NURSING EDUCATION IN POLAND AND EUROPEAN STANDARDS
KSZTAŁCENIE PIELĘGNIAREK W POLSCE A STANDARDY EUROPEJSKIE

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SUMMARY
The text concerns the strategy for Polish nursing and midwifery education on the way to a European dimension of higher education. The determinants of this transformation are above all the Bologna Declaration and “A WHO European Strategy for Nursing and Midwifery Education” [1,2]. Tendencies of change in nursing and midwifery education as well as new system solutions concerning the adaptation of Polish regulations in this field to the requirements of the European Union law are shown against this background.

Key words: education, Bologna Process, transformation in nursing and midwifery education.

STRESZCZENIE
Prezentowany tekst poświęcony jest strategii kształcenia polskich pielęgniarek i położnych w drodze do europejskiego wymiaru szkolnictwa wyższego. Wyznacznikami tej transformacji są przede wszystkim Deklaracja Bolońska i „A WHO European Strategy for Nursing and Midwifery Education”. Na tym tle ukazane są tendencje zmian w kształceniu pielęgniarek i położnych, nowe rozwiązania systemowe związane z dostosowaniem polskich przepisów w tym zakresie do wymogów prawa Unii Europejskiej.

Słowa kluczowe: edukacja, Proces Boloński, transformacja w kształceniu pielęgniarek i położnych.

CHANGES IN NURSING EDUCATION IN POLAND IN THE CONTEXT OF EUROPEAN LAW IMPLEMENTATION

Organizational changes in nursing education resulted from the following premises:
• evaluation of the current system of education,
• definition of requirements in the fields of education and profession practice,
• analysis of solutions in the European Union and in the world,
• draft of new system solutions compliant with the Bologna Declaration,
• verification of legal regulations of the UE and member states.

As a result of the measures taken in the field of nursing and midwifery education a shift in basic education in higher trade schools in Poland, in which graduates receive a Bachelor’s Degree in Nursing, from post-high-school level to Bachelor’s Degree studies’ level has taken place. In connection with Poland having signed the Bologna Declaration, Master’s Degree Studies – lasting 2 years, ending with graduates obtaining a Master’s Degree in Nursing – have also been introduced in Universities and Medical Academies [3].

The goal of the transformation in nursing and midwifery education in Poland was:
• to adapt the Polish education model in this profession towards European standards, which will enable obtaining profession qualifications comparable to
qualifications of nurses in the European Union states.

- To obtain recognition of profession diplomas and qualifications to undertake and perform practice in every Union state.

Changes in the education model of nursing personnel were done in respect to:

- ensuring schools', teachers' and students' autonomy,
- increasing the range of nursing profession competence,
- improving the effectiveness of profession education.

Out of the legal norms of documents of the first rank in nursing education the ones, that should be mentioned are:


3. “A WHO European strategy for nursing and midwifery education”.

The concept of the strategy is to train nurses of competence responding to social health needs – in the country, in integrated Europe and in the World – so that they can stand up to the challenges arising from: a new approach to health promotion, diseases prevention, society development, cooperation in interdisciplinary teams, provision of health service close to the place of residence or work and equal access to this service. This goal can be obtained after satisfying WHO universal demands regarding the standard of organization in schools educating nurses, education programs, didactic personnel, material base, the inner system of education quality control, school accreditation and individual accreditation.

4. Directives (which are a secondary source of European law) regulating qualifications’ acquisition and nursing practice.

Amongst the Directives regulating qualifications’ acquisition and nursing practice, the ones that should especially be mentioned are:

- Committee Directive dated 27.06.1977 (77/453/EWG), concerning mutual recognition of diplomas, certificates and other formal proof of qualifications of nurses responsible for general medical attention, which contains decisions facilitating effective execution of the right to establish enterprises and freedom to provide service.

- Committee Directive dated 27.06.1977 (77/453/EWG) concerning coordination of statutory resolutions, regulations and administrative actions regarding functions' execution by nurses responsible for general medical attention.


- Committee Motions dated 6.05.1996 (96/W195/02) on the subject of cooperation in the field of mutual recognition of education periods and profession qualifications in the European Union.


Regulations of national law take a particular place in nursing and midwifery education, especially including the Act regarding nursing and midwifery professions dated 25 VI 1996 with later alterations dated 22 V 2003 [4].

In the document alterations have been made in regard to:

- the schools' system of nursing education, mainly including definition of directives for detailed standards of nursing education in higher schools,
- the direction and time of nursing education's transformation process,
- the type of nursing schools complimentary with the new model of profession education,
- the definition of graduates' profession title on respective levels of education and accreditation system.

Decisions made in the Act entered into force in March 2001 and June 2003, of which regulations concerning accreditation apply from the year 2002,
and regulations regarding access to and practice of the nursing profession by citizens of European Union member states on Polish ground have come into force the moment Poland became a member of the European Union.

Changes in the nursing education system in Poland were also based upon regulations in the Act from 12th September 1990 regarding higher education and the Act from 26th June 1997 regarding higher trade schools. In accordance to the realisation of the Bologna Declaration guidelines and “A WHO European Strategy for nursing and midwifery education” and EU directives, nursing education in Poland should be implemented in a three-year cycle and include 4815 hours and acquisition of a Bachelor’s Degree in Nursing.

The nursing education system in higher schools takes into consideration the possibility for high-school and post-high-school nursing schools’ graduates (5-years Medical High Schools, 2,5-years Post-High-Schools Medical Schools and Schools educating nurses in 3-year cycles – in the years 1996-99) to raise their profession qualifications. This applies to those graduates, who will want to obtain a Bachelor’s Degree in Nursing, by completing studies in schools, which will organize them in a supplementary manner [5, 6].

THE ACTUAL STATE OF NURSING IN POLAND

Basing on data from the National Nursing and Midwifery House in Poland it has been noted that the number of people registered in the nursing profession is 255,160 and in the midwifery profession – 30,836. Whereas the number of employed in the profession is 236,274 nurses and 27,241 midwives.

In the years 2001-2004 graduates of nursing schools constituted up to 10,520 people (the number of nursing schools’ graduates: medical trade studies as well as higher and higher trade schools). In the years 2001-2004 Regional Nursing and Midwifery Houses issued 7,343 certificates of rights to undertake the nursing profession to graduates of nursing schools. 69.80% of all nursing schools’ graduates called for the rights to undertake the profession.

In relation to the 3,177 nursing schools’ graduates, who did not call for the certificates to undertake the nursing profession in the years 2001-2004, the ones, who constituted to the largest percentage were:
- those with a Master’s Degree in Nursing – 76.14%;
- those with a Bachelor's Degree in Nursing – 19.23%;
- graduates of training collages – 4.63%.

The number of issued certificates of rights to perform the profession of a midwife in the years 2001-2004 amounted to 1672 in relation to midwifery schools' graduates.

In regards to the 463 midwifery schools' graduates in the years 2001-2004, who did not turn up for the rights to undertake the midwifery profession, the ones, who constituted to the largest percentage were:
- graduates of training collages – 59.61%;
- those with a Master's Degree in Midwifery – 22.89%;
- those with a Bachelor's Degree in Midwifery – 17.49%.

As regards the age structure of nurses and midwives, disturbing tendencies of shift in the age boundary of employed in the profession – from 35 do 49 years old – can be observed. On the one hand, the numbers of young students in the professions are few, and on the other a major outflow of retiring employees constitutes to this shift. Detailed data are presented in figures 1 i 2.

From the obtained data acquired from the National Nursing and Midwifery House in Poland it has been noted that the number of issued certificates of rights to undertake the nursing and midwifery professions in the period dating until the 31st of December 2005 amounted to 4,871.

In the period dating from the 1st of May 2004 until the 16th of February 2005, 2245 certificates of
profession qualifications as well as 1129 certificates of registry entry have been issued to the European Union states according to Directives 77/452/EWG and 0/154/EWG (data from 44 Regional Nursing and Midwifery Houses).

Amongst the people who were not Polish citizens practicing the profession in Poland 38 nurses and 9 midwives have been noted (data from 34 Regional Nursing and Midwifery Houses).

THE CHANCES OF MODERN NURSING

Many benefit providers representing different medical professions operate in the health care system. It seems necessary to create a well defined division of tasks and competences of each work group and subsequently to build teams comprising of people of varying qualifications and abilities. For many a year difficulties in assessing the nurses’ amount of labour have arisen. It is commonly thought that the currently existing mechanisms used for nurses’ task and labour amount assessment identification, omit about 40 % of labour amount done by the nursing personnel. Whilst the currently existing mechanisms prove helpful in identifying nurses’ tasks, most of them fail to deliver information regarding cognitive / intellectual aspects of the nurse’s role.

In the last ICN report (2004) a summary of the present situation regarding nurses’ labour amount assessment mechanisms has been made. There is no doubt that factors such as working in teams comprising of preventive health care employees of different professions as well as the matter of the patient’s family members’ contribution into his/her care cause further difficulties in carrying out an assessment of tasks and responsibilities and the nurses’ amount of labour. However the significance of professional nursing service as the main component in the health care system is an undeniable and thoroughly documented fact. Leaders of nurses’ associations are aware of the existing problems and undertake numerous actions leading to their solution. Amongst the chances of modern nursing they name the following:

• an increase in nurses’ and midwives’ profession independence,
• an increase in nursing care needs due to a systematic growth in numbers of people of old age (increase in demand),
• transformation in the nursing and midwifery education system,
• scientific research development,
• cooperation with international organizations (experience exchange),
• trade training and practice supervision,
• high ethical and moral standards set by the trade government,
• an increase in profession prestige.

THREATS TO MODERN NURSING

National Nursing Organizations in the whole world are participating in all kinds of initiatives meaning to improve the situation of nursing. Widely negotiated agreements, both on the level of specific health care institutions as well as on national level, are legally binding instruments shaping not only the proper distribution of nurses’ tasks and responsibilities but also have an immense effect on the patient’s safety. Many barriers still exist however, which poses a threat to the development of nursing not only in Poland but also in many European countries. The main threats will above all be:

• economical (an unstable economic and organizational situation in the preventive health care system in Poland – low salary),
• organizational (a deterioration in practice conditions due to a decrease in the number of nurses),
• legal (legally-legislative inconsistencies in the legal system, concerning preventive health care as well as nursing and midwifery professions),
• medical (a discrepancy between the development of medical sciences and the possibilities in the field of profession improvement, the inability to improve qualifications, employers’ withdrawal from participation in financing nurses’ postgraduate education and improvement),
• social (fatigue, Burnout Syndrome, profession related diseases, quitting the profession, lack of trade advancement),
• the lack of uniform and consistent preventive health care system guidelines including human resource management.

THE PROBLEMS OF MODERN NURSING

Educating nurses with competences corresponding to the health needs of societies – in the country, in an integrated Europe and in the world – will help to rise to the challenges resulting from: a new approach to health promotion, preventing diseases, social development, interdisciplinary teams cooperation, providing health service close to the place of residence or work and equal access to such service. Accomplishment of the above goals will be made possible thanks to:
• Changes in Directive 2005/36/WE concerning recognition of Polish nurses' and midwives' professional qualifications (negligence);
• Higher Schools respecting legal regulations in force in the process of nursing and midwifery education;
• Financing, the so called, bridging studies from the state budget;
• Securing financial means for nursing and midwifery education;
• Changing the states employment policy in regards to nurses, midwives with consideration of working conditions and salary improvement;
• Guaranteeing independent contracting of health services carried out by nurses and midwives in general health care and in long-term house care;
• Guaranteeing full capacity for nursing services realization in social health care houses by nurses.

SUMMARY

The creation of an European area of higher education determined by the Bologna Process and “A WHO European Strategy for nursing and midwifery education” draws nearer the legal and system readiness in Poland’s EU membership.

It is key to promote citizen mobility, new work possibilities and a general development of the continent. It should be noted that in the European territory nurses are the single largest profession group in the health care sector. In this context Polish nurses, making up a nearly 250 thousand people profession group, receive a chance to change their status in respect to the one that is in force in the EU both in terms of education, as well as profession practice.

The transformation in the education system of Polish nurses will ensure a possibility to use the wealth of the European space of higher education and its values, such as democracy, culture and language diversity as well as higher level education systems for future students and scientists. We are attaining a higher status of nursing in Poland, a more beneficial perception of Polish nurses in Europe and in the world, as well as higher chances for a long-term development in the profession.

One should remember, however, that it is the school’s commitment in the process of nursing education that is responsible for the results of said education, and these results are and will be carefully analysed by graduates, workers, work organizations in the country and in the world.

BIBLIOGRAPHY
