

# **Nurse Education in Transition in Poland**

**Maria Lipinska & Grazyna Osicka**, *Institute of Psychiatry and Neurology, Warsaw, Poland*

Along with the entire health care system, the nursing profession is undergoing constant change. These changes appear to be a permanent feature of our society in the 20<sup>th</sup> and 21<sup>st</sup> centuries. This transformation of nurse education in Poland is being driven by ongoing social changes, developing lifestyles, new individual needs and the values of a changing society.

One of the key factors determining the direction of nurse education is the increasing demand for health care within society in general. Cardiovascular disease, cancer, injuries and poisoning pose the main threat to the health of general population and they account for about 80% of all deaths (Karski 1995, Jóźwiak 1990). In recent years the health care sector has also witnessed an increase in the incidence of tuberculosis ( 2.3%) among children aged 10 to 14 and among people over 60 years of age. Progressive aging of the society has led to an increase in the number of people over 60, rising to 14.8% of the total urban population and 17.7% in rural areas by the year 2000. The number of handicapped and disabled have also risen to a total of 10% of the general population. Thus the direction of nurse education is being shaped by both the health care needs of the general population and its demographic structure.

The educational doctrine up till the 1990's of providing information within a lecture-based model, has been replaced by the concept of critical/creative education which stimulates innovation, creativity and mastering change in the environment. Thus the most important goal of education has become the creation of values and attitudes which will influence the approach of nurses towards their work. Encouraging students to focus on the development of their own personalities and developing new skills now receive particular emphasis.

## **Transitional Educational Programmes**

Nurse education has had to adapt to the standards prevailing within the European Union. In 1989 reforms were introduced to foster a gradual transformation of the previous educational model to meet the needs of a reforming health care system. In the 1980's and 1990's, nurse education in Poland was provided in medically based schools in a five year programme or in separate schools over two years. In 1995 the Minister of Health Care created a Programming Committee to develop three-year nursing school programmes and updated pilots were implemented between 1996 and 1999. A key moment in this reform process was reached when the decision was taken in 1991 by the Minister of Health to stop the intake of new students to the existing nursing schools. A bill was passed

governing nurses and midwives education, which raised the requirements for nursing training to include high school graduation diplomas.

The **first programme** to modernize nursing education extended the educational curriculum to 2.5 years and was based on an analysis of the typical work performed by nurses. In the past the work of nurses focused primarily on instrumental tasks such as responding to orders given by doctors and looking after sick patients. The new program offered greater discussion of the issues related to health promotion and prevention, health education, diagnosis and the resolution of health problems. It sought to raise the competence of nurses of the future to work with both both sick and healthy patients. Thus the new priority in nurse education was to:-

- Enable nurses to work with healthy patients, those at risk of illness, sick patients and patients in recovery
- Develop skills for taking care of families, rather than individual patients
- Care for patients from high-risk groups and neglected social categories (because of their poor health within society as a whole)
- Implement public health education

The **second modernization** of nurse training lead to a three year nursing school programme and was dictated by the need to adapt nursing education in Poland to EU standards. The following documents were subject to detailed analysis

- Statement issued after WHO conference in Alma-Aty, Kazakhstan.
- Vienna Declaration – European Conference of Nursing, Vienna, June 21 – 24 1988.
- Profile of a general nurse – WHO European Regional Office, March 1990.
- Recommendations of the Council of Europe concerning training and education of nurses.

Key to the transition in nurse education was the *European Agreement on Nurse Education and Training* drafted in Strasbourg in 1967 and signed by the Polish government in December of 1995 (ratified in March 1996). This agreement defined the scope of educational programmes and the organisational requirements for nursing schools. It emphasized that the basic professional preparation of nurses must have a

general character rather than be narrowly specialized (e.g. in pediatrics or psychiatry). The agreement illustrates the shift towards public health care and defines the roles and responsibilities of nurses. It sets out the requirements for the educational programmes, the role of the teacher and the student within the learning process.

The three-year educational programme incorporated World Health Organisation guidelines and the recommendations of the International Council of Nurses. The duration of nurse education must be at least three years, while the educational programme must include at least 4600 hours. In the previous 2.5-year programme offered in Poland since 1995 only 2870 hours of studies were included. This modernized three-year educational programme was introduced at ten nursing schools across Poland from December 1<sup>st</sup> 1996. The Norwegian Nursing Association has provided help to overcome the challenges related to the introduction of new educational system. Additional help has been received from educators in institutions from Norway and United Kingdom. These institutions include Skien-Telemark Collego, University of Sheffield, Glasgow Caledonian University, University of Manchester, Oslo College Gjovik.

The *European Strategy of the WHO on Education of Nurses and Midwives* (Copenhagen, May 14<sup>th</sup> 1999) was another seminal document. It recognized the need to improve nurse education in response to social change across Europe in response to changing health priorities, scientific advances, new scientific research and the shift from hospital-based care to home-based care. Another significant document was the *Munich Declaration*, adopted on June 17<sup>th</sup> 2000 during the conference of Health Ministers of the member-states of World Health Organization. It was devoted to the role and significance of nurses and midwives in the improvement of general health and the provision of health services. This declaration contains an appeal to governments of the European WHO Region to accelerate efforts to consolidate nurse training across Europe.

## **New Educational Programme**

Based on these regulations and educational standards, the Main Council of Higher Education, which is responsible for unification of new educational programmes in Poland, has passed a resolution on the minimum requirements for college-level nursing studies. These include a set of general, basic and professional subjects, together with programme content and the mandatory minimum number of hours. These requirements are not a 'minimum study programme', but rather a common core which must be included in all programmes offered by all schools in any specific field of study.

The new model of professional nurse education focuses at the Basic Level (Nursing College) on the acquisition of professional nursing qualifications. It will prepare

graduates for a professional license and help them to continue with further studies. These programmes are offered by universities and college-level professional schools. Nursing studies last three years and are offered within independent college-level courses, or university-level studies, culminating in a practical exam and graduate thesis.

The philosophy of nursing education is also reinforced by the statutory description of nursing as an independent profession. Consequently, the mission of nurse education is to prepare the graduates to play an independent role as health professionals. For professional nurses to care for both sick and healthy patients within their own environment a number of changes are required:-

- An emphasis on self-learning and continuous education by students, which will prepare them for coping with new, unforeseen problems
- Introduction of detailed operational goals for nursing education, expressed as observable and measurable student behavior patterns
- The focus of study to shift from teachers to students to reflect their emotional needs and motivations
- An emphasis on changing teaching methods from lectures and delivering information to a strong focus on cases, teamwork and individual work to encourage and stimulate students. There will be an increase in the number of hours devoted to seminars, practical and clinical exercises at the expense of theory.
- Training content focuses on working initially with healthy patients (adults, children, older patients) and then shifting to sick patients
- Learning to evaluate personal skills and effectiveness of interventions. This has led to the expansion of contents related to psychology and sociology in the study programme. There is an emphasis on an individual approach towards sick and healthy patients, respecting the rights of sick patients and compliance with ethical standards in collaboration with the patient and his or her family.
- Introduction of new concepts for taking care of sick and healthy patients

One of the most significant steps in the programme is the focus on learning through practice and drawing on past experiences. Students analyze the effectiveness of previous efforts, comparing newly acquired information and data and with their personal decisions and convictions.

Grading criteria, which are determined together with the students, served as another key element in the evaluation of student achievements. This gave the students the opportunity to carefully evaluate their own work and personal progress in acquiring new competences. All of these are essential for the personal and professional development of students, while giving them the opportunity for balanced, objective self assessment.

The following tables illustrate changes in nurse education programs.

### **Professional Medical School (1981)**

**Study period:** 2 years

**Background Requirements:** General High School

**Number of hours:** 2467 hours (total)

- **Medical subjects** (surgery, internal medicine, pediatrics, anatomy, physiology, pharmacology) - 425 hours
- **Nursing subjects** – 578 hours  
(including nursing in open health care system – 34 hours)
- **General subjects** (Introduction to psychology, childhood education, sociology) - 204 hours
- **Practical exercises** - 1260 hours
- **Extracurricular activities:**
  - Foreign Language** - 140 hours
  - Optional** – to be determined by the teacher - 70 hours

### **College-level Medical School - 5 semesters**

**Profession:** Nurse

**Background Requirement:** General High School

**Number of hours** - 2790 hours (total)

- **Medical subjects:** (anatomy, physiology, pathology, pharmacology) - 204 hours

- **Nursing and Clinical subjects:** - 875 hours  
(including nursing in open health care system 195 hours and 76 hours of public health Total - 171 hours)
- **General subjects:** (psychology with introduction to sociology, English language, physical education) - 339 hours
- **Practical and Professional exercises** - 1372 hours
- **Extracurricular activities:** Introduction to computer science

### Education in the Three-year Nursing School

**Duration:** College-level education takes three years (six semesters)  
Total number of hours - 3495

- **Theoretical studies:** 1685 hours
- **Module - *Structure, processes and functions of the human body***  
**Subjects:** Anatomy, physiology, biochemistry and genetics, epidemiology, microbiology and infectious diseases, introduction to clinical research  
Total - 440 hours
- **General education module**  
**Subjects:** Physiology and introduction to ethics, theory of education, psychology and sociology  
Total - 215 hours
- **Nursing module** (including nursing in open health care system - 280 hours)  
**Subjects:** Introduction to nursing + clinical nursing (pediatrics, gynecological and obstetrics, internal medicine, geriatrics, rehabilitation of the handicapped, psychiatric). Total - 795 hours
- **Supplementary module**  
**Supplementary subjects:** - Information Technology, foreign language, physical education. Total - 295 hours
- **Practical exercises** - 1810 hours

Exercises: introduction to nursing  
 Community and Clinical Exercises → 530 hours  
 Block Exercises  
 Internship - summer holidays  
 during the semester

**Total number of hours**      3495 hours  
**Personal studies**            1105 hours  
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**Total**                            4600 hours

### Psychiatric Nursing

The changes in nursing education can be illustrated in the Psychiatric Nursing Programme. Listed below are the number of hours devoted to contents of the various educational components.

<i>Programme Content</i>	<b>Number of hours in each educational cycle</b>			<b>Total</b>	
	<i>Clinical lecture</i>	<i>Nursing</i>	<b>Practical exercises</b>	<i>Theory</i>	<b>Practical exercises</b>
<b>Two-year nursing school</b> P-41-330-41/80 and Psz-132a dated April 18 1988	<i>Semester 2</i> 17 weeks x 2 hours = 34 hours mental and psychological illnesses	<i>Semester 2</i> 17 weeks x 2 hours = 34 hours neuro- psychiatric nursing	<i>Semester 4</i> 3 weeks x 35 hours = 105 hours psychiatric ward	68 hours	105 hours
<b>2.5-year nursing school</b> SP/2707/MziO S from 1996		<i>Semester 4</i> 10 weeks x 8 hours = 80 hours psychiatric and neurological nursing	<i>Semester 5</i> 4 weeks x 28 hours = 112 hours psychiatric ward	80 hours	112 hours
<b>2.5-year nursing school</b>		<i>Semester 4</i>	<i>Semester 5</i>		

323/01/SP/Mzi OS dated June 29 1998	-	10 weeks x 8 hours = 80 hours psychiatric nursing	4 weeks x 30 hours = 120 hours psychiatric ward	80 hours	120 hours	
<b><i>Three-year, college-level studies</i></b>	Psychiatry and psychiatric nursing Semesters 5 and 6 = 75 hours	neurology and neurological nursing semesters 5 and 6 = 75 hours	Psychiatric ward = 80 hours	Neurological ward = 80 hours	Total = 150 hours	Total = 160 hours

*Note:* 2 and 2.5-year nursing school programs specializing in psychiatric nursing include content related to neurological nursing (9 hours). In college-level nursing schools these are separate subjects, with much more time devoted to neurological nursing.

### **Programme Content**

The ***Two Year Neuro-Psychiatric Nursing Programme*** focused on the following issues:

- General rules and detailed description of work in psychiatric nursing
- Psychiatric nursing in a hospital and outpatient clinic medical care
- Detailed description of the work at neurological ward, taking care of patients with neurological illnesses

This programme focused on the preparation of nurses for tasks related to taking care of patients in hospital.

After 1994 the ***2.5-year programme*** has introduced the following issues:-

- Psychological and social factors affecting health and mental illnesses
- Nursing acute or long-term mental illnesses
- Nursing particular neurological illnesses
- Specific issues related to treatment and nursing of mental patients
- Ethical and legal issues related to nursing psychiatric and neurological cases.

While the first programme prepared its graduates only for work in the hospital, the second programme emphasized the understanding of mental disorders and the background of mental illnesses. As a result, the nursing process became more complete,

increasing the understanding of sick patients and providing a more responsive nursing care for patients.

The ***Three Year College-level Programme*** defines the skills required from students after graduation. Thus, in terms of health promotion, the student will be able to:-

- Educate patients about a lifestyle promoting psychiatric health and the principles of mental hygiene
- Apply the rules of therapeutic communications with the patient, his or her family and other key acquaintances
- Diagnose a situation requiring psychological assistance or psychiatric intervention
- Teach the patient about self-observation of personal behavior
- Support sick patients and their families in the resolution of problems
- Provide the family with guidelines on how to support the patient in the recovery process and achieve independence in terms of basic life skills.

The current teaching programme on mental health prepares the students for health promotion, prevention, nursing and recovery of patients at all stages of sickness and health. It is important to prepare the students for taking care of both the family and the community network in which the patient lives. Additionally, the goals of this educational program are focused on closely-defined skills which prepare for holistic care of psychiatric patients, rather than merely on the acquisition of general knowledge.

We realize it is necessary to standardise qualifications for students graduating from our medical schools. That is why we are now facing a new challenge - the *development of nursing educational standards and accreditation* conducted by an independent Accreditation Commission. No less important for the quality of education is cooperation with medical schools in Western Europe in order to exchange mutual experiences, raise the quality of education, work to achieve comparable qualifications and evaluation criteria at all stages of the educational process.

## **References**

**European Agreement on Nurse Training and Education**, drafted on 25 October 1967 in Strasbourg

*Government's Statement of 22 March 1996 concerning Poland's ratification of the **European Agreement on Nurse Training and Education**, made in Strasburg on 2 October 1967 ( Journal of Laws No.83 of 17 July 1996)*

*Review and reorientation of the basic nursing curriculum. Booklet N° 4. (Reviewing and reorienting the basic nursing curriculum. Health for All Nursing series. **Regional Office for Europe**, Copenhagen 1991 )*

*Framework Program for Three-Year Nursing Schools, December of 1995*

**Karski J**, *Health care situation of the Polish Population*. Institute for Health Promotion, Warsaw 1995

**Józwiak J**, *Demographic prospects for Poland -1990's*

**Council Directive 77/453/EEC** concerning the coordination of provisions laid down by Law, Regulation of Administrative Action in respect of the activities of nurses responsible for general care

**Council Directive 77/453/EEC** lays down that nurse professional training should comprise a three-year course or 4600 hours of theory and practical training and include subjects of the instructing curriculum defined in the exhibit.