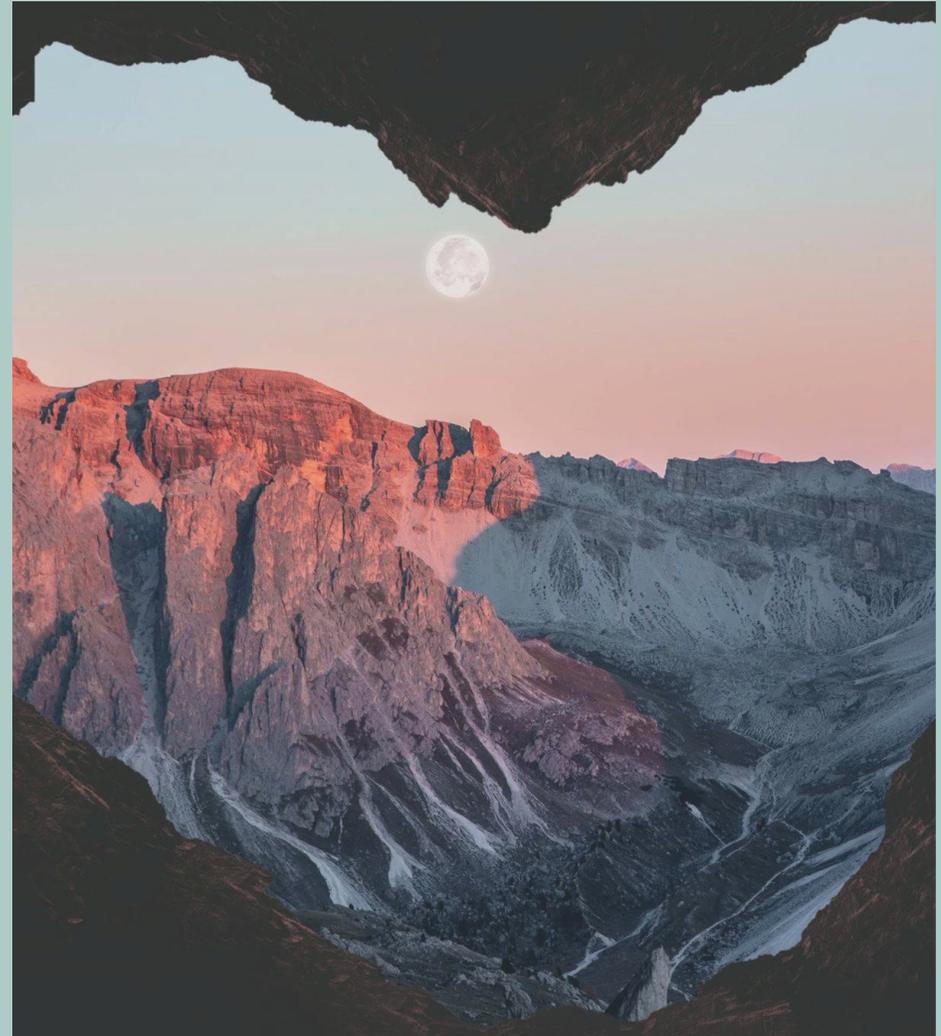


How can nursing education be developed to increase the added value of nurses in healthcare systems? /

Comment faire évoluer la formation infirmière pour accroître la plus-value des infirmières aux systèmes de santé ?

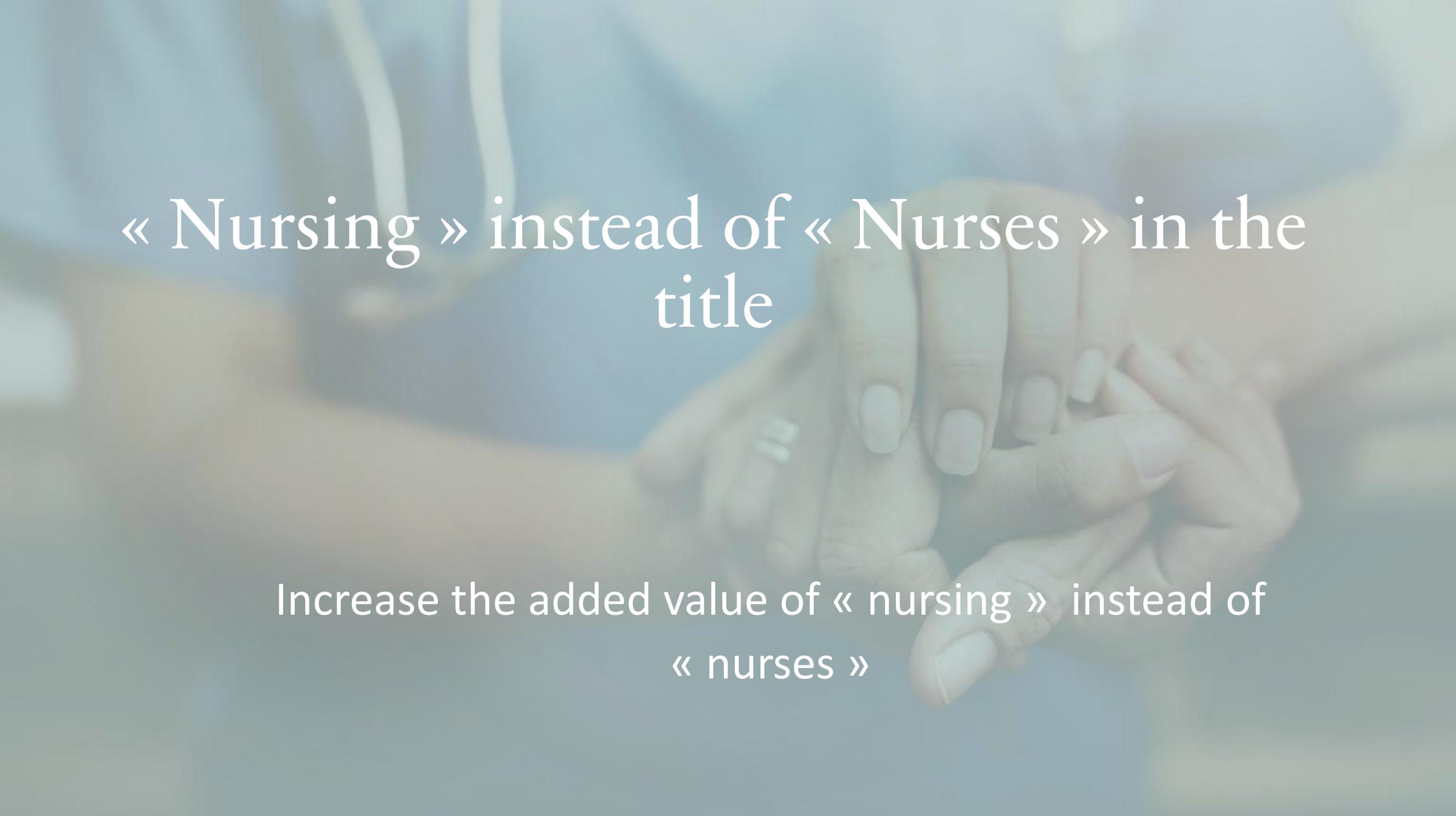
C. Dallaire, inf. PhD



# Reminder:

To consider innovative ways to improve nursing education in Europe, as part of a continuum of initial and continuing training

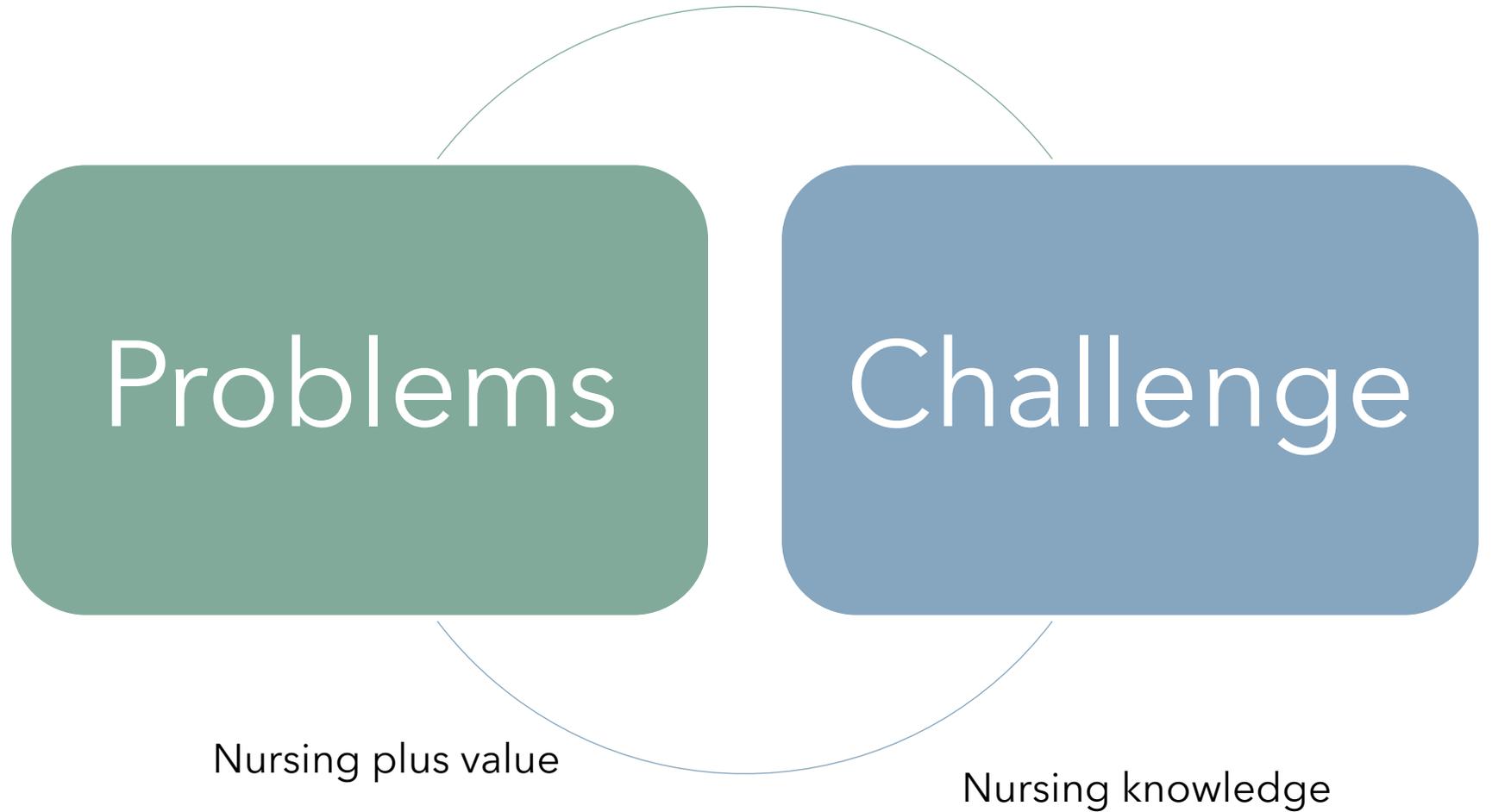
- To Identify the strengths and weaknesses of our current nursing education systems
- To Identify the challenges and opportunities for developing nursing education
- To share the experiences of countries that have upgraded nursing education to EQF level 6
- To develop a case for a clear continuum of nursing education in Europe / Concevoir un argumentaire en faveur d'un continuum de formation infirmière clair en Europe
- To reach a consensus on recommendations to publish a 'FINE Luxembourg declaration for the future of nursing education in Europe' / Aboutir de manière consensuelle à des recommandations pour publier une " FINE Déclaration de Luxembourg pour l'avenir de la formation infirmière en Europe "



« Nursing » instead of « Nurses » in the  
title

Increase the added value of « nursing » instead of  
« nurses »

Plan



# What are the problems ? Image of nursing and of theories

Received: 3 February 2022 | Revised: 8 November 2022 | Accepted: 10 November 2022  
DOI: 10.1111/nin.12541

ORIGINAL ARTICLE

Nursing Inquiry WILEY

## Professionalising care into compliance: The challenge for personalised care models

Clare Cole<sup>1</sup> | Jane Mummary<sup>2</sup> | Blake Peck<sup>3</sup> 

## Guest Editorial

### NURSING THEORIES NEED BETTER BRANDING

Nursing Outlook 71 (2023) 102051



#### A framework for transforming the professional identity and brand image of *All Nurses as Leaders*



M. Lindell Joseph, PhD, RN, FAAN, FAONL<sup>a,\*</sup>, Judi Allyn Godsey, PhD, MSN, RN<sup>b</sup>,  
Tom Hayes, PhD<sup>c</sup>, Jitana Bagomolny, MBA, RN, CCM, NEA-BC<sup>d</sup>,  
Sarah-Jane Beaudry, RBNB, BA, CHPCN (C)<sup>e</sup>, Marianne Biangone, PhD, RN, PHN<sup>f</sup>,  
Janice Brewington, PhD, RN, FAAN<sup>g</sup>, Paulette Anest, MSN, RN, CENP<sup>h</sup>,  
Nelda Godfrey, PhD, ACNS-BC, RN, FAAN, ANEF<sup>i</sup>, Dan Lose, DNP, RN, CNML<sup>j</sup>,

Journal of Radiology Nursing 42 (2023) 334–338



#### Nursing Image From the Perspective of Healthcare Professionals During the Post-COVID-19 Pandemic Period: A Cross-Sectional Study



Funda Topuz, RN<sup>a</sup>, Semra Bülbüloğlu, PhD, RN<sup>b,\*</sup>, Zekiye Filizli, RN<sup>a</sup>,  
Doğan Zayin, RN<sup>a</sup>

<sup>a</sup> Department of Health Management, Istanbul Aydin University, Istanbul, Turkey

<sup>b</sup> Division of Surgical Nursing, Nursing Department, Istanbul Aydin University, Istanbul, Turkey

# Image of nursing and new branding not so easy!

Lowest ranks for :

- (a) autonomous health care providers;
- (b) empowered decision makers,
- (c) leaders in health care reform, and
- (d) leaders in practice, education and research

Either from the public or the nurses themselves

(Joseph et al 2020; Godsey et Hayes, 2023a)

# Interprofessionalism and nursing knowledge

nursing sacrifice the profession's scientific foundation and voice through the application of non-nursing theory in order to appease the healthcare establishment (**Parse, 2016**) nursing sacrifice the profession's scientific foundation and voice through **the application of non-nursing theory in order to appease the healthcare establishment** (Parse, 2016)

Received: 29 January 2019 | Revised: 11 April 2019 | Accepted: 15 April 2019  
DOI: 10.1111/nin.12296

FEATURE

Nursing Inquiry WILEY

## An analysis of nursing citations and disciplinary characteristics in 79 articles that represent excellence in nursing publication

Peggy L. Chinn<sup>1</sup>  | Leslie H. Nicoll<sup>2</sup>  | Heather D. Carter-Templeton<sup>3</sup>  | Marilyn H. Oermann<sup>4</sup> 

The 41 articles that reflected a clear representation of nursing did not deny the possibility or ideals inherent in teamwork or multidisciplinary cooperation; rather, they emphasized the contributions that nurses bring to health care.

Over 75 non-nursing disciplines cited nursing theories



### Prevalence of nursing theory citations in non-nursing publications

Jane K. Dickinson<sup>a,1</sup>, Jennifer A. Wentzel<sup>a,\*</sup>, Janet Schwenk<sup>a,b</sup>, Lexi A. Ayala<sup>a</sup>

<sup>a</sup> Department of Health Studies and Applied Educational Psychology, Teachers College, Columbia University, New York, NY  
<sup>b</sup> School of Nursing and Health Sciences, Molloy University, Rockville Centre, NY

ARTICLE INFO

ABSTRACT

# What are the problems? Plus value

- A perception that there is nothing special about nursing
- Replacing nurses with others having less education will have no effect, so knowledge has no impact

Article

## Uncovering the Disconnect Between Nursing Workforce Policy Intentions, Implementation, and Outcomes: Lessons Learned From the Addition of a Nursing Assistant Role

Christine Duffield, RN, BScN, MHP, PhD, FACN, FAICD, FACHSM, FAAN<sup>1,2</sup>, Di Twigg, AM, RN, RM, B HithSc(Nsg), MBA, PhD<sup>2</sup>, Michael Roche, RN, BSc Nurs, MHSc, PhD<sup>3</sup>, Anne Williams, RN, BSc, MSc, PhD<sup>4</sup>, and Sarah Wise, LLB, MSc, PhD<sup>5</sup>

Policy, Politics, & Nursing Practice  
2019, Vol. 20(4) 228–238  
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DOI: 10.1177/1527154419877571  
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BJS, 2024, znae215  
<https://doi.org/10.1093/bjs/znae215>  
Original Article

## Nurse understaffing associated with adverse outcomes for surgical admissions

Paul Meredith<sup>1,2,3\*</sup>, Lesley Turner<sup>1</sup>, Christina Saville<sup>1,3</sup> and Peter Griffiths<sup>1,2,3</sup>

<sup>1</sup>School of Health Sciences, University of Southampton, Southampton, UK

<sup>2</sup>Research and Innovation, Portsmouth Hospitals University Trust, Portsmouth, UK

<sup>3</sup>National Institute for Health Research Applied Research Collaboration Wessex, Southampton, UK

\*Correspondence to: Paul Meredith, School of Health Sciences, University of Southampton, Highfield Campus, Southampton, Hampshire SO17 1BJ, UK (e-mail: p.f.meredith@soton.ac.uk)

### Abstract

**Background:** Nurses play a crucial role in maintaining the safety of surgical patients. Few nurse staffing studies have looked specifically at surgical patients to examine the impact of exposure to low staffing on patient outcomes.

# What is needed? Something about image and no specificity of nursing

Received: 31 May 2020 | Revised: 27 November 2020 | Accepted: 8 December 2020

DOI: 10.1111/nup.12343

ORIGINAL ARTICLE

WILEY

## What makes a nurse today? A debate on the nursing professional identity and its need for change

Margreet van der Cingel RN, MscN, PhD, Professor Nursing Leadership & Identity<sup>1</sup> |  
Jasperina Brouwer RN, MscE, MscPsych, PhD, Assistant Professor<sup>2</sup>

Received: 30 September 2021 | Revised: 18 January 2022 | Accepted: 10 February 2022

DOI: 10.1111/jan.15202

DISCURSIVE PAPER

JAN  
Leading Global Nursing Research

WILEY

## Compassionate, collective or transformational nursing leadership to ensure fundamentals of care are achieved: A new challenge or *non-sequitur*?

Natalie Pattison<sup>1</sup> | Rachael Corser<sup>2</sup>

## From Direct Care to Leader: What Happens to One's Professional Identity in Nursing?

Nelda Godfrey, PhD, ACNS-BC, RN, FAAN, ANEF,  
Claire Poague, MHA, MSN, RN, CPPS, and  
Christina Phillips, DNP, APRN, FNP-C

In this study, we explored nurse leaders' experiences regarding how their sense of professional identity changed—and how it stayed the same—when moving from the direct care role to leading others. Four themes emerged: (1) *One's Sense of Professional Identity is Foundational*; (2) *Professional Identity and Functional Role Work in Tandem*; (3) *Leading Expands One's View*; (4) *We Must Build Bridges*. Participants' responses revealed that one's professional identity is both dynamic and foundational and endures as an important component of one's professional nursing life.

Transitions take place over the course of one's professional life. Early expertise is often replaced by new knowledge, skills, and attitudes. While we can imagine the change, little is known from a research perspective about the transitions in one's sense of professional identity in nursing when transitioning from direct patient care to expanded leadership opportunities. In this study, we explored nurse leaders' experiences in how their sense of professional identity changed—and how it stayed the same—when moving from the direct care role to leading others. Professional identity in nursing can be defined as "a sense of oneself that is influenced by the characteristics, norms, and values of the nursing profession, resulting in the individual thinking, acting and feeling like a nurse." In subsequent work, a participation action research approach was used to iteratively determine the 4 Domains of Professional Identity in Nursing (see Figure 2) and identify accompanying competencies and exemplars."

Several studies have explored the conceptualizations of professional identity of nurses in practice, including facilitators and barriers to professional identity expression and development.<sup>1-3</sup> Other researchers have analyzed the concept,<sup>4</sup> studied the sense of professional identity for Registered Nurses (RNs)<sup>5</sup> and nurse practitioners,<sup>6</sup> and shared initial work on instrument development.<sup>7</sup> However, no research has explored with nurse leaders about their understanding of professional identity from the leader perspective.

### STUDY METHODOLOGY

#### Research Design and Setting

The authors used a qualitative approach to explore transitions in professional identity when changing from providing direct patient care to leadership roles. Following university institutional review board approval, attendees at an international conference for professional identity in nursing were recruited via email in advance of the conference and invited to participate in focus group research at the conclusion of Day 1 of the conference. Inclusion criteria were RN with a current license to practice, English-speaking, and had worked in direct patient care and since transitioned to a leadership or management position. Fifteen of the 45 conference attendees volunteered, completed institutional review board approved consent materials and a demographic data form, and met in small classrooms adjacent to the conference center with 1 of 2 focus group facilitators from the study team.

Focus groups were conducted in person, and data were audio recorded. Two masters' prepared graduate

**KEY POINTS**

- Nurse leaders believe that one's professional identity is core to their identity as a nurse.
- A function role is different than one's core professional identity.
- All nurse leaders should focus on building bridges with nurses and other health care professionals.

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April 2023

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American Association  
of Colleges of Nursing



## Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce

# What is needed? Knowledge ?

Received: 31 May 2020 | Revised: 27 November 2020 | Accepted: 8 December 2020

DOI: 10.1111/nup.12343

## ORIGINAL ARTICLE

### What makes a nurse today? A debate on professional identity and its need for change

Margreet van der Cingel RN, MscN, PhD, Professor Nursing  
 Jasperina Brouwer RN, MscE, MscPsych, PhD, Assistant Professor

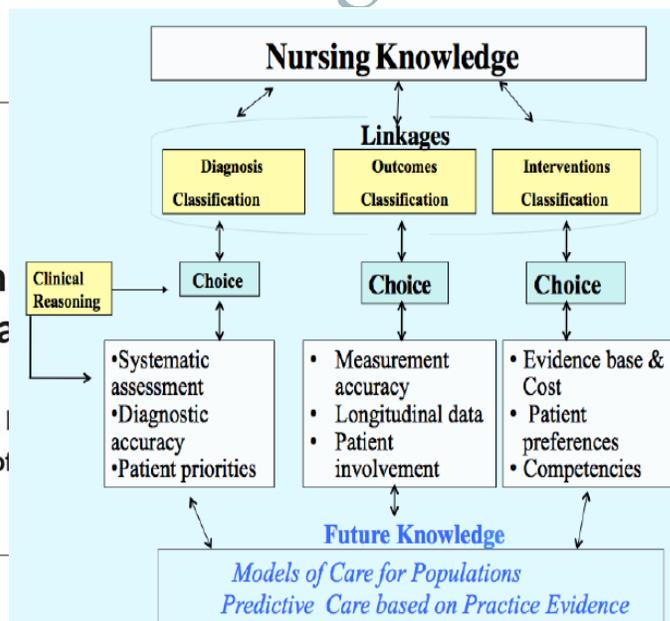
Received: 30 September 2021 | Revised: 18 January 2022 | Accepted: 10 February 2022

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### Compassionate, collective or transformational nursing leadership to ensure fundamentals of care are achieved: A new challenge or non-sequitur?

Natalie Pattison<sup>1</sup> | Rachael Corser<sup>2</sup>



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Jodfrey, PhD, ACNS-BC, RN, FAAN, ANEF, Oague, MHSA, MSN, RN, CPPS, and a Phillips, DNP, APRN, FNP-C

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Transitions take place over the course of one's professional life. Early expertise is often replaced by advanced knowledge, skills, and attitudes. While we can change, little is known from a research perspective about the transitions in one's sense of professional identity in nursing when transitioning from direct care to expanded leadership opportunities. In this study, we explored nurse leaders' experiences regarding their sense of professional identity change—how it stayed the same—when moving from the direct care role to leading others. Professional identity can be defined as "a sense of oneself that is shaped by the characteristics, norms, and values of a discipline, resulting in the individual acting and feeling like a nurse."<sup>1</sup> In subsequent work, a participation action research approach was used to iteratively determine the 4 Domains of Professional Identity in Nursing (see Figure 1) and accompanying competencies and exemplars.<sup>2</sup>

Several studies have explored the conceptualizations of professional identity of nurses in practice, including facilitators and barriers to professional identity expression and development.<sup>3,4</sup> Other researchers have analyzed the concept,<sup>5</sup> studied the sense of professional identity for Registered Nurses (RNs)<sup>6</sup> and nurse practitioners<sup>7</sup> and shared initial work on instrument development.<sup>8</sup> However, no research has explored with nurse leaders about their understanding of professional identity from the leader perspective.

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**HINTS**  
 • Nurse leaders believe that one's professional identity is core to their identity  
 • Leadership role is different than one's core professional identity  
 • Nurse leaders should focus on building bridges with nurses and other health care professionals.

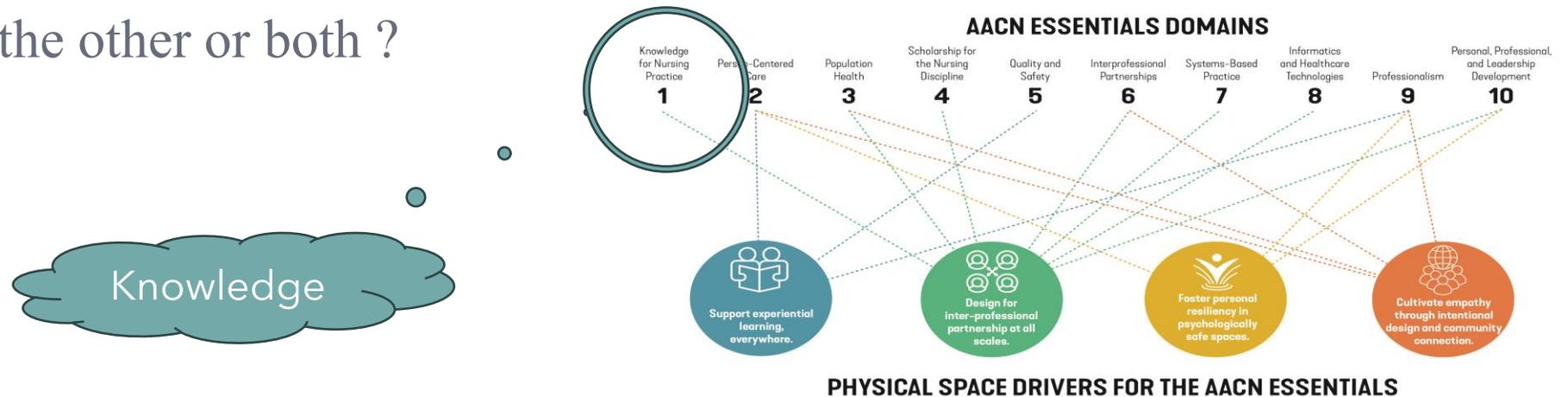
American Association of Colleges of Nursing



### Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce

# Highly educated nurses: nursing knowledge

- Finality of a curriculum
- Knowledge and nursing knowledge in a curriculum
- Knowledge = Theories and research evidence
  - One or the other or both ?



# Curriculum properties



Experts in curriculum suggests that :

- A curriculum provides knowledge that is
  - **distinct** and
  - **distinguish** itself

from personal experience and can help students to go beyond **personal experience** ;

- A curriculum contains a « *specialized knowledge* » that comes from disciplines and their object;
- A curriculum distinguish **knowledge** and **pedagogical strategies** .

(Moore, 2013;Young, 2013; Young et al,2010; Yates et al, 2016)

# Therefore,

Nursing knowledge is :

- not equivalent to personal experience
- not a pedagogical strategy but requires pedagogy

And thus

- Helps to build a professional identity and an understanding of the means and goals of nursing

## THE LAMP OF KNOWLEDGE

The lamp of knowledge (life) is the official symbol of the nursing profession and of higher education.

The inspiration for the traditional symbol of the nursing profession (the lamp of life) no doubt comes from the "lady with the lamp," a title given to Florence Nightingale (1820-1910), the founder of the nursing profession, whose life was dedicated to all phases of nursing. Early in the Crimean War the deplorable facilities for the care of the wounded became a scandal. Under the direction of Florence Nightingale, a small staff of nurses sent to Scutari (near Istanbul in Turkey) within a few months the military hospital was transformed into a clean and efficient. Florence Nightingale was known as "the lady with the lamp" because she made her rounds by the light of a lamp.

Through her work she became the largest single influence on the nursing profession, and the availability of nursing services in the industry is a measure of the health status of a country.

Near the beginning of the 20th century nurses began to organize national associations, such as the American Nurses' Association, founded in 1896. Its official publication is the American Journal of Nursing. In 1899, the International Council of Nurses was founded. The official journal is the International Nursing Review. The inspiration for adopting the lamp of knowledge as the official symbol of higher education could have come from the story of the Greek Cynic philosopher Diogenes (412-323 BC). Diogenes is said to have carried a lantern at noon in search of an "honest man," the honest man possibly representing truth and knowledge, although the relationship of knowledge to higher education is obvious.

Nightingale was a pioneer in statistics; she represented her analysis in graphical forms to ease drawing conclusions and actionables from data. She is famous for usage of the polar area dia-

gram, also called the Nightingale rose diagram, equivalent to a modern circular histogram. This diagram is still regularly used in data visualization. Nightingale was a prodigious and versatile writer. In her lifetime, much of her published work was concerned with spreading medical knowledge. Some of her tracts were written in simple English so that they could easily be understood by those with poor literary skills. She was also a pioneer in data visualization with the use of infographics, using graphical presentation of statistical data in an effective way.

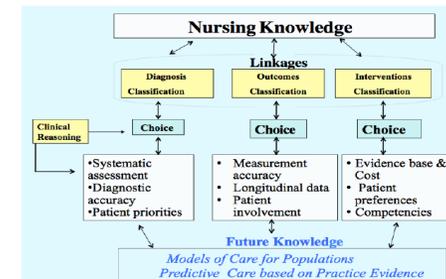
Nightingale's lasting contribution to her profession was founding the modern nursing school. She set an example of efficiency and attention to patient care and administrative matters. The first nursing school in England, the Nightingale School of Nursing, opened in 1860 and is now part of the Florence Nightingale Institute of Health Care at King's College London.

Nightingale was elected to the International Committee of the Red Cross and was awarded the Florence Nightingale Medal, which is awarded every two years to nurses for outstanding service. The Florence Nightingale Medal is the highest international distinction a nurse can achieve and is awarded to nurses for exceptional courage and devotion to the wounded, sick or disabled or to care of victims of a conflict or disaster or exemplary services or devotion and pioneering spirit in the areas of public health or nursing education. Since 1955, International Nurses Day has been celebrated on her birthday (12 May) each year. The President of India honours nursing professionals with the "National Florence Nightingale Award" every year on International Nurses Day. The award, established in 1973, is given in recognition of meritorious services of nursing professionals characterised by devotion, sincerity, dedication and compassion. The Nightingale Pledge is a modified version of



# Nursing knowledge in a curriculum

In fact, nursing knowledge brings to a curriculum



What will help to reshape the image of nursing regarding “doing” versus “thinking” and its plus value



Van der Cingel et al (2021)

# Nursing knowledge

explicitly proposing various ways of:

- conceptualizing how nursing understands the patient,
- as well as its aspirations for that patient
- its interpretation of its role in facilitating those aspirations

(Thorne, 2023).

- Theorists explained what is the focus of nursing and those sources of difficulties that could be addressed by nursing care

# Nursing knowledge

Describe nursing and nursing phenomena

- Uses words or a vocabulary that show
  - how nurses « thinks » about clinical phenomena
  - take clinical decisions,
  - Apply interventions
  - And makes a difference : outcome or produce outcomes
- Those words have to be learned and help to develop a professional identity and a sense of belonging to a professional group

# One type of nursing knowledge: Conceptualisation of nursing

- Or nursing models
- What for in a program ?
  - To develop a professional identity
  - To learn what « nursing care » means
  - To learn what nursing care is aiming at ?
- Challenge: one conceptualisation or several in a program ?



**1. The 4 Domains of Professional Identity in Nursing.**

Godfrey et al, 2023)

# Professional identity

- Knowledge that clarifies, highlights, asserts and advocates
- To differentiate nursing from other professions through a strong identity that communicate nursing role in health care
- In a manner that is positive, relevant, accurate, desirable and consistent over time
- The strength of this identity requires knowledge
- The intrinsic value of nursing comes from knowing what this identify consists of

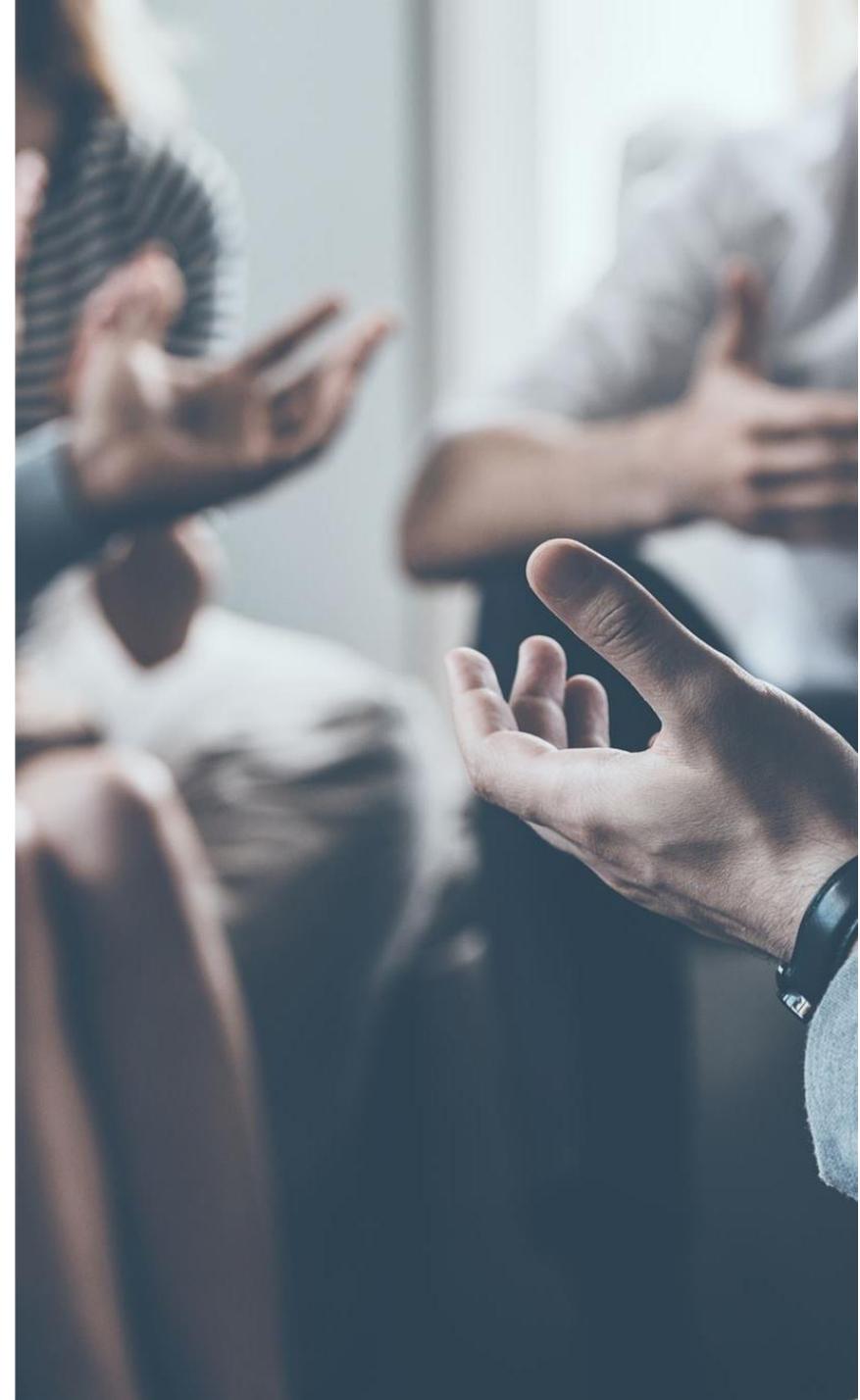
Joseph et al (2023)

# Which words could be most powerful? In terms of nursing plus value

- « interventions » and « results » or « nurse sensitive outcomes »
  - Using those words convey the content of nursing care and support the explanation of the plus value of nursing care

# Knowledge for interventions and outcomes

Theories and/or research evidences ?



# Nursing view of the patient

- As an active participant and a whole person and thus
- Outcomes have to be
  - in the trajectory of the person (prospective outcome) and
  - in the current transition for that person or how to live in that situation (readiness outcome) (Kim, 2015)

# Challenge for programs: Finding a balance in the program

Or face the reality of a medicine based program or curriculum

- Risk of loosing the nursing voice
  - Developing a synergistic relationship between the use of nursing and non-nursing theory may be essential to strengthening the profession's perspective and remaining relevant in an ever-changing healthcare landscape Roy (2018)
  - Dickinson et al (2023).

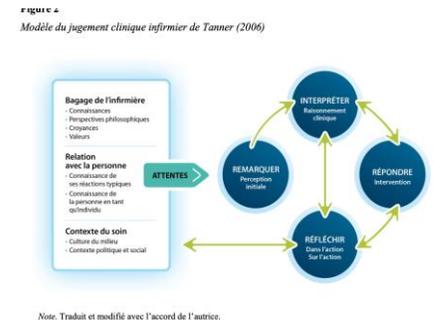
# Challenge of its inclusion in programs: Knowledge in clinical reasoning

Benner, P. Sutphen, M., Leonard, V., et L. Day (2009). Educating Nurses: a call for radical change. Philadelphia, PA:Jossey\_Bass.

To develop student's clinical imagination and their moral imagination :

- 4 ways to **integrate knowledge** for undergraduate
  - 1. emphasize a sense of salience, situated cognition and action;
  - 2. integrate classroom and clinical teaching;
  - 3. shift from critical thinking to clinical reasoning; and
  - 4. emphasize formation of professional nurses more than task-based role taking.

The best path to salient, creative clinical reasoning might be by developing student's solid grasp of nursing knowledge



(Hanna, 2020)

# How is nursing knowledge a challenge for nursing curriculum ?

- Not considered equal to the other types of knowledge
- Not related to the development of a professional identity
- Not used to translate nursing interventions and outcomes into words
- Not used to explain the plus value of nursing

## An example



### **Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce**

The American Association of Colleges of Nursing (AACN) is committed to working with the larger education and healthcare communities to create a highly educated nursing workforce able to meet complex healthcare demands today and in the future. To that end, AACN encourages all nurses to advance their education and supports the many pathways to achieving academic progression in nursing. Because education has a significant impact on the knowledge and competencies of the nurse clinician:

***The American Association of Colleges of Nursing strongly believes that registered nurses (RNs) should be, at minimum, prepared with the Bachelor of Science in Nursing (BSN) or equivalent baccalaureate nursing degree (e.g., BS in Nursing, BA in Nursing) offered at an accredited four-year college or university\*.***

Research has shown that lower mortality rates, fewer medication errors, and positive patient



## Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce

<b>Reference</b>	<b>Findings</b>
Goode, C.J., Pinkerton, S., McCausland, M.P., Southard, P., Graham, R., & Krsek, C. (2001). Documenting chief nursing officers' preference for BSN-prepared nurses. <i>Journal of Nursing Administration</i> , 31(2). 55-59.	72% of nursing directors identified differences in practice between BSN-prepared RNs and those with an associate degree or hospital diploma; baccalaureate-prepared nurses demonstrated stronger synthesis and application of knowledge and leadership skills.
Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M., & Silber, J.H. (2003). Educational levels of hospital nurses and surgical patient mortality. <i>Journal of the American Medical Association</i> , 290(12), 1617-1623. doi:10.1001/jama.290.12.1617	Surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%.
Estabrooks, C.A., Midodzi, W.K., Cummings, G.C., Ricker, K.L., & Giovanetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. <i>Nursing Research</i> , 54(2), 72-84. doi: 10.1097/NNA.0b013e318221c260	Baccalaureate-prepared nurses were found have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals.
Tourangeau, A.E., Doran, D.M., McGillis Hall, L., O'Brien Pallas, L., Pringle, D., Tu, J.V., & Cranley, L.A. (2007). Impact of hospital nursing care on 30-day mortality for acute medical patients. <i>Journal of Advanced Nursing</i> , 57(1), 32-41. doi: 10.1111/j.1365-2648.2006.04084.x	BSN-prepared nurses had a positive impact on lowering patient mortality rates in this study of 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia, and blood poisoning. "Hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates. Findings indicated that a 10% increase in the proportion of baccalaureate prepared nurses was associated with 9 fewer deaths for every 1,000 discharged patients."
Aiken, L.H., Clarke, S.P., Sloane, D.M., Lake, E.T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. <i>Journal of Nursing Administration</i> , 38(5), 223-229. doi: 10.1097/01.NNA.0000312773.42352.d7	Study confirmed findings from Dr. Aiken's 2003 study, which showed a link between RN education level and patient outcomes. Key finding: a 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.
Friese, C.R., Lake, E.T., Aiken, L.H., Silber, J.H., & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. <i>Health Services Research</i> , 43(4), 1145-1163. doi: 10.1111/j.1475-6773.2007.00825.x	Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients."



## Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce

<p>Kendall-Gallagher, D., Aiken, L., Sloane, D.M., &amp; Cimiotti, J.P. (2011). Nurse specialty certification, inpatient mortality, and failure to rescue. <i>Journal of Nursing Scholarship</i>, 43(2), 188-194. doi: 10.1111/j.1547-5069.2011.01391.x</p>	<p>Nurse specialty certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate level education. The authors concluded that “no effect of specialization was seen in the absence of baccalaureate education.”</p>
<p>Blegen, M.A., Goode, C.J., Park, S.H., Vaughn, T., &amp; Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. <i>Journal of Nursing Administration</i>, 43(2), 89-94. doi: 10.1097/NNA.0b013e31827f2028</p>	<p>Hospitals with a higher percentage of RNs with baccalaureate or higher degrees had lower congestive heart failure mortality, decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis or pulmonary embolism and shorter length of stay.</p>
<p>Kutney-Lee, A., Sloane, D.M., &amp; Aiken, L. (2013). An increase in the number of nurses with baccalaureate degrees is linked to lower rates of post-surgery mortality. <i>Health Affairs</i>, 32(3), 579-586. DOI.ORG/10.1377/HLTHAFF.2012.0504</p>	<p>A 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients. In patients with complications, there were 7.47 fewer deaths per 1,000 patients.</p>
<p>McHugh, M.D., Kelly, L.A., Smith, H.L., Wu, E.S., Vanak, J.M., &amp; Aiken, L.H. (2013). Lower Mortality in Magnet Hospitals. <i>Medical Care</i>, 51(5), 382-388. doi: 10.1097/MLR.0b013e3182726cc5</p>	<p>Surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The authors conclude that these better outcomes were attributed in large part to investments in highly qualified nurses, including a higher proportion of baccalaureate-prepared nurses.</p>
<p>Aiken, L. H., Sloane, D. M., Bruyneel, L. et al. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. <i>Lancet</i>, 383(9931), 1824-30. doi: 10.1016/S0140-6736(13)62631-8.</p>	<p>An increase in a nurses’ workload by one patient increased the likelihood of dying within 30 days of admission by 7% and every 10% increase in bachelor’s degree nurses was associated with a decrease in this likelihood by 7%.</p>
<p>Yakusheva, O., Lindrooth, R., &amp; Weiss, M. (2014). Economic evaluation of the 80% baccalaureate nurse workforce recommendation: A patient-level analysis. <i>Medical Care</i>, 52(10), 864-869. doi: 10.1097/MLR.0000000000000189</p>	<p>A 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering patient mortality by 10.9%. Increasing the amount of care provided by BSNs to 80% would result in significantly lower readmission rates and shorter lengths of stay. These outcomes translate into cost savings that would off-set expenses for increasing the number of baccalaureate-prepared nurses in hospitals.</p>
<p>Aiken, L. H., Sloan, D., Griffiths, P. et al. (2017). Nursing skill mix in European hospitals: association with mortality, patient ratings, and quality of care. <i>BMJ Quality &amp; Safety</i>, 26(7), 559-568. doi:10.1136/bmjqs-2016-005567.</p>	<p>A greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.</p>

# In conclusion, nursing knowledge as

To consider innovative ways to improve nursing education in Europe, as part of a continuum of initial and continuing training

- To Identify the strengths and weaknesses of our current nursing education systems
- **To Identify the challenges and opportunities for developing nursing education**
- To share the experiences of countries that have upgraded nursing education to EQF level 6
- To develop a case for a clear continuum of nursing education in Europe / Concevoir un argumentaire en faveur d'un continuum de formation infirmière clair en Europe
- To reach a consensus on recommendations to publish a 'FINE Luxembourg declaration for the future of nursing education in Europe' / Aboutir de manière consensuelle à des recommandations pour publier une " FINE Déclaration de Luxembourg pour l'avenir de la formation infirmière en Europe "

# Conclusion

Nursing knowledge could be useful:

without nursing theory, nursing will be relegated to a task-oriented role and that nursing theory helps students understand what makes nursing “nursing”,  
(Dickinson, 2021

# Knowledge ?

Not such a good image, Borrowed knowledge and medical orientation of the curriculum contribute (Thorne, 2023) to:

a stubborn cloud hovering over the nursing landscape: the claims that nursing does not have a clear identity, our contributions to health care and the purposes of the profession are not unique and that we primarily support and sustain the dominant goals of medicine.

Chinn, et al (2019).