

PROFESIJA SESTRINSTVA U SAVREMENOM SISTEMU ZDRAVSTVENE ZAŠTITE I JAVNOM ZDRAVLJU: NOVE ULOGE I IZAZOVI

Dejan Živanović¹, Jovan Javorac^{1,2}, Zvonko Dimoski³, Sanja Šumonja¹

¹ Visoka škola strukovnih studija za obrazovanje vaspitača i trenera, Departman za biomedicinske nauke, Subotica, Republika Srbija

² Institut za plućne bolesti Vojvodine, Klinika za granulomatozne i intersticijske bolesti pluća, Sremska Kamenica, Republika Srbija

³ Akademija strukovnih studija, Odsek Visoka zdravstvena škola strukovnih studija, Katedra za zdravstvenu negu, Beograd, Republika Srbija

SAŽETAK

Imajući u vidu opšti značaj brige o zdravlju stanovništva, jasno je da sistem zdravstvene zaštite predstavlja jedan od najsloženijih sistema jedne države u organizacionom smislu, sa elementima koji efikasnim funkcionisanjem treba da obezbede fizički, geografski i ekonomski dostupnu, integrisanu i kvalitetnu zdravstvenu zaštitu. Istorijski posmatrano, sestrinstvo je kao profesija prolazilo kroz niz razvojnih faza, uvek nastojeći da odgovori postavljenim izazovima struke i prati savremene trendove i potrebe društva. Definisanjem sestrinstva kao integralne i samostalne profesije u okviru sistema zdravstvene zaštite, pred savremenu medicinsku sestru je postavljen čitav niz profesionalnih, obrazovnih i društvenih izazova, naročito u onim zemljama u kojima sestrinska profesija još uvek ima neadekvatan društveni imidž, kako u javnosti, tako i u profesionalnim krugovima. Promena uloge medicinskih sestara u reformisanim evropskim i severnoameričkim zdravstvenim sistemima je naročito vidljiva u primarnoj zdravstvenoj zaštiti i javnom zdravlju, gde su sestre preuzele jednu od vodećih uloga u organizaciji sistema rada. Sa jedinstvenim profesionalnim fokusom koji istovremeno može biti usmeren na pojedinca i porodicu, ili sistem i zajednicu, savremeno sestrinstvo je, kao zdravstvena profesija, izuzetno povoljno pozicionirano da odgovori na potrebu savremenog društva za integracijom zdravstvenih usluga, i ujedno ostvari aktivan doprinos pozitivnim promenama u organizaciji savremenog sistema zdravstvene zaštite.

Ključne reči: sestrinstvo, sistem zdravstvene zaštite, javno zdravlje

Uvod

Briga o bolesnima i nemoćnima je stara koliko i ljudski rod, i istovremeno predstavlja jedan od najstarijih oblika organizovane profesionalne delatnosti usmerene ka potrebama čoveka, njegovom zdravlju i blagostanju. Upravo na tim temeljima, britanska bolničarka i humanista Florens Naitingejl u 19. veku osniva savremeno sestrinstvo, danas najčešću zdravstvenu profesiju u sistemima zdravstvene zaštite širom sveta (1). Kroz istoriju, sestrinstvo je kao profesija prolazilo niz razvojnih faza, uvek nastojeći da odgovori postavljenim izazovima struke, prati savremene trendove i potrebe društva, ali i razvoj komplementarnih nauka koje se nalaze u osnovi zdravstvene nege, bazične naučne discipline u sestrinskoj profesiji. Od pomagačke profesije, koja je u početku bila okrenuta isključivo

ka bolesti i bolesniku, savremeno sestrinstvo je danas oblast profesionalne delatnosti diplomiranih medicinskih sestara, zdravstvenih stručnjaka koji samostalno, ili u okviru multidisciplinarnog zdravstvenog tima, primenjuju veliki broj intervencija u cilju unapređenja zdravlja, prevencije bolesti, kao i nege, lečenja i rehabilitacije obolelih osoba. Može se reći da je za današnji nivo profesionalne razvijenosti i integriteta sestrinske profesije najzaslužnija medicinska sestra, istraživač i univerzitetski profesor Virdžinija Henderson (1897-1996). Definisanjem sestrinstva kao „holistički nastrojene zdravstvene profesije u čijem je fokusu čovek pri različitim nivoima zdravlja, od začetka života do smrti“, kao i procesa zdravstvene nege, kao naučnog metoda rada medicinskih ses-

NURSING PROFESSION IN THE CONTEMPORARY HEALTHCARE SYSTEM AND PUBLIC HEALTH: NEW ROLES AND CHALLENGES

Dejan Zivanovic¹, Jovan Javorac^{1,2}, Zvonko Dimoski³, Sanja Sumonja¹

¹ College of Vocational Studies for the Education of Preschool Teachers and Sports Trainers, Department of Biomedical Sciences, Subotica, Republic of Serbia

² Institute of Pulmonary Diseases of Vojvodina, Clinic for Granulomatous and Interstitial Pulmonary Diseases, Sremska Kamenica, Republic of Serbia

³ Academy of Vocational Studies, Health School of Applied Sciences, Department of Nursing Science, Belgrade, Republic of Serbia

SUMMARY

Given the general importance of caring for the health of the population, it is understood that the healthcare system is organizationally one of the most complex systems in a country, with elements that should provide physically, geographically, and economically accessible, integrated and quality healthcare. Historically, nursing as a profession has gone through several developmental stages, always trying to respond to professional challenges and follow modern trends and needs of society. By defining nursing as an integral and independent profession within the healthcare system, the modern nurse is faced with a number of professional, educational, and social challenges, especially in those countries where the nursing profession still has an inadequate social image, both in public and professional environment. The change of nurse's professional role in reformed European and North American healthcare systems is particularly visible in primary health care and public health, where nurses have taken on one of the leading roles in the organization of the work process. With a unique professional focus that can be directed on the individual and family, or system and community, modern nursing as a healthcare profession is extremely well-positioned to respond to the need of modern society for the integration of health services and to make an active contribution to positive changes in the modern healthcare system, at the same time.

Key words: nursing, healthcare system, public health

Introduction

Caring for the sick and helpless is as old as human civilization, and at the same time, it represents one of the oldest forms of organized professional activity that is focused on people's needs, their health and well-being. Precisely on these foundations, in the 19th century Florence Nightingale, a British nurse and humanist founded modern nursing, which is the most common healthcare profession today in healthcare systems around the world (1). Historically, nursing as a profession has gone through several developmental stages, always trying to respond to professional challenges, follow modern trends and needs of society, as well as the development of complementary sciences that are at the base

of healthcare, a basic scientific discipline in the nursing profession. From a helping profession, which was focused solely on the patient and disease at the beginning, today modern nursing is a field of professional activity of graduate nurses, health professionals who independently or within a multidisciplinary health team, apply a great number of interventions aimed at promoting health, prevention of diseases, as well as care, treatment and rehabilitation of patients. It could be said that Virginia Henderson (1897-1996), a nurse, researcher and university professor, is the most responsible for the current level of professional development and integrity of nursing profession. By defining nursing as a "holistic

tara, koji je zasnovan na „pružanju pomoći pojedincu, grupi ili zajednici kada im nedostaje snaga, volja ili znanje, na bilo kom od tri bazična aspekta zdravlja“, Hendersonova daje naučni temelj savremenom sestrinstvu i stvara uslove za aktivnu participaciju pripadnika ove profesije u zdravstvenom sistemu, na sva tri nivoa zdravstvene zaštite – primarnom, sekundarnom i tercijarnom (2,3). Determinacijom sestrinstva kao integralne i samostalne profesije u okviru sistema zdravstvene zaštite, pred savremenu medicinsku sestru je postavljen čitav niz profesionalnih, obrazovnih i društvenih izazova, naročito u onim zemljama u kojima sestrińska profesija još uvek ima neadekvatan društveni imidž, kako u javnosti, tako i u profesionalnim krugovima (4). Cilj ovog rada je da ukaže na nužnost promene dosadašnjeg položaja sestrińska profesije u zdravstvenom sistemu Srbije, kao i potrebu za racionalnijim pristupom u korišćenju njenih stručnih i kadrovskih potencijala, u povećanju efikasnosti i ukupnog kvaliteta ostvarenih usluga u integrisanom sistemu zdravstvene zaštite.

Profesija sestrinstva u savremenom sistemu zdravstvene zaštite

Svetska zdravstvena organizacija (engl. *World Health Organization*, WHO) definiše sistem zdravstvene zaštite kao zdravstvenu infrastrukturu koja obezbeđuje ostvarivanje spektra programa i usluga u cilju pružanja zdravstvene zaštite pojedincima, porodicama i zajednici (5). Imajući u vidu opšti značaj brige o zdravlju stanovništva, jasno je da sistem zdravstvene zaštite predstavlja jedan od najsloženijih sistema jedne države u organizacionom smislu, čiji elementi svojim funkcionisanjem treba da dovedu do dostizanja željenog cilja: obezbeđivanja fizički, geografski i ekonomski dostupne, integrisane i kvalitetne zdravstvene zaštite. Kvalitet ostvarenih zdravstvenih usluga se danas prepoznaje kao jedna od najvažnijih karakteristika savremenog sistema zdravstvene zaštite (6). U Srbiji, zdravstvena zaštita se ostvaruje na primarnom, sekundarnom (intermedijarnom) i tercijarnom (centralnom) nivou, koji su povezani u jedinstveni sistem u kome se podrazumeva da viši nivo zdravstvene zaštite uvek pruža podršku nižem (7,8). Multidisciplinarni zdravstveni sistem predstavlja imperativ razvoja savremene integrisane zdravstvene zaštite koja obuhvata sve aspekte zdravlja, bilo da je reč o pojedincu ili zdravlju za-

jednice u celini, i podrazumeva interprofesionalni i kolaborativni pristup zdravstvenih i drugih profesionalaca u prevenciji nastanka i rešavanju postojećih problema zdravlja (9,10).

Poslednjih desetak godina, u zdravstvenim sistemima širom sveta su započeti ili završeni različiti procesi reorganizacije i transformacije načina ostvarivanja zdravstvene zaštite stanovništva, kao i načina funkcionisanja organizacione strukture samih sistema zdravstvene zaštite. Bez obzira na formu sprovedenih aktivnosti, zajednički cilj ovih reformi je isti u većini slučajeva – stvaranje integrisanog zdravstvenog sistema koji će u potpunosti i sveobuhvatno biti orijentisan ka aktuelnim i potencijalnim zdravstvenim potrebama korisnika zdravstvene zaštite. Integracija zdravstvene zaštite omogućava ekonomski izuzetno važnu racionalizaciju zdravstvenih troškova, ali i efikasnije planiranje i organizaciju zdravstvene politike koja će dovesti do povećanja kvaliteta ostvarenih zdravstvenih usluga, uz istovremeno povećanje kvaliteta života zdravstvenih osiguranika (11). Nov način funkcionisanja zdravstvenih sistema koji objedinjuje aktivnosti primarnog, sekundarnog i tercijarnog zdravstvenog sektora, istovremeno donosi i niz novih uloga i profesionalnih izazova za zdravstvene i druge stručnjake koji su uključeni u kompleksan proces ostvarivanja zdravstvene zaštite. Imajući u vidu činjenicu da je sestrinstvo najmnogoljudnija profesija u zdravstvenim sistemima na globalnom nivou, jasno je da će medicinske sestre imati, ili već imaju, značajnu ulogu u novoj organizaciji sistema zdravstvene zaštite. Zahvaljujući boljem pozicioniranju sestrińska profesije u savremenom zdravstvenom sistemu, medicinska sestra, kao autonomni zdravstveni profesionalac i ravnopravan član multidisciplinarnog tima, dobija i mnogo više mogućnosti da aktivno doprinese ukupnom povećanju kvaliteta zdravstvene zaštite, i to putem sprovođenja neposrednih aktivnosti zdravstvene nege, brige za unapređenje i očuvanje zdravlja i obavljanja niza koordinatorskih i menadžerskih funkcija. Međutim, treba naglasiti da prihvatanje novih uloga u reformisanom sistemu zdravstvene zaštite svakako podrazumeva i prihvatanje složenijih oblika profesionalne odgovornosti od strane pripadnika sestrińska profesije, i ukazuje na nužnost uvođenja promena i unutar same profesije, prvenstveno u pogledu formalnog obrazovanja i edukacije medicinskih sestara za obavljanje funkcija rukovođenja (12,13).

healthcare profession focused on people at different health levels, from the beginning of life till death”, as well as the process of healthcare, as a scientific method of nurses’ work, which is based on “assisting the individual, group or community when they lack strength, will or knowledge in any of the three basic aspects of health”, Henderson provides scientific foundations to modern nursing and creates conditions for the active participation of members of this profession in the healthcare system, at the three levels of healthcare – primary, secondary and tertiary (2,3). By determining nursing as an integral and independent profession within the healthcare system, the modern nurse is faced with a number of professional, educational and social challenges, especially in those countries where the nursing profession still has an inadequate social image, both in public and professional environment (4). The aim of this study is to point to the need to change the current position of the nursing profession in the healthcare system of Serbia, as well as to the necessity for the more rational approach to using the professional and personnel potentials in increasing the efficiency and overall quality of delivered services in the integrated healthcare system.

Nursing profession in the contemporary healthcare system

The World Health Organization defines the healthcare system as the healthcare infrastructure which provides a range of programs and services aimed at delivering healthcare to individuals, families and to the community (5). Given the general importance of caring for the health of the population, it is clear that the system of healthcare represents one of the most complex systems of one country in an organizational sense, and its elements should lead to the desired goal: provide physically, geographically and economically accessible, integrated and quality healthcare. The quality of delivered healthcare services is recognized today as one of the most important characteristics of the contemporary healthcare system (6). In Serbia, healthcare is realized at the primary, secondary (intermediary), and tertiary (central) levels that are connected and make the unique system, which means that the higher level of healthcare always supports the lower level (7,8). The multidisciplinary healthcare

system presents the imperative of development of the contemporary integrated healthcare that encompasses all aspects of health, both individuals’ health and the health of the community as a whole, and it involves interprofessional and collaborative approach of health professionals and other professionals regarding the prevention and solving the existing health problems (9,10).

In the last ten years, in the healthcare systems around the world, different processes of reorganization and transformation of healthcare of the population, as well as the organizational structures of healthcare have been started or completed. Although realized activities may be different, the mutual aim of these reforms is the same in most cases – creation of integrated healthcare systems which would be completely and comprehensively oriented towards current and potential health needs of healthcare users. The integration of healthcare enables economically important rationalization of health costs, as well as more efficient planning and organization of health policies that would lead to the increase in the quality of healthcare services, with the simultaneous increase in the quality of life of the insured people (11). This new mode of functioning of healthcare systems, which unites the activities of primary, secondary and tertiary health sector, brings a range of new roles and professional challenges for health professionals and other professionals that are involved in the complex process of healthcare. Having in mind the fact that the nursing profession is the most numerous in the healthcare systems globally, it is clear that nurses will have, or they already have a significant role in the new organization of the healthcare system. Thanks to the better position of nursing profession in the contemporary healthcare system, a nurse, as an autonomous health professional and equal member of the multidisciplinary team, is given a lot more possibility to actively contribute to the overall improvement of the quality of healthcare, by realizing immediate activities of health care, by caring for the improvement and maintenance of health and by performing coordinating and managing functions. However, it should be emphasized that accepting new roles in the reformed healthcare system means accepting more complex forms of professional responsibility by the members of nursing profession, and it points

Profesija sestrinstva, kao integralni deo multidisciplinarnih organizacija rada u savremenom zdravstvenom sistemu, obuhvata niz oblasti profesionalnog delovanja na različitim nivoima zdravstvene zaštite: aktivnosti unapređenja i promocije zdravlja, prevenciju bolesti, zdravstvenu negu fizički i mentalno bolesnih ili onesposobljenih osoba svih uzrasnih kategorija, palijativnu negu, ali i niz aktivnosti koje se na prvi pogled ne mogu dovesti u direktnu vezu sa sestriškom profesijom, poput poslova iz oblasti menadžmenta u sistemu zdravstvene zaštite, zastupanja interesa korisnika zdravstvene zaštite (zaštita prava pacijenata), promocije i sprovođenja aktivnosti zaštite i unapređenja životne sredine, naučnoistraživačkog rada, ili pak aktivne participacije u kreiranju zdravstvene politike zemlje (14). U integriranim zdravstvenim sistemima, medicinske sestre, u saradnji sa ostalim zdravstvenim profesionalcima i stručnjacima iz drugih oblasti socijalne zaštite, obavljaju niz različitih aktivnosti planiranja, implementacije i evaluacije različitih aktivnosti zdravstvene nege, a sve u cilju obezbeđivanja efikasnog funkcionisanja zdravstvenog sistema sa aspekta promocije zdravlja, prevencije bolesti i zbrinjavanja bolesnih, odnosno onesposobljenih osoba (15).

Promena uloge medicinskih sestara u reformiranim evropskim i severnoameričkim zdravstvenim sistemima je naročito vidljiva u primarnom sektoru i zaštiti zdravlja zajednice, odnosno javnom zdravlju, u kojima su sestre preuzele jednu od vodećih uloga u organizaciji sistema rada. Na taj način, sestrinstvo sve češće predstavlja direktnu sponu između korisnika zdravstvene zaštite sa jedne, i sistema zdravstvene i socijalne zaštite sa druge strane, što od pripadnika ove profesije iziskuje doslednu primenu veština stečenih kontinuiranim izučavanjem načina funkcionisanja zdravstvenog sistema, uključujući i koordinaciju između definisanih nivoa zdravstvene zaštite, optimizaciju usluga putem racionalne upotrebe dostupnih podataka o bolesniku u zdravstvenoj zaštiti zasnovanoj na dokazima, interprofesionalnu saradnju i komunikaciju i, konačno, aktivnu participaciju u aktivnostima za poboljšanje efikasnosti zdravstvenog sistema (13). U dokumentu *Inicijativa za budućnost sestrinstva* (engl. *The Initiative on the Future of Nursing*) koji je 2010. godine izdat od strane Američkog instituta za medicinu (engl. *US Institute of Medicine, Washington DC*), navodi

se da profesija sestrinstva daje kritičan doprinos reformi zdravstvenog sistema i aktuelnim zahtevima obezbeđivanja sigurnog, bezbednog i pristupačnog sistema zdravstvene zaštite, usmerenog ka objektivnim potrebama korisnika (16). Autori koji su istraživali nove uloge ove profesije u reformiranom zdravstvenom sistemu SAD sugerišu da svi pripadnici sestriške profesije treba da, pre svega, razumeju i prihvate činjenicu da sestriška praksa mora pretrpeti dramatične promene u cilju dostizanja očekivanog kvaliteta zdravstvene nege, ali i da proaktivno učestvuju u aktivnostima promena koje će zahtevati sticanje novih ili poboljšanje postojećih veština unapređenja i brige o zdravlju zajednice (12,13). U integriranom sistemu zdravstvene zaštite, profesija sestrinstva ima i nove ciljeve: medicinske sestre nisu usredsređene na bolest, već na unapređenje zdravlja i primordijalnu prevenciju, u fokusu njihovih profesionalnih aktivnosti nisu potrebe sistema, nego pojedinaca i zajednice - korisnika zdravstvene zaštite, koordinacija koju sestre ostvaruju između različitih sektora zdravstvene zaštite je prepoznata kao ključ višeg kvaliteta, bolje usluge i niskih finansijskih troškova zdravstvenog sistema, a sve navedene aktivnosti su zasnovane na racionalnom korišćenju podataka koji su dostupni u zdravstvenom informacionom sistemu (12). Da bi se ovi ciljevi ostvarili, u reformiranim zdravstvenim sistemima je uz menadžerske funkcije identifikovano i devet suštinski značajnih aspekata sestriške profesije koje treba kontinuirano i svakodnevno primenjivati u radu sa korisnicima, a u cilju postizanja veće efikasnosti zdravstvene zaštite:

1. pružanje podrške i obučavanje korisnika za primenu mera samopomoći,
2. edukacija i aktivno angažovanje pacijenta i porodice u ostvarivanju zdravstvene zaštite,
3. aktivnosti poboljšanja intersektorske komunikacije,
4. savetovanje korisnika zdravstvene zaštite i praktična demonstracija potrebnih veština,
5. utvrđivanje potreba, planiranje i evaluacija putem primene procesa zdravstvene nege,
6. timski rad i interprofesionalna saradnja,
7. planiranje nege na osnovu objektivnih potreba korisnika,
8. briga o unapređenju i očuvanju zdravlja celokupne populacije,

to the necessity of introducing changes within the profession, primarily in the sense of formal education and education of nurses for carrying out the management functions (12,13).

Nursing profession, as an integral part of the multidisciplinary organization of work in the contemporary healthcare system, involves a range of professional activities at different levels of healthcare: activities of the improvement and promotion of health, prevention of diseases, health care of physically and mentally ill or disabled people of all ages, palliative care, and a range of activities which at first cannot be associated with the nursing profession, including jobs from the field of management in the healthcare system, representing the interests of users of healthcare (protection of patients' rights), promoting and conducting the activities of the environment protection, scientific work, or active participation in creating the health policies of one country (14). In the integrated healthcare systems, nurses, in cooperation with other health professionals and experts from the field of social protection, perform different activities of planning, implementation and evaluation of different activities of healthcare, aimed at providing the efficient functioning of healthcare system from the perspective of health promotion, disease prevention and caring for the sick, that is, disabled persons (15).

The change of nurses' professional role in reformed European and North American healthcare systems is particularly visible in primary health care and health protection of community, that is, public health, where nurses have taken on one of the leading roles in the organization of the work process. Thus, nursing profession more often presents a direct link between users and healthcare on the one hand, and the system of health and social protection on the other hand, which means that the members of this profession need to apply all the skills that they acquired during the continuous studies of the ways in which the health system works, including the coordination between the defined levels of healthcare, optimization of services through the rational usage of available data about the patient in the healthcare based on evidence, interpersonal cooperation and communication, and finally, the active participation in activities for the improvement of the efficiency of health system (13). In The Initiative on the Future of Nursing, which was published by the US

Institute of Medicine in Washington DC in 2010, it is claimed that the nursing profession gives a critical contribution to the reform of the health system and actual demands for providing secure, safe and accessible healthcare system, aimed at objective users' needs (16). The authors, who investigated the new roles of this profession in the reformed health system of the USA, suggest that all members of the nursing profession should, first of all, understand and accept the fact that nursing practice has to undergo dramatic changes aimed at achieving the expected quality of healthcare, and they should proactively participate in the changes that would demand acquiring new or improving the existing skills of care for the health of community (12,13). In an integrative system of health care, nursing profession has new aims: nurses are not focused on disease, but on the improvement of health and primordial prevention; the needs of the system are not in the focus of their professional activities, but the needs of individuals and community – users of health care; coordination that nurses achieve between different sectors of health care is recognized as a key of better quality, better services and low financial costs of the health system, while all the above mentioned activities are based on the rational usage of data which are available in the health information system (12). In order to achieve these aims in the reformed health system, in addition to management functions, there are nine essential aspects of nursing profession that should be continuously applied in everyday work with users, aimed at achieving greater efficiency of health care:

1. giving support and educating users to apply the self-help measures,
2. education and active engagement of patients and family in achieving their right to health care,
3. activities aimed at improving the communication between sectors,
4. giving advice to users of health care and practical demonstration of necessary skills,
5. determining needs, planning and evaluation through the application of health care process,
6. team work and interprofessional cooperation,
7. planning the care on the basis of users' needs,

9. zastupanje potreba korisnika zdravstvene zaštite (17).

Konačno, kada je reč o društvenom i profesionalnom položaju sestrištva u našoj zemlji, treba istaći da je situacija već decenijama veoma složena i nimalo nalik onoj u svetu. Nažalost, profesija sestrištva je do pre gotovo dve decenije bila jedina u državi kojoj je bilo onemogućeno obrazovanje na univerzitetskom nivou, a uloga sestrištva u zdravstvenom sistemu Republike Srbije ne samo da je još uvek najvećim delom pasivna, već je i zastupljenost medicinskih sestara u institucijama republičkih zdravstvenih organa poražavajuće minimalna (18). Iako je od osnivanja prve katedre u zemlji za zdravstvenu negu na Medicinskom fakultetu Univerziteta u Novom Sadu do danas veliki broj srpskih medicinskih sestara stekao visoko obrazovanje, mogućnosti aktivnog doprinosa ove profesije u smislu poboljšanja efikasnosti sistema zdravstvene zaštite i povećanja kvaliteta zdravstvenih usluga još uvek nisu prepoznate u našoj zemlji, a radna mesta sestara sa visokim obrazovanjem nisu čak ni planirana aktuelnom sistematizacijom radnih mesta u zdravstvu. Uzimajući u obzir navedene promene i nove uloge koje su sestriškoj profesiji donele reforme sistema zdravstvene zaštite u svetu, može se zaključiti da je sestrištvo u savremenim zdravstvenim sistemima prepoznato kao autonomna profesija koja može značajno da doprinese efikasnosti sistema zdravstvene zaštite jedne zemlje poboljšanjem kvaliteta bazičnih profesionalnih aktivnosti, ali i preuzimanjem određenog dela menadžerskih funkcija i koordinacijom intersektorskih aktivnosti u procesu ostvarivanja zdravstvene zaštite. Rukovođenje zdravstvenim sistemima je veoma složen proces koji iziskuje adekvatan nivo formalnog obrazovanja i kontinuiranu edukaciju, naročito ako se ima u vidu činjenica da preduzetnički orijentisan menadžment u sistemu zdravstvene zaštite iziskuje aktivan angažman u pogledu iniciranja i sprovođenja različitih menadžerskih aktivnosti. Institut za medicinu SAD preporučuje da se svim medicinskim sestrama koje nisu univerzitetski obrazovane omogući dodatno školovanje, upravo zbog složenosti menadžerskih uloga koje su u integrisanim sistemima zdravstvene zaštite dodeljene pripadnicima ove profesije, sa očekivanjem da će u neposrednoj budućnosti i do 80% medicinskih sestara u svetu imati fakultetsko obrazovanje (16).

Edukacija iz oblasti zdravstvenog menadžmenta se postavlja kao neophodan preduslov za razumevanje i učestvovanje u promenama, ali i očuvanje integriteta sestriške profesije, jer uspešan menadžer mora jasno da definiše ciljeve promena u profesiji i sistemu, nadzire proces njihove implementacije i da poseduje veštinu formulisanja plana i neposredne primene specifičnih aktivnosti koje će se primeniti u slučaju da promena ide u neželjenom pravcu (19). Uzimajući navedeno u obzir, čak i nakon proste analize aktuelne prakse u sestriškoj profesiji naše zemlje, neizbežno se nameće pitanje da li medicinske sestre u Srbiji mogu da odgovore zahtevima savremene zdravstvene službe, jer primeri iz prakse često jasno ukazuju na to da sestre imaju nizak stepen autonomije u radu, čak i u neposrednoj organizaciji službe zdravstvene nege (20). Na osnovu primera iz sveta, jasno je da sestrištvo mora da postane autonomna i ravnopravna profesija u sistemu zdravstvene zaštite Srbije da bi aktivno doprinosila pozitivnim promenama, ali i pored brojnih inicijativa Komore medicinskih sestara Srbije i visokoškolskih ustanova koje obrazuju ovaj profil zdravstvenih stručnjaka, vidljivih pomaka u tom smislu i dalje nema.

Profesija sestrištva u javnom zdravlju

Profesija sestrištva je dugi niz godina aktivno profesionalno uključena u rad u oblasti javnog zdravlja širom sveta. Povezanost sestrištva i javnog zdravlja je suštinska, praktična i neraskidiva, zasnovana pre svega na zajedničkoj usmerenosti ka unapređenju i očuvanju zdravlja pojedinaca, grupe i zajednice, prevenciji bolesti i težnji ka povećanju kvaliteta života, ali i činjenici da zdravstveno vaspitanje istovremeno predstavlja i integralni deo zdravstvene nege, kao primenjene medicinske discipline, i jedan od osnovnih metoda rada u javnom zdravlju (21,22). Osim toga, u većini zemalja u svetu, pa i u našoj zemlji, medicinske sestre imaju mogućnost specijalizacije iz oblasti javnog zdravlja nakon završenih osnovnih studija. Američka asocijacija za javno zdravlje (engl. *The American Public Health Association*) definiše sestrištvo u javnom zdravlju kao „praksu promocije i zaštite zdravlja stanovništva putem integrisane primene znanja iz oblasti zdravstvene nege, društvenih i javnozdravstvenih nauka” (23).

Profesionalna delatnost medicinskih sestara u oblasti javnog zdravlja je fokusirana na zdravl-

8. care for the improvement and maintenance of health of general population,
9. representing the needs of health care users (17).

Finally, as far as social and professional position of nurses in our country is concerned, it should be emphasized that for decades the situation has been very complex and not at all similar to the situation in the world. Unfortunately, nursing profession was the only profession in our country, whose members could not be educated at the university level two decades ago, while nurses' role is still for the most part passive in the health system of the Republic of Serbia, and the presence of nurses in the republic health institutions is critically low (18). Although a lot of nurses have got faculty degrees since the first department for health care at the Faculty of Medicine in Novi Sad was founded, the possibilities of active contribution of this profession in the sense of improvement of efficiency of the health care system and quality of health services have not been recognized in our country yet, and job positions of nurses with faculty degrees have not been planned in the actual systematization of job positions in health sector. Considering all the above mentioned changes and new roles that reforms of the healthcare system around the world brought to the nursing profession, one may conclude that the nursing profession in the contemporary health care systems has been recognized as an autonomous profession that may significantly contribute to the efficiency of health care of one country by improving the quality of basic professional activities, as well as by taking on certain amount of managerial functions and coordinating the intersectoral activities in the process of delivering health care. The management of health care systems is a very complex process which requires an adequate level of formal education and continuous education, especially if one considers the fact that the entrepreneurship-centered management in the health care system demands active engagement regarding initiating and conducting different managerial activities. The US Institute of Medicine recommends that all nurses, who do not have university degrees, should get the possibility of additional education, precisely because of complexity of managerial roles that have been given to the members of

this profession, with expectations that in the near future 80% of nurses will have faculty degrees in the world (16). Education from the field of health management is required as a necessary prerequisite for understanding and participating in those changes, as well as the preservation of integrity of nursing profession, because a successful manager has to define clearly the aims of changes in the profession and system, to supervise the process of their implementation and to possess the skill of plan formulation and immediate application of specific activities that would be applied if the change went in an unwanted direction (19). Given the above mentioned, even after a simple analysis of current practice in the nursing profession in our country, a question arises whether nurses in Serbia could respond to the demands of the contemporary health care service, because examples from practice often point to the fact that nurses have a low level of autonomy in the work process, even regarding the immediate organization of health care service (20). According to the examples from the world, it is clear that the nursing profession has to become an autonomous and equal profession in the health care system of the Republic of Serbia in order to actively contribute to positive changes, however, despite initiatives of the Chamber of nurses of Serbia and institutions of higher education that educate this profile of health professionals, there are no visible advances in that direction.

Nursing profession in public health

For many years, the nursing profession has been actively and professionally involved in the field of public health around the world. The connectedness between nursing and public health is essential, practical and unbreakable, and based, first of all, on the mutual orientation towards the improvement and maintenance of health of individuals, groups and community, disease prevention and striving to improve the quality of life, as well as on the fact that at the same time health education is an integral part of health care, as the applied medical discipline, and one of the basic methods of work in public health (21,22). In addition, in most countries of the world, and in our country, as well, nurses have the possibility of specialization in public health after they get bachelor's degree. The American Public Health

je zajednice, sa ciljem promocije zdravlja i prevencije bolesti i onesposobljenosti. Znanje koje poseduju iz oblasti preventivnih i kliničkih nauka, kao i specifična vrsta profesionalnog odnosa sa korisnicima zdravstvene zaštite, omogućavaju medicinskim sestrama specijalistima javnog zdravlja da daju značajan doprinos rešavanju aktuelnih javnozdravstvenih problema i aktivno participiraju u kreiranju i implementaciji programa promocije zdravlja i zdravstvene politike u skladu sa potrebama vulnerabilnih populacionih grupa. U eri rastućih javnozdravstvenih izazova, sestrinstvo kao profesija ima značajan potencijal za stvaranje promena na ovom polju, zasnovan pre svega na čestim kontaktima medicinskih sestara sa korisnicima zdravstvene zaštite, što ih možda čini i najbolje pozicioniranim zdravstvenim stručnjacima u smislu mogućnosti pružanja podrške za usvajanje zdravih stilova života u zajednici. Imajući u vidu doktrinarni multidimenzionalni pogled na zdravlje, profesionalno delovanje u javnozdravstvenom sestrinstvu se temelji na primeni teorijskih znanja, zdravstvenoj nezi zasnovanoj na dokazima i predanosti postizanju jednakosti svih članova zajednice u mogućnostima za očuvanje i unapređenje zdravlja. Sa druge strane, upravo poznavanje kliničke zdravstvene nege u kombinaciji sa znanjima iz oblasti javnog zdravlja i društveno-humanističkih nauka, omogućava medicinskim sestrama da budu na pozicijama uspešnih lidera u oblasti javnog zdravlja (23,24). Osnovne profesionalne kompetencije medicinskih sestara u oblasti javnog zdravlja uključuju:

- procenu stanja u cilju identifikacije i rešavanja problema zdravlja u zajednici,
- uočavanje problema i postavljanje sestrinske dijagnoze u slučaju pojave poremećaja zdravlja i zdravstvenih katastrofa u zajednici,
- primenu zdravstveno vaspitnih intervencija, informisanje i osposobljavanje zajednice za različite načine očuvanja i unapređenja zdravlja,
- uspostavljanje partnerskog odnosa i motivaciju zajednice za aktivnu participaciju u identifikaciji i rešavanju aktuelnih i potencijalnih problema zdravlja,
- razvijanje profesionalne politike i planova koji podržavaju napore pojedinaca i zajednice u unapređenju i očuvanju zdravlja,
- primenu zakona i drugih pravnih regulativa

koje štite zdravlje i osiguravaju bezbednost,

- omogućavanje dostupnosti zdravstvene zaštite i pružanje zdravstvenih usluga u slučaju da je ista nedostupna,
- obezbeđivanje potrebnog broja kompetentnih sestara specijalista javnog zdravlja,
- evaluaciju efikasnosti, dostupnosti i kvaliteta primenjenih zdravstvenih usluga kod pojedinaca i u zajednici i
- istraživanje u cilju spoznaje novih saznanja i inovativnih metoda za rešavanje problema zdravlja (25).

U savremenom sistemu zdravstvene zaštite, javnozdravstveno sestrinstvo teži da poboljša zdravstvene ishode svih populacionih grupa u zajednici, prepoznajući složenost javnozdravstvenih problema i kontekstualnu prirodu zdravlja, zasnovanu na istorijskim, kulturološkim, fizičkim, mentalnim, društvenim i faktorima životne sredine. Doktrina zdravstvene nege u javnom zdravlju nalaže logičko razmišljanje na nivou sistema (engl. *“system-level thinking”*), usmereno ka objektivnoj opservaciji i proceni stanja, utvrđivanju potreba za zdravstvenom negom, kao i proceni mogućnosti i (ne)jednakosti pojedinaca, porodice ili zajednice, a sve u cilju preduzimanja aktivnosti koje će prikupljene informacije o zdravlju pretvoriti u javno dobro (26). Ključni aspekti profesionalne delatnosti medicinskih sestara u javnom zdravlju uključuju: fokusiranost na zdravstvene potrebe celokupne populacije, uključujući i procenu potencijalne diskriminacije i specifičnih potreba marginalizovanih populacionih grupa, procenu zdravstvenog stanja stanovništva putem sveobuhvatnog, holistički usmerenog, sistematičnog pristupa zdravlju, sprovođenje preventivnih aktivnosti u populaciji sa akcentom na primordijalnu prevenciju, i primenu intervencija zdravstvene nege na svim nivoima – kod pojedinaca, porodica, celokupne zajednice, uključujući i sve faktore koji mogu uticati, ili već utiču, na njihovo zdravlje, potrebe, mogućnosti ili nejednakosti u zdravlju (25). Osim toga, od profesije sestrinstva se u savremenom javnom zdravlju očekuje uspostavljanje i održavanje odnosa aktivne saradnje sa zajednicom, kontinuirana participacija u vaspitanju za zdravlje njenih članova i razvoju lokalne zdravstvene politike koja će biti prilagođena potrebama konkretne zajednice. To ujedno predstavlja odgovor na izdvojene prioritete koji proističu iz kontinuirane, sve-

Association defines nursing in public health as “the practice of promoting and protecting the health of populations using the integrated knowledge from nursing, social and public health sciences” (23).

Professional activities of nurses in public health are focused on health of the community, aimed at the promotion of health and prevention of diseases and disabilities. Knowledge that nurses possess from the field of preventive and clinical sciences, as well as the specific kind of professional relations with the health care users enable nurses, public health specialists, to give significant contribution to solving the actual public health problems and to actively participate in creating and implementing the program of health promotion and health policies in accordance with the needs of vulnerable population groups. In the era of growing public health challenges, nursing as a profession has a significant potential for the creation of changes in this field, primarily based on frequent contacts of nurses with the users of health care, which makes them the best positioned health professionals regarding the possibility of providing support for adopting healthy lifestyles in the community. Given the doctrinal multidimensional view of health, professional work in public health nursing is based on the application of theoretical knowledge, health care based on evidence and devotion to achieving the equality of all members of the community regarding the possibility of maintenance and improvement of health. On the other hand, knowledge of the clinical health care in combination with knowledge in the field of public health and social-humanist sciences, enable nurses to be on the positions of successful leaders in public health domain (23, 24). Basic professional competences of nurses in the field of public health include:

- assessment of state aimed at identification and solving of health problems in the community,
- noticing problems and establishing the nursing diagnosis in case of the appearance of health disorders and health catastrophes in the community,
- application of health-educational interventions, informing and enabling the community to preserve and improve health,
- establishing the partner relationships and motivation of community for the active participation in identifying and solving the actual and potential health problems,
- developing professional policies and plans which support the efforts of individuals and community in health maintenance and improvement,
- application of laws and other legal regulations that protect health and ensure safety,
- providing the availability of health care and delivering health services if they are not accessible,
- securing the necessary number of competent nurses, specialists in public health,
- evaluation of efficiency, availability and quality of applied health care services in individuals and community and
- research aimed at reaching new knowledge and innovative methods for solving health problems (25).

In the contemporary system of health care, public health nursing strives to improve health outcomes of all population groups in the community, by recognizing the complexity of public health problems and contextual nature of health, based on historical, cultural, physical, mental, social and environmental factors. The doctrine of health care in public health demands logical system-level thinking, aimed at the objective observation and evaluation of state, determination of needs for health care, as well as the assessment of possibilities and (in)equalities of individuals, families or community, with the aim of taking on the activities which would transform the collected information about health into public well-being (26). Key aspects of professional activities of nurses in public health include: focus on health needs of the whole population, including the assessment of potential discrimination and specific needs of marginalized population groups, the assessment of the health condition of the population with the help of the comprehensive, holistic-centered, systematic approach to health, preventive activities in the population with the accent placed on primordial prevention, and the application of interventions of health care at all levels – in individuals, families, whole community, including all the factors that may influence, or which have already had influence on their health,

obuhvatne procene zdravlja usmerene na sva tri aspekta zdravlja celokupne populacije. U SAD je, 2010. godine, usvojen jedan od najznačajnih dokumenata pod nazivom Zakon o zaštiti pacijenata i pristupačnoj nezi (engl. *Patient Protection and Affordable Care Act*), koji uređuje sistem ostvarivanja zdravstvene zaštite u toj zemlji, i u velikoj meri upućuje na nove uloge i odgovornosti koje profesija sestriinstva treba da preuzme u oblasti javnog zdravlja: aktivan doprinos eliminaciji socijalnih razlika u pogledu pristupačnosti zdravstvenih usluga, smanjenje troškova zdravstvene zaštite i, konačno, primenu efikasnih aktivnosti u globalnom unapređenju zdravlja zajednice. Veština brze procene zdravlja i zdravstvenih rizika, kao i usmerenost ka primordijalnoj prevenciji, u ovom dokumentu su prepoznate kao važno oruđe medicinskih sestara za postizanje pomenutih ciljeva (23).

Medicinske sestre specijalisti javnog zdravlja su danas u svetu članovi ili uspešni lideri interprofesionalnih timova u različitim vrstama državnih zdravstvenih agencija i organizacija, na svim nivoima vlasti, nevladinim i humanitarnim društvenim organizacijama, fondacijama, akademskim institucijama i brojnim istraživačkim centrima (23,27). Sa jedinstvenim profesionalnim fokusom, koji istovremeno može biti usmeren na pojedinca i porodicu, ili sistem i zajednicu, sestriinstvo kao profesija koja značajno participira u oblasti javnog zdravlja u svetu, izuzetno je povoljno pozicionirana za aktivan doprinos pozitivnim promenama u organizaciji integrisanog sistema zdravstvene zaštite, odgovarajući na taj način socijalnim zahtevima i potrebi za integracijom zdravstvene zaštite u savremenom društvu.

Zaključak

Od prethodne pasivne, inicijalno pomagačke, do današnjeg statusa autonomne profesije koja aktivno doprinosi efikasnosti i razvoju svih sektora integrisanog zdravstvenog sistema, sestriinstvo se tokom svog istorijskog razvoja neprestano suočavalo sa brojnim profesionalnim i socijalnim izazovima. Uvek iznova težilo se da odgovori aktuelnim potrebama društva, ali i da aktuelne izazove i uloge usmeri ka razvoju i unapređenju sopstvene profesije i njenog društvenog ugleda. Sagledajući način života savremenog čoveka, globalne zdravstvene rizike, socijalnu nejednakost u pogledu pristupačnosti zdravstvene zaštite i opšte

stanje zdravlja u svetu, WHO je u više navrata ukazivala na nužnost promena u postojećoj organizaciji zdravstvenih sistema i sveobuhvatnom usmeravanju savremene zdravstvene zaštite ka potrebama pojedinaca i zajednice u celini. Imajući u vidu upravo holističku nastrojenost zdravstvene nege kao naučne discipline i činjenicu da je najbrojnija zdravstvena profesija, sestriinstvo je u mnogim državama sveta dobilo jednu od ključnih uloga u reformi i integraciji sistema zdravstvene zaštite, naročito u oblasti javnog zdravlja. Upravo u pomenutim okvirima profesionalno delovanje medicinskih sestara pokazalo je značajan potencijal i mogućnost za ostvarivanje liderske uloge u osnaživanju zdravstvenih resursa zajednice, zaštiti životne sredine i postizanju socijalne pravde. Medicinska sestra tome doprinosi pre svega objektivnim i neposrednim uticajem na sve dimenzije zdravlja populacije, istraživanjem i primenom savremenih koncepata promocije zdravlja u zajednici, ali i aktivnom participacijom u kreiranju zvanične javnozdravstvene politike.

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needs, possibilities or inequalities in health (25). In addition, in public health the nursing profession is expected to establish and maintain the relation of active cooperation with the community, and to continuously participate in the education for the health of its members and development of local health policies that would be adjusted to the needs of certain community. It is also a response to the selected priorities which originate from the continuous, comprehensive assessment of health directed to all three aspects of health of the whole population. In the USA, one of the most significant documents under the title Patient Protection and Affordable Care Act was adopted in 2010, and it regulates the system of health care in that country, and to the great extent, it points to the new roles and responsibilities that the nursing profession has to take on in the domain of public health: active contribution to the elimination of social differences regarding the availability of health care services, reduction of health care costs, and finally, the application of efficient activities in the global improvement of health of the community. The skill of the quick assessment of health and health risks, as well as the orientation towards primordial prevention have been recognized in this document as an important tool for the achievement of the above mentioned aims (23).

Today nurses who have specialized in public health are members or successful leaders of interprofessional teams in different state health agencies and organizations of the world, at all levels of authority, in nongovernmental social organizations and charities, foundations, academic institutions and numerous research centers (23,27). With a unique professional focus that can be directed at the individual and family, or the system and community, nursing as a profession, which significantly participates in the public health domain in the world, is extremely well-positioned to actively contribute to positive changes in the organization of the integrative health care system, thus responding to the social demands and to the need for the integration of health care in the contemporary society.

Conclusion

During its historical development, from the previously passive and helping profession until the current status of autonomous profession

that actively contributes to the efficiency and development of all sectors of integrated health system, nursing has incessantly faced with the numerous professional and social challenges. Nursing has always been striving to respond to the actual needs of society, and to direct the actual challenges and roles at the development and promotion of profession and its social reputation. Considering the lifestyle of modern people, global health risks, social inequality in terms of availability of health care and the general state of health worldwide, the WHO has pointed to the necessity of changes in the existing organization of health care systems and the comprehensive orientation of contemporary health care towards the needs of individuals and community as a whole. Given the holistic disposition of health care as a scientific discipline and the fact that this profession is the most numerous, nursing has been given one of the key roles in the reform and integration of health care systems in many countries, especially in the field of public health. Precisely within this framework, nurses' professional activities have showed a significant potential and the possibility of fulfilling leadership roles in strengthening the health resources of the community, the protection of environment and reaching the social justice. Thus, a nurse makes a contribution, first of all, by influencing all aspects of population health, by investigating and applying the modern concepts of the promotion of health in the community, as well as by participating actively in creating the official public health policy.

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Autor za korespondenciju: Ass. msr Dejan Živanović, Visoka škola strukovnih studija za obrazovanje vaspitača i trenera, Departman za biomedicinske nauke, Banijska 67, 24000 Subotica, Republika Srbija; e-mail: dejanzivanovic@vsovsu.rs

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Corresponding author: Dejan Zivanovic, MSc, Teaching Assistant in Preventive Medical Sciences, College of Vocational Studies for the Education of Preschool Teachers and Sports Trainers, Banijska Str. No 67, Subotica, Republic of Serbia; email: dejanzivanovic@vsovsu.rs