The past, present and future of nurse education in Poland: stages, conditions and activities

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Aim: This paper describes the multidirectional activities recently completed to adapt nurse education in Poland to European standards.

Background: The Polish system transformation and the changes that have taken place in health care since the 1980s required intensive effort and change in the nursing care and education systems of nurses and midwives.

Outcomes: Changes accomplished include: (1) preparation and implementation of a nurse education model complying with European standards; (2) discontinuance of the previous system of nurse education taught at the secondary school level; and (3) adjusting the organization and post-basic curricula of nurses and midwives to the actual needs of the society as well as for the nurses themselves. The goal of a uniform nurse education system in Poland that met European requirements motivated the Polish change agents. This change ensures the integration of Polish nurses with the nurses from Europe and other countries in their common endeavours to improve nursing care and health outcomes.

Conclusions: The adopted changes in the system of nurse education resulted in uniformity of education and acceptance of bachelor’s level education, which complies with European standards as well as adjusting the post-basic education to actual needs. Describing the substance and process of our work may be helpful to nurses in other countries who are working on their own models of nursing and healthcare restructuring.

Keywords: change, Polish nurse education system, post-basic education

Introduction and background
Since the establishment of the first nursing school in Poland in 1911, the development of professional education of nurses has been significantly influenced by the political situation in the country. During the last century, Poland faced years of partition, wars and occupation, short independence, Soviet regime and recently – system transformation.

Therefore, in order to understand the extent of changes made, it is important to review the stages of development and recession of nurse education in Poland.

The first 2-year nursing school was established in the territory of Poland in 1911 in Krakow as the University Nursing School (Epstein 1929). It should be emphasized that Poland, as a country, did not exist in 1911. Rather, Polish territory was partitioned among Russia, Austria and Germany; Krakow was part of Austria. Unfortunately, this school in Krakow existed only until 1914 when the First World War started and education ceased. Most of its faculty and graduates joined the army to work with civil sanitation and to train the citizens to care for the wounded.

The termination of World War I in 1918 was also the onset of freedom in Poland after 123 years of bondage. The aid offered by the American Red Cross (American Red Cross 1920) and the Rockefeller Foundation assisted with establishment of programmes preparing women for the care of patients. Initially, these were short training courses. Later, newly opened schools provided...
training for nurses in one, and later in two-year programmes (Crowell 1922). With this support, the University Nursing School started again in Krakow. In 1925, through the initiative of nursing leaders, the Polish Nursing Association of Professional Nurses was established and accepted for membership by the International Council of Nurses (ICN) during the conference in Helsinki. ICN membership allowed access to international nursing heritage, the possibility for international cooperation and comprehensive assistance (Kaniewska-Iżycka 1987, p. 71).

Then, in 1926, the first nursing section in the Ministry of Health was created by the Government and was responsible for the coordinating of the activities in Poland that were connected with nursing education (Prökl & Kowalczewski 1946).

Finally, in 1935 the Polish Parliament passed an Act on Nursing (Polish Parliament 1935) which defined nursing practice and the manner, curriculum and duration of nursing education (2.5 years).

Polish nurses made immense progress in the 20 short years between World War I and II: formal post-secondary and university-based schools of nursing were established; organized Polish nurses became part of the international community through the ICN; and legislation was enacted in Parliament. However, this proved to be a very short period of freedom for the Polish people. In 1939, World War II interfered with personal freedom as Poland endured military occupation until 1945. The country was destroyed by the war and following the new division of Europe, Poland became subordinate to Soviet influence. In 1939, most nurses and physicians were mobilized for the army (Kaniewska-Iżycka 1988, pp. 69–72). While a few private physicians remained, nurses managed all civilian health care, including managing entire hospitals. Even the largest hospitals in Warsaw were managed entirely by nurses. These nurses assumed much personal risk in providing care to the large Jewish population. Many nurses joined the underground in support of the Warsaw uprising in 1944. And in the countryside, nurses also joined the underground to provide care for the Polish partisan soldiers. As a result of nurses’ participation in the military and the underground, their support to the Jewish population, and their participation in the Warsaw uprising, most nurses died in battle and were killed or deported to concentration camps with the German occupation. Poland ended the World War II with no established schools to educate new nurses and its nursing leadership depleted.

After the war, Poland had only 5840 nurses of whom only about 1000 had undertaken formal nurse education; the projected need was 50 000 (Kaniewska-Iżycka 1988, pp. 27–28). At this same time, the economic conditions in Poland were terrible and these conditions resulted in much epidemic disease and need for health care. Thus, Poland was faced with a huge demand for health care and almost no nurses or doctors to meet it. Emphasis had to shift to producing as many nurses as possible as fast as possible. The situation was made even more difficult by the Soviet philosophy of marginalizing people of prewar achievement and education. The upper class women and nurses who had advanced nursing and nurse education between World War I and World War II were gone. For nursing science and nurse education, history was once again repeated. The education of nurses was re-established under these very difficult political, social and economic conditions.

Education of young girls began in the form of 6-month training courses in the secondary schools. Members of those nursing staff that had survived the war were employed to teach these courses. Girls who completed these courses were called nursing assistants. Later programmes that combined nurse education with general education at the secondary school level replaced these short courses. At the same time some of the prewar nursing schools (2–2.5 years following 9 years general education) were re-established. Graduates of these programmes were called nurses.

The Polish Nursing Association of Professional Nurses was reactivated in 1957 as the Polish Nursing Association (Wolska-Lipiec 1987).

During the 1960s, modernization of nurse education began in response to general education reform in Poland. Nurse education was introduced in the form of 5-year nursing secondary schools (lyceum) following 7 or 8 years of primary school. The diploma graduates of these lyceum and the pre-existing 2 and 2.5-year schools were qualified to enter university studies. However, university-level studies in nursing were not available at this time. Some nursing graduates from those years continued their study at the universities in different non-nursing specialities (typically pedagogy, psychology, philosophy, law, or sociology).

During the 1970s university-based nursing programmes were introduced for the first time in Poland. These programmes results in a Master’s degree and nurses who had completed the 5-year secondary school programmes and those who had completed the 2 and 2.5-year programmes could attend. However the number of places was limited and even today, less than 5% of the nursing staff employed in the healthcare system possess the Master’s degree in nursing.

The system transformation in the country that began in the 1980s resulted in the liberation of Poland from Soviet influence and democratization of the political system in 1989. Nurses took advantage of this situation and began intensive, multidimensional activities aimed at redesigning their practice and their education on the basic and post-basic level. Similar to the nursing progress made during the 20 years of freedom between World War I and II, Polish nurses concentrated their efforts in advancing nurse education; integration internationally, this time especially with the European community; and influencing Parliament to enact laws developing completely new regulations to transform
nursing education and practice. All this was possible because nurses now had the freedom to become politically active.

**The process of preparation for changes**

**Restructuring nursing leadership positions**

The process of change was not easy. Nursing leaders from the Polish Nursing Association tried to obtain support from healthcare authorities and politicians for nursing re-design. They organized meetings, developed solutions to nursing problems and reported their ideas to the authorities. They held conferences on important nursing issues and invited decision makers and politicians to participate to familiarize them with nursing issues and plans for changes. Polish nurses who had participated in the conferences held by ICN presented the solutions to nursing issues in general and to nurse education specifically. The Polish Nursing Association published their work in their official journal 'Nurses and Midwife' which included information about the current state of activities and thus, informed all Polish nurses. Keeping all nurses informed from the beginning and involving as many nurses as possible was crucial to having their support later.

Changes in nurse education began with activities that would place nursing representatives in various levels of government. After a hiatus of more than 50 years the Independent Nursing Section was reactivated in the Ministry of Health (Ministry of Health and Social Welfare 1981) and later transformed into the Department of Nursing in the 1990s. Nurses in this department are responsible for the development of nursing practice and the quality of nurse education among other duties related to the nursing profession (Ministry of Health and Social Welfare 1981). During this change period, the territory of Poland had been organized into 49 administrative units. The positions of ‘provincial nurse’ and ‘medical schools supervisor’ were created in each of them. In close cooperation with the Department of Nursing, those persons coordinated everything related to nursing care provision, solving of nursing problems and the education of nurses and midwives.

Through their active participation, Polish nurses placed their representatives at the levels of healthcare management. These representatives were able to influence decisions in many issues related to health care. However, their most important contribution was establishing the conditions for better nursing, increasing the number of nursing positions, establishing standards, supporting the efforts of local nurse managers, and gaining support from decision makers to introduce changes in nurse education. Toward the end of 1980s and the beginning of the 1990s, Poland had the largest number of nurses, midwives and nursing schools in its history (Ministry of Health and Social Welfare 2001a). At the same time, with a subsequent reform of education system in Poland during the early 1990s, nursing lyceums (the 5-year secondary school programmes) were closed down and new 2.5-year post-secondary nursing schools (after 8 years of primary and 4 years of secondary school) replaced them. But those schools were not yet at the level of university education.

**Basic nursing education**

At the same time Polish nursing leaders realized that there was a need for new legislation to support their efforts for change and to address many professional problems. To address these issues, the relatively small nursing division was expanded to the Department of Nursing in the Ministry of Health. The Department of Nursing recruited active members of the nursing chambers and the Polish Nurses Association to form teams of experienced nurses, nursing teachers and lawyers to prepare recommendations for legal regulations. Their work resulted in:

1. An Act on Self-governing Body of Nurse and Midwife Profession in 1991 (Polish Parliament 1991). This act established the Nursing Chambers as the formal representative of Polish nurses at the national level.

2. An Act on Nurse and Midwife Professions in 1996, which replaced the Act of 1935 (Polish Parliament 1996). This act defined the modern practice and scope of nursing and midwifery. Although the recommended changes in nurse education were successfully implemented, they still did not meet the European standards. As a result Polish nursing leaders in the Department of Nursing in the Ministry of Health continued to improve the standards further. Like their predecessors between the World Wars, Polish nursing leaders reached out to the international community. The Ministry of Health’s Chief Nursing Officer, in cooperation with nursing departments in selected universities in Norway, Sweden, Ireland, Great Britain and France designed teacher exchange programmes with nursing schools in Poland. This exchange of experiences allowed for the development of a new curriculum for nurse education in Poland. Nurse education in post-secondary nursing schools was extended from 2 to 3 years. Then from 1996 to 1999, 3-year nursing education was implemented in 10 selected schools as a pedagogic pilot programme. This met the basic requirements for nurse education stated as by the World Health Organization (WHO), the ICN and the European Union (EU). The process was accompanied by evaluation studies of the curriculum, the students and teachers, and outcomes of the programme.

The results of these pilot programmes combined with the nursing efforts described above were:

1. development of minimal curriculum requirements for nurse education in the system of higher education (Ministry of Education 2000);
amendments to the Act of Nurse and Midwife Profession of 1996 establishing the final baccalaureate curriculum (Polish Parliament 2001);

3 dissemination of the results of studies concerning 3-year programme of nurse education to practising nurses, key players and other stakeholders during scientific conferences, workshops and in nursing journals (Osicka 1999); and

4 introduction of 3 years nurse education in the system of university education.

Implementation of changes
With the necessary changes in legislation in place, and with successful demonstration programmes and evaluation completed, the 3-year education system for nurses in the Collegium Medicum of Jagiellonian University in Krakow was re-established in 1998, after a 50-year hiatus. Expert nursing faculty appointed by the Minister of Health developed minimum curricular requirements for 3-year nursing studies and 3-year studies for midwives based on the European standards and consistent with those from the demonstration projects.

In 2000 another group of expert nurses cooperating with the Ministry of Health and the Ministry of Education completed the strategic plan for nurses’ and midwives’ education transformation. This plan describes the strategy for Polish Government actions through 2010 to provide an adequate number of well-educated nurses and midwives and a detailed schedule of activities for the approaching years. The Polish Government (Ministry of Health and Social Welfare 2001b), then adopted this programme plan for implementation after coordinated lobbying efforts by nurses and their political allies. Initial resistance had to be overcome because no other profession had yet achieved such a plan (nursing was the first).

In 2001, the Act on Nurse and Midwife Professions was again amended to require incorporation of the requirements of WHO and European standards in all nursing education (Polish Parliament 2001). Also, in 2001 the National Accrediting Board for Medical Education in the Ministry of Health was created. Its initial charge was to accredit nurse education programmes. Membership on the Board was set at 50% practice and 50% academic members (Polish Parliament 2001).

These successful changes to the system of nurses’ and midwives’ education have been developed, approved, and accepted by the nurses in Poland including those educated in the old system as a sign of hope for a better future and professional status.

Stabilization of changes
These achievements in the transformation of nursing and midwifery education require not only maintenance and monitoring but also continuing work aimed at:

1 assurance of recognition of nurses’ and midwives’ education by continuously updating standards of education in EU countries and confirmation of its quality through certification and accreditation (WHO 2001); and

2 finishing activities on the curriculum, to enable nurses – the graduates of the previous 2- and 2.5-year post-secondary nursing schools – to complete their education at the Bachelor’s level. This programme was implemented in October 2004.

Curriculum requirements adopted for 3-year baccalaureate (licentiate) studies
The curricular requirements for Bachelor’s studies (also referred to as licentiate studies in Poland) comply with the Directives of the Council of European Communities concerning coordination of the statutory resolutions, administrative regulations and activities relating to nursing and midwifery education (Ministry of Education 2000). A comparison of the old and new models of nurses’ and midwives’ education in Poland is illustrated in Fig. 1.

Common implementation of the new model of nursing and midwifery education in higher education institutions provides graduates with a professional education comparable to nurse education in EU countries with the following outcomes:

1 knowledge of medical science, nursing science and social science;

2 professional skills for assisting the patient, the family and social group in achieving and maintaining full physical, mental and social powers in the home, work and education environments;

3 skills necessary for performing nursing care in every situation applying the principles of ethics and a holistic approach; and

4 skills for initiation and support of local community activities for healthcare purposes.

Post-basic education of nurses in Poland
These rapid and substantial changes in nurses’ and midwives’ education on the basic level were accompanied by parallel implementation of changes in graduate education opportunities and post-basic education for practising nurses.

Graduate opportunities
Following graduation from the new model of nurses’ and midwives’ education in higher education institutions, nurses have the opportunity to continue their education in a 2-year complementary Master’s studies that will broaden their knowledge and skills in:

1 initiation and support of activities of the local community for health purposes;

2 carrying out research and dissemination of results; and

3 education and management in nursing.
The graduates of Master’s studies are prepared for employment in all of the healthcare settings and have the possibility of employment in training and education centres, universities and research institutes. Graduates of Master’s programmes are able to pursue doctoral studies in selected disciplines, but, as yet, not in nursing.

The process of preparation for changes to upgrade nurses in the field

In the 1980s and at the beginning of the 1990s the system of post-basic education of nurses was based on the governmental regulations adopted in 1981. The curricula for the continuing education courses for nurses and midwives and specialization programmes of up to 2 years concerned several basic domains of nursing. These continuing education programmes required quick updating to complement the moving of the preparation of nurses into post-secondary basic and degree nurse education programmes. Therefore in 1993, intensive work was begun focused on rapid professional preparation of the nursing and midwifery staff educated under the old system for new tasks necessary for the transformed primary healthcare system. Intensive activities of the Department of Nursing in the Ministry of Health and the teams of nurse-experts appointed for this task concentrated on:

1. preparation of new qualifying courses for family nurses and midwives and post-basic specialization courses for this group of nurses;
2. preparation of instruction materials, books, and other audio-visuals on standards of nursing procedures and equipping the work-posts with these materials;
3. standardizing competencies of family nurses and midwives; and
4. accelerating the preparation of nurses and midwives in all regions of Poland in primary care.

At the same time, the content of other specialization courses for nurses were updated by developing them on the basis of actual needs. Extremely intensive work by the Department of Nursing towards the creation of a new model of post-basic education of nurses and midwives was completed in 1998 and implemented by means of a regulation of the Minister of Health (Ministry of Health and Social Welfare 1998). The regulation created a new national infrastructure unit, the Centre for Post-basic Continuing Education of Nurses and Midwives. This Centre was created as a new unit in the national Ministry of Heath and Social Welfare infrastructure (Ministry of Heath and Social Welfare 1998). The decision makers, complying with the recommendations of the Chief Nursing Officer in Poland and the nursing community, agreed that postbasic education of nurses and midwives must form a coherent and permanent element of professional education preparing nurses and midwives for the future.

Post-basic education of nurses was based on the modular type of professional education, by introducing ‘modules of employable skills’ (MES), which teach nurses specific skills to improve their
The creators of changes in post-basic education for nurses and midwives are aware that post-basic education of nurses and midwives requires constant updating to insure the quality of this education. The activities taken up in this area will be focused on:

1. two-year specialization training programmes in 20 areas of nursing, health promotion, and health education as well as organization and management;
2. several-month qualification training courses, which can be realized in 12 nursing domains and in health promotion and health education as well as organization and management;
3. specialization courses allowing the nurses and midwives to obtain qualifications necessary for performing specific professional tasks in the provision of health services; and
4. up-grading courses that allow the nurses and midwives to improve and update the knowledge and skills needed for their work.

Implementation of changes
The Centre for Post-basic Continuing Education for Nurses and Midwives under the direction of the Minister of Health coordinates the work connected with organization, realization and the quality of nurses and midwives’ continuing education and specialization programmes. At present the new post-basic programmes developed in 1998–2000 provide many nurses and midwives with improved skills in:

1. correction of training courses, by the organizers of the courses, through the application and monitoring of established procedures and instructions to include the following:
   • planning training courses,
   • keeping the data bank,
   • selection of lecturers,
   • using the crediting system and examination as well as the necessary documentation,
   • provision of the settings that will allow for the correct realization of practical placements and practice, and
   • maintaining adequate relationships with the market environment and the healthcare settings.
2. adequate documentation of programme authorship developed according to regulations governing this process in every phase of its design and based on approved programme framework; and
3. monitoring the achievements of the students and teachers during examinations and in the course of study with opportunities for self-evaluation, self-education and active and creative participation in implementation of post-basic quality education.

Stabilization of the implemented changes
The changes in nurse education in Poland and the direction of changes planned for the near future of postbasic education required:

• new legislative regulations in the form of acts and orders;
• new curricula for basic and postbasic level;
• involvement and determination of nursing leaders in Poland;
• communication and involvement of many nurses throughout Poland;
• governmental programmes including short and long-term activities;
• creation of new institutions, such as the Centre of Post-basic Education for Nurses and Midwives;
• evaluation of education and research;
• change of mentality of the decision-makers and politicians as well as obtaining their approval for nursing matters; and
• definition of a new role and function of a nurse at the onset of 21st century.

Only the most important activities were realized during this dynamic system change in Poland, accompanied by multidirectional activities for the reform of health care while dealing with diminishing expenditures not only for health care but also for education. These facts are mentioned to show the unquestionable multiplicity and dynamics of the changes in the system of nurse education in such difficult conditions. They also emphasize that the immense challenges require immense efforts. Perhaps without even realizing it, Polish nursing leaders were applying Kurt Lewin’s change theory (Tappen 1989) of unfreezing, moving, and refreezing and force field analysis. Their unfreezing of the status quo of secondary school level nursing education was enabled by the new freedom in Poland. Facilitating forces included Poland’s desire to rejoin Europe with the independence and values it had experienced between World War I and II – and this included post-secondary school nurse education. Refreezing and stabilization of the changes were ensured by the prospect of becoming a full member of the European community. The emphasis on the use of a democratic participative leadership style is also evident throughout the Polish experience.

At the same time, nursing leaders are aware of the need for constant monitoring and improvement in cooperation with the creators of health policy in Poland, and with WHO and further cooperation with ICN.

Recommendations
It is likely that in the 21st century Poland shall witness:
• progressing reforms in the health sector and continuous changes in the way health care is financed;
• changes in the sphere of diagnosis and therapy;
• development of genetic studies and new technologies bringing about new ethical problems;
• multiplicity of lifestyles and the need for continuous health promotion;
• increasing population of elderly people over 60 years of age and diminishing number of births;
• growing numbers of people with manifold health problems and greater education needs within caring and self-care;
• growing numbers of people requiring home care.

These phenomena will surely influence nursing and will require subsequent changes. It is predicted that:
1 The number of nurses and midwives working in hospitals may decrease and may increase in community care.
2 The need for health counselling will require that the nurses learn new skills.
3 New opportunities will appear for independent work keeping partnership relations with other professionals.
4 Shortage of nursing staff may occur and the number of people interested in the nursing profession may diminish if the working conditions and salaries of nurses are not improved.

The nurses and midwives will have to adapt continually the system of nursing staff education on the basic level and post-basic level to address changing needs and conditions.

Lessons Learned
This review of Polish nurses’ activities and outcomes in transforming the nursing education system reveals many lessons for all nurses desiring transformational change. Education of nurses at the secondary school level was a system created out of necessity following the total devastation of all of Poland’s health and social institutions following World War II. This system was sustained by Soviet domination, which devalued higher education. But when reforms and freedom were once again possible, Polish nurses’ progress and accomplishment were enormous. They completely changed a system of nursing education located at the secondary school level with no available university or graduate programmes in nursing. They moved all basic education for nurses into universities, now with both basic and postgraduate studies in nursing and where even a PhD in nursing is soon possible. Meanwhile they created an extensive system of continuing education courses and specialization programmes where none had existed before.

Polish nurses were successful because they were informed by their history and the success of their predecessors in changing education, in reaching out to the international community, in legislative and organizational successes during the previous short years of freedom between the World Wars. After 1989, with the freedom to do so they again became politically active; they constantly informed all Polish nurses of what was happening; they joined the forces of all nursing organizations – the Ministry of Health Department of Nursing, the Polish Nurses Association and the Nursing Chambers. They used the available administrative units to empower nursing leaders and put aside petty internal issues to promote a broad involvement of nurses throughout the country. They also established positive interpersonal relationships with key medical leaders. Energetic leadership, unflagging effort and constant attention to competencies, standards and evaluation in the context of a changing society came together to make a new and better future possible.

Personal observation
In concluding this description of the development of nursing education in Poland in 20th century and the changes implemented in difficult social and political conditions, I would like to share my reflections with the readers who will be creating nursing in the 21st century:

Changes are introduced successfully only by those who know where they are going, and those who want to achieve and then jointly, consequently, step by step implementation while considering the possibilities and existing conditions, with constant monitoring and evaluation of the effects of changes both on nursing and health care.

Editor’s note
Dr Barbara Sztembis died suddenly and unexpectedly shortly after submitting this article. A colleague who worked with her as a key participant in many of the activities described herein addressed the minor revisions suggested by the reviewers so that it could be published. We are grateful for her help.

References


