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## Clinical Training in Nursing Study Programmes in Latvia and Europe

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**Abstract:** As a result of the Bologna Process, European countries have been operating common basic requirements for nursing education (NE) programmes for several years. In 2021, reforms have also taken place in Latvia to ensure the effective development of professionals within higher education, who would become autonomous medical staff with a bachelor (Bch) education. Despite the different approaches of each European Union (EU) Member State to implementation of NE programmes, the unifying element is a scope of clinical training, which under EU legislation is at least half of the total scope of study programme. According to the research, these essential requirements have had a positive impact on the development of NE across Europe. Latvian higher education institutions (HEIs) have taken over the positive experience of Europe and have aligned the scope of clinical training with the requirements of regulatory enactments. A HEI has the right to organise clinical training at its discretion, thereby creating an unequal scope of this training in certain parts of the study programme. Some HEIs implement this process as internships, while others integrate it into study courses, supplementing the theoretical knowledge and practical skills acquired in simulation rooms with the acquisition of competencies in the clinical environment (CE). However, despite the organizational differences, the unifying element of these programmes remains the total scope of studies in the CE. The NE programmes in Europe also differ in the use of the term for clinical training. Notwithstanding the designation of this peculiar study form, it is always implemented in a CE. The presented research aims to look at the essence of clinical studies and the usability of the corresponding terms in a framework of study process in a CE, as well as to analyse the differences in the scope of this study form in Bch programmes in nursing in Latvia and Europe. The document analysis method, examining 17 research papers for their compliance with international regulatory enactments, shows that clinical training, notwithstanding different terminology, is a key component of NE in a high-quality CE. The comparison of Bch's level nursing studies (NS) at Vilnius University (Lithuania), Riga Stradiņš University (Latvia), Osnabrück University of Applied Sciences (Germany), University of Barcelona (Spain), and Daugavpils University (Latvia) indicates that they generally comply with internationally recognized requirements for the acquisition of the nursing profession.

**Keywords:** clinical education, clinical environment, nursing education, Bachelor of Nursing.

### Introduction

The World Health Organisation has defined the need for interaction between health and education sectors, stressing that their synergies will create a favourable and motivating environment for individuals to fulfil their potential in both sectors. The education sector is also considered a co-producer of public health, providing, among other things, a quality working force in medicine (WHO, 2015). The lack of quality-prepared employees in various sectors of the economy interacts with the level of education of specialists. The shortage of nurses in Latvia and the quality of their education is a long-time problem. Among the main shortcomings of the project is the poor preparedness of new employees for actual work duties. The topicality of this problem and the need for education reform in Latvia was already noticed in 1989, when during the First World Congress of Latvian Physicians, nurses, among other things, made proposals for a continuous nursing development system. In 1991, the decision to establish a professional education and qualification system for paramedical staff (Odiņa et al., 2013) came into force. Since that moment, the problem has not lost its actuality. Until 2021, it was possible to acquire the nursing speciality at two different levels of education. The acquisition of professional education was possible in the first level higher professional education programs in medical colleges, but in academic education (Bch and master programs) – in universities of Latvia.

The year 2021 in the Latvian education system was marked by a reform in NE, envisaging the substitution of two-stage education to a unified Bch education (Ministru kabineta rīkojums, Nr. 537,

2019). The conclusions of the report issued by the World Bank in 2015 “Deficiencies of the Latvian Healthcare System: Results of Interviews and Focus Group Discussions”, where human resources managers in the field of health care recommended expanding the limits of nursing competencies by abandoning restrictions on specialities (WHO, 2013), testified to its necessity in Latvia, among other things. Consequently, the solution to the above problem in education at the European level, including in Latvia, was addressed centrally within the framework of the Bologna Process, introducing this unifying element – the Bch 's level education process for the acquisition of the nursing profession. The sharing of this initiative by educational institutions in several European countries can ensure a homogeneous, transparent and effective development of nursing professionals in the higher education system. As a result of the Bologna Process, nurses become autonomous medical staff with undergraduate education (Humar et al., 2017).

The reform of NE and the implementation of European Union directives laying down the basic requirements for NE have had a major impact on the development of NE across Europe (Collins et al., 2014). Such reforms in NE, relying on the basic principles of Directive 2013/55/EC of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications, should be integrated into the content and design of all European study programmes. Among other things, they stipulate that studies in authentic CEs must be an integral and essential part of the study process in nursing, ensuring that clinical training accounts for at least half of the minimum duration of the training and must be implemented in healthcare (EUR-Lex, 2013). The time spent on clinical practice in European universities ranges from 30 to 60% of the total number of hours of the programme set at 4600 hours under the Regulation (Dobrowolska et al., 2015). Given that directives in the EU Member States do not have the principle of direct applicability, but are recommendatory, this could be the reason for the observed differences in the scope of studies in a CE in the different Bch 's programs in Latvia and Europe.

The terms, designating the study process in a CE, dissent in different countries and contexts. Even though the terms *instruction* and *training* do not apply in the higher education setting, the conceptual report imposes a kind of obligation specifically for the use of such terms to describe the form of study based on the CE. EU Directive 2013/55/EC also clearly defines clinical *training* as part of the educational process in which learners, as part of a medical team and in direct contact with a healthy or sick person and/or a section of society, learn how to organise, implement, and evaluate the necessary patient care based on the knowledge and skills acquired. Learners acquire not only teamwork but also team management, organization of the patient care, as well as education on the individual and the public matters health issues (EUR-Lex, 2013). For the implementers of nursing study programmes in Europe, it is stated that effective implementation of clinical training is possible only in a medical institution; this part of the study process is adaptable to the practical form of study programme acquisition. In the absence of minimum requirements in the organisation of legal training and the corresponding use of the term for the designation of a particular part of the study, each higher education institution (HEI) chooses it at its discretion. Within the framework of the highlighted context and topicality of the problem, the research described in this article aims to examine the nature of clinical learning, the use of the relevant term concerning the organisation of the study process of a high-quality CE, as well as to inspect the differences in undergraduate nursing study programmes in Latvia and Europe.

## Methodology

To reach the aim of the research, we set the following objectives:

- to examine documents (scientific literature and normative documents) in support of conclusions on the nature of this form of study and the use of relevant terms concerning the organisation of clinical training.
- to interpret the results of the analysis of Bch programmes with the degree and qualification to be obtained, as well as the total scope of the study programme, the CE, compulsory practices, and clinical learning studies, also considering the scope of study forms implemented in the CE in different universities in Latvia and Europe.

To achieve the first objective, the document analysis focused on the scientific research selected after the input of keywords: *clinical education*, *clinical environment*, *nursing professional education*,

*nursing Bch*. The need to find information on clinical training and CE as part of undergraduate NE determined the choice of mentioned keywords. Considering the specifics of this article, focusing on undergraduate nursing study programmes, we selected the research papers where the mentioned study programmes were reviewed from the point of view of the CE. A total of 17 studies were selected for document analysis. The analysis of published studies was supplemented by the conditions for the application of Directive 2013/55/EC of 20 November 2013 amending Directive 2005/36/EC in nursing study programmes.

To implement the second objective and to perform the analysis of Bch level NS, namely, to evaluate the scope of CE studies in Europe and its compliance with the requirements of the NE reform, the Bch programmes in Vilnius University (Lithuania), Riga Stradiņš University (Latvia), Osnabrück University of Applied Sciences (Germany), Barcelona University (Spain), and Daugavpils University (Latvia) were selected. The choice of universities in specific European countries was determined by the availability of information on the study programmes (i.e., content and scope) on the websites of universities. The four selected universities (Vilnius University, Riga Stradiņš University, University of Osnabrück, University of Barcelona) have published information on the content of the nursing study programme by semester, modules, and study courses on their official websites. In turn, the authors of this paper took part in the design of the content and structure of the Daugavpils University study programme. The collected information allowed to compare the data obtained on the peculiarities and extent of nursing study programmes in Latvia, another Baltic country (Lithuania), one Central European country (Germany) and one southern European country (Spain). The authors also highlight the differences in terms and scope of the European work-based study process in NE, as well as identify the most important elements of education, such as the student-mentor relationship model, student enrollment, requirements for teaching staff, the governance model, and the scope of clinical learning studies.

## Results and discussion

### *Clinical environment and its forms in nursing programmes*

Medical education researchers associate clinical learning with the integration of students in working environments. The educational model of clinical training or practical classes in a CE, participating in a real work team, improves not only patient care but also health care in general. Globally, this form of study has been considered as an effective and suitable means to improve the qualification of the health care team and to foster the timely arrival of students in the conditions of a potential working environment (Deatrick et al., 2015). Studies on the development, similarity, and differences in clinical training in various countries have shown that the clinical training aims to provide students with specific competencies, thus preparing an autonomous medical staff for their specific role in inpatient care (Dobrowolska et al., 2015).

The NE research shows that *clinical training* as a form of study is utilized in various contexts. Some researchers believe that this form of study is a proper foundation to prepare for an internship where, in a clinical learning environment, students learn to apply knowledge, care skills and communication with patients using their professional skills. Pedagogically adapted clinical training environment integrating professional and interdisciplinary cooperation, the structure of clinical learning, are pivotal aspects of clinical experience acquisition by nursing students (Šverina et al., 2018). Clinical training can also be a study form of clinical practice, where the student encounters realistic duties and work environment, communicate with the team and patients, thus forming a thorough view of the profession (Kuznecova et al., 2018). The educational researchers observe the use of clinical training as a form of study as a major component of the learning experience, which can affect students' confidence, sense of respect and belonging to the professional team, as well as motivation for professional self-development, organizational skills, and readiness to qualify for the speciality (Dobrowolska et al., 2015). *Clinical instruction, clinical training, clinical practice* are the most common terms used to describe the CE -based study process (Salberg et al., 2021). At the same time, the terms like *clinical practice sessions* (Xie et al., 2013), *clinical studies* (Ehrenberga et al., 2007) and *clinical education* (Thomas et al., 2018) are implemented in this discourse. Thus, it appears that there is a lack of a unified approach to the use of the terminology related to the study form, describing the educational process in the CE. However, notwithstanding the term used and the specific form of

study, it is the clinical experience that is considered an essential part of this process, as it can have a huge impact on the learning experience.

A high-quality CE in all respects is a significant part of the study process. However, researchers talk about the CE as a complex social entity in a complex and dynamic learning environment, which may not always be an efficient part of the study process for nurses. Such an environment can also be challenging, unpredictable, stressful, and constantly changing. The inadequate arrangement of the CE can also impose a financial burden on education systems, create mental, family, and educational problems for students and undermine the quality of patient care (Baraz et al., 2015). In addition, the salient dimension in this regard is also the preparation of students for the CE. Researchers of nursing Bch programmes have stated that the theoretical part of studies often has not been sufficient not only for the development of knowledge and skills but also for psychological preparation for the CE. In this environment, students could face many difficult situations like organizational problems, poor management style, difficult patients' situations, ethical problems, or unsupported decision-making in clinical practice. Such situations are one of the reasons for the theory-practice gap. Support from nurses-mentors, interprofessional cooperation and ethical competence, close cooperation between university teachers and interdisciplinary teams during clinical training can help bridge the gap between theory and practice (Kvamme et al., 2021). In the studies on the experience of medical students during clinical training, the students acknowledge that it is nurses who are professionally responsible for the care work performed by student nurses in the unit and the practical skills acquired during clinical training (Courtney-Pratt et al., 2012; Salberg et al., 2021). Also, the number of hours spent in the CE is mentioned among the most important elements contributing to the clinical experience of students. At the same time, researchers point out that Europe needs unified NE in the CE (Dobrowolska et al., 2015). Currently, those European high schools, where Bch nursing programmes comply with the requirements of Directive 2013/55/EC, have already implemented this idea. In the next chapter of the paper, we will focus on comparing the different approaches to the implementation of the CE and the scope of studies.

### *Clinical training in nursing programmes in Latvia and Europe: compliance with EU requirements*

Bch nursing programmes, corresponding to the trends of the European Commission (2018), provide for a close link between theoretical knowledge and innovation, greater involvement of medical professionals, and response to future challenges. Work-based studies prepare competent professionals for the labour market, developing their abilities and motivating them for lifelong education. Young healthcare professionals, undergraduates, are expected to be creative, innovative, autonomous, and responsible professionals, making a significant contribution to the improvement of public health. The Bologna Process has undoubtedly helped to coordinate the development of NE in Europe, but it is up to each Member State to establish clear standards for NE (Collins et al., 2014). Among all the NE rules provided for in EU Directive 2013/55/EC, there is also the scope of clinical training. Considering the developmental trends in nurse education, the authors have analysed five European Bch nursing programmes, including Latvian, to compare the differences in the scope of clinical studies (see Table 1). For comparison, two Latvian HEIs (Daugavpils University and Riga Stradiņš University), Vilnius University in Lithuania, Osnabrück University of Applied Sciences in Germany, and The University of Barcelona in Spain, have been selected. To compare the study programmes, the authors have analysed the publicly available information of each HEI regarding the content of the study programme and study courses. The unit of measurement used to compare the scope of clinical training - credit points (CP). ECTS credits have been converted from CP according to the Latvian CP system. Comparative elements were grouped into the following areas:

- the title, type, duration of the study programme, the degree to be obtained and the corresponding qualification.
- the scope of studies in the CE provided during the acquisition of study courses.
- the scope of compulsory practice in the CE.
- the total scope of studies in the CE (including all forms of studies implemented in the CE).

The minimal scope of practice (including the form of clinical learning) in the examined study programmes is reflected in Table 1. Although the university study programmes provide for the integration of clinical training during the acquisition of study courses, their separate breakdown of the

CP is not available. To obtain these data, the authors have studied the descriptions of the study courses and the planned number of hours. The obtained results have been converted into CP. Thus, there may be a slight deviation in the reflection of the results from the actual scope of CP intended for studies of specific content in the CE of a particular study programme. The resulting CPs are marked as an approximate or close number (~).

Table 1

**Analysis of the bachelor's study programmes "Nursing"**

|  | <b>Daugavpils University (Latvia)</b>           | <b>Riga Stradiņš University (Latvia)</b>        | <b>Vilnius University (Lithuania)</b>               | <b>Osnabrück University of Applied Sciences (Germany)</b> | <b>University of Barcelona (Spain)</b>  |
|--|---|---|---|---|---|
| <b>Type of study</b>                         | Full time studies                               | Full time studies                               | Full time studies                                   | Full time studies   | Full time studies                       |
| <b>Duration of studies</b>                   | 4 years (8 semesters)                           | 4 years (8 semesters)                           | 4 years (8 semesters)                               | 4 years (8 semesters)                                     | 4 years (8 semesters)                   |
| <b>Study programs name</b>                   | Professional Bachelor's study program "Nursing" | Professional Bachelor's study program "Nursing" | Bachelor's study program "Nursing"                  | Bachelor's study program "Nursing"                        | Bachelor's study program "Nursing"      |
| <b>Academic degree to be obtained</b>        | Professional Bachelor's Degree in Health Care   | Professional Bachelor's Degree in Health Care   | Bachelor's degree in Health Science                 | Bachelor's degree in Health Science                       | Bachelor's degree in Health Science     |
| <b>Qualification to be obtained</b>          | General care nurse                              | General care nurse                              | General practice nurse                              | Health care nurse   | Nurse                                   |
| <b>Volume of study programme (CP/ECTS)</b>   | 160 (240)                                       | 160 (240)                                       | 160 (240)   | 160 (240)   | 160 (240)                               |
| <b>Mandatory practice in the CE (CP)</b>     | 20  | 54  | 36  | 20  | 56                                      |
| <b>Clinical training (CP)</b>                | 60  | ~37   | ~76   | ~53   | >40                                     |
| <b>Total scope of studies in the CE (CP)</b> | 80  | ~91   | ~112  | ~73   | >96                                     |
| <b>Study forms implemented in the CE</b>     | Clinical training<br>Clinical practice          | Practice<br>Classes in the clinical base        | Professional practice<br>Practical skills in the CE | Workplace learning<br>Activities at the place of practice | Special practices<br>Clinical practices |

Comparing two Bch study programmes of Latvia and three European programmes, it is evident that all educational institutions offer full-time 4-year or 8-semester studies for the acquisition of the nursing profession in the scope of 160 CP (240 ECTS). The nursing study programmes of Latvian HEIs institutions are designed as professional Bch study programmes, while the other three programmes in different European countries are Bch study programmes. Similar differences can be observed in the acquisition of a degree. In Latvia, graduates of these study programmes obtain a professional Bch's degree in the health care, while in other parts of Europe – a Bch's degree in health sciences. In the case of graduation, Latvia envisages the qualification of a general care nurse, Lithuania – a general practice nurse, Germany – a health care nurse, but Spain offers the qualification of the nurse.

Comparing the scope of clinical training in Bch nursing study programmes in five countries, an equivalent organisation of study content is observed, where the development of practical skills in a form of clinical learning in a CE is intertwined with theoretical subjects at a HEI and simulations. Study courses in these programmes are focused on the knowledge and competencies necessary for the nurse responsible for general care. This confirms the findings of European researchers that clinical training is expected to result in students acquiring certain components that are formally aligned with knowledge and skills (Dobrowolska et al., 2015).

The forms of clinical learning implemented in health care institutions differ from university to university. Daugavpils University provides for *clinical training* and *clinical practice*, while in Riga Stradiņš University these forms of study are called *practice* and *classes in the clinical base*. Despite the use of different terms, the essence of clinical learning stays the same – the study process in the CE, which in all respects is an important parameter in the study process (Baraz et al., 2015). Vilnius University implements *professional clinical practice* and *practical skills development classes in the CE*, while at the University of Osnabrück, study forms describe clinical training in *the workplace learning, activities at the place of practice* and *learning practice*. The University of Barcelona, on the other hand, uses *special practices* and *clinical practices* to describe studies taking place in CEs. A common approach in all five universities is limited to the definition of internship, which by its very nature is a mandatory part of the study programmes. Describing this part of studies, universities mainly use the concepts of *practice* and *clinical practice*. Meanwhile, in European studies these terms are also used when talking about practical classes carried out within the framework of study courses (Salberg et al., 2021).

Although the total scope of clinical background studies under EU Directive 2013/55/EC is set at least at 4600 hours, the information on the official websites of the universities shows sharp differences in the scope of compulsory traineeships. In the Bch 's study programme in nursing at the University of Applied Sciences in Osnabrück, the internships consist of a total of 20 CPs, the same scope is provided for by the study programme at Daugavpils University. In turn, 36 CPs are allocated to internships in the Vilnius University nursing programme. A similar scope of compulsory practice in the CE can be observed in the nursing study programmes of Riga Stradiņš University (54 CP) and the University of Barcelona (56 CP). Such differences in CP can be explained by the integration of clinical training in the total scope of the study programme. For instance, in the study programme of Daugavpils University, courses of specialisation in the professional field envisages 60 CP in form of clinical learning, thus the total scope of CP planned in the CE is 80 CP or half of the total scope of studies. At the University of Barcelona, the total scope of CP as clinical practice in the hospital is 40 CP. Although the total number of hours spent by expectant nurses in health care facilities is not available, the total scope of CP (clinical training and compulsory clinical practice) at the University of Barcelona amounts to more than 96 CPs, which according to the regulation is more than half of the total scope of studies. A similar breakdown of the CP allocated for clinical training can be observed in the nursing study programme at Riga Stradiņš University. Including both clinical practice in the scope of 54 CP and study courses of integrated training in the CE in the scope of 37 CP, it sums up that the total time spent by students in the CE consists of more than one half or 91 CPs. In turn, the programme of Vilnius University provides that future nurses spend 112 CPs out of the entire study volume in the CE. This is the highest number of CPs seen among the five programmes analysed. Meanwhile, the Bch 's study programme of nursing at the University of Applied Sciences of Osnabrück provides the shortest time to clinical training – 73 CPs or almost half of the total study content. However, given that some data cannot be read exactly from publicly available information, there may be a slight deviation in the interpretation of the data. Consequently, the authors assume that the scope of studies in the CE at a German university is also half of the total duration of studies. The results of the analysis of Bch study programmes in nursing are in line with the findings of other researchers suggesting that despite clearly defined provisions of the European Union Directive on the scope, structure and minimum requirements of clinical training, higher education institutions in each Member State organise this study process differently (Collins et al., 2014).

## Conclusions

Clinical training in NE is the part of the programme that takes place only in the CE. The authors of the article have achieved the first objective on the use of appropriate terms for the organization of clinical

training. NE researchers and implementers of study programmes refer to clinical learning as *clinical training, clinical practice, clinical part of education, clinical studies and clinical education, classes in the clinical base, professional clinical practice and practical skills development classes in the CE and specific practices*. It is necessary to highlight the topicality of the use of the potential workplace as a clinical learning environment. In these cases, the study process is enacted as learning and *classes at the workplace* or at the *place of practice*. The work-based study process in a framework of the NE reform provides that prospective care professionals will acquire competencies agreed with their knowledge and skills. Clinical training in a high-quality CE is a key component of NE. It is essential to prepare prospective nurses for the clinical learning period, where students may face a complex, dynamic, challenging, unpredictable, stressful and constantly changing learning environment. By harmonising vital elements of education, such as the student-mentor relationship model, the student enrolment, the requirements for teaching staff, the governance model, and the scope of clinical learning studies, appropriate CE conditions could be created under the supervision of a team of responsible professionals, thus facilitating effective interaction between theory and practice. Describing the outcomes of research related to the second objective – interpreting the results of the analysis of Bch nursing study programmes in terms of the scope of the studies in the CE, it can be concluded that they generally comply with internationally recognized requirements for the acquisition of the nursing profession. As a result of the Bologna Process, the requirements of the clearly defined European Union regulation regarding the scope and structure of clinical training are met in Latvian and European higher education institutions, providing that the time devoted to clinical training varies from 50 to 70% of the total scope of credits of the programme. Further development of NE in Europe would require the introduction of a common model for the organisation of clinical training, thus also improving the strategies of this form of study in order to promote the internationalisation nurse profession. The results of this article will serve as a background for further research on the diversity of clinical learning models in NS.

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