
The Ways of Development of Nursing as a Separate Health Profession: a Comparative Analysis of Legislative in the Nursing Profession in Bosnia and Herzegovina and Countries in the Region

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Abstract

Introduction. The rising need for quality health care, increased workload, accountability and healthcare reforms, are factors that resulted in growing requirements for recognition of the nursing profession, which are clearly de-

finied in the Munich Declaration (2000). Unfortunately, in the current health care system in most of the transition countries of the Region of the South East Europe, nursing is still not adequately validated as a special profession.

Aim. Presentation of legal solutions related to nursing profession in Bosnia and Herzegovina (B&H) from the aspect of definition of nursing activities, education standards, licensing and labor mobility.

Methods. Desktop analysis as a method of quality research of legislative and strategic documents related to nursing in B&H.

Analysis of the directive and legislation in the countries of the region and the EU.

Comparison with the legislation of B&H.

According to the constitutional solutions, within the competence of the Entities (Republic of Srpska), the area of health care in B&H is divided by the competencies of the entities and cantons (the Federation of B&H), that is, within the competence of the Brčko District of B&H, therefore, there is also a separate entity legislation. In 2013, the Government of the Federation of B&H adopted the Law on Nursing and Midwifery and secretly defined the nursing domains in accordance with the EU directives. In the Republic of Srpska and the Brčko District, this is partly defined in the systemic health care laws (amended in 2015).

Conclusions. In all the legal acts reviewed, there are still shortcomings in the defined domains for the nursing profession. By addressing these issues, the progress of nursing development would speed up, strengthen and modernize the health system, which would undoubtedly increase the quality of health care to a higher level.

Introduction

The rising need for quality health care, increased workload and accountability, are factors that resulted in growing requirements for recognition of nursing and consequent health care reform. Relating to medicine as a science and profession, nursing must be defined as a specific branch of medical science, which has its own and completed framework of knowledge, methods, procedures and skills, as a part of the entire medical science.

As a logical sequence of these demands, the Vienna Nursing Conference, 1988 and the Munich Conference, which further strengthened the status of nursing profession, were held. At the Munich Conference, the Munich Declaration 2000 was also adopted (1).

Conclusions from these conferences became a guide to the legislative authorities of transition countries, such as the Southeastern European countries, which, through strong socio-economic reform processes, have begun to work on the development and advancement of nursing legislation and the advancement of nurses' position in Europe, as independent and interdependent professionals.

Furthermore, the European Union (EU) has defined the processes and norms of nursing education. The health systems of all EU Member States should be adapted to the global health system of the EU and achieve the prescribed and recognizable quality of health education. Implementation of those reforms requires the fulfilment of the Guidelines of the World Health Organization - Regional Office for Europe, European Union Directives (2005/36/EC and 2013/55/EC), and the Guidelines on the recognition of professional qualifications (2, 3).

Unfortunately, in the current health care system in most of the transition countries of Southeastern Europe and the Western Balkans countries, nursing is still not adequately validated as a special profession.

The aim of the paper is to analyze the legal and strategic solutions related to nursing and offered through legislation in Bosnia and Herzegovina (B&H) from the aspect of definition of nursing activities, education standards, licensing and labor mobility. By harmonizing these domains with EU standards, it can contribute to further strengthening the nursing

profession, increasing the mobility of nursing workforce, and improving the health care system in which nurses are an essential part, both as participants and as policymakers.

The health of the population is undergoing significant changes in the current conditions of altered socio-environmental factors, the increasing challenges and risk factors in the environment, the new pathology, the need to strengthen health promotion and disease prevention, and bring new therapeutic approaches (4). Continuous monitoring and strengthening of health care is necessary. Consequently, the role of a nurse as a health care manager, from the planning, organization, management and control process is immeasurable in the health system of each country.

There is not a single healthcare profession that treats individuals of all ages, families, groups and communities in a more comprehensive way, sick or healthy in all environments, such as nursing. Nursing involves health promotion, disease prevention, and care for sick, disabled and dying people. In addition, the key roles of nursing are the promotion of a healthy environment, research, participation in shaping health policy and managing hospital and health systems as well as education. Therefore, strengthening the profession of nursing is also a necessity and a need for the improvement of health systems in all countries of the world.

Starting from the premise that health systems in countries all around the world are part of a global international health system, the EU, as an intergovernmental and transnational community of European states, emerged through the process of cooperation and integration, continuously implements the process of adapting health systems of all EU member states to the global health system and strives to achieve a recognizable quality of health education.

Methods

- Desktop analysis* as a method of quality research of legislative and strategic documents related to nursing profession in B&H
- Analysis of directives and legislation in the countries in the region and the EU
- Comparison with B&H legislation

Directive 2005/36/EC of the European Parliament and of the Council on the Recognition of Professional Qualifications (2), (Directive 2005/36/EC) and its upgrading the Directive, Directive 2013/55/EC are two key EU Directives on Independent Professionals Of the European Parliament and of the Council on the Recognition of Professional Qualifications amending Directive 2005/36/EC on the recognition of professional qualifications and Decision (EU) no. 1024/2012 on administrative cooperation through the Internal Market Information System (3) (Directive 2013/55/EC). These Directives contain standards that are the basis for the adoption of various legal acts in the field of nursing. In addition, the Bologna Declaration of June 1999 launched a series of reforms needed to make higher education in Europe more compatible and more comparable, more competitive and more attractive to its citizens and to citizens and scientists from other continents. Among the main objectives are the development of a progressive convergence of the overall framework of educational titles and cycles in the open European Higher Education Area, as a development of a framework for quality assurance across the EU in the field of higher education. All this creates opportunities for increased workforce mobility, exchange of experience and knowledge, as well as increasing efficiency and effectiveness in the functioning of independent professions.

Bosnia and Herzegovina, as a signatory to the Stabilization and Association Agreement (SAA) (5), has moved from the phase of voluntary harmonization to the stage of mandatory harmonization with EU regulations, which means that above mentioned directives must be respected in terms of regulating the status of professions.

According to the constitutional solutions, within the competence of the Entities (Republic of Srpska), the area of health care in B&H is divided by the competence of the entities and cantons (the Federation of B&H), that is, within the competence of the Brčko District of B&H, and therefore there is a special entity legislation (6,7,8) complicated state system, poor coordination of competent sectors and many other problems, the process of harmonization of health laws will have to take place in those phases.

The best example of this phase approach to solving the harmonization problem is the adoption of the special Law on Nursing and Midwifery of the Federation of B&H (Official Journal of the FB&H 43/13) (9).

The basic goal of this law is to regulate the profession, i.e. define the activities, competencies, standards of education, licenses and other domains in order to place this profession in B&H at the same level with other regulated professions in health care. This would make nurses equal in rights and obligations with their counterparts in the EU, which would also enable the mobility of the personnel and the basis of this profession, the satisfaction of the end user or the patient. The law is mutually beneficial, both for nursing and for patients, and this is reflected in the following:

- providing professional, efficient and effective nursing services for patients,
- informing the patient about the possibilities of choosing services,
- guarantee of quality of services,
- encouraging the development of the profession,
- recognition of the expertise, identity and social position of nurses.

Through the Law, the nursing domains are clearly defined in accordance with EU Directives. Although not fully harmonized with European legislation, the part that could be harmonized is harmonized, and the part that is not harmonized due to existing obstacles will wait for the solution of these problems.

In the Republic of Srpska and the Brčko District, this is partly defined in the systemic health protection laws (7, 8).

Also, Directives 2005/36/EC and 2013/55/EC (2,3) provide the basis for mobility in the European labor market for sectoral professions, including nurses. Labor market mobility requires university education of

* The desktop research method involves searching, analyzing and structuring information obtained from relevant sources.

nurses, that is, those health professionals who will allow the patient to get the best possible health care in the shortest possible time. Otherwise, patient safety is endangered as well as the efficiency and further development of the profession as such (11).

Therefore, the nursing profession is becoming more demanded in the EU labor market, due to the increased need for quality health care. Similarly, Directives 2005/36/EC and 2013/55/EC prescribe possession of a European Professional Card which is an important document for nursing whose introduction is facilitated by greater mobility of experts, in particular by accelerating the exchange of information between the host Member State and the Member State of origin. The European Professional Card should enable career tracking of experts in different Member States. One of the conclusions of the conference of the European Federation of Nursing Associations, held under the Modernization of the Professional Qualifications Directive: Safety in Mobility 2014 (12), is that: "The European Professional Card should be an instrument in the fight against unemployment, an important factor in building confidence among regulatory bodies, government recruitment services and professional associations".

Unfortunately, it must be noted that nurse migration is a very common occurrence today and that the most common reasons for it are: improving the financial situation, further education, career advancement and better working conditions. This is a growing problem, especially in the small Southeastern European and the Western Balkans countries, because the continuation of this trend will have negative effects, which is the inequality and inequality in the accessibility of this profession.

Since B&H has ratified the SAA (5) with the EU in 2008, and has committed itself to comply with EU regulations, in Chapter V of the Agreement "Movement of workers, establishment, provision of services, capital movements" it is very clearly indicated which conditions of B&H in order to join the EU, especially in the part describing the movement of workers. Fulfilling the requirements of these Directives ensures equality of nursing personnel in the EU.

Results and Discussion

The License

The license domain is regulated by automatic recognition of qualifications through Directive 2005/36/EU (2). This Directive allows Member States, in accordance with their own rules, to accord to third-country nationals the professional qualifications acquired outside the EU area. In each case, the minimum conditions for training for certain professions should be respected. Member States should retain the right to establish a minimum level of qualification to ensure the quality of services provided in their national territory. Furthermore, the Directive states that national education and training programs should be classified according to degrees in order to define a mechanism for the recognition of qualifications within the general system.

The Federation of B&H has solved licensing of professionals, both for its citizens as well as for foreign nationals and citizens of the EU Member States, through the Rulebook on Licensing Procedure, Content and Appearance of the License (10). By obtaining the license, the healthcare worker acquires the right to perform independently in his profession. The healthcare worker carries out the affairs of his profession only within the scope of his professional title as determined by the license issued by the competent chamber. The adoption of the regulations on licenses in the Federation of Bosnia and Herzegovina is one of the steps towards the EU approximation, and in the light of meeting the recommendations from Directive 2005/36/EC (2), which is a positive example in harmonizing B&H legislation with European health legislation.

Republic of Srpska and the Brčko District in B&H do not have special regulations on licenses for health professions, but the domain of the license is regulated by the Health Protection Law of Republic of Srpska ("Official Journal of Republic of Srpska", No. 106/09) (7).

The Brčko District has regulated the domain of the license by the Health Protection Law in the Brčko District of Bosnia and Herzegovina ("Official Journal of Brčko District of B&H", No. 38/11) (8).

Table 1. Normative definition of the domains of mobility in B&H in comparison with EU Directives

Bosnia and Herzegovina	Legislation	Status According to EU Directives Directive 2005/36/EC Directive 2005/36/EC
Federation of Bosnia and Herzegovina	Rulebook on the Conditions and Manner of Recognizing the Internship and the Professional Examination of Healthcare Workers carried and passed abroad (2012) Rulebook on Licensing Procedure, Content and Appearance of the License (2013), Articles 9-10 Rulebook on Additional Education in Family Medicine (2011), Articles 18-20 Rulebook on Conditions, Organization and Mode of Work of Emergency Medical Assistance (2013), Articles 57- 58, Rulebook on Continuing Professional Education in Health Management (2011), Article 28 Rulebook on Education in the Field of Transfusion Medicine for Nurses / Technicians and Laboratories (2011), Articles 13-15 The Nursing and Midwifery Act (2013), Article 18, Article 25, paragraph 4.	<i>Partially fulfilled</i>
Republic of Srpska	Rulebook on the Program and Procedure for Taking the Professional Exam (2011), Articles 21-22, Rulebook on Additional Education in Family Medicine (2003) Article 17	<i>Not fulfilled</i>
Brčko District	Health Care Law of Brčko District (2011) Article 120	<i>Not fulfilled</i>

Education standards

The European Union has also defined the standards of education for nurses by Directive 2013/55/EC (3).

The nursing profession has developed considerably over the past three decades: community health care, the application of more complex therapies, and the constantly evolving technologies presuppose the capacity for greater responsibility of nurses. In the EU countries, under the influence of various political, economic, social, demographic and cultural trends, the need for a serious reform of the health care sys-

tem in which nurses have one of the leading roles has been shown. The nursing profession possesses unique knowledge in improving the health and health care of sick people and palliative care, and advancements in technology and science require a high level of education for nurses. Respecting the Directives of the European Council and Parliament in which the processes and norms of nursing education are precisely defined, Member States have equated the competencies and level of the education of nurses.

Undergraduate and postgraduate curricula in schools and universities of health care in B&H, as well as the

Table 2. Normative definition of the license domain in B&H in comparison with EU Directives

Bosnia and Herzegovina	Legislation	Status According to EU Directives Directive 2005/36/EC Directive 2005/36/EC
Federation of Bosnia and Herzegovina	Rulebook on Licensing Procedure, Content and Appearance of the License (2013)	<i>Partially fulfilled</i>
Republic of Srpska	Health Care Law (2009)	<i>Not fulfilled</i>
Brčko District	Health Care Law of Brčko District (2011)	<i>Not fulfilled</i>

Table 3. Normative definition of domain standards of education in B&H in comparison with EU directives

Bosnia and Herzegovina	Legislation	Status According to EU Directives Directive 2005/36/EC Directive 2005/36/EC
Federation of Bosnia and Herzegovina	Nursing and Midwifery Act (2013) Article 19-20.	<i>Partially fulfilled</i>
Republic of Srpska	Health Care Law (2009) Article 83, 84, 86-87.	<i>Partially fulfilled</i>
Brčko District	Health Care Law of Brčko District (2011) Article 112, paragraph 1 Articles 121.-122.	<i>Partially fulfilled</i>

profession of nurses, are gradually aligned with reforming needs and health system needs and harmonized with EU standards that include the WHO and Bologna process, in order to facilitate, among other things, the mobility of the workforce and increase the standard of quality of health care services.

Despite numerous initiatives, there is still insufficient cooperation between health sectors, education and the labor market in B&H, which slows down the reform processes.

Conclusions

1. Significant steps have been taken in B&H regarding the definition of nursing as a special profession, especially in the Federation of Bosnia and Herzegovina, by adopting a special Law on Nursing and Midwifery in 2013, as well as relevant by-laws in both Entities of B&H and the Brčko District.
2. However, although all these legislative acts aim to promote the profession of nursing and patient satisfaction, there are still insufficiently defined domains in this profession to be processed, all of which still leave room for the stagnation of the profession and its slow progress.
3. The involvement of the competent chambers in the adoption of all the missing legal and secondary legislation is of key importance for improving the conditions for performing professional activities, protection of professional interests, organized participation in the improvement and implementation of health care and protection of citizens' interests in exercising the right to health care.
4. Accelerating the introduction of uniform education standards for this profession and the system of recognizing professional qualifications, based on harmonized minimum educational conditions would greatly facilitate the provision of better quality and secure services. Establish a single curriculum in health universities in B&H that will be in line with Directives 2005/36/EC and 2013/55/EC.
5. Access a European Professional Card project which enables freedom of movement in the labor market in Europe.
6. In the forthcoming period, stronger mechanisms of coordination and closer cooperation between sectors, health, education and labor markets in B&H should be established, with the aim of ensuring an adequate number of quality personnel. Addressing this problem will enable further advancement of the professions and will increase the mobility of the personnel, that is, the profession that will be recognized and equally everywhere in Europe.
7. Strengthen the roles of professional chambers of nurses as independent, professional organizations with legal personality. This is necessary for the purpose of clearer recognition of the profession.
8. By harmonizing these domains with EU standards, it can contribute to further consolidating

the nursing profession, increasing the mobility of nursing workers, and improving the health care system in which nurses are an essential part of it and both as participants and policy-makers.

9. Considering the same or similar issues in the countries of the region, it is proposed to establish an inter-state professional association of nurses to monitor progress in harmonization with EU directives regarding the promotion of nursing as an independent profession.

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PRAVCI RAZVOJA SESTRINSTVA KAO SAMOSTALNE ZDRAVSTVENE PROFESIJE: KOMPARATIVNA ANALIZA LEGISLATIVE U SESTRINSTVU BOSNE I HERCEGOVINE I ZEMALJA U REGIJI

Sažetak

Uvod. S povećanjem potreba za kvalitetnom zdravstvenom njegom, povećanjem obima posla i odgovornosti te reformama u zdravstvu rasli su i zahtjevi za determiniranjem domena u profesiji sestrinstva, što je jasno definirano u Minhenskoj deklaraciji (2000.). Nažalost, u sadašnjem sustavu zdravstvene zaštite u većini tranzicijskih zemalja regije jugoistočne Europe sestrinstvo i dalje nije adekvatno validirano kao posebna profesija.

Cilj. Prikaz zakonskih rješenja povezanih sa sestrinstvom, a ponuđenih kroz legislative u Bosni i Hercegovini (BiH) s aspekta definicije sestrinske djelatnosti, standarda obrazovanja, licenciranja i mogućnosti mobilnosti radne snage.

Metode. Desktop analiza legislativnih i strateških dokumenata povezanih sa sestrinstvom u BiH.

Rezultati. Oblast zdravstva u BiH prema ustavnim je rješenjima u nadležnosti entiteta (Republika Srpska), podijeljenoj nadležnosti entiteta i kantona (Federacija BiH), odnosno u nadležnosti Brčko Distrikta BiH, stoga postoji i zasebna entitetska legislativa. Vlada Federacije BiH 2013. godine donijela je Zakon o sestrinstvu i primaljstvu te tako jasno definirala domene u sestrinstvu, u skladu s direktivama EU-a. U Republici Srpskoj i Distriktu Brčko ovo je dijelom definirano u sustavnim zakonima o zdravstvenoj zaštiti.

Zaključak. U svim pregledanim zakonskim aktima još uvijek postoje nedostaci u definiranim domenama za

sestrinsku profesiju. Rješavanjem ovih nekompletnosti, progres razvoja sestrinstva ubrzao bi, ojačao i modernizirao zdravstveni sustav, što bi nesumnjivo podignulo kvalitetu zdravstvene zaštite na višu razinu.

Ključne riječi: sestrinstvo, Bosna i Hercegovina, zdravstvena zaštita, zdravstveno zakonodavstvo, sestrinska praksa
