



## Future challenges for nursing education – A European perspective

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### SUMMARY

In Europe, there have been reforms in nursing education during last years and many political papers have been published. The reforms have given need for harmonising nursing education. In spite of that, there are differences in nursing education system in Europe. In this paper, we describe some main policy papers in the field of nursing education and identify selected future challenges. These challenges have been named for developing cross-cultural collaboration, clinical learning environment, role of patients and teacher education.

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### Introduction

In Europe in the last few years there have been several reforms in nursing education, especially different processes attempting to harmonise it. In spite of these processes, however, the nursing education system still lacks coherence (Spitzer and Perrenoud, 2006). In this paper, our aim is to identify future challenges for nursing education from a European perspective, in the light of educational policy papers and scientific literature in the field. Findings from this review can be used in developing nursing education, competence of educators and research both in national and in European levels. We conclude this review with suggestions for future nurse education.

### Policy papers on nursing education in Europe

In 1999, European Ministers of Education agreed in Bologna to construct a European higher education area (EHEA) for adapting higher education and research in Europe to the changing needs of society and advances in scientific knowledge (European Ministers of Education, 1999). Implementation of the Bologna agreement has had significant influence on education in Europe (Davies, 2008). The Tuning Project (2000) was created to examine learning outcomes and competences to distinguish the different roles of academic staff and students. Fostering competences requires a dynamic combination of the knowledge, understanding, skills and

abilities which are formed in various course units and assessed at different stages.

The Thematic European Nursing Network (TENN, 68 institutions, 26 countries, Marrow, 2009) was developed to evaluate current European nurse education by examining generic as well as subject-specific competencies, curriculum components, core elements of learning cultures and assessment procedures, and adoption of the European Credit Transfer and Accumulation System. As a result of three tuning cycles, competency categories for registered nurses have been established as follows:

- professional values and nursing role,
- nursing practice and clinical decision-making,
- nursing skills, interventions and activities,
- knowledge and cognitive competencies,
- communication and interpersonal relationships and
- leadership, management and team abilities.

In nursing curricula these nursing competencies are defined as learning outcomes in relation to generic competencies. Some authorities have issued statements in clarification of the Bologna declaration. For example, several European nursing organisations (e.g., European Federation of Nurses Associations (EFN), European Specialist Nurses Organisation (ESNO), European Nursing Students Association (ENSA), and International Council of Nursing (ICN) started in 2008 that first-level nursing programmes (minimum bachelor level) needed to guarantee the acquisition of basic competencies and cover at least three academic years. Furthermore, the curriculum should be based on research and skills. With regard to this criterion, there are inconsistencies within the EU. In Finland, nursing education is organised in polytechnics (multi-field

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institutions) with a practical orientation. The first-cycle polytechnic degree is a bachelor-level degree, which takes 3.5–4.5 years to complete (OPH, 2008). Nursing programmes include clinical skills and practical modules about 90 ECTS (European Credit Transfer System) points in accordance with European directives (European Commission, 2005, 2009). European nursing organisations also call for tools to facilitate learning outcome assessment (EFN, ENSA, ESNO, and ICN, 2008). Success is not only about how learning outcomes can be achieved but also how they can be measured.

Continuing professional development, post-graduate specialisations, lifelong learning and nursing career development are central in any response to societal challenges. In order to safeguard quality of care and patient safety, there is a need for a large number of highly qualified nurses. The Bologna agreement offers a structure for lifelong learning and therefore European Union legislation needs to set out a clear framework to assist in harmonising the outcomes between European countries. Work needs to be done in comparing and defining an agreed master's degree in terms of an integrated theoretical and practical career such as nursing (EFN, ENSA, ESNO, and ICN, 2008).

In summary, and on the basis of policy papers, the following challenges are a minimal target for future nursing education:

- Competency categories for registered nurses should be demonstrated by curricula. This implies the need for integration of theoretical studies, clinical training in healthcare organisation and research skills relating to changing needs of society and advances in scientific knowledge. Clinical learning environments have a special importance.
- Quality of nursing education should be evaluated in local, national and international networks.
- Nursing curricula should be more specific with regard to content, learning strategies and evaluation of learning outcomes.
- Student-centred learning culture needs to be improved.
- Conditions for student and educator mobility should substantially increase, requiring knowledge about cross-cultural activities and willingness to understand other societies.
- Nurse educators should have clinical, pedagogical and research skills and skills for research implementation.

In the next sections, some of these challenges will be described in more detail. We start first by analysing cross-cultural research in Europe and then move to look at the clinical learning environment and students' relationships with healthcare clients or patients. Challenges for nurse educators will also be presented. The ultimate goal is to persuade nurses, nurse educators and managers to consider the importance of cross-cultural collaboration and policies for their work in the field of nursing education.

### The need for cross-cultural research

Cross-cultural collaboration in Europe and globally shows a clear demand for nurse educators (Jackson et al., 2009; Marrow, 2009). In this section, we identify from research papers the future challenges for nursing education.

Two databases, Medline and CINAHL, were used for cross-cultural collaboration in educational research between 1999 and 2009. The search terms nursing OR nurse AND (educ\* OR teach\* OR studen\*) AND europ\* and limitation to English language were used. The search produced 292 references. After including only empirical studies, those with nursing education content and those reporting comparative data from two or more European countries, we ended up with eight articles for the analysis.

Generally, comparative studies in nursing education between European countries seem to be limited. There is, however, a com-

prehensive overview of nursing education reforms enacted in Western Europe in the last three decades reported in a review by Spitzer and Perrenoud (2006). This review indicates that two major phases of reforms were initiated in nursing education. The first phase was geared to create a unified European platform of solid pre-registration programmes and the second to integrate nursing programmes into higher education institutions.

In another large descriptive literature review ( $N = 1286$ , Yonge et al., 2005), quality of nursing education, curricular content, geographic locations, research designs, sample sizes, instruments and funding sources were analysed. According to the review, 90% of nursing education research was generated in North America and Europe. Most of the articles were quantitative in nature, sample sizes diverse, with a bare majority using a sample between 50 and 99 participants. More than half of the studies used structured questionnaires to obtain data and 80% of the studies were not funded. The number of publications of nursing education research generated annually stabilised at approximately 120 per year (Yonge et al., 2005). In Finland a large review of Finnish nurse education research ( $N = 118$ ) between the years 1984 and 2004 has also been published. According to the review, studies are mainly descriptive and experimental research designs and longitudinal studies are quite rare (Salminen et al., 2006). Similar results were found by Heagarty et al. (2008) in the Republic of Ireland.

There are studies which compare just a few countries. For example, UK and Spanish nursing students' views on studying or working abroad are reported (Goodman et al., 2008). Perceived barriers for UK students were funding, family, and language. Family commitments, however, were not a major problem for Spanish students, who saw language as more of a barrier. Experiences of supervision are mainly positive in Europe, as was indicated by Saarikoski et al. (2007) in a study comparing student nurses' experiences of supervision and mentorship in eight European countries.

There are also studies reporting on different educational clinical fields. For example, education of nurses in mental health settings has been evaluated in 12 European countries. The findings indicate that there is considerable disparity between countries in respect of nurse training, with few countries requiring a specialist nursing qualification for practice in the mental health field (Nolan and Brimblecombe, 2007). Also, there seem to be differences in knowledge about childhood asthma between first-year nursing students in Spain, the UK and Germany (Garcia-Marcos et al., 2004). In the field of cardiac knowledge (Bakalis et al., 2004), final-year English student nurses have better knowledge than their Greek counterparts.

Cross-cultural research among nurse educators is limited. Jackson et al. (2009) identified what is known and written about in the nursing communities on nurse educator careers from a pan-European perspective, common themes and underlying influences. They found that most of the literature relating to nurse educators remained centred on a single country, with little or no reference to the Bologna process.

In summary, all reviewed articles present a challenge to further research in nursing education (Bakalis et al., 2004; Garcia-Marcos et al., 2004; Yonge et al., 2005; Spitzer and Perrenoud, 2006; Nolan and Brimblecombe, 2007; Saarikoski et al., 2007; Goodman et al., 2008; Jackson et al., 2009). Also, the need for additional cross-cultural research in Europe was emphasised (Bakalis et al., 2004; Nolan and Brimblecombe, 2007; Saarikoski et al., 2007). The common policy papers for Europe mentioned above give one starting-point for this research.

### Clinical learning environment facilitates understanding

The European Commission (2007) requires the Bologna agreement integrative development in all fields of education. Problems

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