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Respiratory nursing training in Croatia

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Nursing education in the Republic of Croatia is conducted at the secondary and higher education levels (post-secondary and tertiary). Croatian nursing education is in line with the recommendations of European Directives 2005/36/EC [1] and 2013/55/EU [2]. High school (secondary level) education lasts for 5 years; after graduation, students are awarded the title “general care nurse” [3].

Croatia has a binary system of higher education, with the post-secondary and tertiary education levels for nurses conducted at universities and polytechnic universities, respectively. The undergraduate programme of studies in nursing last 3 years and graduates are awarded the degree of Bachelor of Science in Nursing (BSN RN) or Bachelor’s Degree in Nursing (BN RN).

Graduate studies last 2 years at universities, with graduates obtaining a Master of Science in Nursing (MSN) degree. At polytechnics or universities of applied health sciences, there are specialist graduate professional studies for the Master of Arts in Nursing (MA in Nursing) degree.

The contents related to the respiratory nursing care in the bachelor’s degree are carried out within the framework of internal, surgical, oncological and palliative nursing care, and cover a total of about 15 h of lectures. At the secondary level, they are carried out within the framework of respiratory nursing care, and cover a total of about 12 h of lectures and 23 h of clinical practice. Clinical practice is also performed in a department of respiratory diseases.

Although there is nonspecialist respiratory nursing training, certain items related to the nursing care of respiratory patients are integrated into the specialist graduate professional study programme of clinical nursing. In the module on nursing and diagnostic procedures, students learn about noninvasive and invasive respiratory diagnostic procedures, and within the module on haematology and oncology nursing, students

learn about nursing care for patients suffering from malignant respiratory diseases.

Teaching

In 1974, a professional respiratory section was established within the Croatian Nurses’ Association with the purpose of organising conferences, courses and workshops. In 1975, the first bulletin for respiratory nurses was published. Until 1989, when it was discontinued, it was published once or twice a year, bringing news from professional conferences and experiential knowledge. Some of the first training in the care of respiratory patients was implemented by nurses in their centres, and the education was intended for auxiliary staff and hospital staff due to the great shortage of nurses.

The Croatian Thoracic Society was founded in 2009 by doctors and nurses from the leading institutions in the Republic of Croatia caring for patients suffering from respiratory diseases.

Our regulatory body is the Croatian Nursing Council. It issues licenses for nurses, and provides online courses in general and specific areas; participation is scored and all formal professional education in Croatia must be reported through the Council.

Nurses’ journals have been published in Croatia for many years. In December 2017, the University of Applied Health Sciences and the Croatian Nursing Council launched a scientific–professional nursing journal, the *Croatian Nursing Journal* (www.cnj.hr). Nursing journals for respiratory nurses do not exist in our country.

Challenges

The professional development of respiratory nurses in Croatia is full of challenges. Firstly, I would like to emphasise that we do not have certification of respiratory nursing training or



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certification of specific areas such as bronchoscopy, polysomnography, noninvasive ventilation, intensive care, oncology, palliative care, pulmonary rehabilitation, spirometry, lung transplantation and pulmonary hypertension. These are all areas in which respiratory nurses are working but from the point of view of the law and our regulatory bodies, we are general nurses who can work in any area. None of the nurses who successfully completed educational programmes and received certificates from foreign or Croatian programmes have been recognised or rated by our system.

In discussions about issues in Croatian nursing, leading figures in nursing and other areas (including Ljubas, as cited in [4]) pointed out that the main problem is the need for nurses to acquire a higher level of knowledge, skills, abilities and attitudes in order to ensure effective and quality care, and to protect the safety of their patients. Nurses not only administer nursing care but also continue treatment after very demanding operations and invasive diagnostic examinations performed by our doctors, which requires a level of education in specialist areas and the organisation of subspecialist courses for nurses [4].

A critical review

In Croatia, graduate-level studies were established just 10 years ago and, therefore, as expected, the healthcare system unfortunately does not allow nurses with graduate degrees to work in the full range of competences in which they have gained education. Healthcare institutions have no legal obligation to recognise this level of education (although in the educational system, it

is recognised). Only a few nurses have completed the doctoral programmes to obtain PhDs. Most of them work in the educational system where they are recognised, rather than in the healthcare system.

Despite limiting conditions for education and advancement, respiratory nurses strive to improve their skills by participating in training courses and workshops, as well as actively presenting their research at conferences within Croatia and at international conferences on respiratory medicine. Their experiences are passed on to other colleagues *via* continuous education courses. General respiratory nursing training is held separately within each department. Specific workshops are held for nurses working in specific areas and nurses from all over Croatia can participate. Nevertheless, I must refer critically to many nurses who go on unofficial tours of clinics in other western countries to be acquainted with new ways of working and new techniques, and to learn how to apply them in their workplaces. For most of this informal education, nurses use their free time and resources to gain insights but, unfortunately, their contribution is not acknowledged when they return to their jobs, nor is it supported, funded or rated by their clinics.

The problem has been emphasised by Biščan and Krešić [4]: there are currently 36964 nurses registered as members of the Croatian Nursing Council, of whom 1.5% hold a graduate degree, 22.5% have an undergraduate degree and 76% have secondary education. Unfortunately, although they are so few, graduate nurses remain unrecognised by the systematisation of workplaces in healthcare facilities. Nursing in the European Union is a priority field and we must wonder where nursing is in the priorities of the Republic of Croatia [4].

Conflict of interest

None declared.

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