

STAVOVI ZDRAVSTVENIH RADNIKA O AKADEMSKOM OBRAZOVANJU MEDICINSKIH SESTARA U BOSNI I HERCEGOVINI

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SAŽETAK

Uvod/Cilj: Problemi sa kojima se suočava zdravstveni sektor u zemljama Balkana, ali i u većini zemalja Evropske unije (naročito visoko razvijenim zemljama) je nedostatak fakultetski obrazovanih medicinskih sestara na tržištu rada. Cilj rada je bio da se ispituju stavovi zdravstvenih radnika o značaju i mogućnostima akademskog obrazovanja medicinskih sestara.

Metode: Studija preseka je provedena na 233 zdravstvena radnika u periodu od 10.07.2019. do 31.08.2019. godine u Javnoj zdravstvenoj ustanovi (JZU) Dom zdravlja Zvornik, JZU Dom zdravlja Foča, JZU Opšta bolnica Zvornik, JZU Univerzitetska bolnica Foča. Svi ispitanici su popunili upitnik, koji je prethodno kulturološki adaptiran. U statističkoj analizi podataka korišćen je χ^2 .

Rezultati: Većina zdravstvenih radnika (73,8%) činile su žene. Žena je bilo nešto više u uzrastu do 50 godina, a muškaraca starijih od 50 godina. Lekara je bilo 41,3%, medicinskih sestara sa srednjom stručnom spremom (SSS) 42,2%, a medicinskih sestara sa višom (VŠS) i visokom stručnom spremom (VSS) 16,4%. Najveći procenat zdravstvenih radnika (91,4%) navodi da je upoznat sa mogućnostima sestrinskog obrazovanja, dok 69,5% ima stav da je za medicinske sestre dovoljno temeljno srednjoškolsko obrazovanje i specijalizacija. Svaki drugi zdravstveni radnik (50,2%), nezavisno od nivoa obrazovanja, navodi da ne postoji potreba za obrazovanjem medicinskih sestara na nivou doktorskih studija, a ¼ je suzdržana po ovom pitanju. Lekari i medicinske sestre sa SSS su značajno češće ($\chi^2 = 10,151$; $p = 0,038$) smatrali da ne postoji potreba za obrazovanjem medicinskih sestara na nivou doktorskih studija nego medicinske sestre sa VŠS i VSS. Najveći procenat zdravstvenih radnika (66,6%) ima stav da medicinska sestra ima jednak autoritet kao i ostali članovi tima, 86,3% se slaže sa tvrdnjom da će razvoj sestrinske profesije uticati na kvalitet zdravstvene zaštite, a 55,8% smatra da medicinske sestre imaju profesionalne kapacitete, znanja i iskustava za inovativna rešenja i upravljanje neminovnim promenama ka putu u savremeno sestrinstvo.

Zaključak: Kako bi se podigao ugled sestrinske profesije, neophodno je definisati obim posla i postaviti jasne granice između kompetencija medicinskih sestara različitog stepena obrazovanja na nivou cele Bosne i Hercegovine. U cilju daljeg razvoja sestrinske profesije neophodna je bolja promocija novih programa posle diplomskog nastave.

Ključne reči: sestrinstvo, obrazovanje, autonomija, kompetencije

Uvod

Tokom poslednjih decenija uloge medicinske sestre i opisi poslova stalno i značajno se menjaju, a sestrinstvo se razvilo u disciplinu za koju su potrebna znanja i veštine u neprestanom suočavanju sa novim izazovima (1). Poslednjih dvadeset godina sestrinstvo postiže kvalitetan skok u edukaciji i praksi, a posebno u istraživanjima, razvo-

ju standarda, menadžmentu kvaliteta i stvaranju akademskog statusa. Edukacija u sestrinstvu dobija adekvatan značaj pa se brzo razvijaju visokoškolske ustanove za obrazovanje sestara sa akademskim odeljenjima i novim programima edukacije, koji omogućuju implementaciju postdiplomskog nastave, magistarske i doktorske studije (2). Kako bi

ATTITUDES OF HEALTH WORKERS ABOUT THE ACADEMIC EDUCATION OF NURSES IN BOSNIA AND HERZEGOVINA

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SUMMARY

Introduction/Aim: The problems facing the health sector in the Balkans, but also in most European Union countries (especially highly developed countries) is the lack of university-educated nurses in the labor market. The aim of the paper was to examine the attitudes of health professionals about the importance and possibilities of academic education of nurses.

Methods: The cross-sectional study was conducted on 233 health workers in the period from July 10, 2019 to August 31, 2019 in the Public Health Institution (PHI) Health Center Zvornik, PHI Health Center Foca, PHI General Hospital Zvornik, PHI University Hospital Foca. All respondents filled out a questionnaire, which was previously culturally adapted. χ^2 was used in the statistical analysis of the data.

Results: The majority of health workers (73.8%) were women. There were slightly more women under the age of 50, and men over the age of 50. There were 41.3% of doctors/specialists, 42.2% of nurses with secondary education, and 16.4% of nurses with post-secondary and higher education. The largest percentage of health workers (91.4%) state that they are familiar with the possibilities of nursing education, while 69.5% are of the opinion that thorough secondary education and specialization is enough for nurses. About half of health workers (50.2%), regardless of the level of education, states that there is no need for the education of nurses at the level of doctoral studies, and $\frac{1}{4}$ abstained on this issue. Doctors of medicine and specialist doctors and nurses with secondary education were statistically significantly more likely ($\chi^2 = 10,151$; $p = 0.038$) to consider that there is no need for education of nurses at the level of doctoral studies than nurses with post-secondary and higher education. The largest percentage of health workers (66.6%) have the opinion that the nurse has the same authority as other team members, 86.3% agree with the statement that the development of the nursing profession will affect the quality of health care, and 55.8% believe that nurses have the professional capacity, knowledge and experience to innovate solutions and manage the inevitable changes on the pathway to modern nursing.

Conclusion: In order to raise the reputation of the nursing profession, it is necessary to define the scope of work and set clear boundaries between the competencies of nurses of different levels of education at the level of the whole of Bosnia and Herzegovina. In order to further develop the nursing profession, better promotion of new postgraduate programs is necessary.

Key words: nursing, education, autonomy, competencies

Introduction

During the last decades, nurse's roles and job description have changed constantly and significantly, and the nursing profession has developed into a discipline, which requires knowledge and skills in the face of constant challenges (1). During the last twenty years, the nursing profession has achieved the improvement

of quality regarding education and practice, and especially research, development of standards, management of quality and creation of academic status. Nurses' education has been given proper significance, and therefore, higher educational institutions for nurses with academic departments and new educational programs are developing

karijera medicinskih sestara bila uspešna i planirana potrebna je spoznaja o sebi i svojim potencijalima, vrednostima i preferencijama (3).

Problemi sa kojima se suočava zdravstveni sektor u zemljama Balkana, ali i u većini zemalja Evropske unije (naročito visoko razvijenim zemljama) je nedostatak fakultetski obrazovanih medicinskih sestara na tržištu rada. Ovaj problem je povezan pre svega sa sve manjim brojem studenata koji se upisuju na fakultete za medicinske sestre, zatim s povećanim potrebama za zdravstvenim uslugama medicinskih sestara, relativno manje atraktivnim radnim uslovima, niskim prihodima u odnosu na druga zanimanja, ograničenim mogućnostima napredovanja u poslu, kao i ranijim odlaskom u penziju (4).

Sa druge strane, problem predstavlja i aktuelna društvena slika medicinskih sestara koja je raznolika i neskladna. Ta slika je stvorena od samih medicinskih sestara kroz njihovu nevidljivost i neprepoznatljivost u zdravstvenom sistemu zbog njihove pasivnosti u javnim raspravama. Medicinske sestre su formirale svoj koncept shvatanja samih sebe i koncept profesionalnog identiteta iz javnog mnjenja, radne okoline, radnih vrednosti, sistema obrazovanja i kulturnih vrednosti (5).

Cilj rada je bio da se ispituju stavovi zdravstvenih radnika o značaju i mogućnostima akademskog obrazovanja medicinskih sestara.

Metode

Studija preseka sprovedena je u periodu od 10.7.2019. do 31.08.2019. godine, anonimnim upitnikom koji je testiran pre početka istraživanja, sačinjenim od strane autora za potrebe ovog istraživanja. Kako bi se testirao upitnik, sprovedeno je pilot istraživanje na uzorku od 40 ispitanika u maju 2019. godine. Na temelju rezultata pilot istraživanja, i komentara ispitanika upitnik je kulturno-ološki modifikovan na način da neka pitanja budu jasnija, a neka su isključena iz upitnika. Takođe je napravljena promena redosleda pitanja. Završna verzija upitnika imala je 40 pitanja.

U studiju presekasu uključena 233 zdravstvena radnika (lekari i medicinske sestre) koji su zaposleni u JZU Dom zdravlja Zvornik, JZU Dom zdravlja Foča, JZU Opšta bolnica Zvornik i JZU Univerzitetska bolnica Foča. Svi ispitanici su potpisali dobrovoljni pristanak za uključivanje u istraživanje. Kriterijumi za uključivanje u istraživanje su bili dobrovoljni pristanak, da je ispitanik po zanimanju medicinski tehničar ili doktor medicine/specijalis-

ta zaposlen na primarnom ili sekundarnom nivou zdravstvene zaštite, a kriterijumi za isključivanje su bili odbijanje učestvovanja u studiji i neadekvatno popunjavanje upitnika. Svi ispitanici su popunjavali svoje uputnike na radnom mestu. Popunjavanje upitnika je trajalo oko 10 minuta.

Kompjuterska obrada podataka sprovedena je pomoću SPSS 20 softverskog statističkog paketa. U obradi podataka primenjene su metode deskriptivne statistike. Značajnost razlika u frekvencijama određena je primjenom Hi kvadrat testa, a kao nivo statističke značajnosti uzeta je vrednost $p < 0,05$. Tokom prikupljanja i analiziranja podataka, kao i rada, poštovao se Zakon o zaštiti ličnih podataka („Službeni glasnik BiH“ br 49/2006, 76/2011 – ispr).

Rezultati

U ovoj studiji preseka bilo je uključeno 233 ispitanika, od kojih su 73,8% činile žene, a 26,2% muškarci (Tabela 1). Žena je bilo nešto više u uzrastu do 50 godina, a muškaraca starijih od 50 godina. Najveći deo ispitanika (26,2%) su činile osobe uzrasta 30 i manje godina, a zatim osobe uzrasta 31-40 godina (25,8%) i 41-50 godina (25,3%). U primarnoj zdravstvenoj zaštiti (PZZ) i sekundarnoj zdravstvenoj zaštiti (SZZ) je bilo više žena nego muškaraca. U PZZ bilo je više žena mlađih od 50 godina, a muškaraca starijih od 50 godina. U SZZ bilo je najviše muškaraca uzrasta 31-40 godina, a žena mlađih od 31 godine. Nije uočena statistički značajna razlika između muškaraca i žena u odnosu na uzrast zdravstvenih radnika.

Većina zdravstvenih radnika 213 od 233, što je 91,4%, navodi da su upoznati sa mogućnostima sestrinskog obrazovanja. U SZZ je zaposlen značajno veći broj sestara sa srednjim (45,3%), višim i fakultetskim obrazovanjem (22,2%) koje su upoznate sa mogućnostima sestrinskog obrazovanja nego u PZZ (38,5% i 9,4%) (Tabela 2). Doktori medicine/specijalisti PZZ značajno su više bili upoznati sa mogućnostima sestrinskog obrazovanja nego doktori medicine/specijalisti SZZ.

Doktora medicine/specijalista je bilo 41,3%, medicinskih sestara sa srednjom stručnom spremom 42,2%, a medicinskih sestara sa višom i visokom stručnom spremom 16,4%.

Najveći broj zdravstvenih radnika (69,5%) smatra da je u školovanju medicinskih sestara dovoljno temeljno obrazovanje (SSS) i dodatna specijalizacija na području delovanja (Tabela 3). Nije uočena statistički značajna razlika između

quickly, thus enabling the implementation of postgraduate courses, master and doctoral studies (2). In order to have a successful and well-planned nursing career, one needs to realize their own potentials, values and preferences (3).

The lack of nurses with a university degree in the labor market is the problem, which the health sector in the Balkans, as well as in most European Union countries (particularly highly developed countries), is faced with. This problem is connected, first of all, with a small number of students who enroll at faculties for nurses, then with the increased need for health services that nurses provide, relatively less attractive work conditions, lower income in comparison to other professions, limited possibilities of career advancement, as well as with the earlier retirement (4).

On the other hand, the problem also refers to the current social image of nurses, which is diverse and disharmonious. That image was created by nurses themselves because they are invisible and unrecognizable in the healthcare sector due to their passivity in public hearings. Nurses have formed their own concept of self-realization and the concept of professional identity based on the public opinion, work environment, professional values, educational system, and cultural values (5).

The aim of this paper was to examine the attitudes of health professionals about the importance and possibilities of academic education of nurses.

Methods

A cross-sectional study was conducted from 10th April 2019 to 31st August 2019 with the help of an anonymous questionnaire that had been tested before the beginning of research and that had been made by authors for the needs of this research. In order to test the questionnaire, a pilot research was conducted in May 2019 and it included the sample of 40 participants. Based on the results of this pilot research and participants' comments, the questionnaire was culturally modified so that some questions became clearer and some were excluded from the questionnaire. Also, the order of questions was changed. The final version of the questionnaire had 40 questions.

A cross-sectional study included 233 health workers (doctors and nurses), who were employed at the Health Center Zvornik, Health Center Foca, General Hospital Zvornik and University Hospital

Foca. All participants have signed a written consent to be included in the study. Inclusion criteria were the following: voluntary informed consent; participants were medical technicians or medical doctors/specialists employed in primary or secondary healthcare, while exclusion criteria were the following: participants denied to take part in the study or filled in the questionnaire inadequately. All participants filled out their questionnaires in their work place. Filling out the questionnaire lasted 10 minutes.

Computer analysis of data was done with the help SPSS 20 software statistical package. Descriptive statistics was used for the analysis of data. The significance of difference regarding frequency was obtained with the help of chi-squared test, while p value $p < 0.05$ was deemed to be statistically significant. During the collection and analysis of data, as well as during work, the Law on personal data protection was obeyed ("Official Gazette of BiH" no. 49/2006, 76/2011).

Results

The cross-sectional study included 233 participants, that is, 73.8% of them were women, and 26.2% were men (Table 1). There were slightly more women under the age of 50, and men older than 50. The largest number of participants (26.2%) was persons aged 30 and younger, and then persons aged 31-40 years (25.8%) and 41-50 years (25.3%). There were more women than men in the primary and secondary healthcare. In the primary healthcare, there were more women younger than 50 years, and men older than 50. In the secondary healthcare, the largest number of men was in the age group 31-40 years, while the largest number of women was in the age group younger than 31. There was no statistically significant difference between men and women regarding the age of healthcare workers.

The majority of healthcare workers, that is, 213 of 233, which presents 91.4%, indicate that they are familiar with the possibilities of nursing education. In the secondary healthcare, there are significantly more nurses with secondary education (45.3%), post-secondary and higher education (22.2%) who were familiar with the possibilities of nursing education than in primary healthcare (38.5% and 9.4%) (Table 2). Medical doctors and specialists in the primary healthcare were significantly more often acquainted with the

Tabela 1. Distribucija zdravstvenih radnika primarne i sekundarne zdravstvene zaštite prema polu i uzrasnim grupama

Uzrasne grupe (godine)	Primarna zdravstvena zaštita		Sekundarna zdravstvena zaštita		Ukupno*		Total Broj (%)
	Muškarci Broj (%)	Žene Broj (%)	Muškarci Broj (%)	Žene Broj (%)	Muškarci Broj (%)	Žene Broj (%)	
<31	4 (19,0)	19 (22,1)	12(30,0)	26(30,2)	16 (21,1)	45 (26,2)	61 (26,2)
31-40	5 (23,8)	23 (26,7)	13(32,5)	19(22,1)	18 (23,7)	42 (24,4)	60 (25,8)
41-50	5 (23,8)	23 (26,7)	9(22,5)	22(25,6)	14 (18,4)	45 (26,2)	59 (25,3)
>50	7 (33,3)	21 (24,4)	6(15,0)	19(22,1)	28 (36,8)	40 (23,2)	53 (22,8)
Total	21 (100)	86 (100)	40(100)	86(100)	61 (26,2)	172 (73,8)	233 (100)

* $\chi^2 = 5,4488$; $p = 0,142$

ispitanika različitog nivoa obrazovanja u odnosu na tvrdnju da je u školovanju medicinskih sestara dovoljno temeljno obrazovanje i specijalizacija na području delovanja. Potrebu za obrazovanjem medicinskih sestara, koje rade na poslovima koji zahtevaju samostalni rad, na nivou master studija je iskazalo 62,7% ispitanika. Nije uočena statistički značajna razlika između ispitanika različitog nivoa obrazovanja u stavu po pitanju potrebe obrazovanja medicinskih sestara, koje rade na poslovima koji zahtevaju samostalni rad, na nivou master studija. Većina ispitanika (50,2%), nezavisno od nivoa obrazovanja, navodi da ne postoji potreba za obrazovanjem medicinskih sestara na nivou doktorskih studija, a 24% je suzdržano. Doktori medicine/specijalisti i medicinske sestre sa SSS su statistički značajno češće ($\chi^2 = 10,151$; $p = 0,038$) smatrali da ne postoji potreba za obrazovanjem medicinskih sestara na nivou doktorskih studija nego medicinske sestre sa VŠS/VSS.

Najveći procenat zdravstvenih radnika (68,2%) navodi da u svakoj zdravstvenoj ustanovi koja zapošljava veći broj sestara, treba da budu zaposlene medicinske sestre obrazovane na nivou diplomskih studija (Tabela 4). Između zdravstvenih radnika različitog nivoa obrazovanja nije postojala značajna razlika u odnosu na ovaj stav.

Između zdravstvenih radnika različitog nivoa obrazovanja nije utvrđena statistički značajna razlika ($\chi^2 = 5,515$; $p = 0,238$) u pogledu njihovih stavova da medicinske sestre imaju pravo da ospore autoritet lekara, ukoliko on u određenim okolnostima ne deluje u najboljem interesu bolesnika (Tabela 5). Skoro svaki drugi zdravstveni radnik se slaže se da u određenim okolnostima kada je očigledno da lekar ne deluje u najboljem interesu bolesnika sestra ima pravo da spori lekarov autoritet.

Najveći procenat zdravstvenih radnika (66,6%) se slaže sa stavom da medicinska sestra ima jednak autoritet kao i ostali članovi tima, 86,3% se slaže sa

Tabela 2. Distribucija zdravstvenih radnika primarne i sekundarne zdravstvene zaštite koji su upoznati sa mogućnostima sestrinskog obrazovanja prema nivou obrazovanja

Upoznati sa mogućnostima sestrinskog obrazovanja	Primarna zdravstvena zaštita N=96	Sekundarna zdravstvena zaštita N=117	Ukupno* N=233
	Broj (%)	Broj (%)	Broj (%)
Doktor medicine/specijalista	50 (52,1)	38 (32,5)	117 (54,9)
Medicinska sestra sa SSS*	37 (38,5)	53 (45,3)	90 (42,2)
Medicinska sestra sa VŠS/VSS**	9 (9,4)	26 (22,2)	35 (16,4)
Ukupno	96 (45,1)	117 (54,9)	213 (100,0)

SSS - srednja stručna sprema; VŠS/VSS - viša stručna sprema/visoka stručna sprema; $\chi^2 = 10,772$; $p = 0,005$

Table 1. Distribution of health workers in primary and secondary healthcare by gender and age

Age groups (years)	Primary healthcare		Secondary healthcare		Total*		Total No. (%)
	Men No. (%)	Women No. (%)	Men No. (%)	Women No. (%)	Men No (%)	Women No. (%)	
<31	4 (19.0)	19 (22.1)	12(30.0)	26(30.2)	16 (21.1)	45 (26.2)	61 (26.2)
31-40	5 (23.8)	23 (26.7)	13(32.5)	19(22.1)	18 (23.7)	42 (24.4)	60 (25.8)
41-50	5 (23.8)	23 (26.7)	9(22.5)	22(25.6)	14 (18.4)	45 (26.2)	59 (25.3)
>50	7 (33.3)	21 (24.4)	6(15.0)	19(22.1)	28 (36.8)	40 (23.2)	53 (22.8)
Total	21 (100)	86 (100)	40(100)	86(100)	61 (26.2)	172 (73.8)	233 (100)

* $\chi^2 = 5.4488$; $p = 0.142$

possibilities of nursing education than medical doctors/specialists in secondary healthcare.

The majority of healthcare workers, that is, 213 of 233, which presents 91.4%, indicate that they are familiar with the possibilities of nursing education. In the secondary healthcare, there are significantly more nurses with secondary education (45.3%), post-secondary and higher education (22.2%) who were familiar with the possibilities of nursing education than in primary healthcare (38.5% and 9.4%) (Table 2). Medical doctors and specialists in the primary healthcare were significantly more often acquainted with the possibilities of nursing education than medical doctors/specialists in secondary healthcare.

The largest number of healthcare workers (68.2%) stated that in each healthcare institution, which employed large number of nurses, nurses with BA studies should be employed (Table 4). There was no statistical difference regarding this attitude between healthcare workers with different levels of education.

There was no statistical difference between healthcare workers with different levels of education ($\chi^2=5.515$; $p=0.238$) regarding their opinion that nurses had the right to deny doctor's authority, if he in certain circumstances did not act patients' best interests (Table 5). Almost half of healthcare workers agreed that in certain circumstances, when it was obvious that a doctor did not act in the patient's interest, a nurse had the right to deny doctor's authority.

The largest percentage of healthcare workers (66.6%) agreed that nurses had equal authority as other team members; 86.3% agreed that the development of nursing profession would influence the quality of healthcare, while 55.8% thought that nurses possess professional capacities, knowledge and experience for innovative solutions and management of unavoidable changes that are part of the pathway to modern nursing profession (Table 6). There was no statistically significant difference between healthcare workers with different levels of education regarding their

Table 2. Distribution of healthcare workers in primary healthcare and secondary healthcare who were familiar with the possibilities of nursing education according to the level of education

Familiar with the possibilities of nursing education	Primary healthcare N=96	Secondary healthcare N=117	Total* N=233
Level of education	No. (%)	Broj (%)	Broj (%)
Doctor/specialist	50 (52.1)	38 (32.5)	117 (54.9)
Nurse with SE*	37 (38.5)	53 (45.3)	90 (42.2)
Nurse with PSE/HE**	9 (9.4)	26 (22.2)	35 (16.4)
Total	96 (45.1)	117 (54.9)	213 (100.0)

SE – secondary education; PSE/HE – post-secondary education/higher education; $\chi^2 = 10.772$; $p = 0.005$

Tabela 3. Distribucija zdravstvenih radnika različitog nivoa obrazovanja prema stavovima o potrebi medicinskih sestara za različitim nivoima obrazovanja

Stavovi o različitim nivoima obrazovanja medicinskih sestara		Doktor medicine/ specijalista N=96 Broj (%)	Medicinska sestra sa SSS N=101 Broj (%)	Medicinska sestra sa VŠS/ VSS N=36 Broj (%)	Ukupno N=233 Broj (%)
U školovanju medicinskih sestara dovoljno je temeljno obrazovanje (SSS) + specijalizacija na području delovanja.*	Uopšte/uglavnom se ne slažem	18 (18,8)	12 (11,9)	5 (13,9)	35 (15,0)
	Niti se slažem, niti se ne slažem	14 (14,6)	14 (13,9)	8 (22,2)	36 (15,4)
	Uglavnom/u potpunosti se slažem	64 (66,7)	75 (74,2)	23 (63,9)	162 (69,5)
Postoji potreba za obrazovanjem na nivou 4+1 (diplomske i master studije) za određeni broj sestara na poslovima koji zahtevaju samostalni rad.**	Uopšte/uglavnom se ne slažem	23 (24,0)	16 (15,8)	6 (16,7)	45 (19,3)
	Niti se slažem, niti se ne slažem	19 (19,8)	17 (16,8)	6 (16,7)	42 (18,0)
	Uglavnom/u potpunosti se slažem	54 (56,2)	68 (67,3)	24 (66,6)	146 (62,7)
Postoji potreba za obrazovanjem sestara i na nivou doktorskih studija.***	Uopšte/uglavnom se ne slažem	56 (58,3)	49 (48,5)	12 (33,3)	117 (50,2)
	Niti se slažem, niti se ne slažem	21 (21,9)	27 (26,7)	8 (22,2)	56 (24,0)
	Uglavnom/u potpunosti se slažem	19 (19,8)	25 (24,8)	16 (44,4)	60 (25,8)

SSS - srednja stručna sprema; VŠS/VSS - viša stručna sprema/visoka stručna sprema; * $\chi^2 = 3,465$; $p = 0,483$; ** $\chi^2 = 3,189$; $p = 0,527$; *** $\chi^2 = 10,151$; $p = 0,038$

tvrdnjom da će razvoj sestrinske profesije uticati na kvalitet zdravstvene zaštite, a 55,8% smatra da medicinske sestre poseduju profesionalne kapacitete, znanja i iskustava za inovativna rešenja i upravljanje neminovnim promenama ka putu u savremeno sestrinstvo (Tabela 6). Između zdravstvenih radnika različitog nivoa obrazovanja nije bilo značajne razlike u odnosu na stav da medicinska sestra ima jednak autoritet kao i ostali članovi tima

i da će razvoj sestrinske profesije uticati na kvalitet zdravstvene zaštite. Međutim, medicinske sestre sa VŠS/VSS su značajno češće nego doktori medicine/specijalisti i medicinske sestre sa SSS smatrale da medicinske sestre poseduju profesionalne kapacitete, znanja i iskustava za inovativna rešenja i upravljanje neminovnim promenama ka putu u savremeno sestrinstvo.

Tabela 4. Distribucija zdravstvenih radnika različitog nivoa obrazovanja prema stavovima o potrebi zapošljavanja diplomiranih medicinskih sestara u ustanovama koje zapošljavaju veći broj sestara

Stavovi o potrebi zapošljavanja diplomiranih medicinskih sestara		Doktor medicine/ specijalista N=96 Broj (%)	Medicinska sestra sa SSS N=101 Broj (%)	Medicinska sestra sa VŠS/ VSS N=36 Broj (%)	Ukupno N=233 Broj (%)
U svakoj ustanovi koja upošljava veći broj sestara, treba biti zaposlena medicinska sestra obrazovana na nivou diplomskih studija	Uopšte/uglavnom se ne slažem	12 (12,5)	14 (13,9)	2 (5,6)	28 (12,0)
	Niti se slažem, niti se ne slažem	21 (21,9)	22 (21,8)	3 (8,3)	46 (19,7)
	Uglavnom/u potpunosti se slažem	63 (65,6)	65 (64,3)	31 (86,1)	159 (68,2)

SSS - srednja stručna sprema; VŠS/VSS - viša stručna sprema/visoka stručna sprema; $\chi^2 = 6,367$; $p = 0,173$.

Table 3. Distribution of healthcare workers with different levels of education regarding their attitudes about nurses' needs to get education at different levels

Attitudes about different levels of education of nurses		Medical doctor/ specialist N=96	Nurse with SE N=101	Nurse with PSE/HE N=36	Total N=233
		No. (%)	No. (%)	No. (%)	No. (%)
In the education of nurses thorough sec-ondary education (SE)+vocational spe-cialization are suffi-cient.*	Completely disagree/mainly disagree	18 (18.8)	12 (11.9)	5 (13.9)	35 (15.0)
	Neither agree nor disagree	14 (14.6)	14 (13.9)	8 (22.2)	36 (15.4)
	Mainly/completely agree	64 (66.7)	75 (74.2)	23 (63.9)	162 (69.5)
There is a need for education 4+1 (BA and master studies) for certain number of nurses whose jobs require independent work.**	Completely disagree/mainly disagree	23 (24.0)	16 (15.8)	6 (16.7)	45 (19.3)
	Neither agree nor disagree	19 (19.8)	17 (16.8)	6 (16.7)	42 (18.0)
	Mainly/completely agree	54 (56.2)	68 (67.3)	24 (66.6)	146 (62.7)
There is a need to educate nurses at the level of doctoral studies.***	Completely disagree/mainly disagree	56 (58.3)	49 (48.5)	12 (33.3)	117 (50.2)
	Neither agree nor disagree	21 (21.9)	27 (26.7)	8 (22.2)	56 (24.0)
	Mainly/completely agree	19 (19.8)	25 (24.8)	16 (44.4)	60 (25.8)

SE – secondary education; PSE/HE – post-secondary education/higher education; $\chi^2 = 3.465$; $p = 0.483$; ** $\chi^2 = 3.189$; $p = 0.527$; *** $\chi^2 = 10.151$; $p = 0.038$

attitude that a nurse has the same authority as other team members and that the development of nursing profession would influence the quality of healthcare. However, nurses with PSE/HE in comparison to medical doctors/specialists and nurses with SE thought significantly more often that nurses possess professional capacities, knowledge and experience for innovative solutions and management of unavoidable changes that

are part of the pathway to contemporary nursing profession.

Discussion

Nurses, as the most numerous staff in the system of healthcare, have a significant role in psychocare, therapeutic aspects of care, immediate care, social care, and health education. The course of patient's recovery depends on the quality of

Table 4. Distribution of healthcare workers with different levels of education regarding the attitudes about the need to employ graduate nurses in institutions which employ large number of nurses

The need to employ graduate nurses in institutions		Medical doctor/ specialist N=96	Nurse with SE N=101	Nurse with PSE/HE N=36	Total N=233
		No. (%)	No. (%)	No. (%)	No. (%)
In each institution that employs large number of nurs-es, graduate nurses should be employed	Completely disagree/mainly disagree	12 (12.5)	14 (13.9)	2 (5.6)	28 (12.0)
	Neither agree nor disagree	21 (21.9)	22 (21.8)	3 (8.3)	46 (19.7)
	Mainly/completely agree	63 (65.6)	65 (64.3)	31 (86.1)	159 (68.2)

SE – secondary education; PSE/HE – post-secondary education/higher education; $\chi^2 = 6.367$; $p = 0.173$.

Tabela 5. Distribucija zdravstvenih radnika različitog nivoa obrazovanja prema stavu o pravu sestara da ospore autoritet lekara u određenim okolnostima

Stavovi o potrebi zapošljavanja diplomiranih medicinskih sestara		Doktor medicine/ specijalista N=96	Medicinska sestra sa SSS N=101	Medicinska sestra sa VŠS/ VSS N=36	Ukupno N=233
		Broj (%)	Broj (%)	Broj (%)	Broj (%)
Ako je u određenim okolnostima očigledno da lekar ne deluje u najboljem interesu bolesnika sestra ima pravo osporiti lekarov autoritet.	Uopšte/uglavnom se ne slažem	26 (27,1)	28 (27,7)	8 (22,2)	62 (26,6)
	Niti se slažem, niti se ne slažem	36 (37,5)	24 (23,8)	11 (30,6)	71 (30,5)
	Uglavnom/u potpunosti se slažem	34 (35,4)	49 (48,5)	17 (47,2)	100 (42,9)

SSS - srednja stručna sprema; VŠS/VSS - viša stručna sprema/visoka stručna sprema; $\chi^2 = 5,515$; $p = 0,238$.

Diskusija

Medicinske sestre, kao najbrojniji kadar u sistemu zdravstvene zaštite, imaju bitnu ulogu u psihonezi, terapijskim aspektima njege, neposrednoj nezi, socionezi, ali i zdravstvenom vaspitanju. Zavisno od kvaliteta pruženih usluga od strane medicinskih sestara zavisi i sam tok oporavka bolesnika. Razvojem medicinskih nauka, kao i povećanim potrebama stanovništva za zdravstvenim uslugama, kretao se razvoj zdravstvene nege, koja

još u prošlom veku, pored zdravstvene zaštite bolesnih, dobija jedan novi aspekt – zdravstvena zaštita zdravih ljudi.

Rezultati ovog istraživanja su pokazali da je većina zdravstvenih radnika i upoznata sa mogućnostima obrazovanja medicinskih sestara u Republici Srpskoj. Stavovi zdravstvenih radnika prema obrazovanju medicinskih sestara se razlikuju između država, ali i ustanovama unutar iste

Tabela 6. Distribucija zdravstvenih radnika različitog nivoa obrazovanja prema stavovima o sestrinskoj profesiji

Stavovi o sestrinskoj profesiji		Doktor medicine/ specijalista N=96	Medicinska sestra sa SSS N=101	Medicinska sestra sa VŠS/ VSS N=36	Ukupno N=233
		Broj (%)	Broj (%)	Broj (%)	Broj (%)
Medicinska sestra ima jednak autoritet kao i ostali članovi tima.*	Uopšte/uglavnom se ne slažem	13 (13,5)	15 (14,8)	7 (19,4)	35 (15,0)
	Niti se slažem, niti se ne slažem	24 (25,0)	14 (13,9)	5 (13,9)	43 (18,4)
	Uglavnom/u potpunosti se slažem	59 (61,5)	72 (71,3)	24 (66,7)	155 (66,6)
Razvoj sestrinske profesije će uticati na kvalitet zdravstvene zaštite.**	Uopšte/uglavnom se ne slažem	5 (5,2)	5 (4,9)	1 (2,8)	11 (4,7)
	Niti se slažem, niti se ne slažem	11 (11,5)	9 (8,9)	1 (2,8)	21 (9,0)
	Uglavnom/u potpunosti se slažem	80 (83,3)	87 (86,2)	34 (94,4)	201 (86,3)
Da li medicinske sestre poseduju profesionalne kapacitete, znanja i iskustva za inovativna rešenja i upravljanje neminovnim promenama ka putu u savremeno sestrinstvo?***	Uopšte/uglavnom se ne slažem	20 (20,8)	5 (4,9)	3 (8,3)	28 (12,0)
	Niti se slažem, niti se ne slažem	33 (34,4)	35 (34,7)	7 (19,4)	75 (32,2)
	Uglavnom/u potpunosti se slažem	43 (44,8)	61 (60,4)	26 (72,2)	130 (55,8)

SSS - srednja stručna sprema; VŠS/VSS - viša stručna sprema/visoka stručna sprema; * $\chi^2 = 5,115$, $p = 0,276$; ** $\chi^2 = 2,914$, $p = 0,572$; *** $\chi^2 = 17,170$, $p = 0,002$

Table 5. Distribution of healthcare workers with different levels of education regarding the attitude about nurses' right to deny doctor's authority

Nurse has the right to deny doctor's authority		Medical doctor/ specialist N=96	Nurse with SE N=101	Nurse with PSE/HE N=36	Total N=233
		No. (%)	No. (%)	No. (%)	No. (%)
If in certain circumstances it is obvious that a doctor does not act in patient's best interests, a nurse has the right to deny doctor's authority.	Completely disagree/mainly disagree	26 (27.1)	28 (27.7)	8 (22.2)	62 (26.6)
	Neither agree nor disagree	36 (37.5)	24 (23.8)	11 (30.6)	71 (30.5)
	Mainly/completely agree	34 (35.4)	49 (48.5)	17 (47.2)	100 (42.9)

SE – secondary education; PSE/HE – post-secondary education/higher education; * $\chi^2 = 5.515$; $p = 0.238$.

services provided by nurses. The development of medical sciences, as well as the increased needs of the population for healthcare services influenced the development of healthcare, which even in the previous century, in addition to the healthcare of ill persons gained one new aspect – healthcare of healthy people.

The results of this research have showed that the majority of healthcare workers are acquainted

with the possibilities of education of nurses in the Republic of Srpska. Attitudes of healthcare workers about the education of nurses are different in different countries, but also in different institutions within the same country. Thus, one study that was conducted in 2009 in healthcare institutions in the Republic of Croatia proved that 28% of participants thought that secondary education of nurses was sufficient, while 48% thought that

Table 6. Attitudes of healthcare workers with different levels of education in the nursing profession

Attitudes about nursing profession		Medical doctor/ specialist N=96	Nurse with SE N=101	Nurse with PSE/HE N=36	Total N=233
		No. (%)	No. (%)	No. (%)	No. (%)
Nurse has the equal authority as other team members.*	Completely disagree/mainly disagree	13 (13.5)	15 (14.8)	7 (19.4)	35 (15.0)
	Neither agree nor disagree	24 (25.0)	14 (13.9)	5 (13.9)	43 (18.4)
	Mainly/completely agree	59 (61.5)	72 (71.3)	24 (66.7)	155 (66.6)
Development of nursing profession will influence the quality of life.**	Completely disagree/mainly disagree	5 (5.2)	5 (4.9)	1 (2.8)	11 (4.7)
	Neither agree nor disagree	11 (11.5)	9 (8.9)	1 (2.8)	21 (9.0)
	Mainly/completely agree	80 (83.3)	87 (86.2)	34 (94.4)	201 (86.3)
Do nurses possess professional capacities, knowledge and experience for innovative solutions and unavoidable changes on the pathway to modern nursing?***	Completely disagree/mainly disagree	20 (20.8)	5 (4.9)	3 (8.3)	28 (12.0)
	Neither agree nor disagree	33 (34.4)	35 (34.7)	7 (19.4)	75 (32.2)
	Mainly/completely agree	43 (44.8)	61 (60.4)	26 (72.2)	130 (55.8)

SE – secondary education; PSE/HE – post-secondary education/higher education; * $\chi^2 = 5.115$, $p = 0.276$; ** $\chi^2 = 2.914$, $p = 0.572$; *** $\chi^2 = 17.170$, $p = 0.002$

države. Tako istraživanjem sprovedenim 2009. godine u zdravstvenim ustanovama Republike Hrvatske, dokazano je da 28% ispitanika smatra da je dovoljno srednjoškolsko obrazovanje medicinskih sestara, dok 48% smatra da postoji potreba za obrazovanjem na nivou diplomskog i master studija. Većina ispitanika (36%), u navedenom istraživanju, smatra da postoji potreba za obrazovanjem sestara na nivou doktorskih studija (6). U istraživanju u Republici Hrvatskoj, koje je sprovedeno 2021. godine, većina ispitanika (40,1%) smatra da je nepotrebno obrazovanje na nivou doktorskih studija, a 39,4% ispitanika je navelo da je doktorat iz sestrinstva potreban (7). U našem istraživanju većina zdravstvenih radnika je bila protiv (50,2%) ili indiferentna (24,0%) prema tvrdnji da postoji potreba za doktorskim studijem iz oblasti sestrinstva, dok se složila da je dodiplomsko i master obrazovanje potrebno. Međutim, možemo videti da preko $\frac{2}{3}$ lekara, ali i preko $\frac{2}{3}$ medicinskih sestara, smatra da je srednjoškolsko obrazovanje uz određenu subspecializaciju dovoljno za obavljanje posla medicinske sestre, što nam ukazuje da u praksi postoji i dalje nerazumevanje razlike između kompetencija sestara različitog stepena obrazovanja.

Razlike između našeg istraživanja i istraživanja sprovedenog u Republici Hrvatskoj su rezultat različitog izbora ispitanika uključenih u istraživanje. U istraživanju sprovedenom u Republici Hrvatskoj, 2009. godine, preko 90% ispitanika je bilo akademski obrazovano (54% doktora medicine), dok u našem istraživanju i istraživanju u Republici Hrvatskoj, 2021. godine, većina ispitanika čine ispitanici sa srednjom stručnom spremom.

Medicinska sestra i lekar predstavljaju tim koji udruženim snagama treba da rade na poboljšanju kvaliteta pružanja zdravstvenih usluga. Lekari su dugi niz godina percipirani kao osobe nadređene medicinskim sestrama, odnosno autoriteti. Danas medicinska sestra kao punopravni član zdravstvenog tima deluje kao autonomni ekspert sa moralnom i pravnom odgovornošću, a u skladu sa pravilima struke (8).

Medicinske sestre u Bosni i Hercegovini imaju veći autoritet i autonomiju nego što je to bilo ranije, što potvrđuje naše istraživanje. Naime, većina naših ispitanika (66,6%) smatra da medicinska sestra ima jednak autoritet kao i drugi članovi tima. Dokaz tome jeste i činjenica da većina ispitanika (42,9%) smatra da ako je u određenim okolnostima očigledno da lekar ne deluje u najboljem

interesu bolesnika sestra ima pravo osporiti njegov autoritet.

Naše istraživanje nije u saglasnosti sa studijom u Republici Hrvatskoj gde većina studenata sestrinstva (47%) smatra da medicinska sestra nema jednak autoritet kao drugi članovi tima (8). Za razliku od studenata, zaposlenici KBC Rijeka (88%) i SB Medico (92%) u Republici Hrvatskoj smatraju da medicinska sestra ima visok stepen autonomije (9).

Medicinska sestra koja zna da koristiti autoritet na adekvatan način je efikasnija u zadovoljavanju personalnih odeljenskih i organizacionih ciljeva. Na ovakav način, ona je u stanju da izgradi visok stepen morala (10). U prilog tome govori i podatak da većina ispitanika smatra da razvoj sestrinske profesije u Bosni i Hercegovini može dovesti do unapređenja kvaliteta zdravstvene zaštite, kao i da medicinske sestre poseduju dovoljno profesionalnih kapaciteta.

Zaključak

Najveći procenat zdravstvenih radnika koji su bili obuhvaćeni ispitivanjem su upoznati sa mogućnostima školovanja medicinskih sestara. Ispitanici su saglasni da su potrebne dodiplomske i master studije iz oblasti sestrinstva, ali navode da ne postoji potreba za obrazovanjem medicinskih sestara na nivou doktorskih studija. Veliki procenat ispitanika smatra da je srednjoškolsko obrazovanje uz specijalizaciju iz oblasti u kojoj će medicinska sestra raditi je sasvim dovoljno za obavljanje posla medicinske sestre. Kako bi se podigao ugled i stanje sestrinske profesije, neophodno je definisati obim posla i postaviti jasne granice između kompetencija medicinskih sestara različitog stepena obrazovanja na nivou cele Bosne i Hercegovine. Takođe, deo strateškog plana za dalji razvoj sestrinske profesije treba biti i njena promocija u medijima i sredstvima javnog informisanja.

Konflikt interesa

Autori su izjavili da nema konflikta interesa.

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there was a need for the education at the level of BA or master studies. The majority of participants (36%), in the above mentioned study, thought that there was a need to educate nurses at the level of doctoral studies (6). In a study that was conducted in the Republic of Croatia in 2021, the majority of participants (40.1%) thought that the education at the level of doctoral studies was not necessary, while 39.4% of participants stated that doctorate from the field of nursing was needed (7). In our study, the majority of healthcare workers were against it (50.2%) or indifferent (24.0%) to the statement that there was a need for doctoral studies from the field of nursing, while they agreed that bachelor and master education is necessary. However, we can see that more than $\frac{2}{3}$ of doctors, and more than $\frac{2}{3}$ of nurses thought that secondary school education with certain subspecialization is sufficient for nursing jobs, which indicates that in practice the difference between competences of nurses with different levels of education is not well-understood.

Differences between our study and the study that was conducted in the Republic of Croatia are the result of different choice of participants included in the research. In the study conducted in the Republic of Croatia in 2009, more than 90% of participants had university degrees (54% medical doctors), while in our study and in the study conducted in the Republic of Croatia in 2021, greater part of the sample were participants with secondary school education.

A nurse and a doctor make a team which with its united forces should work on the improvement of quality of healthcare services. Doctors have been perceived for a lot of time as persons superior to nurses, that is, authorities. Today, a nurse, as a full-fledged team member acts as an autonomous expert with moral and legal accountability, in accordance with the rules of the profession (8).

Nurses in Bosnia and Herzegovina have a greater authority than before, which is confirmed in our study. Namely, the majority of our participants (66.6%) thought that a nurse has an equal authority as other team members. It is supported by the fact that the majority of participants (42.9%) thought that in certain circumstances, when it is obvious that a doctor does not act in patient's best interests, a nurse has the right to deny his authority.

Our study is not in accordance with the study in the Republic of Croatia, where the majority

of nursing students (47%) thought that a nurse does not have an equal authority as other team members (8). Contrary to students, employees at the CHC Rijeka (88%) and SH Medico (92%) thought that a nurse had a high degree of autonomy (9).

A nurse, who knows how to use authority in an adequate way, is more efficient when satisfying personal, departmental and organizational goals. Thus, she is able to create a high degree of moral (10). It is proved by the fact that the majority of participants thought that the development of nursing profession in Bosnia and Herzegovina can lead to the improvement of quality of healthcare, as well as that nurses possess enough professional capacities.

Conclusion

The greatest percentage of healthcare workers, who were included in the study, was familiar with the possibilities of education of nurses. The participants agreed that bachelor and master studies were needed from the field of nursing, however, they stated that there was no need for the education of nurses at the level of doctoral studies. A great percentage of participants thought that secondary school education with specialization from the field, where a nurse is going to work in, is sufficient for nursing jobs. In order to raise the reputation and state of the nursing profession, it is necessary to define the scope of work and set clear boundaries between the competencies of nurses of different levels of education at the level of the whole of Bosnia and Herzegovina. Also, one part of the strategic plan for further development of nursing profession should be its promotion in media and means of informing the public.

Competing interests

The author declares no competing interests.

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