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Steven L. Baumann, Contributing Editor

Improving the Profession of Nursing in Slovenia

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The importance of increasing the educational attainment of professional nurses in Slovenia is discussed. It is suggested that with the global economic recession it is more, not less, important that professional nurses are competent and independent practitioners.

Keywords: *nursing; Slovenia*

Nursing as a profession in Slovenia, as in many other places, remains less than what it can and should be. The two main reasons why this is important is that the life expectancy and health status of the population of Slovenia (a little over 2 million people in a country about the size of the state of New Jersey) are less than most of what the World Health Organization (WHO) refers to as the Eur-A nations (Andorra, Austria, Belgium, Croatia, Cyprus, the Czech Republic, Denmark, Germany, Greece, Finland, France, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom (WHO, 2005). These nations are so categorized because they have a very low child and adult mortality, that is to say they have less child and adult mortality than the other European countries referred to by the WHO as the Eur-B or Eur-C nations. The other reason is that there is a shortage of nurses in Slovenia and that the need for nurses is expected to increase with the aging population, again not a problem unique to Slovenia. It is assumed here, that a sufficient number of well-educated, experienced, and satisfied Slovenian professional nurses would make a considerable contribution to the improvement of the health and quality of life for the people of Slovenia.

Two likely barriers to the improvement of the health and quality of life of Slovenians, and concurrent improvement in the profession of nursing, are the country's economy and the place of nurses in respect to other healthcare professionals especially physicians. According to the WHO (2005) data, the gross national income per person in Slovenia was \$19,100 (U.S. dollars), as compared with \$25,388 which was the average income per person for all of the Eur-A nations. The vast majority of nurses in Slovenia have a associate degrees in nursing or diplomas, and very few are university-based baccalaureate degree nurses, or those working to obtain that degree.

Because of educational barriers, the profession of nursing in Slovenia is in respect a profession that remains inferior to other healthcare professions. The column that follows this introduction complements a paper written by Dornik, Vidmar, and Zumer (2005), in arguing that the quality of the educational preparation of nurses and their commitment to lifelong learning are keys to the development of nursing knowledge, the nursing profession, and the health and welfare of the country.

It is important here to consider the impact of the worldwide economic crisis on healthcare and the further development of nursing in Slovenia and elsewhere. Slovenia is currently facing recession, despite the fact that its financial status was relatively stable in 2008 (International Monetary Fund, 2009). One International Monetary Fund recommendation for Slovenia, which relates to the topic of this column and would be similar for most other countries, is that in the current world economy, global competitiveness, and worker well-being, requires greater labor-market flexibility. In addition, current economic realities are likely to make the consideration of cost effectiveness in healthcare as important as clinical outcomes and patient satisfaction. Balancing these three dimensions—cost, outcome, and satisfaction—will likely be essential to not only healthcare administrators and governments, but also to all healthcare providers and consumers. The danger and concern of many nurses and other healthcare providers is that a focus on outcomes and cost effectiveness may fail to provide sufficient attention to the process and context of healthcare and nursing delivery, an area that patient

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satisfaction is only partially able to address. The increased use of technology in healthcare, as in higher education, has the potential to improve quality while reducing costs, but such a savings is unlikely in the short term. The need to improve healthcare outcomes and patient satisfaction while reducing costs requires better educated nurses. Savings at the bedside is most likely to be found with nurses who have the knowledge and education needed to think creatively using information and technology from various sources wisely. Likewise good quality nursing education and nursing research will be needed to provide nursing that is fully respectful of diverse populations to maintain high standards of ethical behavior essential to professionalism. The cost of inadequately educated

nurses in Slovenia is further discussed in the column that follows.

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