



# The Bologna process: The quiet revolution in nursing higher education

Ruth Davies \*

*School of Health Science, Swansea University, Glyndwr Building, Singleton Park, Swansea SA2 8PP, United Kingdom*

Accepted 8 May 2008

## KEYWORDS

Bologna;  
All-graduate profession;  
Barriers;  
Opportunities

**Summary** This paper will trace the history and continuing development of the 'Bologna Process' whose aim is to create convergence of higher education across the European Union by 2010. It will identify how this will have profound implications for graduate nurse education and present opportunities for students, graduate nurses, teachers and researchers in terms of mobility and employment as well as collaborative research. Although supportive, the paper questions whether these reforms will provide the much-needed impetus to raise the educational status of the vast majority of European nurses from diploma to graduate level. Barriers to achieving the ideal of an all-graduate EU nursing workforce are discussed in an economic and political context. The main thrust of the paper is that, if this were achieved, it would have a positive impact on the health care systems and populations of participating countries as well as their economies.

© 2008 Elsevier Ltd. All rights reserved.

## Introduction

A quiet revolution has been taking place within the European world of higher education (Table 1). Known as the 'Bologna Process' it is the single most important reform of higher education to take place in Western Europe in the last thirty years and will, in the long-term, affect millions of nurses in practice, education and research who work in countries

that make up the European Union (E.U.). At present, the E.U. nursing workforce is estimated at between 4 and 6 million (De Raeve, 2005) but these are 'guesstimates' since not every country is able to provide accurate demographic data (Keighley, 2004). Whatever the true figure, it can only be vast and number millions. If achieved, the Bologna process will lead to the unification of professional and higher education and facilitate work migration for graduate nurses across the European community. Importantly, Bologna should also provide the impetus to raise the educational status of nurses from diploma to graduate level across Europe and

\* Tel.: +44 1792 602253; fax: +44 1792 295487.  
E-mail address: R.E.Davies@swansea.ac.uk

**Table 1** Milestones in Bologna process

1999	2001	2003	2005	2007
Bologna Declaration:	Prague Declaration:	Berlin Summit:	Bergen Summit:	London Summit:
Six action lines: (1) Adoption of easily readable and comparable degrees (2) System of two-cycle of degrees (undergraduate and graduate degree) (3) System of credits (ECTS)  (4) Promotion of mobility (5) Promotion of quality assurance (6) Promotion of the European Dimensions of Higher Education. Signatories: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Swiss Confederation, United Kingdom	Three Action lines: (7) Lifelong learning  (8) Involvement of students in HE institutions (9) Attractiveness and competitiveness of European HE  Signatories: Croatia, Cyprus, Liechtenstein, Turkey	One Action line (10) Third-cycle (doctoral studies)  Signatories: Albania, Andorra, Bosnia and Herzegovina, the Holy See, Russia, Serbia and Montenegro, Former Republic of Macedonia	Signatories: Armenia, Azerbaijan, Georgia, Moldova and Ukraine	Signatory: Montenegro

beyond. Despite the impact Bologna will have on the nursing profession, and the health care systems of participating countries, it has received little attention to date (Spitzer and Perrenoud, 2006a) and nurses in general seem unaware of its implications – an oversight this paper will attempt to redress.

## History and context of Bologna

The need to reform higher education may be understood in light of the divergence across Europe in terms of academic awards, curriculum structure and competencies. There are a plethora of awards at bachelor, masters and doctoral level, complicated even further by differences in lengths of awards, curriculum structures and learning outcomes. Furthermore, most countries have yet to make the transition from vocational training to higher education (Spitzer and Perrenoud,

2006a,b; Tuning-project, 2005). At present the majority of European nurses are only educated to diploma level but the 'Bologna Process' may well provide the much-needed impetus to raise this to graduate level with a unified platform of pre-registration programmes across the EU. This is vital if the European Union is to achieve its ambition, set out under the Lisbon Strategy (2000), to become the most dynamic and competitive economy in the world, capable of sustainable growth and able to offer improved employment opportunities to its members. As has been noted elsewhere (Cowan and Wilson-Barnett, 2005), reciprocal recognition of EU nursing qualifications will increase mobility and employment opportunities, alleviate shortages in some countries by drawing on the surplus from others and utilise the nursing workforce more efficiently. Bologna will also offer increased opportunities for undergraduate and post graduate study and research across Europe and inter-collaborative research

Download English Version:

<https://daneshyari.com/en/article/369044>

Download Persian Version:

<https://daneshyari.com/article/369044>

[Daneshyari.com](https://daneshyari.com)