autonomy of the nursing profession. When talking about the meaning and significance of nursing, we should certainly mention the influence of the feminist movement, which contributed to the undoubted strengthening of nursing awareness of independence from the complete control of doctors and health administration [2]. The new role given to nurses by the World Health Organization (WHO) requires greater knowledge and a higher level of education, which has been set as a task for each member country. One of the important priorities of a modern state is advanced education of nurses. The main problems of modern nursing are insufficient education, and lack of opportunity to advance in the profession. In other words, Only thanks to their personal enthusiasm at work, nurses manage to improve their professional skills [3].

METHODS

This paper will present information from relevant professional/scientific data sources about the basic principles in the development of nursing and midwifery education programs, which will contribute to the development of new competencies of nurses in the field of health care and public health. The paper provides an overview of the Munich Declaration, followed by an overview of the educational systems for nurses and midwives in several countries of Western Europe and the Balkans.

TOPIC

Nursing as a profession

The word profession comes from the Latin term *professio*, which, in turn, comes from the verb *profiteor* composed of the words pro and

fiteor. The literal meaning of the word *profiteor* is „to say something out loud”, to express oneself publicly, to declare, but also to promise, commit or undertake an obligation towards someone. Therefore, it can be concluded that a professional is a person who possesses knowledge from a specific field and practices it, follows a solid set of values and fully accepts all the requirements of his profession. As early as 1882, nursing as a profession was discussed, and in 1892, Elisabeth Price published a treatise on nursing as a profession (what nurses do). One of the reformers of education, Abraham Flexner, already in 1915 defined the criteria of this profession, which include:

- Higher education - quality education and careful selection of candidates
- Constantly increasing the amount of knowledge and using the techniques of scientific methods
- Providing knowledge and practical procedures that are important for human and social well-being
- Autonomy of the profession
- A profession is an occupation that people engage in throughout their lives and have the possibility of advancement
- The profession ensures freedom of occupation, other disciplines within health care, the possibility of continuous professional advancement, education and economic security [4].

Today, nursing is a recognized profession that no one disputes. As a profession, nursing requires strict education with the need for further work on autonomy, and the possibility of complex education up to the degree of Doctor of Science. Nursing as a profession is in the process of proving itself professionally and seeking greater reputation and autonomy compared to doctors, as well as recognition of its unique role in patient health care [5]. A nurse should be a professional who has the appropriate knowledge, experience and competencies to perform the job. Professionalism requires responsibility, accuracy, conscientiousness, dedication and constant education. Although nurses are people who have successfully completed the education prescribed by the law of their country, passed all the necessary exams for enrollment in the register and for obtaining approval for the independent implementation of health care, today they do not have the support of powerful interest groups, their work is undervalued, they are insufficiently they advo-

cate for themselves, which corresponds to all entities in health care [6]. Nursing must become a profession because the best and most effective nurses, i.e. they care the most and best about caring for patients and influence the quality of their behavior and living in health and illness [7,8].

Five elements that make the nursing profession specific:

- Theoretical - methodological basis that forms a comprehensive and rounded whole and a basis for professional action
- Professional expertise (scientific - professional competence)
- Recognizability of the profession in the public (autonomy of the profession)
- Organization of the profession
- Professional ethics

The theoretical foundations for the knowledge and skills of nurses is crucial today. Nurses must understand that no profession remains static, but constantly changes in order to improve the efficiency and quality of their services and reputation in society.

With the academic education of nurses, doctors get equal colleagues, and patients get loyal experts, dedicated to their well-being and quality care. [9]. Healthcare is getting a new profession, i.e. nurses with higher education, who are agents of change that will contribute to getting healthcare out of the crisis. Society is getting a new profession of a self-aware, hard-working, creative and respectable nurse [10].

Directive 2005/36/EC on the recognition of professional qualifications

Directive 2005/36/EC of the European Parliament and Council of September 7, 2005 on the recognition of professional qualifications establishes a law on the recognition of professional qualifications in the European Union, as well as in other countries of the European continent and Switzerland. This Directive replaced 15 sectoral Directives, including four related to the profession of nurses and midwives. It seeks to make the labor market more flexible, further liberalize services, encourage automatic recognition of qualifications and simplify administrative procedures. This directive establishes rules on the mutual recognition of professional qualifications between EU countries, non-EU EEA countries and

Switzerland [11].

Training of general profile nurses

Article 31 of Directive 2005/36/EC states the basic requirements for the training of general nurses:

1. Admission to the training of nurses responsible for general care can begin after the completion of general education lasting 10 years, which is confirmed by a diploma, certificate or other evidence issued by a competent body of the member states, or by a certificate confirming the successful passing of an examination of the appropriate level, for admission to nursing school.

2. The training of nurses responsible for general care should be provided as regular education.

3. The training of nurses responsible for general care must include at least three years of study or 4,600 hours of theoretical and clinical training, where theoretical training accounts for at least one third.

4. Theoretical training is part of the training of nurses on the basis of which future nurses acquire professional knowledge, insights and skills that are necessary for the organization, provision and assessment of overall health care.

5. Clinical training is a part of the training of nurses where future nurses learn, as part of a team in direct contact with healthy or sick persons and/or communities, to organize, provide and assess the need for health care according to criteria, based on the knowledge and skills that they have acquired. This training will take place in hospitals and other health care facilities and in the community under the supervision of nursing teachers, in collaboration with other qualified nurses. Other qualified staff may also play a role in the teaching process.

Future nurses will participate in all the activities that correspond to their training within the subject department, thus enabling them to learn to take responsibility for nursing.

6. Training related to nurses responsible for general care ensures that one will acquire the following knowledge and skills:

a) Adequate knowledge of the science on which nursing care is based, including a sufficient understanding of the structure, physiological functions and behavior of healthy and sick persons, as well as the relationship between the state of health and the physical and

- social environment of people;
- b) Sufficient knowledge of the nature and ethics of the profession as well as general directors of health and nursing care;
- c) Adequate clinical experience; such experience, to be selected for its training value, should be obtained under the supervision of qualified nursing personnel;
- d) Adequate ability to participate in practical training of health workers and experience working with such personnel;
- e) Certain experience in working with members of other professions in the health sector, i.e. health workers and health associates [12].

Training of midwives

Article 40 of Directive 2005/36/EC states the following basic requirements for the training of midwives:

1. Training of midwives shall include at least the following:
 - a) Training in the form of regular education for midwives, which will include at least three years of theoretical education and practical work (first method) or
 - b) Training in the form of regular education for midwives for 18 months (another method)
2. Access to training for midwives will be conditioned by fulfilling one of the following conditions:
 - a) Completion of at least 10 years of general education-schooling for the first method, or
 - b) By having evidence of formal qualifications for a nurse of a general profile in another way
3. The training for nurses will guarantee that the person being trained has acquired the following knowledge and skills:
 - a) Adequate knowledge of natural sciences on which the activities of midwives are based, primarily obstetrics and gynecology;
 - b) Adequate knowledge of the ethics of this profession and the law governing this profession;
 - c) Detailed knowledge of biological functions, anatomy and physiology in the field of obstetrics and newborns, as well as knowledge of the relationship between the state of health and the physical and social environment of people, as well as human behavior;
 - d) Adequate clinical experience acquired in approved institutions under the supervision of personnel qualified for the profession of midwifery and obstetrics;
 - e) Adequate understanding of the training of

health professionals and experience working with them.

Munich Declaration

Although this was not a European initiative, an important step was taken in June 2000 to improve the position of nurses and midwives in Europe. Forty-eight Ministries of Health or their representatives from across the WHO European Region signed the Munich Declaration, the statement of the name by which the signatories are now committed.

By signing the Munich Declaration, the governments of the signatory countries undertake the following:

- To ensure the contribution of nurses and midwives in the decision-making process at all levels of health policy development and its implementation;
- To resolve obstacles in the provision of health care; recruitment policies in health professions; gender and status issues, as well as physician dominance;
- Providing financial incentives and opportunities for career development of nurses and midwives;
- Improving initial and continuing education and access to higher education for nurses and midwives;
- Creating opportunities for nurses, midwives and doctors to learn together
- At the undergraduate and postgraduate level, to ensure cooperative and interdisciplinary work in the interest of better patient protection;
- Research support and dissemination of information to develop knowledge and evidence base for nursing and midwifery practice;
- Seeking opportunities to establish and support community-based nursing and midwifery practice programs that focus on the family, including, where appropriate, a family nurse practitioner;
- Emphasizing the importance of nurses and midwives in public health, improvement and promotion of health, disease prevention and community development [13].

Education of nurses and midwives in European countries

Nursing in the United Kingdom of Great Britain and Northern Ireland (UK) has a long history. We are witnessing that the current model

of health care was initiated by the health and public health reformer Florence Nightingale, who introduced the formal form of nursing education. The first nursing school was founded in London in 1860. All nursing (primary) education in the UK at pre-registration (primary) level, as well as secondary and university education, is provided at university level with an entry requirement of 12 years of general education, education or equivalent. All nurses must be registered in the Nursing & Midwifery Council Register (Nursing & Midwifery Council NMC) which is divided into three main parts and several sub-parts and qualifications. The three main parts of the Register include nurses, midwives and specialist public health nurses SCPHN [14]. There are two types of enrollment in nursing schools in Austria. The requirement for enrollment is at least 10 years of general education, but at least 18 years of age. However, the reality in universities shows that the realistic level/degree for admission to a general nursing school is 12 years of general education, and the average age of admission to nursing studies is 20 years. The Austrian Nurses' Association stated that they are in the process of transition in the field of education systems for nurses, but the general direction is to improve the requirement to 12 years of general education. Since 2006, there have been important reforms in nursing education, one of which was aimed at integrating nursing programs into higher education institutions. This has resulted in significant variations in existing structures, levels of education, duration of studies and degrees awarded. These reforms represent a vital promotion of this profession and are key to responding to reforms in health systems [15]. The educational system of nurses in Germany consists of two levels of the system:

- 1) Three-year studies are based on high school education, the admission requirement is 10 years of general education and after graduation a nursing degree is obtained.
- 2) Since 2004, a university university degree with a requirement for enrollment of at least 12 years of general education.

The German Association of Nurses (DBfK) presented data that today at 30 universities where graduate nursing education is organized, the majority of students say that they would not enroll in a nursing study program if it were not organized at the academic level. In addition, the universities themselves say that

they would not open these studies if they did not have enough students interested in them. Although there are still two different enrollment requirements, the general increase to 12 years of general education for enrollment could be made possible by a transitional solution of two additional years of education. This change would contribute to making nursing a more attractive profession, attracting more profiles than today and increasing the competencies of nurses in correlation with the growing needs of patients and the complexity of health care provision [16]. The education of nurses in the Republic of Slovenia is harmonized with Directives 2005/36/EC and 2013/55/EU of the European Parliament. Education for nurses begins after completing 13 years of general education and lasts 4,600 hours. In addition to nursing education, there is also secondary vocational education for health technicians, which is equivalent to healthcare assistants (HCAs) in the EU and is not on the Register of Nurses [17].

Education of nurses and midwives in Montenegro

The education of nurses in Montenegro was officially established in 1957, when after 8 years of primary school education, students entered the Vocational High School for 4 years. Upon completion of high school by 1972, the obtained diploma leads to the title of general care nurse. In 2009, at the initiative of the National Association of Nurses, and within the framework of education reform in Montenegro and harmonization with EU Directive 2005/36, it was accepted that students with a four-year secondary education acquire the title of health technician - majoring in general care, and it was also accepted that abolish specialist education and adopt enrollment in secondary school after 9 years of primary education. Nurses/technicians from Montenegro did not have the opportunity to obtain a university degree in Montenegro until 2005. The nurses received their high school diploma in the former Yugoslav republics, mainly in Belgrade and Ćuprija. Education on general and specialist courses lasted 2-2.5 years. The title was a senior nurse in the general field or a corresponding specialist field (senior nurse in pediatrics, obstetrics, etc.). In Montenegro, higher medical schools were established in 2005 - three-year applied studies (Bachelor

within the Faculty of Medicine in Podgorica. Candidates who have completed secondary medical school and high school at the age of 18 are enrolled in this study program. After completing the three-year study, they acquire the title of senior nurse. About 50 students are enrolled annually. Currently in Montenegro, unfortunately, there is no educational center that fully implements adequate education and training of nurses and midwives in accordance with the Directive. One of the basic conditions that has not been met relates to the duration of the study program, where only 3,434 hours are realized in Montenegro, which is significantly shorter than the required 4,600. Although the Bologna process is widely applied in Montenegro, it seems that it is not implemented in a way that would be recognized outside our country. It is therefore important to bear in mind, from the nurses' perspective, that the Directive and its requirements are of critical importance [18]. The reform of the educational system for nurses and midwives would also change the entire method of general education, which represents a major stumbling block on the way to European integration. In order to overcome this obstacle as quickly as possible, the government's support and understanding of the need to educate nurses and midwives is necessary. Doctors of all specialties mostly collaborate with nurses, forming a multidisciplinary team, so their support in the process of educating nurses is more than necessary. One of the most important things that the European Commission observes and evaluates is the resistance to changes in a predominantly female profession and the way in which it contributes to gender equality. A far greater role and their skills and knowledge are increasingly coming to the fore. In addition to health care, nurses must deal with the mental, spiritual, cultural and other needs of patients [19]. „There is a need for harmonization of standards in the education of midwife nurses and accreditation of joint study programs” [20]. „The progress in nursing was possible only if this progress was made every day” [21].

CONCLUSION

The development of medical and technological sciences and the development of health care have led to a significant shift in the development of professionalism and autonomy of nursing. Today, nurses make a significant

contribution to the health system of a country at all levels of health care. Medicine is personalized and the nurse is required to recognize and respect the patient's needs, as well as specific knowledge and competencies. Nursing knowledge and education levels are expanding more and more, nurses work as educators or counselors, they are engaged through research work, data is collected and analyzed in order to improve and facilitate the care of the healthy and sick population. It has an active and critical attitude towards work, contributes to the reduction of medical errors and enables care of the costs of health institutions. With skillful and responsible work, nurses can ensure their professional development. Historically speaking, nursing originated in the practice and tradition of caring for the sick and wounded and caring for the weak and abandoned, and this did not imply any professional knowledge and methods, but was based on the empathy and sensibility of individuals and their desire. help, as well as experience. At the moment of moving the nursing educational process from the hospital to the academic space, the question of the identity of nursing arose. In order to achieve the professionalization of nursing, it is necessary to transform nurses, which includes a high level of quality knowledge and skills, as well as an awareness of moral and ethical responsibility towards patients, colleagues and oneself.

CONFLICT OF INTEREST

All authors declare no conflict of interest.

REFERENCES

1. Demarin K. Povijest medicine i sestriinstva s osnovama medicinske etike: Zagreb; 1984.
2. Matulić T. Identitet, profesija i etika sestriinstva: Zagreb; 2007.
3. Arsić-Komljenović G, Kulić L, Čikara T, Andelski H. Obrazovanje medicinskih sestara i kvalitet zdravstvene nege. Zdravstvena zaštita. 2012;41(2):7-10. On Serbian
4. Thoughts on Flexner and professionalism, 1915 and 2015. September 8, 2015. (Accessed 24. 09. 2022.) <https://bioethics.georgetown.edu/2015/09/thoughts-on-flexner-and-professionalism-1915-and-2015/> .
5. Vuletić , S. Znanost, filozofija i teorija u sestriinstvu. Profesionalna autonomija sestriinstva utemeljena na znanstveno-humanističkoj odgovornos-

- ti: Zagreb; 2013.
6. Lupieri T. Prikazivanje sestrinstva na informatičkim portalima u RH, Zagreb; 2014.
 7. Štifanić M. Što sestre rade na fakultetu? Kakve sestre i sestrinstvo trebamo?;2011.
 8. Kalauz S. Etika u sestrinstvu: Zagreb; 2008.
 9. Vuletić , S. Etika u sestrinstvu. Medicinska sestra i klinička stvarnost, Zagreb; 2013.
 10. Marinić M. Identitet, integritet i autonomija sestrinske profesije u Republici Hrvatskoj, Varaždin, Završni rad;2016.
 11. Direktiva 2005/36/EZ Europskog parlamenta i vijeća o priznavanju stručnih Kvalifikacija;2005. (Accessed 24. 09. 2022.).<https://eur-lex.europa.eu>.
 12. 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. (Accessed 24. 09. 2022.).<https://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF>.
 13. World Health Organization. Regional Office for Europe. (2000). Munich Declaration: Nurses and Midwives: a Force for Health, 2000. World Health Organization. Regional Office for (Accessed 24. 09. 2022.). Europe. <https://apps.who.int/iris/handle/10665/348026>.
 14. Carrick-Sen D, Baillie L, Deaton C, Lowes L, McCabe C, Norton C, Tod A, Robb E. Improving nursing research activity: the importance of leadership. *Br J Nurs*. 2015 Jul 23-Aug 12;24(14):751.
 15. Spitzer A. Reforme u obrazovanju sestara u Zapadnoj Evropi: Procesi implementacije i sadašnji status:2006.
 16. Plappert C, Graf J, Simoes E, Schönhardt S, Abele H. The Academization of Midwifery in the Context of the Amendment of the German Midwifery Law: Current Developments and Challenges. *Geburtshilfe Frauenheilkd*. 2019 Aug;79(8):854-862.
 17. Čulo A. Profesionalni identitet medicinske sestre kroz povijest, Zagreb;2018.
 18. Domitrović D. Obrazovanje medicinskih sestara u Republici Hrvatskoj usporedbi sa standardima Europske unije:2016.
 19. EFN Izvetaž zasnovan na dokazima, Modernizacija Direktive o profesionalnim kvalifikacijama 2005/36/EC. (Accessed 24. 09. 2022.). https://efn.eu/?page_id=11168.
 20. Zlatanović M, Antić L, Radosavljević D, Antić D, Despotović M, Aleksandrić J, et al. Nejednakosti u obrazovanju babica u zemljama Evrope. *Acta Facultatis Medicae Naissensis*. 2021;38(4):315-23. On Serbian
 21. Peličić D. Temelji aspekta zdravstvene nege i dvesta godina od rođenja Florence Nightingale 1820-1910. *Zdravstvena zaštita*. 2020;49(4):83-90. On Serbian

Temeljni principi u izradi programa za obrazovanje medicinskih sestara i babica

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KRATAK SADRŽAJ

Uvod: U ovom radu autori opisuju razvoj programa edukacije medicinskih sestara u javnom zdravstvu u Evropskoj Uniji (EU).

Metodologija: U ovom radu biće predstavljene informacije iz relevantnih stručnih i naučnih izvora podataka u vezi sa temeljnim principima u izradi programa za obrazovanje medicinskih sestara i babica, koji će doprineti razvoju novih kompetencija medicinskih sestara u oblasti zdravstvene nege i javnog zdravlja. U radu je dat prikaz Minhenske deklaracije, a potom i pregled obrazovnih sistema za medicinske sestre i babice u nekoliko zemalja zapadne Evrope i Balkana.

Tema: Autentičnost vrednovanja zdravstvene nege, osigurava uslove za jačanje sestrinske svesti o vrednosti vlastite profesije i nezavisnosti stečenih kompetencija i veština od neprimerenih uplitanja sa strane. Priznavanje profesije odnosno autentičnosti sestrinstva zahteva više obrazovanja. Sva pitanja i promišljanja usmerena su na identitet i autentičnost profesije, naglašavajući vrednost sestrinske nege, kao i težnju da razvoj sestrinske profesije ostane u okvirima temeljne vrednosti.

Zaključak: Danas medicinske sestre daju značajan doprinos zdravstvenom sistemu jedne zemlje na svim nivoima zdravstvene zaštite. Da bi se postigla profesionalizacija sestrinstva, neophodna je transformacija medicinskih sestara, što podrazumijeva visok nivo kvalitetnih znanja i veština, kao i svesti o moralnoj i etičkoj odgovornosti prema pacijentima, kolegama i sebi.

Ključne reči: medicinske sestre, babice, minhenska deklaracija, obrazovanje, zdravstvena nega

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