

**Sarajevski simpozij za medicinske sestre – tehničare sa međunarodnim učešćem  
„Inovacije u zdravstvenoj njezi“**

**ZBORNİK SAŽETAKA**

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# SADRŽAJ

<b>Inovacije u zdravstvenoj njezi – perspektive za budućnost .....</b>	<b>5</b>
Innovations in healthcare – future perspectives .....	7
<b>Obrazovanje medicinskih sestara po EU direktivama .....</b>	<b>9</b>
Education of nurses according to EU directives .....	12
<b>Novi studijski programi na Fakultetu zdravstvenih studija Univerziteta u Sarajevu – perspektive, potrebe i primjena znanja i vještina u našoj zemlji i EU .....</b>	<b>15</b>
New study programs at the Faculty of Health Studies of the University of Sarajevo - Perspectives, needs and application of knowledge and skills in our country and the EU	17
<b>Inovativne digitalne alatke u obrazovanju medicinskih sestara.....</b>	<b>19</b>
Inovative digital tools in nursing education .....	20
<b>Korištenje inovativnih modela poučavanja na studiju sestrinstva.....</b>	<b>21</b>
Use of innovative teaching models in nursing study programmes .....	22
<b>Medicinske sestre specijalisti – buduća paradigma sustava zdravstvene skrbi.....</b>	<b>23</b>
Specialist Nurses – Future Paradigm of Health Care Systems .....	25
<b>Profesionalni standardi za medicinske sestre i etička postupanja .....</b>	<b>27</b>
Nursing professional standards and ethical conduct .....	28
<b>Razvoj standardnih operativnih procedura u Bosni i Hercegovini.....</b>	<b>29</b>
Development of standard operating procedures in Bosnia and Herzegovina .....	30
<b>Proaktivnošću do inovacijskog procesa u sestrinskoj profesiji kroz djelatnost zdravstvene njege u kući.....</b>	<b>31</b>
Proactivity to the innovation process in the nursing profession through the activity of health care at home .....	33

<b>Kompetencije prema nivoima obrazovanja neophodne za standardizaciju zdravstvene njege.....</b>	<b>35</b>
Competencies according to education levels necessary for the standardization of health care.....	36
<b>Invazivne procedure u jedinici intenzivne nege .....</b>	<b>37</b>
Invasive procedures in intensive care unit .....	38
<b>Značaj dijagnostike u post kovid rehabilitaciji .....</b>	<b>39</b>
The importance of diagnostics in post-covid rehabilitation.....	41
<b>Holistička skrb iz perspective medicinskih sestara – kvalitativno pilot istraživanje</b>	<b>43</b>
Holistic nursing care from the perspective of nurses – qualitative pilot study .....	44
<b>Inovacije u dokumentiranju zdravstvene njege u gerontologiji .....</b>	<b>45</b>
Innovations in documenting health care in gerontology .....	46
<b>Psihijatrijsko sestrinstvo današnjice i dogledne budućnosti.....</b>	<b>47</b>
Psychiatric nursing today and the foreseeable future.....	48
<b>Inovacije u tretmanu kroničnih rana – nove smjernice i preporuke Europske udruge za liječenje rana (EWMA).....</b>	<b>49</b>
Innovations in the treatment of chronic wounds - new guidelines and recommendations of the European Wound Management Association (EWMA).....	50
<b>Značaj i važnost profesionalnih tijela za podršku medicinskim sestrama u našoj zemlji.....</b>	<b>51</b>
Significance and importance of professional bodies to support nurses in our country ....	53
<b>Značaj kontinuiranih edukacija za medicinske sestre –tehničare.....</b>	<b>55</b>
The importance of continuous education for nurses-medical technicians .....	57

# Inovacije u zdravstvenoj njezi – perspektive za budućnost

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## **SAŽETAK**

Globalne promjene u svijetu imaju uticaj na sve društvene segmente uključujući i zdravstvo, odnosno zdravstveni sistem kao važan dio društvenog podsistema. Zdravstveni sistem i zdravstvena politika zahtjevaju radikalne promjene sa ciljem prilagođavanja demografskim promjenama, brzom tehnološkom napretku, ekspanziji tržišta, borbe za profit i potrošačko društvo, nadmetanjem i uspostavljanjem novih društvenih vrijednosti, promjeni ekosistema i borbi za prirodne resurse, te krizama i opasnostima za zdravlje živih bića.

U tom kontekstu očekuju se promjene u svim područjima zdravstvene zaštite, a poseban akcenat se stavlja na jačanje zdravlja populacije i poboljšanje kvalitete zdravstvenih usluga. Promjene u zdravstvenom sistemu treba da obuhvate i reformske procese u oblasti zdravstvene njege, sa ciljem razvoja novih kompetencija medicinskih sestara, preuzimanjem većih i odgovornijih zadataka u oblasti zdravstva, te podsticanjem inovacija od značaja za zdravlje populacije. Od medicinskih sestara se očekuje veće zalaganje u procesu sticanja novih znanja i vještina koje doprinosi jačanju identiteta i autonomije profesije. Zdravstvena njega kao pluriperspektivno područje omogućava da medicinske sestre inoviraju praksu, proširuju svoj djelokrug rada, učestvuju u naučno istraživačkom radu i razvijaju kvalitet na svim poljima.

U tom procesu očekivana je podrška nacionalnih sestrinskih asocijacija i profesionalnih tijela koja zastupaju medicinske sestre. Jačanje uloge medicinskih sestara u zdravstvenom sistemu je neizostavno, budući da se nalazimo u eri stalnih tehnoloških promjena koje otvaraju inovativna područja za stručni i naučni napredak. Promjene u zdravstvenom sistemu, nameću proširenje djelatnosti sestrinske prakse i omogućavaju autentično područje rada, te osiguravaju plodno tlo za inovacije. Međutim, bez obzira na to

medicinske sestre se nebi smijele udaljavati od esencije same profesije/poziva koja počiva na vrednotama, moralnosti, dobročinstvu, etičnosti i brizi za čovjeka.

**Ključne riječi:** zdravstvena njega, inovacije, medicinske sestre, kompetencije, reforma.

# **Innovations in healthcare – future perspectives**

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## **SUMMARY**

Global changes in the world have impact on all social segments, including healthcare, that is, the healthcare system as an important part of the social subsystem. The healthcare system and policy require radical changes in order to adapt to demographic changes, rapid technological progress, market expansion, the struggle for profit and consumer society, competition and the establishment of new social values, ecosystem changes and the struggle for natural resources, as well as crises and threats to the health of the living beings.

In this context, changes are expected in all healthcare areas, with special emphasis placed on strengthening the health of the population and improving the quality of healthcare services. Changes in the healthcare system should include reform processes in the field of healthcare, with aim of developing new competencies of nurses, taking on larger and more responsible tasks in the field of healthcare, and encouraging innovations of importance for the population health. Nurses are expected to make a greater commitment in the process of acquiring new knowledge and skills, which contributes to strengthening the identity and autonomy of the profession. Healthcare as a multi-perspective area enables nurses to innovate practice, expand their scope of work, participate in scientific studies and improve quality in all fields.

In this process, the support of national nursing associations and professional bodies representing nurses is expected. Strengthening the role of nurses in the healthcare system is indispensable, since we are in an era of constant technological changes that open innovative areas for professional and scientific progress. Changes in the healthcare system impose the expansion of nursing practice activities and enable an authentic field of work and ensure fertile ground for innovation. However, regardless of that, nurses should not

stray from the essence of the profession/vocation itself, which is based on values, morality, charity, ethics and care for human being.

**Keywords:** healthcare, innovations, nurses, competences, reform.

# Obrazovanje medicinskih sestara po EU direktivama

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## SAŽETAK

Studijski program Zdravstvene njege mora slijediti trenutne međunarodne smjernice u području obrazovanja medicinskih sestara, a to su: smjernice Međunarodnog vijeća medicinskih sestara (ICN), Svjetske zdravstvene organizacije (WHO), Europske federacije udruga za medicinske sestre (EFN) i utjecaju nacionalnih udruženja, koja razvijaju međunarodno priznate smjernice u području sestrinstva, poput Vijeća za medicinske sestre i primalje (NMC), Royal College of Nursing (RCN) itd.

Republika Slovenija izradila je smjernice kao nadogradnju minimalnih zahtjeva propisanih važećom Direktivom EU za regulirana zanimanja, te su se u obrazovni sustav uvodile postupno, a prijelazno razdoblje uvođenja nije smjelo biti duže od pet godina od odobrenja smjernica.

Studijski program akreditiran je prema prethodno definiranim potrebama diplomanata u Republici Sloveniji, gdje nacionalne potrebe ne smiju biti starije od pet godina i trebaju biti u skladu sa demografskim potrebama, potrebama zdravstvenog sustava i potrebama u razvoju profesije u zdravstvu.

Područje obrazovanja medicinskih sestara regulirano je Direktivom 2013/55/EU Europskog parlamenta i Vijeća, koja je usvojena 20. studenoga 2013 i zamijenila je Direktivu 2005/36/EU.

Direktiva postavlja minimalne standarde za obuku sektorske profesije (liječnici, stomatolozi, medicinske sestre, primalje, veterinari, farmaceuti, arhitekti).

Od medicinskih sestara se očekuje kvalitetno, sigurno, i učinkovito zdravstvenu njegu usmjereno na pacijenta. To mogu postići samo educirane medicinske sestre, koje posjeduju znanja i vještine za klinički rad, te su kritične prema kvaliteti rada u zdravstveni njezi.

Upis na studij zdravstvene njege provodi se u skladu s člankom 31. Direktive 2013., članak (a), koji je također usklađen s pristupnim uvjetima za pristupanje Slovenije EU.

Završiti jedno dvanaestogodišnje opće obrazovanje ovjereno diplomom, potvrdom ili drugim dokazom koje izdaju nadležna tijela ili tijela u državi članici i položen ispit ekvivalentne razine koji omogućuje upis na sveučilište ili veleučilište. Za Sloveniju to znači završetak srednjeg obrazovanja na petoj razini europske razine - kvalifikacijski okvir koji omogućuje upis na visokoškolske programe (VS), također potrebno je i liječničko uvjerenje o zdravstvenoj sposobnosti za obavljanje profesije. Dobro zdravlje (fizičko i psihičko) spominje se kao nužno u smjernicama za obrazovanje u sestinstva u EU -u i razvijenom svijetu.

Fakultet mora imati jasan sustav za provedbu pedagoškog procesa, posebno u području kliničke izobrazbe, te i odgovornosti koje uključuju: uspostavljen i provjerljiv sustav mentorstva studentima na klinici; profesionalno osposobljavanje; pisane ciljeve i kompetencije kliničkog usavršavanja u određenim područjima; sustav provjere sigurnosnih rizika za studente i korisnike usluga.

Fakultet u okviru kvalitete kliničkog usavršavanja mora omogućiti učenje i obuku u simuliranom okruženju prije nego student uđe u kliničko okruženje; provjeru znanja kao uvjet za ulazak u klinički radni okoliš; da uključivanje studenta u izravan rad s pacijentima ne predstavlja rizik za sigurnost pacijenata; odbijanje prekomjernog broja studenata u kliničkom okruženju sa stajališta sigurnosti pacijenata i također sa stajališta nedostatka kvalificiranih, kompetentnih mentora; uspostavljen proces kliničke prakse na takav način, da postoje sustavi radi zaštite korisnika.

Student koji ne postiže potrebne kompetencije u kliničkoj izobrazbi i predstavlja rizik za korisnike usluga njegove kliničke vježbe su obustavljene, a ocjenu daje klinički mentor i odgovorna osoba za kliničku praksu (koordinator sa strane Fakulteta).

Nakon završenog preddiplomskog studija sestinstva diplomant dobiva stručni naziv: Diplomirana medicinska sestra (VS) ili Diplomirani zdravstvenik (VS)

Studijski program obrazovanja medicinskih sestara po EU direktivama mora biti javno dostupan, sa slijedećim informacijama: plan i program po akademskim godinama, vrednovan sa ECTS bodovima za svaki predmet, ukupno po godinama i zajedno po godinama moraju biti vidljivi svi oblici i sati izvođenja pojedinog kolegija (izravni kontakt sati, individualni rad studenta), nositelji i izvođači predmeta s navedenom habilitacijom (kompetentni), te se preporuča poveznica na bibliografiju nositelja i izvođača.

Prema Direktivi 2013, članak 31, mora biti iz javno objavljenog studijskog programa vidljivi i sljedeći podaci: godine studija, sati izravnih nastavnih obveza, kojih mora biti ukupno 4.600 sati teorijske i kliničke izobrazbe (trajanje teorijske izobrazbe predstavlja najmanje trećinu, a trajanje kliničke izobrazbe najmanje polovicu minimalnog trajanja izobrazbe). Svaki nastavni plan mora biti javno objavljen s popisom ciljeva specifičnih za predmet i kompetence, obvezna i preporučena literatura, uvjeti za ispunjavanje studijskih obveza, i provjere znanja, polaznicima koji su se djelomično osposobljavali u programima osposobljavanja najmanje ekvivalentne razine (Direktiva, 2013., Članak 31), priznavaju se obveze.

Potreban je popis obrazovnih baza u kojima se izvodi klinička izobrazba, broj kliničkih mentora za provedbu studijskog programa. Moraju se navesti podaci o akreditaciji, valjanosti akreditacije i podatak ima li fakultet cilj produžiti akreditaciju studijskog programa. Obavezno dostaviti podatke o upisu studijskog programa MIZŠ. Broj upisnih mjesta u programu i slobodnih mjesta u svakom programu moraju biti javno objavljeni i potvrđeni sa strana Vlade RS.

# Education of nurses according to EU directives

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## **SUMMARY**

The Nursing study program must follow the current international guidelines in the field of nursing education, namely: the guidelines of the International Council of Nurses (ICN), the World Health Organization (WHO), the European Federation of Nurses Associations (EFN) and the influence of national associations, which develop internationally recognized nursing guidelines, such as the Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN), etc.

The Republic of Slovenia created the guidelines as an upgrade to the minimum requirements prescribed by the current EU Directive for regulated interests, which were gradually introduced into the education system, but the transitional period of introduction should not have been longer than five years from the approval of the guidelines.

The study program is accredited according to the previously defined needs of graduates in the Republic of Slovenia, where national needs must not be older than five years and must be in accordance with demographic needs, the needs of the healthcare system and the needs for the development of the healthcare profession.

The field of nurse education is regulated by Directive 2013/55/EU of the European Parliament and Council, which was adopted on November 20, 2013 and replaced Directive 2005/36/EU.

The directive sets minimum standards for the training of sectoral professions (doctors, dentists, nurses, midwives, veterinarians, pharmacists, architects).

Nurses are expected to provide quality, safe, and efficient patient-centered healthcare. This can only be achieved by educated nurses who possess knowledge and skills for clinical work, which are critical to the quality of work in nursing.

Enrollment in nursing studies is carried out in accordance with Article 31 of Directive 2013, Article (a), which is also harmonized with the accession conditions for Slovenia's accession to the EU. To complete a 12-year general education certified by a diploma,

certificate or other evidence issued by the competent body or bodies in a member state and pass an exam of an equivalent level that enables admission to a university or polytechnic. For Slovenia, this means the completion of secondary education at the fifth level of the European level - the qualification framework that enables enrollment in higher education programs, and a doctor's certificate of health fitness is also required to work in the profession. Good health (physical and mental) is mentioned as necessary in the guidelines for nursing education in the EU and the developed world.

The faculty must have a clear system for the implementation of the teaching process, especially in the field of clinical education, as well as responsibilities that include: an established and verifiable system of mentoring students in the clinic; professional training; written goals and competencies of clinical training in certain areas; security risk checking system for students and service users.

As part of the quality of clinical training, the faculty must enable learning and training in a simulated environment before the student enters the clinical environment; knowledge verification as a condition for entering the clinical work environment; that the student's involvement in direct work with patients does not pose a risk to patient safety; the rejection of an excessive number of students in the clinical environment from the point of view of patient safety and also from the point of view of the lack of qualified, competent mentors; established clinical practice process in such a way that systems are in place to protect the user.

A student who does not achieve the necessary competence in clinical education and poses a risk to the users of the services, clinical practice is suspended, but the assessment is given by the clinical mentor and the person responsible for clinical practice (coordinator from the Faculty).

After completing undergraduate studies in nursing, the graduate receives a professional title: Graduated Nurse or Graduated Medical Professional.

According to EU directives, the study program of nursing education must be publicly available, with the following information: the plan and program by academic year, evaluated with ECTS points for each subject, in total by year and together by year, all forms and hours of the course must be visible (direct contact hours, individual preference of the student), holders and executors of the course with the indicated habilitation (competent), and a link to the bibliography of the holder and performer is recommended.

According to the 2013 Directive, Article 31, the following data must also be visible from the publicly announced study program: year of study, hours of direct teaching duties, of which there must be a total of 4,600 hours of theoretical and clinical education (the duration of theoretical education represents at least a third, and the duration of clinical education at least half of the minimum duration of education). Each curriculum must be publicly announced with a list of subject-specific objectives and competencies, mandatory and recommended literature, conditions for fulfilling study obligations, and knowledge tests, for participants who have partially trained in training programs of at least an equivalent level (Directive, 2013., Article 31), liabilities are recognized.

A list of educational bases where clinical education is carried out, the number of clinical mentors for the implementation of the study program is required. Data on accreditation, validity of accreditation and data on whether the faculty aims to extend the accreditation of the study program must be provided. It is mandatory to submit information about enrollment in the study program. The number of enrollment places in the program and vacancies in each program must be publicly announced and confirmed by the Government of the Republic of Slovenia.

# **Novi studijski programi na Fakultetu zdravstvenih studija Univerziteta u Sarajevu – perspektive, potrebe i primjena znanja i vještina u našoj zemlji i EU**

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## **SAŽETAK**

Fakultet zdravstvenih studija Univerziteta u Sarajevu, osnovan 1973. god. kao Viša medicinska škola dvogodišnjeg trajanja, pri Medicinskom fakultetu Univerziteta u Sarajevu.

U periodu 1990. god. transformiše se u trogodišnji studij, a 1999. god. Viša medicinska škola u Sarajevu je preimenovana u Visoku zdravstvenu školu u Sarajevu.

Visoka zdravstvena škola u Sarajevu je, 2008.g. preimenovana u Fakultet zdravstvenih studija u Sarajevu, sa četverogodišnjim trajanjem.

Akadske 2009/10. godine na Fakultetu zdravstvenih studija u Sarajevu upisana je prva generacija studenata koji studiraju u skladu sa principima Bolonjske deklaracije u trajanju od 4+1+3 godine.

Studiji po Bolonjskom programu su: Studij fizioterapije; Studij laboratorijskih tehnologija; Studij radioloških tehnologija; Studij sanitarnog inženjerstva; Studij zdravstvene njege; Studij zdravstvenog nutricionizma i dijetetike; Studij babičarstva/primaljstva.

Kroz provođenje Akcenat studijskog programa je na ishodima učenja, kvalitet praktične nastave i dobra saradnja sa studentskom asocijacijom.

Sa uvođenjem Bolonjskog studijskog programa, a za njegovo kvalitetno provođenje, na Fakultetu zdravstvenih studija ostvaren je optimalan prostorni i funkcionalni standard za nastavu, osiguran adekvatan prostora za odvijanje praktične nastave, razvoj istraživanja i inovacija, unaprijedjena saradnja s nastavnim bazama i dr. ustanovama sa kojima fakultet ima potpisan sporazum, te unaprijedjena saradnja sa srodnim institucijama.

Kako bi Fakultet zdravstvenih studija mogao da kvalitetno provodi nastavne procese Bolonjskog studijskog programa na Fakultetu je trenutno uposljeno: 77 uposlenika, od čega su 64 uposlenika akademskog osoblja i 13 uposlenika nenastavnog osoblja, a nastavnika i

saradnika prema zvanjima ima: redovnih profesora 7, vanrednih profesora 27, docenata 10, viših asistenata 5, asistenata 31, što ukupno čini 80 nastavnika i saradnika u akademskom zvanju. Uposlenici Fakulteta zdravstvenih studija imaju omogućena redovna i prijevremena napredovanja u akademska zvanja u skladu sa važećom legislativom, čime se daje značaj na poticanju mladog kadra u napredovanju. Osigurana je mobilnost nastavnika i saradnika unutar organizacionih jedinica Univerziteta i međunarodnog okruženja.

Fakultet zdravstvenih studija kroz sve cikluse Bolonjskog studijskog programa ima ukupno 1004 studenta, te je primjetno konstantno povećanje broja studenata tokom prethodnih studijskih godina. Trenutno su u reviziji nastavni planovi i programi II ciklusa, NPP III ciklusa i NPP I ciklusa. Cilj revizije je prilagođavanje novim zanimanjima i potrebama koje je Fakultet uveo u svoje planove i programe, kao i prilagođavanje novim pravcima i trendovima u zdravstvu u svrhu provođenja sposobnih, stručnih, obrazovanih i kompetentnih kadrova, koji će odgovoriti svim modernim pravcima u zdravstvenom sistemu u kojem budu pružali svoje znanje i usluge.

Da bi pored kvalitetnog provođenja Bolonjskog studijskog programa, pored kvalitetnog akademskog kadra, kvalitetne opreme (učila i dr.), potreban je i kvantitativno adekvatan prostor, te je Fakultet zdravstvenih studija u toku rekonstrukcije, adaptacije, dogradnje i promjene namjene VIII paviljona studentskog naselja Bjelave u modernu zgradu Fakulteta zdravstvenih studija sa svim standardima koji su prđviđeni za moderno okruženje u pružanju akademskih obrazovnih programa.

# **New study programs at the Faculty of Health Studies of the University of Sarajevo - Perspectives, needs and application of knowledge and skills in our country and the EU**

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## **SUMMARY**

Faculty of Health Studies of the University of Sarajevo was founded in 1973 as a two-year medical school at the Faculty of Medicine of the Sarajevo University.

In the period from 1990 it was transformed into a three-year course, and in 1999 The Higher Medical School in Sarajevo was renamed the High Medical School in Sarajevo.

In 2008, the High Medical School in Sarajevo was renamed to the Faculty of Health Studies in Sarajevo, with a four-year duration of studies.

During the academic year 2009/10, in 2008, the Faculty of Health Studies in Sarajevo enrolled the first generation of students who study in accordance with the principles of the Bologna Declaration with the duration of 4+1+3 years.

Studies according to the Bologna program are: Study of physiotherapy; Study of laboratory technologies; Study of radiological technologies; Study of sanitary engineering; Study of health care; Study of health nutrition and dietetics; Study of midwifery.

Through the implementation of the study program, the emphasis is on learning outcomes, the quality of practical teaching and good cooperation with the Association of students.

With the introduction of the Bologna study program, and for its quality implementation, optimal spatial and functional standards for teaching were achieved at the Faculty of Health Studies, adequate spaces were provided for conducting practical classes, development of research and innovation, improved cooperation with teaching bases and other institutions with which the faculty has signed an agreement, and improved cooperation.

In order for the Faculty of Health Studies to be able to carry out the teaching processes of the Bologna study program with quality, the Faculty currently employs 77 employees, of which 64 are academic staff and 13 are non-teaching staff. The professors and associates

according to their titles: full professors 7, associate professors 27, assistant professors 10, senior assistants 5, assistants 31, which makes a total of 80 professors and associates in academic positions. Employees of the Faculty of Health Studies have the possibility of regular and early advancement to academic positions in accordance with the current legislation, which gives importance to promotion of young staff in their advancement. The mobility of professors and associates within organizational units of the University and the international environment is ensured.

The Faculty of Health Studies has a total of 1004 students throughout all cycles of the Bologna study program, and a constant increase in the number of students during the previous study years is noticeable. Curriculums and programs of the II cycle, III cycle and I cycle are currently being revised. The goal of the audit is to adapt to new occupations and needs that the Faculty has introduced in its plans and programs, as well as to adapt to new directions and trends in healthcare in order to implement capable, professional, educated and competent personnel, who will respond to all modern directions in the healthcare system in which will provide their knowledge and services.

In addition to the high-quality implementation of the Bologna study program, beside high-quality academic staff, high-quality equipment (teaching equipment, etc.), a quantitatively adequate space is also needed, and the Faculty of Health Studies is in the process of reconstruction, adaptation, extension and change of purpose of the VIII pavilion of the Bjelave student settlement, into the modern building of the Faculty of Health Studies with all the standards foreseen for a modern environment in the provision of academic educational programs.

# Inovativne digitalne alatke u obrazovanju medicinskih sestara

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## **SAŽETAK**

Primena digitalnih tehnologija u obrazovanju budućih zdravstvenih profesionalaca prepoznata je kao mogućnost za rešavanje mnogih zahteva i izazova koji se postavljaju pred obrazovne i zdravstvene sisteme, te su one sve više zastupljene, kako u akademskom, tako i celo životnom obrazovanju. Pandemija korona virusom usloвила je da se obrazovanje ubrzano, na svim nivoima i u svim oblastima, iz dominantno tradicionalnog u potpunosti prebaci u digitalni okvir. S toga su i medicinske sestre, nastavnici u visokoškolskim ustanovama, započeli primenu različitih modela inovativnih digitalnih tehnologija. Rekreativna igra Escape room (ER), koja je u poslednjoj deceniji stekla globalnu popularnost, inspirisala je medicinske sestre nastavnike da je primene u obrazovnom okruženju. Prema definiciji ER je igra u kojoj tim igrača otkriva tragove, rešava zagonetke i obavlja zadatke u jednoj ili više soba, kako bi u ograničenom vremenu postigao određeni cilj, najčešće „beg iz sobe“. U obrazovnoj ER se zagonetkom nazivaju svi problemi, izazovi i aktivnosti, dok termin soba podrazumeva prostor u kom se realizuje. Prema tome, obrazovna ER može biti on-situ i on-line. ER je u obrazovnom okruženju našla svoje mesto, jer u prostore za učenje donosi vremenski ograničene autentične situacije iz realnog profesionalnog okruženja, koje od studenata, da bi uspešno završili misiju i „pobegli iz sobe“, pored angažovanja koje podstiče kritičko mišljenje, zahteva i da intenzivno međusobno komuniciraju i saraduju. U ovom radu je prikazana primena on-line obrazovne ER na predmetu Opšta zdravstvene nega.

**Ključne reči:** digitalne tehnologije, sestrinstvo, obrazovanje, soba za bekstvo

# **Inovative digital tools in nursing education**

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## **SUMMARY**

The digital technologies application in the education of future health professionals is recognized as an opportunity to solve many demands and challenges that are set before the educational and health systems, and they are increasingly represented, both in academic and lifelong education. The coronavirus pandemic caused education to be rapidly shifted, at all levels and in all areas, from the dominantly traditional to the digital framework. With that, nurse educators in higher education institutions also started applying different models of innovative digital technologies. The recreational escape room (ER) game, which has gained global popularity in the last decade, has inspired nurse educators to apply it in an educational setting. According to the definition, ER is a game in which a team of players discovers clues solves puzzles and performs tasks in one or more rooms to achieve a specific goal in a limited time, usually "room escape". In educational ER, all problems, challenges and activities are called a puzzle, while the term room means the space in which it is realized. Therefore, educational ER can be on-site and online. ER has found its place in the learning environment because it brings time-limited authentic situations from the natural professional environment. To complete the mission and "escape from the room", students, in addition to engagement that encourages critical thinking, intensively communicate and cooperate. This paper presents the application of online educational ER in the subject Fundamentals of Nursing.

**Keywords:** digital technologies, nursing, education, student, escape rooms

# Korištenje inovativnih modela poučavanja na studiju sestrinstva

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## SAŽETAK

**Uvod:** Danas je u visokoškolskoj nastavi fokus postupno pomaknut s predavača, kao središnje figure u nastavnom procesu, na studente. Klasični oblici poučavanja u današnje vrijeme teško mogu zadovoljiti sve intelektualne i socijalne potrebe studenata, stoga je potrebno koristiti modele koji studente aktivno uključuju u proces stjecanja znanja i kompetencija, a upravo inovativnim modelima lakše se postižu ciljevi današnje visokoškolske nastave.

**Metode:** Provedeno je presječno istraživanje na prigodnom uzorku od 328 sudionika. Sudionici istraživanja bili su studenti studija sestrinstva (N=186) te njihovi mentori vježbovne nastave i nastavnici (N=142). Za prikupljanje podataka korišteni su prethodno konstruirani upitnici za studente studija sestrinstva te mentore/ nastavnike.

**Rezultati:** Mentori/nastavnici većinu inovativnih modela poučavanja primjenjuju često ili vrlo često tijekom nastave. Čak 97,1% mentora/nastavnika navodi kako koriste problemski model, međutim 63,2% studenata ističe kako se nikad, rijetko ili ponekad susrelo s ovim načinom rada. Više od 85% mentora/nastavnika zainteresirano je za sudjelovanje na edukaciji o inovativnim modelima poučavanja.

**Rasprava i zaključak:** Nastavnici/mentori te studenti imaju pozitivan stav prema inovativnim modelima poučavanja. Obje istraživačke skupine smatraju kako takvi modeli trebaju biti zastupljeni u svim oblicima nastave te mentori/nastavnici iskazuju visoku razinu motivacije za korištenje inovativnih modela u nastavi.

**Ključne riječi:** inovativni modeli poučavanja, nastavnici, mentori, studenti, nastava

# Use of innovative teaching models in nursing study programmes

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## SUMMARY

**Introduction:** In today's higher education, the focus in class has been gradually shifting from the teacher as the central figure in the teaching process, to the students. Traditional forms of teaching can no longer satisfy all the intellectual and social needs of students. Therefore, it is necessary to use innovative models that promote active involvement of students in the process of acquiring knowledge and competencies, thus facilitating the achievement of educational goals.

**Methods:** A cross-sectional study was conducted using a convenience sample of 328 participants. The participants were nursing students (N=186) and their teachers and mentors in practical sessions (N=142). Previously designed questionnaires for nursing students and mentors/teachers were used to collect data.

**Results:** Mentors/teachers apply most innovative teaching models 'often' or 'very often' in class. As many as 97.1% of mentors/teachers report that they use problem-based learning; however, 63.2% of students report 'never', 'rarely' or 'sometimes' encountering this type of teaching. More than 85% of mentors/teachers are interested in receiving training on innovative teaching models.

**Discussion and conclusion:** Teachers/mentors and students have a positive attitude towards innovative teaching models. Both respondent groups believe that such models should be used in all forms of teaching. Mentors/teachers are highly motivated for using these models in teaching.

**Keywords:** innovative teaching models, teachers, mentors, students, teaching

# Medicinske sestre specijalisti – buduća paradigma sustava zdravstvene skrbi

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## **SAŽETAK**

### **UVOD**

Međunarodno Vijeće medicinskih sestara definiralo je medicinsku sestru specijalistu kao “Medicinsku sestru koja je osposobljena iznad razine medicinske sestre općeg smjera i ovlaštena raditi kao specijalista s naprednim stručnim znanjem u grani područja sestrinstva” (1). Tijekom posljednjih nekoliko desetljeća, sestrinstvo se u svijetu eksponencijalno razvilo, a status i obrazovanje medicinskih sestara specijalista razlikuje se diljem Europske unije (2,3). Mjere za rješavanje izazova su neophodne, kako bi se osigurala mobilnost i doprinos medicinskih sestara specijalista kvaliteti zdravstvene skrbi (3).

### **MATERIJAL I METODE**

Ovaj je rad ima za cilj provesti sustavnu analizu literature koja se odnosi na medicinske sestre specijaliste u Europi, odrediti razinu priznavanja i usporediti razine obrazovanja. Pretražene su baze podataka (Scopus, PubMed) s ciljem pronalaženja relevantnih istraživanja i članaka objavljenih u posljednjih 10 godina. Ključne riječi bile su medicinske sestre specijalisti, obrazovanje, priznanje i Europa.

### **REZULTATI**

Rezultati pretrage su uključili 23 rada, ali samo 4 su se odnosila na pitanje obrazovanja i priznavanja medicinskih sestara specijalista u Europi. Adams je u svojoj kvalitativnoj studiji zaključila da se čini da je uloga priznanja ključna za izgradnju profesionalnog identiteta (4). Razvoj profesionalnog identiteta vrlo je važan u obrazovnim procesima (4). Wickham je proveo studiju u Irskoj sa zaključkom da klinički specijalist ima veliki

potencijal za pozitivan utjecaj na brigu o pacijentima u svojoj obrazovnoj ulozi (5). Istraživanje od strane Dury i sur. je naglasilo potrebu poboljšanja standarda za obrazovanje, certificiranje i propise za medicinske sestre specijaliste (6). Decock i sur. su prižili prvu veliku presječnu multicentričnu studiju u Europi sa zaključkom da je za postizanje bolje kvalitete pružanja skrbi i olakšavanje njihove mobilnosti diljem Europske unije potrebno težiti homogenosti u tumačenju uloge i kompetencija medicinskih sestara specijalista (2).

## **ZAKLJUČAK**

Područje medicinskih sestara specijalista na europskoj razini je neistraženo i veliki je potencijal za buduća istraživanja. Sva istraživanja su pokazala važnost medicinskih sestara specijalista kao pokretačke snage sustava zdravstvene skrbi, no postoji nedostatak priznanja kao i razlike u obrazovanju diljem Europe. Važnost političke regulacije specijalističkog područja medicinskih sestara trebala bi biti primarni cilj.

**Ključne riječi:** medicinske sestre specijaliste, obrazovanje, priznavanje, Europa.

# Specialist Nurses – Future Paradigm of Health Care Systems

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## **SUMMARY**

### **BACKGROUND**

The International Council of Nurses defined a specialist nurse as “A nurse prepared beyond the level of a general nurse and authorized to practice as a specialist with advanced expertise in a branch of the nursing field (1). Nursing in the world has developed exponentially in the past few decades, the status and education of the specialist nurses differ across the European Union (2, 3). Action is needed to address the challenges to assure mobility and the contribution of nurses specialist to quality of care (3).

### **SUBJECTS AND METHODS**

This paper aimed to undergo a systematic analysis of the literature related to nurses specialist within the Europe, determine level of recognition and compare education levels. Databases (Scopus, PubMed) were searched with the aim of finding relevant studies and articles published in the last 10 years. The keywords were nurse’s specialist, education, recognition and Europe.

### **RESULTS**

Results showed 23 papers, but only 4 were related to the issue of nurses specialist in Europe education and recognition. Adams in her qualitative study concluded that role of recognition appears to be key to building professional identity (4). The development of professional identity is highly important in educational processes (4). Wickham conducted study in Ireland with conclusion that clinical specialist has tremendous potential for a positive impact on patient care in his or her education role (5). Dury et al. study emphasized the need to improve standards for education, certification, and regulation for specialist nurses (6). Decock et al. provided first large cross sectional multicentre study in

Europe with conclusion that aiming for homogeneity in the interpretation of the nurses specialist role and competencies is needed to achieve better quality of care provision and facilitate their mobility around the European Union (2).

## **CONCLUSION**

The field of nurses specialist on European level is unexplored and is great potential for future research. All studies showed importance of nurses specialist as driving force of health care systems, but there is a lack of recognition as well as differences in education across Europe. Importance of political regulation of nurses specialist area should be primary goal.

**Keywords:** specialist nurses, education, recognition, Europe.

# Profesionalni standardi za medicinske sestre i etička postupanja

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## **SAŽETAK**

**Uvod:** Profesija „medicinska sestra“ je dinamična i prati rastuće zahteve zdravstvene zaštite sa promenama u obimu prakse, ulogama, kompetencijama i odgovornostima. Sadašnji i budući sistemi zdravstvene zaštite zahtevaju profesionalnu medicinsku sestru koja može da pruži sveobuhvatnu negu koja zadovoljava složene i različite potrebe pacijenata i treba da bude u stanju da kombinuju različite izvore informacija i da ih ugrade u donošenja odluka i sestrinsku praksu.

Bez obzira na ulogu, specijalnost ili okruženje u kome rade medicinske sestre treba da primenjuju standarde profesionalne prakse kao važan alat za usmeravanje prakse, samoprocenu, evaluaciju i okvir za definisanje i razvoj kompetencija.

Sestrinski proces kao osnovni standard nege prvi put je opisala Lydia Hall, (američka teoretičarka sestrinstva) davne 1955. godine. Prve standarde sestrinske prakse objavilo je Američko udruženje medicinskih sestara (ANA) 1973. godine i od tada ih je razvijalo. Poslednja revizija ovih standarda je urađena 2021. godine. Na našim prostorima i danas u sestrinskoj profesiji postoji dilema o primeni standarda.

**Cilj rada:** Razumevanje značaja implementacije profesionalnih standarda u sestrinsku praksu i njihovog uticaja na profesionalni razvoj, kvalitet zdravstvene nege i etičko postupanje.

**Metod rada:** deskriptivno- analitički.

**Zaključak:** Definisanje kompetencija i implementacija standarda (standardi koji opisuju kompetentan nivo sestrinske prakse i standarda profesionalnog delovanja) u sestrinsku praksu je neophodna i vitalna potreba kako bi se definisala odgovornost profesije prema javnosti i ishodima klijenata za koje su odgovorne medicinske sestre. Etičko postupanje sadrži se u svakom standardu sestrinskog rada i delovanja.

**Ključne reči:** profesionalni standardi, medicinska sestra, etično postupanje

# Nursing professional standards and ethical conduct

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## **SUMMARY**

**Introduction:** The profession of "Nursing" is dynamic and keeps up with the growing demands of health care with changes in scope of practice, roles, competencies and responsibilities. Current and future health care systems require a professional nurse who can provide comprehensive care that meets the complex and diverse needs of patients and should be able to combine different sources of information and incorporate them into decision-making and nursing practice.

Regardless of the role, speciality or surroundings in which nurses work, the professional practice standards should be applied as an important tool for guiding practice, self-assessment, evaluation and a framework for defining and developing competencies.

As a basic standard of nursing care, the nursing process was first described by Lydia Hall (an American nursing theorist) back in 1955. The first standards of nursing practice were published by the American Nurses Association (ANA) in 1973 and have been developing since then. The last revision of these standards was done in 2021. Even today, there is a dilemma regarding the application of standards in the nursing profession in our area.

**Aim:** Understanding the importance of implementing professional standards in nursing practice and their impact on professional development, quality of health care and ethical behavior.

**Method:** Descriptive analytical approach.

**Conclusion:** Defining competencies and implementing standards (standards that describe a competent level of nursing practice and standards of professional action) in nursing practice is a necessary need to define the profession's responsibility to the public and client outcomes for which nurses are responsible. Ethical behaviour is contained in every standard of nursing work and action.

**Key words:** professional standards, nurse, ethical conduct

# Razvoj standardnih operativnih procedura u Bosni i Hercegovini

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## **SAŽETAK**

Medicinske sestre-tehničari su voditelji zdravstvenog tima u procesu zdravstvene njege, s toga je nužna primjena standardiziranih postupaka, a sve u svrhu kvalitetnog procesa rada, poboljšanja zdravstvenih ishoda pacijenata, doprinosa praksi sestrinstva utemeljenoj na dokazima i globalnom dijeljenju izvora podataka. Jedan od često korištenih alata za standardizaciju sestrinske prakse su standardne operativne procedure, koje predstavljaju korak prema unaprjeđenju pružanja usluga iz domena zdravstvene njege.

U okviru Projekta jačanja sestrinstva u Bosni i Hercegovini (ProSes), kojeg financira Švicarska vlada, implementira Fondacija fami i podršku Federalnog ministarstva zdravstva, u period da 2016.-2021. godine je izrađeno ukupno 5 priručnika sa 279 SOP-a, uz priloge i algoritme za pojedine SOP-ove. U Federaciji Bosne i Hercegovine je u period od pet godina, razvijeno ukupno 149 procedura za medicinske sestre-tehničare svih nivoa zdravstvene zaštite.. Također, uz potporu Projekta jačanja sestrinstva u Bosni i Hercegovini i Ministarstva zdravlja i socijalne zaštite Republike Srpske razvijeno je ukupno 130 SOP-ova.

Osnovna namjena priručnika je da se standardne operativne procedure učine dostupnim svim medicinskim sestrama-tehničarima uposlenim u zdravstvenim ustanovama Bosne i Hercegovine. Primarno je namijenjen medicinskim sestrama-tehničarima uključenim u proces rada, kao set smjernica za siguran i jedinstven način pružanja usluga. Pored toga će priručnici svoju implementaciju pronaći u procesu uvođenja novih uposlenika u rad, te kao korisna literatura za nastavni proces srednjih medicinskih škola i fakulteta zdravstvenih studija.

**Ključne riječi:** Standard, procedure, medicinske sestre, algoritam

# Development of standard operating procedures in Bosnia and Herzegovina

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## **SUMMARY**

Nurse-technicians are leaders of the health team in the health care process, therefore the application of standardized procedures is necessary, all for the purpose of quality work process, improvement of patient health outcomes, contribution to evidence-based nursing practice and global sharing of data sources. One of the frequently used tools for standardization of nursing practice are standard operating procedures, which represent a step towards improving the provision of services in the field of health care.

As part of the Project for Strengthening Nursing in Bosnia and Herzegovina (ProSes), which is financed by the Swiss government, it is implemented by the Fami Foundation and supported by the Federal Ministry of Health, in the period 2016-2021. a total of 5 manuals with 279 SOPs were created in 2008, with appendices and algorithms for individual SOPs. In the Federation of Bosnia and Herzegovina, in a period of five years, a total of 149 procedures were developed for nurse-technicians of all levels of health care. Also, with the support of the Project for Strengthening Nursing in Bosnia and Herzegovina and the Ministry of Health and Social Protection of the Republic of Srpska, a total of 130 were developed. SOPs.

The main purpose of the manual is to make standard operating procedures available to all nurse-technicians employed in the health institutions of Bosnia and Herzegovina. It is primarily intended for nurse-technicians involved in the work process, as a set of guidelines for a safe and unique way of providing services. In addition, the manuals will find their implementation in the process of introducing new employees to work, and as useful literature for the teaching process of secondary medical schools and faculties of health studies.

**Keywords:** standard, procedures, nurses, algorithm

# Proaktivnošću do inovacijskog procesa u sestrinskoj profesiji kroz djelatnost zdravstvene njege u kući

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## SAŽETAK

Djelatnost zdravstvene njege u kući dio je sustava primarne razine zdravstvene zaštite hrvatskog zdravstvenog sustava, a koju potpuno samostalno provode medicinske sestre i medicinski tehničari, najčešće i osnivači privatnih praksa i ustanova za zdravstvenu njegu – ugovornih subjekata s Hrvatskim zavodom za zdravstveno osiguranje. Kontinuiranim 30 godišnjim ulaganjem u navedenu djelatnost u paraleli s individualnim ulaganjima medicinskih sestara i medicinskih tehničara zdravstvene njege u kući u sebe same kroz razne oblike formalne, neformalne i informalne edukacije (posljednji model takve vrste, a ujedno i prvi – 2016. godine prva generacija, u Republici Hrvatskoj za sestrinsku djelatnost bio je jednogodišnji program dodatnog usavršavanja za medicinske sestre i medicinske tehničare zaposlene u zdravstvenoj njezi u kući, no nije se pokazao kao najbolji iz 3 razloga; po završetku su stečene proširene kompetencije, nemogućnost zakonske regulative u smislu stjecanja novog naziva po završetku edukacije, nemogućnost usvajanja višeg koeficijenta u osobnom dohotku – usprkos dobivenim odobrenjima svih nadležnih institucija za provođenje ovakvog oblika dodatnog usavršavanja). Ponovljenom apostrofiranom i valoriziranom spremnošću i utvrđenom potrebom za daljnjom dodatnom edukacijom odnosno dodatnim usavršavanjem argumentirano rezultatima provedenih istraživanja u siječnju 2022. i u periodu od lipnja do kolovoza 2022. godine, a sukladno stvarnim u praksi potvrđenim zahtjevima i potrebama tržišta osmišljen je Nastavni plan i program specijalističkog studija za medicinske sestre i medicinske tehničare provoditelje zdravstvene njege u kući. Specijalistički studij namijenjen je prvenstveno prvostupnicima i prvostupnicama sestrinstva predviđenog trajanja jedne akademske godine čiji se završetak realizira polaganjem specijalističkog ispita, stjecanjem stručnog naziva medicinska sestra/medicinski tehničar specijalist zdravstvene njege u kući i palijativne zdravstvene

njege te stjecanjem 120 ECTS. 40% izvedbenog Nastavnog plana i programa namijenjeno je stjecanju dodatno potrebnih vještina iz određenih dijagnostičko-terapijskih postupaka, a 60% namijenjeno je dodatnoj izobrazbi iz područja palijativne zdravstvene njege bolesnika koji danas čine 60% ukupno odrađenih sestrinskih intervencija kroz djelatnost zdravstvene njege u kući. Po završetku postoji mogućnost nastavka obrazovanja kroz dodatnu godinu studija te završetkom druge godine studija (uspješno položenim svim ispitima i obranjenim diplomskim radom) studenti stječu akademski naziv sveučilišni magistar odnosno magistra sestrinstva.

Značajni doprinos znanstvenog rada je nominacija medicinske sestre/medicinskog tehničara zdravstvene njege u kući ključnim čimbenikom u pružanju kvalitetne, dostupne i kontinuirane zdravstvene njege u kući bolesnika na razini primarne zdravstvene zaštite. Predlaže se provesti daljnje anketno istraživanje u vidu ispitivanja postignute efikasnosti i efektivnosti u svakodnevnom radu kroz ostvarene dodatne kompetencije po završetku specijalizacije iz područja zdravstvene njege u kući.

**Ključne riječi:** proaktivnost, inovacija, sestrinstvo, zdravstvena njege u kući

# **Proactivity to the innovation process in the nursing profession through the activity of health care at home**

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## **SUMMARY**

The activity of health care at home is part of the system of the primary level of health care of the Croatian health system, which is carried out completely independently by nurses and medical technicians, most often the founders of private practices and institutions for health care - contractual entities with the Croatian Health Insurance Institute. By continuous 30-year investment in the mentioned activity in parallel with the individual investments of nurses and medical technicians of home health care in themselves through various forms of formal, informal and informal education (the last model of its kind, and also the first - in 2016, the first generation, in the Republic of Croatia, there was a one-year additional training program for nurses and medical technicians employed in home health care for nursing activities, but it did not prove to be the best for 3 reasons: after completion, extended competencies were acquired, the impossibility of legal regulations in terms of acquiring a new title upon completion of education, the impossibility of adopting a higher coefficient in personal income - despite the approvals obtained from all relevant institutions for the implementation of this form of additional training). With the repeated apostrophized and valorized readiness and established need for further additional education, i.e. additional training, argued by the results of research conducted in January 2022 and in the period from June to August 2022, and in accordance with the actual requirements and needs of the market confirmed in practice, the Curriculum and program of the specialist study for home health care nurses and medical technicians. The specialist study is intended primarily for bachelors and bachelors in nursing of the expected duration of one academic year, the completion of which is achieved by passing a specialist exam, obtaining the professional title nurse/medical technician specialist in home health care and palliative health care, and acquiring 120 ECTS. 40% of the implementation Curriculum is

intended for the acquisition of additionally necessary skills from certain diagnostic and therapeutic procedures, and 60% is intended for additional training in the field of palliative health care for patients who today account for 60% of the total nursing interventions performed through the activity of home health care. Upon completion, there is the possibility of continuing education through an additional year of study, and at the end of the second year of study (successfully passing all exams and defending the thesis), students acquire the academic title of university master, or master of nursing.

A significant contribution of the scientific work is the nomination of the nurse/medical technician of home health care as a key factor in providing quality, accessible and continuous health care in the patient's home at the level of primary health care. It is suggested to carry out a further survey in the form of an examination of the achieved efficiency and effectiveness in everyday work through the additional competences achieved after the completion of the specialization in the field of health care in the home.

**Keywords:** proactivity, innovation, nursing, health care at home

# Kompetencije prema nivoima obrazovanja neophodne za standardizaciju zdravstvene njege

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## SAŽETAK

Sestrinstvo obuhvata samostalnu i zajedničku njegu pojedinaca svih uzrasta, obitelji, grupa i zajednica, bolesnih i zdravih, bez obzira na kontekst. Novonastali dokument „Knjiga profesionalnih kompetencija iz oblasti zdravstvene njege u F BiH će služiti medicinskim sestrama-tehničarima kao smjernice za obavljanje onih aktivnosti koje su predviđene nivoom obrazovanja, korisnicima zdravstvenih usluga i poslodavcu. Informirat će ih o tome što se može i smije očekivati od medicinske sestre-tehničara, te će jasno određivati nivo prava, dužnosti i odgovornosti medicinskih sestara-tehničara u njihovom području rada–zdravstvenoj njezi.

U Bosni i Hercegovini obrazovanje medicinskih sestra dijelimo na dvije razine: temeljna obrazovanja, srednja strukovna škola za medicinske sestre-tehničare i visoki stupanj obrazovanja, preddiplomski i diplomski stručni ili sveučilišni studiji sestrinstva. Razina sveučilišnog diplomskog studija sestrinstva omogućila je medicinskim sestrama-tehničarima u Bosni i Hercegovini daljnju vertikalnu naobrazbu na razini doktorskih studija.

Obrazovanje mora zadovoljiti sve uvjete kako bi medicinskih sestara-tehničara u potpunosti bila član multidisciplinarnog i multiprofesionalnog zdravstvenog tima, u kojem jednakopravno donosi odluke, prema potrebi preuzima ulogu vođe tima i odgovornost za postignuće predviđenih ciljeva.

Sestrinska praksa mora biti uređena pravnim aktima, a istim će pomoći medicinskim sestrama-tehničarima u donošenju odluka i poduzimanju radnji koje moraju biti u skladu s pravnim načelima, te na taj način i zaštititi medicinsku sestru-tehničara od odgovornosti. S toga je nužno regulirati praksu medicinskih sestara-tehničara kako bi se osigurao standard za postizanje sigurne prakse, a jedan od načina je definiranje profesionalnih kompetencija svih razina obrazovanja u F BiH.

**Ključne riječi:** obrazovanje, medicinska sestra-tehničar, kompetencije, odgovornost

# Competencies according to education levels necessary for the standardization of health care

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## SUMMARY

Nursing encompasses independent and joint care of individuals of all ages, families, groups and communities, sick and healthy, regardless of context. The newly created document "Book of professional competencies in the field of health care in FBiH will serve nurses-technicians as guidelines for performing those activities that are foreseen by the level of education, users of health services and the employer. It will inform them about what can and should be expected from nurse-technicians, and will clearly determine the level of rights, duties and responsibilities of nurse-technicians in their area of work - health care.

In Bosnia and Herzegovina, the education of nurses is divided into two levels: basic education, secondary vocational school for nurse-technicians and high level of education, undergraduate and graduate professional or university nursing studies. The level of the university graduate study in nursing enabled nurses-technicians in Bosnia and Herzegovina to further vertical education at the level of doctoral studies.

The education must meet all the conditions in order for the nurse-technician to be fully a member of a multidisciplinary and multiprofessional health team, in which she makes decisions equally, assumes the role of team leader as necessary and is responsible for the achievement of the intended goals.

Nursing practice must be regulated by legal acts, and the same will help nurse-technicians in making decisions and taking actions that must be in accordance with legal principles, thus protecting the nurse-technician from liability. Therefore, it is necessary to regulate the practice of nurse-technicians in order to ensure a standard for achieving safe practice, and one of the ways is to define the professional competences of all levels of education in FBiH.

**Keywords:** education, nurse-technician, competences, responsibility

# Invazivne procedure u jedinici intenzivne nege

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## SAŽETAK

**Uvod:** Jedinice intenzivne njege (ICU) su specijalistička bolnička odjeljenja. Pružaju intenzivnu njegu (liječenje i praćenje) za osobe u kritično bolesnom ili nestabilnom stanju. Jedinice intenzivne terapije su ponekad poznate i kao jedinice kritične njege ili odjeljenja intenzivne terapije. Osoba na intenzivnoj nezi treba stalnu medicinsku pomoć i podršku kako bi svoje tijelo funkcionisalo. Možda neće moći samostalno da dišu i imaju višestruko zatajenje organa. Medicinska oprema će zamijeniti ove funkcije dok se osoba oporavlja. Postoji nekoliko okolnosti u kojima osoba može biti primljena na intenzivnu negu. To uključuje nakon operacije, nesreće ili teške bolesti.

Specijalna bolnica za hirurške bolesti “Filip Vtori” osnovana je 01.03.2000. godine i od samog početka svog postojanja predstavlja nov i originalan koncept u medicini zasnovan na savremenoj medicinskoj tehnologiji, vrhunskom obrazovanju osoblja, intenzivnom radu i beskompromisnoj posvećenosti. i humanost za pacijente.

Jedinica intenzivne njege u SHSD „Filip Vtori“ je jedinica sa 15 kreveta u kojoj se zbrinjavaju pacijenti kojima je potrebna pre- i postoperativna njega zbog kardiohirurških stanja. Njega u ovoj jedinici pruža se kontinuirano 24 sata i dostupna je za kritično bolesne pacijente kojima je potrebna intenzivna njega, kao i za pacijente kojima je potrebna intermedijarna njega (IMC). Intenzivista intenzivne njege svakodnevno obilazi druge pružaoce njege.

# **Invasive procedures in intensive care unit**

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## **SUMMARY**

**Introduction:** Intensive care units (ICUs) are specialist hospital wards. They provide intensive care (treatment and monitoring) for people in a critically ill or unstable condition. ICUs are also sometimes known as critical care units or intensive therapy departments. A person in an ICU needs constant medical attention and support to keep their body functioning. They may be unable to breathe on their own and have multiple organ failure. Medical equipment will take the place of these functions while the person recovers. There are several circumstances where a person may be admitted to an ICU. These include after surgery, or following an accident or severe illness.

The Special Hospital for Surgical Diseases "Filip Vtori" was established on 01.03.2000 and from the very beginning of its existence, it represents a new and original concept in medicine based on modern medical technology, prime education of staff, intensive work and uncompromising dedication and humanity for patients.

The Intensive Care Unit in SHSD "Filip Vtori" is a 15-bed unit that provides care to patients requiring pre- and post-operative care for cardiac surgical conditions. Care in this unit is provided on a continuous 24-hour basis and is available for critically ill patients requiring intensive care as well as patients requiring intermediate care (IMC). A critical care intensivist rounds daily with other care providers.

# Značaj dijagnostike u post kovid rehabilitaciji

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## **SAŽETAK**

**Uvod:** Post Covid rehabilitacija predstavlja rehabilitaciju pacijenata koji su prebolovali Covid-19. Pacijenti su sa različitim simptomima i komplikacijama, od blagih pa do onih najtežih. Najčešće komplikacije su na plućima, tako da je ispitivanje disajne funkcije jedna od najčešćih i najkorisnijih dijagnostičkih metoda. Osnovni test disajne funkcije je spirometrija (mjerjenje vitalnog kapaciteta pluća) nakon koje se u zavisnosti od potreba uključuju i drugi testovi koji bliže mogu da odrede šta se dešava u plućima, i da li se terapijskim postupcima može uticati na tu promjenu.

**Cilj:** Smanjenje simptoma i poboljšanje kvaliteta života ljudi sa Post kovid sindromom. Proces rehabilitacije uključuje program fizikalne terapije, edukaciju o bolestima i savjete o ishrani, kao i psihosocijalnu terapiju. Takođe cilj je dokazati uticaj terapije na spirometrijski nalaz, na vrijednost FVC-a koji pokazuju restriktivne vrijednosti a dešavaju se kao posljedica upale pluća sa fibroznim promjenama, kod post kovid pacijenata.

**Metode:** Spirometrijski nalaz se izvodi tako što se pacijent postavi u ispravan sjedeći položaj i štipaljkom na nosu, pacijent usnik lagano zagriže i obuhvati usnama uz opušten stav i normalno disanje. Nakon što je dostignuta predviđena linija, pacijent se uputi da maksimalno duboko udahne pa izdahne što je prije moguće do kraja i što duže. Test je potrebno ponoviti nekoliko puta, pa izabrati onaj najbolji.

**Rezultati:** Zavod za fizikalnu medicinu i rehabilitaciju „Dr Miroslav Zotović“ je započeo sa Post kovid rehabilitacijom u junu 2020. g. kroz Dnevnu bolnicu, a kasnije i kroz stacionarno liječenje pacijenata. Kao posebno Odjeljenje za rehabilitaciju za nezarazne bolesti svoj rad nastavlja od 01.04.2021. g., a u prostoru Slateksa u Slatini od 01.06.2021.g. Prosječno trajanje rehabilitacije je 28 dana. Dijagnostičke procedure koje se rade na prijemu i otpustu pokazuju poboljšanje opšteg stanja pacijenata.

**Zaključak:** Danas i dalje postoje određene nedoumice i neodgovorena pitanja, ali imamo mnogo više saznanja i iskustva u liječenju i praćenju bolesnika nakon infekcije COVID-19.

Prema statističkim podacima spirometrije koji su se vodili , kod pacijenata starosne dobi između 50-77 godina oba pola pokazuju da su prilikom dolaska prosječne vrijednosti iznosile : FEV1-67%, FVC-75%, Tiffindex-79,8%, a pri odlasku ; FEV1- 75%, FVC-83%, Tiffindex-88,7%, što nam potvrđuje značaj pulmološke rehabilitacije kao bitne stavke u nastavku liječenja pacijenata koji su preboljeli Kovid-19.

**Ključne riječi:** COVID-19, spirometrija, rehabilitacija

# The importance of diagnostics in post-covid rehabilitation

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## **SUMMARY**

**Introduction:** Post-Covid rehabilitation is the rehabilitation of patients who have recovered from Covid-19. Patients have different symptoms and complications, from mild to the most severe. The most common complications are in the lungs, so testing the respiratory function is one of the most common and useful diagnostic methods. The basic test of respiratory function is spirometry (measurement of the vital capacity of the lungs), after which, depending on the needs, other tests are included that can more closely determine what is happening in the lungs, and whether therapeutic procedures can influence that change.

**Goal:** Reducing symptoms and improving the quality of life of people with post-covid syndrome. The rehabilitation process includes a physical therapy program, disease education and nutritional counseling, as well as psychosocial therapy. Also the goal is to prove the impact of therapy on spirometric findings, on the value of FVC, which show restrictive values and occur as a result of pneumonia with fibrotic changes, in post-covid patients.

**Methods:** The spirometric test is performed by placing the patient in the correct sitting position and with a clip on the nose, the patient gently bites the mouthpiece and covers it with the lips with a relaxed attitude and normal breathing. After the intended line is reached, the patient is instructed to inhale as deeply as possible and then exhale as quickly as possible to the end and for as long as possible. It is necessary to repeat the test several times, then choose the best one.

**Results:** The Institute for Physical Medicine and Rehabilitation "Dr. Miroslav Zotović" started post-covid rehabilitation in June 2020. through the Day Hospital, and later through the inpatient treatment of patients. As a special Department for rehabilitation for non-communicable diseases, it continues its work from April 1, 2021. g., and in the area of Slateks in Slatina from 01.06.2021. The average duration of rehabilitation is 28 days.

Diagnostic procedures performed at admission and discharge show an improvement in the general condition of patients.

**Conclusion:** Today there are still certain doubts and unanswered questions, but we have much more knowledge and experience in the treatment and monitoring of patients after infection with COVID-19. According to the spirometry statistics that were kept, in patients aged between 50-77 years, both sexes show that upon arrival the average values were: FEV1-67%, FVC-75%, Tiffindex-79.8%, and upon departure; FEV1- 75%, FVC-83%, Tiffindex-88.7%, which confirms the importance of pulmonary rehabilitation as an important item in the continuation of the treatment of patients who have recovered from Kovid-19.

**Keywords:** COVID-19, spirometry, rehabilitation

# Holistička skrb iz perspective medicinskih sestara – kvalitativno pilot istraživanje

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## SAŽETAK

**Uvod:** Holistička sestrinska skrb podrazumijeva skrb za fizičku, psihičku, socijalnu i duhovnu dimenziju pacijenta, no u sestrinskoj praksi na našim prostorima je još uvijek nejasan i nedovoljno korišten koncept. Kvalitativno pilot istraživanje provedeno je s ciljem utvrđivanja razumijevanja koncepta holističke skrbi te identifikacije iskustva medicinskih sestara o holističkoj skrbi unutar palijativne skrbi.

**Materijal i metode:** Podatci su dobiveni tehnikom intervjuiranja. Kodiranjem su određene glavne kategorije, potkategorije i kodovi. Instrument istraživanja je nestrukturirani intervju u kojem su sudjelovale tri magistre sestrinstva s najmanje jednom godinom iskustva u radu s pacijentima u palijativnoj skrbi.

**Rezultati:** Sudionici definiraju holističku skrb kao cjelovitu skrb u kojoj je pacijent partner. Navode kako ona uključuje razumijevanje i zbrinjavanje pacijentovih fizičkih, psihičkih, socijalnih i duhovnih potreba. U praksi se holistička skrb nedovoljno prakticira zbog nedostatka znanja, manjka vremena, funkcionalnog modela organizacije zdravstvene njege i dr. Sudionici naglašavaju kako se još uvijek najviše pozornosti pridaje fizičkim potrebama, dok su socijalne i duhovne gotovo zanemarene i medicinske sestre ih često ne smatraju svojim djelokrugom rada.

**Rasprava i zaključak:** Holistička skrb ima brojne dobrobiti i trebala bi biti sastavan dio provođenja zdravstvene njege i edukacije medicinskih sestara, stoga je potrebna usmjerena edukacija o holističkoj skrbi te organizacijske promjene koje bi omogućile način rada koji će u fokus stavljati pacijenta i njegove potrebe.

**Ključne riječi:** holizam, cjelovita skrb, holistička skrb, medicinska sestra, pacijent, potrebe

# Holistic nursing care from the perspective of nurses – qualitative pilot study

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## SUMMARY

**Introduction:** Holistic nursing is an approach that involves care for the physical, psychological, social and spiritual dimensions of patient welfare. This concept of care is still poorly understood and barely used in nursing practice in Croatia. A qualitative pilot study is carried out with the aim of ascertaining the understanding of the concept and the experience of holistic nursing among palliative care nurses.

**Material and methods:** Data are collected via interviews. Main categories, subcategories and codes are established through coding. Using an unstructured interview as a research instrument, three nurses holding a Master of nursing degree with a minimum one year of experience in palliative care are selected for an interview.

**Results:** The participants define holistic nursing as comprehensive care in which the patient is a partner. They state that it includes an understanding and addressing of the various physical, psychological, social and spiritual needs of the patient. Holistic nursing care is rarely practiced due to the lack of knowledge and time, the functional model of healthcare organisation currently used, and other factors. Participants highlight that patients' physical needs are still prioritized over their other needs and nurses often do not consider tending to them to be their responsibility.

**Discussion and conclusion:** Holistic care can bring numerous benefits and should therefore be incorporated into nursing education and practice. In addition, organizational changes are needed to facilitate the provision of holistic, patient-centred care.

**Keywords:** holism, comprehensive care, holistic nursing care, nurse, patient, needs

# Inovacije u dokumentiranju zdravstvene njege u gerontologiji

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## **SAŽETAK**

Dokumentiranje zdravstvene njege je zakonska obaveza, a ujedno i potvrda izvršenja prakse medicinskih sestara i njegovatelja. U oblasti zdravstva i socijalne zaštite svakodnevno se provodi administriranje zdravstvene njege. Dokumentacija služi za planiranje, monitoriranje implementacije i evaluaciju procesa zdravstvene njege.

Fokus 10. Bečkog simpozijuma o privrednom i krivičnom pravu bio je promjena u protoku informacija i zakonskih obaveza, posebno za donosioce odluka, da dokumentiraju procese na razumljiv način. Nadzor nad dokumentiranjem ima Medicinska služba zdravstvenog osiguranja. Uvođenjem zajedničkih principa i standarda za kvalitet i osiguravanje kvaliteta u skladu sa § 80 XI knjige socijalnog zakonika (SGB XI), 1996. godine, primjena procesa njege i odgovarajuće dokumentacije za njegu postala je obavezujuća (u svim njemačkim ustanovama). Ona sadrži propise o socijalnom osiguranju za dugotrajnu njegu u Njemačkoj i na taj način predstavlja osnovu za finansiranje potreba dugotrajne njege kako u bolničkoj tako i izvanbolničkoj njezi. Strukturirano prikupljanje informacija je namijenjen pomaganju procesa sestrinstva kroz promjenu paradigme, razvijanju i predstavljanju aspekata povezanih sa sestrinstvom daleko od deskriptivnih modela kao što su AEDL (aktivnosti i egzistencijalna iskustva života) i ATL (aktivnosti svakodnevnog života), prema osobama koje imaju centriran pristup. Dokumentacija treba da sadrži sve važne podatke o klijentu: sestrinska anamneza;

Biografija klijenta, Terapijske mjere; Plan lijekova; Podaci o vitalnim znakovima pacijenta;

Podaci o unosu tečnosti; Podaci o delegaciji/subdelegaciji; Plan njege; Riziko menadžment i sl. Osnovna načela dokumentacije njege su da mora biti: ispravna i potpuna, blagovremena i kontinuirana, slijedi principe istinitosti i jasnoće.

# Innovations in documenting health care in gerontology

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## SUMMARY

Documentation of healthcare is a legal obligation, and at the same time a confirmation of the practice of nurses and caregivers. In the field of healthcare and social protection, the administration of healthcare is carried out on a daily basis. The documentation is used for planning, monitoring the implementation and evaluation of the healthcare process.

The focus of the 10th Vienna Symposium on Commercial and Criminal Law was the change in the flow of information and legal obligations, especially for decision makers, to document processes in an understandable manner. The Medical Service of Health Insurance supervises the documentation. With the introduction of common principles and standards for quality and quality assurance in accordance with § 80 Book XI of the Social Code (SGB XI) in 1996, the application of care processes and appropriate care documentation became mandatory (in all German institutions). It contains the social insurance regulations for long-term care in Germany and thus represents the basis for financing the needs of long-term care in both hospital and outpatient care. Structured information collection is intended to assist the nursing process through a paradigm shift, developing and presenting aspects related to nursing away from descriptive models such as AEDL (Activities and Existential Life Experiences) and ATL (Activities of Daily Life), towards a person-centered approach. Documentation should contain all important information about the client: Nursing history; Client biography, Therapeutic measures; Medication plan; Data on the patient's vital signs; Fluid intake data; Data on the delegation/sub delegation; Care plan; Risk management, etc. The basic principles of care documentation are that it must be: correct and complete, timely and continuous, follow the principles of truthfulness and clarity.

# Psihijatrijsko sestrinstvo današnjice i dogledne budućnosti

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## SAŽETAK

Osnovna uloga medicinskih sestara, koja se od pojave sestrinstva temeljila na tradiciji njegovanja bolesnih i ranjenih, te na skrbi za nemoćne, siromašne i danas ostaje okosnica sestrinske profesije koja u središtu svojega zanimanja ima čovjeka, koji je najčešće ranjiv i zdravstveno ugrožen. No, danas sestrinstvo nije više samo poziv sa osnovnom zadaćom za zadovoljavanje potreba drugih ljudi, nego se razvija i prerasta iz zanimanja u profesiju. Danas kada je medicinskim sestrama otvorena mogućnost obrazovanja sve do doktorata znanosti, s porastom razine obrazovanja, raste i kvaliteta rada, s obzirom da se uvode nove složenije metode i postupci u zdravstvenoj njezi.

Psihijatrijsko sestrinstvo dio je ukupne sestrinske profesije koja se bavi ljudskim emocionalnim reakcijama na bolest, stres i krizna stanja te u sprezi s drugim čimbenicima pomaže ljudima u ostvarivanju njihovih fizičkih, mentalnih i društvenih potencijala.

U godinama koje dolaze medicinske sestre u psihijatriji, raditi će u različitim okruženjima, koristeći tehnologiju koju trenutačno ne možemo ni zamisliti, no unatoč svim izazovima temelj zdravstvene skrbi će i dalje biti isti, pomoć čovjeku, bolesnom ili zdravom, u obavljanju aktivnosti koje doprinose zdravlju ili oporavku. Oporavak podrazumjeva osobni doživljaj osnaživanja da osoba upravlja svojim životom. Remisija je klinički pojam i povezana je s kliničkim simptomima, dok je oporavak proces koji uključuje promjenu osobnih stavova, doživljaj kontrole vlastitog života te kvalitete života usprkos ograničenjima koju bolest donosi. Oporavak osobe oboljele od psihičkih poremećaja je cilj kojem svi članovi tima trebaju težiti, danas ali i u budućnosti.

**Ključne riječi:** mentalno zdravlje, oporavak, prevencija, psihijatrija, sestrinstvo

# Psychiatric nursing today and the foreseeable future

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## SUMMARY

The basic role of nurses, which since the advent of nursing, was based on the tradition of caring for the sick and wounded, as well as caring for the weak and poor, remains the backbone of the nursing profession, which has a human being at the center of its profession, who is most often vulnerable and health - impaired. Today, however, nursing is no longer just a vocation with the basic task of meeting the needs of other people but is developing and growing from an occupation into a profession. Today, when the possibility of education up to the doctorate is open to nurses, with the increase in the level of education, the quality of work also increases, considering that new more complex methods and procedures are being introduced in health care. Psychiatric nursing is part of the overall nursing profession that deals with human emotional reactions to illness, stress and crisis situations and, in conjunction with other factors, helps people realize their physical, mental and social potential. In the years to come, nurses in psychiatry will work in different environments, using technology that we cannot even imagine at the moment, but despite all the challenges, the basis of health care will remain the same, helping people, sick or healthy, to perform activities that contribute to health or recovery. Recovery implies a personal experience of empowerment for a person to manage his life. Remission is a clinical term and is associated with clinical symptoms, while recovery is a process that includes changing personal attitudes, experiencing control over one's own life, and quality of life despite the limitations that the disease brings. The recovery of a person suffering from mental disorders is a goal that all team members should strive for, today as well as in the future.

**Keywords:** mental health, recovery, prevention, psychiatry, nursing

# Inovacije u tretmanu kroničnih rana – nove smjernice i preporuke Europske udruge za liječenje rana (EWMA)

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## **SAŽETAK**

Rastući problem antimikrobne rezistencije (AMR – antimicrobial resistance) hitan je problem koji zahtijeva trenutačni, globalni, koordinirani akcijski plan. Riječ „antimikrobno“ je krovni pojam koji se odnosi na dezinficijense, antiseptike, antivirusne, antimikotike, antiparazitike i antibiotike koji se koriste za inhibiciju rasta ili ubijanje različitih mikroorganizama.

AMR se odnosi na fenomen mikroorganizama koji razvijaju mehanizme prema kojima više nisu osjetljivi na različite agense, što ih čini neučinkovitim za liječenje. Učinkoviti antimikrobni agensi (uključujući antiseptike i antibiotike) ključni su za zaštitu pacijenata od infekcije u mnogim okruženjima i situacijama, uključujući infekciju postoperativne rane i liječenje raznih vrsta kroničnih rana.

Dokazi diljem svijeta pokazuju da uobičajeni patogeni rana sve više postaju otporni na antibiotike. Stoga, neophodno je da svi stručnjaci za njegu rana, koji koriste sistemske ili lokalne antimikrobne lijekove, budu upoznati s načelima odgovarajuće uporabe i da ih se pridržavaju.

EWMA-ina nadopuna strukturirana je prema dokumentu iz 2013.godine o antimikrobnim lijekovima i kroničnim ranama sa sljedećim naslovima: glavna uloga biološkog opterećenja u ranama, liječenje, perspektiva bolesnika te ekonomija i organizacija skrbi. Pod ovim naslovima, rad pruža nadopunu znanja stečenog u svakom području i ažurirane odgovore na pitanja postavljena u publikaciji iz 2013.godine. Osim toga, dokument sadrži novi odjeljak o budućim perspektivama i upravljanju antimikrobnim lijekovima kako bi se istaknule strategije koje su općenito usvojene u ovom području od 2013. i ocrtao njihov utjecaj na upotrebu antimikrobnih sredstava u liječenju rana.

# **Innovations in the treatment of chronic wounds - new guidelines and recommendations of the European Wound Management Association (EWMA)**

**Mirela Bulić**

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## **SUMMARY**

The growing problem of antimicrobial resistance (AMR) is an urgent problem that requires an immediate, global, coordinated action plan. The word "antimicrobial" is an umbrella term that refers to disinfectants, antiseptics, antivirals, antifungals, antiparasitics, and antibiotics that are used to inhibit the growth of or kill various microorganisms.

AMR refers to the phenomenon of microorganisms developing mechanisms whereby they are no longer susceptible to various agents, rendering them ineffective for treatment. Effective antimicrobial agents (including antiseptics and antibiotics) are essential for protecting patients from infection in many settings and situations, including postoperative wound infection and the management of various types of chronic wounds.

Evidence from around the world shows that common wound pathogens are increasingly becoming resistant to antibiotics. Therefore, it is essential that all wound care professionals who use systemic or topical antimicrobials are familiar with and adhere to the principles of appropriate use.

EWMA's update is structured around a 2013 document on antimicrobials and chronic wounds with the following headings: major role of bioburden in wounds, treatment, patient perspective, and economics and organization of care. Under these headings, the paper provides a supplement to the knowledge gained in each area and updated answers to the questions posed in the 2013 publication. In addition, the document includes a new section on future perspectives and antimicrobial stewardship to highlight strategies generally adopted in the field since 2013 and outline their impact on antimicrobial use in wound care.

# Značaj i važnost profesionalnih tijela za podršku medicinskim sestrama u našoj zemlji

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## SAŽETAK

Komora medicinskih sestara - tehničara je nezavisna, samostalna strukovna organizacija medicinskih sestara – tehničara svih nivoa obrazovanja sa svojstvom pravnog lica i javnim ovlaštenjima. Komora ima za cilj da štiti prava i interese svojih članova, te da brine o ugledu i unapređenju njihove struke. Također, Komora zastupa i predstavlja svoje članove pred tijelima vlasti i drugim tijelima u zemlji i inostranstvu. Medicinske sestre -tehničari se obavezno registruju u Komori i imaju Licencu za samostalno obavljanje poslova.

Ciljevi rada: Utvrditi poznavanje organizacije i načine rada profesionalne Komore; 2. Ispitati upoznatost sa obavezama i odgovornosti kao članova Komore; 3. Ispitati zadovoljstvo aktivnostima koje Komora kontinuirano provodi; 4. Ispitati stavove i mišljenja članova Komore u odnosu na njihova prava i obaveze.

Metode rada: Istraživanje je presiječna, deskriptivna studija. Za istraživanje je korišten originalni autorski upitnik. Upitnik se sastojao od pitanja kojim se želi prikazati sociodemografska struktura ispitanika, znanje, stavovi i praksa u pogledu rada profesionalnog tijela. U istraživanju je učestvovalo 178 medicinskih sestara-tehničara članova Komore medicinskih sestara-tehničara Kantona Sarajevo.

Rezultati istraživanja: Ispitanici su naveli da su djelimično upoznati sa rukovodnim tijelima Komore, te isto tako i sa svojim obavezama prema Komori. Kao najčešću obavezu prema Komori navode plaćanje članarine. O značenju licence, 166 ili 93,3% ispitanika navelo je da je licenca za njih ovlaštenje za samostalan rad. Također, većina ispitanika smatra da Komora radi za dobrobit svojih članova, te to mišljenje ima njih 114 ili 64,0%. Najveći broj ispitanika je zadovoljan radom Komore, samo njih 11 ističe nezadovoljstvo.

Zaključci: Djelovanje Komore ima posebnu važnost za jačanje sestrinske profesije, što je istaklo 83,7% ispitanika. Ispitanici su dali preporuke za bolji rad Komore i to: da je

potrebno da je snažnije uključi u pregovore za bolje sestrinstvo, da organizuje veći broj programa edukacije, te više aktivnosti sa ciljem medijske promocije profesije.

# **Significance and importance of professional bodies to support nurses in our country**

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## **SUMMARY**

The Chamber of nurses – medical technicians is an independent professional organization of nurses – medical technicians of all levels of education with the status of a legal entity and public authorities. The aim of the Chamber is to protect the rights and interests of its members, and to take care of the reputation and advancement of their profession. Also, the Chamber represents its members in front of the authorities and other bodies in the country and abroad. Nurses-medical technicians are required to register with the Chamber and have a License to perform profession independently.

Goal: To determine the knowledge of the organization and working methods of the Chamber; 2. Examine familiarity with obligations and responsibilities as members of the Chamber; 3. Examine satisfaction with the activities that the Chamber continuously implements; 4. Examine the attitudes and opinions of Chamber members in relation to their rights and obligations.

Methods: This study is a cross-sectional and descriptive. The original author's questionnaire was used. The questionnaire consisted of questions intended to show the socio-demographic structure of the respondents, knowledge, attitudes and practice regarding the work of the professional body. In total, 178 nurses-medical technicians, members of the Chamber of nurses-medical technicians of Sarajevo Canton participated in the study.

Results: The respondents stated that they are partially familiar with the governing bodies of the Chamber, as well as with their obligations towards the Chamber. They state the payment of the membership fee as the most common obligation towards the Chamber. Regarding the importance of the license, 166 or 93.3% of respondents stated that for them the license is an authorization for independent work. Also, the majority of respondents

believe that the Chamber works for the benefit of its members, and 114 of them or 64.0% share this opinion. The largest number of respondents are satisfied with the work of the Chamber, only 11 of them express dissatisfaction.

Conclusion: The activities of the Chamber have a special importance for strengthening the nursing profession, which was emphasized by 83.7% of respondents. Respondents gave recommendations for better work of the Chamber, namely: that it needs to be more strongly involved in negotiations for better nursing, to organize a larger number of education programs, and more activities with the aim of media promotion of the profession.

# Značaj kontinuiranih edukacija za medicinske sestre –tehničare

**Aida Kapo i sar.**

*Udruženje za kontinuiranu edukaciju zdravstvenih radnika, zdravstvenih saradnika i njegovatelja u FBiH „KEUZ“*

## **SAŽETAK**

Cjeloživotno obrazovanje predstavlja doživotno obrazovanje usklađeno kroz formalno, neformalno i informalno obrazovanje odraslih, sa ciljem unaprjeđenja znanja, vještina i sposobnosti unutar lične, poslovne i društvene sfere. Obrazovati se cijeli život predstavlja i razvijanje vlastite ličnosti sa više autonomije, odnosno razvoj ličnosti koja prihvata odgovornost ali i podstiče na akciju. Neformalne kontinuirane edukacije su od posebne važnosti za medicinske sestre-tehničare jer osiguravaju sticanje znanja i vještina potrebnih: za obavljanje svakodnevne prakse; za usko specijalizirana područja u zdravstvu; za konkurentnost na zdravstvenom tržištu; za poboljšanje kvaliteta zdravstvenih usluga i za primjenu novih zdravstvenih tehnologija. Kontinuiranim obrazovanjem i usavršavanjem medicinskih sestara-tehničara imamo; kompetentne zaposlenike, istraživačke radove zasnovane na istraživačkom znanju i poboljšanje zdravstvene usluge koja proizilazi iz znanja koje su zaposlenici dobili obrazovanjem ili doedukacijom. Rezultati kontinuiranog obrazovanja ili usavršavanja se dijele na : kratkoročne rezultate koji se odnose na učenje, odnosno razvijanje znanja, vještina, navika, mišljenja, samopoštovanja, motivacije itd.; srednjoročne rezultate koji su usmjereni na djelovanje u ponašanju, djelovanje kroz praksu kao i sposobnost donošenja odluka- sigurne i kvalitetne usluge, mala mogućnost neželjenih događaja i incidenata u praksi i dugoročne rezultate koji se ogledaju kroz uspješniju komunikaciju, bolje razumijevanje u timu, izgradnju saradničkih odnosa, a što u konačnici vodi ka poboljšanju kvalitete zdravstvene usluge. Nevladine organizacije tj. Udruženja, Asocijacije u zdravstvu osnivaju se radi udruživanja radi povezanosti / jačanja profesije; ostvarivanja ciljeva profesije i kontinuiranog usavršavanja (simpoziji, kongresi, seminari, škole). Udruženje “KEUZ”, osnovano je 2018.g., sa osnovnim ciljem da inicira i provodi kontinuirane obuke/edukacije/edukacijske tečajeve iz oblasti zdravstva, zdravstvene i socijalne zaštite. Edukacije se provode prema planovima i programima koji

obuhvata teorijsku i praktičnu obuku. Neki edukacijski moduli zahtjevaju da kandidat ima završeno formalno visoko obrazovanje. Treneri/predavači su univerzitetski profesori, saradnici u nastavi zdravstvenih fakulteta, stručnjaci iz prakse prema pozivu. Partneri u izvođenju kontinuiranih edukacija su: Fakultet zdravstvenih studija Univerziteta u Sarajevu; Sveučilište „Vitez“ - Fakultet zdravstvenih studija; predstavnici Ministarstva zdravstva FBiH; Crveni križ/krst Kantona Sarajevo; Institut za standarde i sigurnost Sarajevo; Ustanova za socijalnu zaštitu starijih osoba „Dom Park“ Vogošća i druge brojne organizacije i pojedinci. Udruženje je certificirano od strane ovlaštene Agencije i posjeduje certifikat o ispunjenom ISO standardu kvalitete 9001:2015, čime je osiguran potpuni kvalitet usluga kontinuiranog usavršavanja. Podaci o učesnicima edukacija/obuka se vode u jedinstvenom registru. Udruženje „KEUZ“ u periodu od 2020.g. – 2022.g. realizovalo sijedeće kontinuirane edukacije: Specijalističke edukacije za prevenciju i tretman hroničnih rana; Edukacija iz područja zdravstvene njege kritično oboljelih; Specijalistička edukacija iz područja palijativne njege/medicine; Kontinuirana edukacija „Menadžment njege/skrbi za osobe oboljele od demencije“; Kontinuirana edukacija/obuka za upravljanje perifernim i centralnim venskim linijama i port sistemom.; Kontinuirana edukacija za upravljanje kliničkom ishranom bolesnika i Edukacije za njegovatelje starijih osoba. Najprofitabilnija investicija današnjice je ulaganje u učenje i obrazovanje.

Obrazovanje i kontinuirana edukacija (obuka), trebaju doprinijeti održivom nacionalnom razvoju i trajnom razvoju pojedinaca. Zbog toga sve razvijene zemlje drže obrazovanje nacionalnim prioritetom, te primenjuju one strategije razvoja obrazovanja i obuke koje najviše doprinose privrednom, socijalnom i kulturnom razvoju društva te ličnom razvoju njegovih članova. Neformalne kontinuirane edukacije/obuke za medicinske sestre-tehničare treba da budu usmjerene na usko specijalizirana praktična područja.

# **The importance of continuous education for nurses-medical technicians**

**Aida Kapo et al.**

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## **SUMMARY**

Lifelong learning represents lifelong education coordinated through formal, non-formal and informal education of adults, with the aim of improving knowledge, skills and abilities within the personal, professional and social spheres. Educating yourself all your life means developing your own personality with more autonomy, or the development of a personality that accepts responsibility but also encourages action. Informal continuous education is of particular importance for nurses-medical technicians because they ensure the acquisition of knowledge and skills necessary: for daily practice; for narrow specialized areas in healthcare; for competitiveness on the healthcare market; for improving the quality of healthcare services and for the application of new technologies.

Through continuous education and training of nurses-medical technicians, we have; competent employees, research papers based on research knowledge and the improvement of healthcare services resulting from the knowledge that employees have obtained through education or further education. The results of continuous education or training are divided into: short-term results related to learning, that is, the development of knowledge, skills, habits, opinions, self-esteem, motivation, etc.; mid-term results that are focused on behavioral action, action through practice as well as the ability to make decisions - safe and quality services, low possibility of unwanted events and incidents in practice and long-term results that are reflected in more successful communication, better understanding in the team, building collaborative relationships, which ultimately leads to an improvement in the quality of healthcare services.

Non-governmental organizations, or Associations in healthcare are established for the purpose of creating connection / strengthening of the profession; achieving the goals of the profession and continuous improvement (symposia, congresses, seminars, schools). Association “KEUZ” was founded in 2018, with the main goal of initiating and conducting

continuous training/education/educational courses in the field of health, healthcare and social protection.

Educations are conducted according to plans and programs that include theoretical and practical training. Some educational modules require that the candidate has completed formal higher education. Trainers/lecturers are university professors, assistants in teaching at healthcare faculties, experts from practice by invitation. Partners in continuous education are: Faculty of Health Studies, University of Sarajevo; “Vitez” University - Faculty of Health Studies; representatives of the FBiH Ministry of Health; Red Cross of Sarajevo Canton; Institute for Standards and Safety Sarajevo; Institution for social protection of the elderly “Dom Park” Vogošća and other numerous organizations and individuals. The association is certified by the authorized Agency and has a certificate of compliance with the ISO 9001:2015 quality standard, which ensures the full quality of continuous improvement of services. Data on education/training participants are kept in a unique register.

Association “KEUZ” in the period from 2020 to 2022 conducted the following continuous educations: Specialist educations for the prevention and treatment of chronic wounds; Education in the field of health care for critically ill patients; Specialist education in the field of palliative care/medicine; Continuous education “Management of care for people with dementia”; Continuous education/training for management of peripheral and central venous lines and port system.; Continuous education for management of clinical nutrition of patients and Education for caregivers of the elderly. The most profitable investment today is investing in learning and education.

Education and continuous education (training) should contribute to sustainable national development and permanent development of individuals. For this reason, all developed countries consider education a national priority, and apply those strategies for the development of education and training that contribute the most to the economic, social and cultural development of society and the personal development of its members. Informal continuous education/training for nurses-medical technicians should be focused on narrowly specialized practice areas.