From historical efforts to current void: An opportunity for nursing and midwifery legislation

Od zgodovinskih prizadevanj do današnje praznine: priložnost za zakon o zdravstveni negi in babištvu

Anita Prelec[1, *]

Nursing and midwifery services represent the cornerstones of healthcare systems around the world. Nurses and midwives constitute the largest group of healthcare professionals directly responsible for ensuring continuous, high-quality, and safe patient care (World Health Organization, 2024). Despite their central role in health care and their diverse educational pathways and professional competences, they are one of several regulated professions in the Slovenian healthcare system without a dedicated legal regulation. This leads to legal and social inequality and represents an unjustified exception compared to other regulated professions with established normative frameworks. This situation not only hinders the continuous development of the profession, but also undermines its social and legal status (De Baetselier et al., 2025; ten Hoeve et al., 2014; Mivšek et al., 2021).

Nurses and midwives are not only the largest workforce segment in healthcare systems, but also make an important contribution to protecting the health of the population and, indirectly, to maintaining social welfare. Due to their continuous professional development and growing levels of educational attainment, nurses and midwives have long been recognised as the main guardians of public health in many countries around the world. In most countries, they operate without private interests and their work is primarily focused on promoting the common good (World Health Organization, 2020, 2025). To ensure safe and high-quality healthcare delivery, it is essential to introduce professional regulation (International Confederation of Midwives, 2025; International Council of Nurses, 2014). In Slovenia, the existing regulatory provisions for nursing and midwifery are scattered across several subordinate laws that do not provide sufficient legal certainty (Pravilnik o izvajanju strokovnega nadzora s svetovanjem v dejavnosti zdravstvene in babiške nege, 2016; Pravilnik o registru in licencah izvajalcev v dejavnosti zdravstvene ali babiške nege, 2020; Zakon o zdravstveni dejavnosti, 1992). The adoption of a comprehensive nursing and midwifery law (i.e., Nursing and Midwifery Act) would create a solid foundation, ensure the long-term stability of both professions, and secure their crucial role in the provision of safe, accessible, and high-quality public health care.

When registered nurses in Slovenia first organised themselves into a professional association almost a century ago, their founding documents aimed to ensure appropriate training standards, safeguard professional integrity, and establish professional recognition within the healthcare system. The first important legal foundations were laid in 1931 with the adoption of the regulations on the work of auxiliary staff and the obligation to keep a staff register (*Pravilnik o delu pomožnega osebja in obveznost vodenja registra osebja*) based on the regulations establishing the training programmes for social and healthcare professionals (*Zakon o strokovnih šolah za pomožno osebje v socialni in zdravstveni službi*). Article 14 of these regulations authorised "protective nurses" to establish professional associations and maintain membership records, which marked the beginning of professional self-regulation. Following submission to the relevant ministry for approval, the regulations were adopted in 1932 (Keršič et al., 2017). The Assembly of the Yugoslav Association of Registered Nurses (*Skupščina jugoslovanskega društva diplomiranih sester*) initiated a debate on the legal regulation of the status of registered nurses as early as the 1930s, but due to differing views and specific political circumstances, no law was enacted. After the Second World War, attempts to formally regulate the profession continued with a Ministry of National Health decree introducing mandatory registration of all medical staff in 1946 and further formalisation of registration within local authorities in 1949. This mechanism marked the beginning of state control over

[1] Nurses and Midwives Association of Slovenia, Ob železnici 30a, 1000 Ljubljana, Slovenia

* Corresponding author/Korespondenčni avtor: predsednica@zbornica-zveza.si

Received/Prejeto: 4. 9. 2025
Accepted/Sprejeto: 5. 9. 2025

https://doi.org/10.14528/snr.2025.59.3.3351

access to the profession and working conditions in the healthcare sector. In the field of nursing education – which is an important part of the legal framework in comparable countries today – the breakthrough came in 1923, when the first nursing school was established in Ljubljana, which offered one- and two-year programmes in the 1920s that later expanded to three-year programmes. The socialist Yugoslav era saw the introduction of secondary and higher professional nursing schools, and after 1993, developments at university and doctoral level further strengthened the scientific basis of nursing. These advances in education went hand in hand with the development of the organisational structure of the profession. The process of consolidating professional independence began with the establishment of the Organisation of Nursing School Graduates (*Organizacija absolventk šole za sestre*) in 1927, continued with the founding of the Association of Nurses Societies of Slovenia (*Zveza društev medicinskih sester Slovenije*) in 1963, and culminated in the founding of the Chamber of Nurses of Slovenia (*Zbornica zdravstvene nege Slovenije*) in 1992 (Berkopec & Keršič, 2023).

Midwifery training has a longer history, as the first midwifery school was established as early as 1753, making it one of the oldest continuously operating educational institutions in the field of health care in Europe. After 1919, midwifery training lasted six months. In 1927, it was extended to 18 months, between 1948 and 1960 to two years, and finally to four years. The 1981 school reform abolished formal secondary education for midwives, which led to a fifteen-year gap in professional training until 1996, when a higher education professional degree course in nursing with specialisation in obstetrics and gynaecology was introduced. Since 2005, the midwifery degree programme has been aligned with the directives of the European Union and the international recommendations of the International Confederation of Midwives and the World Health Organization (Faculty of Health Sciences, 2025). Throughout history, midwives have been professionally affiliated with the Association of Certified Midwives (*Društvo diplomiranih babic*), which was founded in Ljubljana in 1920 and began its activities in 1925 under the name Slovensko babiško društvo (Slovenian Midwives Association) with the aim of raising the professionalism and social recognition of midwifery, improving training, protecting the health of mothers and children, and securing legal protection of professional insignia and uniforms. The association ceased to operate on 31 December 1975, but resumed its activities already on 28 February 1976 as a section within the Association of Nurses and Health Technicians of Slovenia (*Zveza društev medicinskih sester in zdravstvenih tehnikov Slovenije*). Although the statutes of the Slovenian Midwives Association are not accessible, the association would have certainly operated on the basis of statutes according to standard legal practice and requirements of the regulations for association registration (Zbornica – Zveza, n. d.).

The legal regulation of nursing and midwifery has a rich international history dating back to the beginning of the 20th century. The first country to introduce formal legal regulation of the nursing profession was the United States. North Carolina passed the Nurse Practice Act as early as 1903. This Act set out the conditions for registration, protected the Registered Nurse title, and introduced training standards to improve clinical practice and ensure patient protection. By 1921, the Act had been adopted by most federal states, and in 1947, mandatory licensing was introduced (*Train Education,* n. d.). In Europe, the earliest legal regulation was introduced in the United Kingdom in 1919 with the adoption of the Nurses Registration Act, which represented the culmination of decades of professionalisation efforts led by Ethel Gordon Fenwick. The Act introduced a mandatory register for nurses and set out the conditions for registration, training, standards of practice and ethical responsibility (UK Government, 1919). This framework later formed the basis for today's Nursing and Midwifery Council, a world-leading regulatory body that ensures both patient safety and professional quality standards through effective regulation of nursing and midwifery practice.

In 1920, Sweden was the first country in continental Europe to introduce a law on the training and registration of nurses. This law introduced mandatory state supervision, guaranteed the protection of the professional title, and established minimum training standards, thereby contributing to the professionalisation and standardisation of the profession. The common legislative goal in all three countries was the protection of patients through the registration and training of healthcare professionals, the establishment of uniform national educational and ethical standards, the legal protection of the professional title, and the definition of the competences and responsibilities of nursing professionals. These historical examples clearly show that independent legal regulation of nursing is not an exception, but an internationally established standard that is crucial for patient safety and the professional development of nurses and midwives.

Despite the long tradition of professional organisations and their extensive network, it should be emphasised that the legal framework for nursing and midwifery in Slovenia has never been systematically regulated by a specific law. A historical review reveals long and unsuccessful efforts of the professional community to achieve this goal. Drafts of the Nursing Act date back to 1997, but despite thorough professional preparation and coordination, the law was not passed due to opposition from influential interest groups in the healthcare sector. Further attempts, including the establishment of a regulatory authority within the Chamber and the renaming of the professional organisation to Zbornica

– Zveza (Nurses and Midwives Association of Slovenia, Chamber – Association) for the Act in 2011, likewise failed to produce the necessary legislative breakthrough. The current regulatory gaps for the nursing and midwifery professions include: unclear definition of competences, insufficient training and specialisation standards, inadequate activity management and organisation, lack of legally regulated documentation, unclear roles for professional associations, and uncertain status of the regulatory authority. As the largest professional group in the healthcare sector, nursing and midwifery require equal representation in healthcare policy development and meaningful participation in key decisions in the healthcare system (Acheampong et al., 2021; Stewart et al., 2025).

By adopting the Nursing and Midwifery Act, Slovenia would be following international guidelines that have already been implemented by most European Union member states and some Western Balkan countries (Bosnia and Herzegovina, Croatia, Albania). The adoption of the Act would place Slovenian nurses and midwives on an equal footing with other regulated professions in the healthcare sector, which already have their own legislation (Zakon o zdravniški službi (Medical Service Act), 2006; Zakon o lekarniški dejavnosti (Pharmacy Act), 2016). International experience shows that the inclusion of a broader range of professional groups in the formulation of health system policies leads to a stronger focus on the needs of users and public interests. The Nursing and Midwifery Act would therefore enable Slovenia to align itself appropriately with the needs of the healthcare system while laying the foundations for a fairer, more sustainable, and higher-quality healthcare system. Without their own legislation, these professions have long been subject to the influence of political interests that do not necessarily serve their best interests. The adoption of this law is therefore a professional, ethical, and systemic necessity (Acheampong et al., 2021; Shariff, 2015). It would allow for stable, safe, and autonomous professional development, including specialisations. When reviewing the draft law, the Nurses and Midwives Association of Slovenia emphasised the need for clear regulation of both the status of the regulatory body and the scope of management of these activities, noting that these aspects were not adequately defined.

The adoption of this law would not exclude other professions, but rather strengthen the integrity of the healthcare system by ensuring that all regulated activities operate with clearly defined competences, responsibilities, and professional autonomy. Such regulation of nursing and midwifery balances professional autonomy with social accountability, while contributing to high-quality healthcare delivery. The strengthening of competences and professional development creates the conditions for effective work and increases the appeal of these professions for young people (Chen et al., 2024; Kennedy et al., 2015).

Thirteen years ago, in an editorial in *Utrip* newsletter, a member of the working group for drafting the Nursing and Midwifery Act, Assoc. Prof. Dr. Bregar, stated that in the process of adopting the (then) law, we would certainly again encounter various interest groups present in the healthcare system (Slovene Chamber of Pharmacy and Pharmacists, the Medical Chamber of Slovenia, and the Health Insurance Institute of Slovenia), as well as the state acting as a regulator (Bregar, 2012). Today, the number of interest groups seems to have increased. However, we can acknowledge one thing: in all these decades of efforts, nursing and midwifery practitioners have also been active outside their working environments, primarily as advocates for the rights of healthcare and social service users in the local community and for the accessibility of the public healthcare system. Public opinion, which has for decades ranked nurses and midwives among the most trusted professions in Slovenia, will provide crucial support for the adoption of this law.

We call on all healthcare stakeholders to participate in a responsible and professionally informed dialogue that will lead to the adoption of the Nursing and Midwifery Act – a law that will protect patients, enable the further development of both professions, and ensure long-term stability of the Slovenian healthcare system.

Slovenian translation/Prevod v slovenščino

Dejavnosti zdravstvene nege in babištva globalno predstavljata ključna temelja zdravstvenega sistema. Gre za najštevilčnejšo skupino zdravstvenih delavcev, ki je neposredno odgovorna za zagotavljanje neprekinjene, kakovostne in varne obravnave pacientov (World Health Organization, 2024). Kljub osrednji vlogi ter raznolikosti izobraževalnih poti in kompetenc pa ta poklicna skupina kot edina med reguliranimi poklici v zdravstvu v Sloveniji še vedno nima samostojne zakonske ureditve. To ustvarja neenakost pred zakonom in v družbi ter pomeni neutemeljeno izjemo v primerjavi z drugimi reguliranimi poklici, ki svojo normativno ureditev imajo. Takšno stanje ne le zavira nadaljnji razvoj stroke, temveč tudi zmanjšuje njen družbeni in pravni status (De Baetselier et al., 2025; ten Hoeve et al., 2014; Mivšek et al., 2021).

Zaposleni v zdravstveni negi in babištvu ne predstavljajo le največje skupine zaposlenih v sistemu zdravstvenega varstva, temveč so tudi ključni nosilci varovanja zdravja prebivalstva in – posredno – vzdrževanja družbene blaginje. Zaradi nenehnega strokovnega napredka in vse višje ravni izobrazbe so v številnih državah sveta že dolgo prepoznani kot temeljni varuhi javnega zdravja, saj v večini držav niso imeli in nimajo zasebnega interesa – torej je njihovo delovanje predvsem usmerjeno v javno dobro (World Health Organization, 2020,

2025). Za varno in kakovostno izvajanje zdravstvene dejavnosti je treba vzpostaviti regulacijo poklicev (International Confederation of Midwives, 2025; International Council of Nurses, 2014). V Sloveniji so obstoječi predpisi za naši dejavnosti opredeljeni v več podzakonskih aktih, kar pa nam ne daje zadostne pravne varnosti (Pravilnik o izvajanju strokovnega nadzora s svetovanjem v dejavnosti zdravstvene in babiške nege, 2016; Pravilnik o registru in licencah izvajalcev v dejavnosti zdravstvene ali babiške nege, 2020; Zakon o zdravstveni dejavnosti, 1992). S sprejetjem Zakona o dejavnosti zdravstvene nege in babištva bi postavili trdne temelje in dolgoročno stabilnost obeh dejavnosti ter predvsem zaščitili njuno vlogo pri zagotavljanju varnega, dostopnega in kakovostnega javnega zdravstva.

Pred skoraj stoletjem, ko so se diplomirane medicinske sestre na Slovenskem organizirale v strokovno združenje, so v svojih dokumentih stremele k ustreznemu izobraževanju in zaščiti poklica medicinskih sester ter uveljavljanju poklica v zdravstvenem sistemu. Prvi pomembni formalni temelji regulacije segajo tako že v leto 1931, ko sta bila na podlagi Zakona o strokovnih šolah za pomožno osebje v socialni in zdravstveni službi sprejeta Pravilnik o delu pomožnega osebja in obveznost vodenja registra osebja. Pravilnik je v 14. členu določal, da lahko »zaščitne sestre« ustanavljajo strokovna društva in vodijo kartoteko članstva, kar pomeni začetke samoregulacije poklica. Pravila, predložena resornemu ministrstvu v potrditev, so bila dokončno sprejeta v letu 1932 (Keršič et al., 2017). Že v tridesetih letih 20. stoletja je v okviru Skupščine jugoslovanskega društva diplomiranih sester potekala razprava o pravni ureditvi statusa diplomiranih sester, a zaradi različnih pogledov in političnih okoliščin do zakona ni prišlo. Po drugi svetovni vojni se je leta 1946 regulacija nadaljevala z odredbo Ministrstva za narodno zdravje z uvedbo obvezne registracije vsega medicinskega osebja ter z nadaljnjo formalizacijo evidenc leta 1949 v okviru lokalnih oblasti. Ta ureditev je predstavljala zametke državnega nadzora nad dostopom do poklica in pogoji za delo v zdravstveni negi. Na področju izobraževanja, ki je danes pomemben del zakonske ureditve v primerljivih državah, se je prelom zgodil že leta 1923, ko je bila v Ljubljani ustanovljena prva šola za sestre, ki je že v dvajsetih letih izvajala eno- in dvoletne programe, pozneje pa tudi triletno izobraževanje. V obdobju socialistične Jugoslavije so bile uvedene srednje in višje zdravstvene šole, po letu 1993 pa se je začel razvoj tudi na univerzitetni in doktorski ravni, kar je pomembno utrdilo znanstveno osnovo stroke zdravstvene nege. Ob izobraževanju se je razvijala tudi organizacijska struktura stroke. Od Organizacije absolventk šole za sestre (1927) do ustanovitve Zveze društev medicinskih sester Slovenije (1963) in končno do ustanovitve Zbornice zdravstvene nege Slovenije leta 1992 je potekal proces krepitve stanovske samostojnosti (Berkopec & Keršič, 2023).

Daljšo zgodovino ima izobraževanje babic, saj je bila prva babiška šola ustanovljena že leta 1753 in je predstavljala eno najstarejših neprekinjeno delujočih zdravstvenih šol v Evropi. Po letu 1919 je izobraževanje babic trajalo šest mesecev; leta 1927 so ga podaljšali na 18 mesecev, v letih 1948–1960 na dve leti, nato pa na štiri leta. Ob šolski reformi leta 1981 je bilo formalno srednješolsko izobraževanje babic ukinjeno. Po petnajstletni prekinitvi je bila v letu 1996 uvedena visokošolska raven izobraževanja – visokošolski strokovni študijski program zdravstvene nege, porodniško-ginekološke smeri. Od leta 2005 je študijski program babištva skladen z direktivo Evropske unije ter z mednarodnimi priporočili *International Confederation of Midwives* in Svetovne zdravstvene organizacije (Zdravstvena fakulteta, 2025). Skozi zgodovino so se babice strokovno povezovale v Društvo diplomiranih babic, ki je bilo ustanovljeno leta 1920 v Ljubljani; leta 1925 je začelo delovati pod imenom Slovensko babiško društvo, s ciljem dviga strokovnosti babiškega poklica, družbene potrditve stroke, izpopolnjevanja, varovanja zdravja matere in otroka ter zakonske zaščite znaka in uniforme babic. Društvo je prenehalo delovati 31. decembra 1975, a že 28. februarja 1976 je svoje delovanje nadaljevalo kot sekcija znotraj Zveze društev medicinskih sester in zdravstvenih tehnikov Slovenije. Čeprav statut Slovenskega babiškega društva ni dostopen, je glede na običajno pravno prakso društvo zagotovo delovalo na podlagi statuta, kot zahtevajo pravila za registracijo društev (Zbornica – Zveza, n. d.)

Zakonodajna ureditev dejavnosti zdravstvene nege in babištva ima bogato mednarodno zgodovino, ki sega v začetek 20. stoletja. Prva država, ki je uvedla formalno zakonsko regulacijo poklica medicinske sestre, so bile Združene države Amerike, kjer je Severna Karolina že leta 1903 sprejela *The Nurse Practice Act*. Ta zakon je določil pogoje za registracijo, zaščitil naziv *Registered Nurse* in uvedel izobraževalne standarde z namenom izboljšanja klinične prakse in zaščite pacientov. Do leta 1921 je zakon sprejela večina zveznih držav, obvezno licenciranje pa je bilo uveljavljeno leta 1947 (*Train Education*, n. d.). V Evropi je najzgodnejša zakonodajna ureditev nastala leta 1919 v Združenem kraljestvu s sprejemom *Nurses Registration Act*. Gre za rezultat večdesetletnih prizadevanj za profesionalizacijo poklica, ki jih je vodila Ethel Gordon Fenwick. Zakon je uvedel obvezen register medicinskih sester in določil pogoje za vpis, usposabljanje, standarde prakse in etično odgovornost (The UK Government, 1919). Ta okvir je pozneje prerasel v danes vodilno globalno regulatorno institucijo *Nursing and Midwifery Council*, ki z jasno regulacijo skrbi za varnost pacientov in strokovno kakovost dela medicinskih sester in babic.

Švedska je leta 1920 kot prva celinska evropska država uvedla zakon o usposabljanju in registraciji medicinskih sester. Ta je uvedel obvezen državni nadzor, zaščiten

poklicni naziv in minimalne standarde izobraževanja, s čimer je prispeval k profesionalizaciji in standardizaciji poklica. Skupni cilj zakonodaje v vseh treh državah je bil zaščita pacientov z registracijo in usposobljenostjo izvajalcev, določitev enotnih nacionalnih izobraževalnih in etičnih standardov, pravna zaščita profesionalnega naziva ter opredelitev kompetenc in odgovornosti. Ti zgodovinski primeri jasno dokazujejo, da samostojna zakonska ureditev zdravstvene nege ni izjema, temveč mednarodno uveljavljen standard, ki je ključnega pomena za varnost pacientov in strokovni razvoj poklicev.

Kljub dolgoletni tradiciji strokovne organizacije in njeni razvejani organiziranosti pa je treba poudariti, da zakonsko področje zdravstvene nege in babištva v Sloveniji nikoli ni bilo sistemsko urejeno s področnim zakonom. Zgodovinski pregled nam govori o dolgotrajnih in neuspešnih prizadevanjih strokovne javnosti. V novejšem času osnutki zakona o zdravstveni negi segajo že v leto 1997, vendar kljub strokovni pripravi in usklajevanjem zakon ni bil sprejet zaradi nasprotovanja vplivnih interesnih skupin znotraj zdravstvenega sistema. Nadaljnji poskusi, vključno z ustanovitvijo regulativnega organa zbornice in preimenovanjem strokovne organizacije v Zbornico – Zvezo za zakon v letu 2011, prav tako niso prinesli ustrezne sistemske rešitve. Danes se zato v praksi kažejo številne vrzeli v regulaciji poklicev, nejasno opredeljenih kompetencah, pomanjkljivih standardih za izobraževanje in specializacije, vodenju in organizaciji dejavnosti, pomanjkanju zakonsko urejenega dokumentiranja, nejasni vlogi strokovnih združenj in statusu regulatornega telesa. Kot največja poklicna skupina v zdravstvu si želimo enakovrednega statusa pri zastopanosti v zdravstveni politiki in soodločanju o pomembnih, ključnih izhodiščih zdravstvenega sistema (Acheampong et al., 2021; Stewart et al., 2025).

S sprejemom Zakona o zdravstveni negi in babištvu bi Slovenija sledila mednarodnim usmeritvam, ki jih je že uveljavila večina članic Evropske unije in nekatere države Zahodnega Balkana (Bosna in Hercegovina, Hrvaška, Albanija). Sprejem zakona bi slovenske medicinske sestre in babice postavil v enakovreden položaj z drugimi reguliranimi poklici v zdravstvu, ki lasten zakon že imajo (Zakon o zdravniški službi, 2006; Zakon o lekarniški dejavnosti, 2016). Izkušnje iz tujine namreč kažejo, da prav vključitev širšega kroga poklicnih skupin v oblikovanje politik zdravstvenega sistema vodi v večjo osredotočenost na potrebe uporabnikov in uresničevanje javnega interesa. Slovenija se zato z zakonom o dejavnosti zdravstvene nege in babištva ustrezno umešča v zdravstveni sistem in tako postavlja temelje za pravičnejši, bolj trajnosten in kakovosten zdravstveni sistem. Brez lastnega zakona sta področji že desetletja podvrženi vplivom političnih interesov, za katere ni nujno, da koristijo strokam. Sprejetje zakona je zato strokovna, etična in sistemska nujnost (Acheampong et al., 2021; Shariff, 2015). Omogočilo bi stabilen, varen in avtonomen strokovni razvoj, vključno s specializacijami. Zbornica – Zveza je v pripombah na osnutek zakona pozvala k ureditvi statusa regulatornega telesa in področja vodenja obeh dejavnosti, saj ti vidiki v predlogu zakona niso bili ustrezno opredeljeni.

Sprejem zakona ne pomeni izključevanja drugih strok, temveč utrjuje celovitost zdravstvenega sistema, v katerem imajo vse regulirane dejavnosti jasno določene pristojnosti, odgovornosti in strokovno samostojnost. Regulacija poklicev, kot sta medicinska sestra in babica, omogoča ravnotežje med avtonomijo stroke in odgovornostjo do družbe ter prispeva k zagotavljanju kakovostne zdravstvene obravnave. Krepitev kompetenc in profesionalni razvoj ustvarjata pogoje za učinkovito delo ter povečujeta privlačnost poklicev za mlade (Chen et al., 2024; Kennedy et al., 2015).

Pred 13 leti je v uvodniku glasila *Utrip* član delovne skupine za pripravo osnutka Zakona o dejavnosti zdravstvene in babiške nege doc. dr. Bregar zapisal, da bomo pri sprejemanju (takratnega) zakona zagotovo spet trčili ob različne interesne skupine, ki so prisotne v sistemu zdravstvenega varstva in nanj tudi vplivajo (Lekarniška zbornica, Zdravniška zbornica in Zavod za zdravstveno zavarovanje Slovenije), državo, ki nastopa v vlogi regulatorja (Bregar, 2012). Danes lahko rečemo, da je interesnih skupin še več. Nekaj pa lahko vseeno priznamo: v vseh teh desetletjih prizadevanj so izvajalci zdravstvene nege in babištva postali dejavni tudi izven svojih delovnih okolij, predvsem kot zagovorniki pravic uporabnikov zdravstvenih in socialnih storitev v lokalni skupnosti ter dostopnosti javnega zdravstvenega sistema. Javno mnenje, ki medicinske sestre in babice že desetletja uvršča v sam vrh glede zaupanja v poklice med Slovenkami in Slovenci, bo pri sprejetju zakona več kot le dobrodošlo.

Vse deležnike v sistemu zdravstvenega varstva pozivamo k odgovornemu in strokovno utemeljenemu dialogu, ki bo vodil k sprejemu Zakona o dejavnosti zdravstvene nege in babištva – zakona, ki bo zaščitil paciente, omogočil nadaljnji razvoj strok in zagotovil dolgoročno stabilnost slovenskega javnega zdravstva.

Conflict of interest/Nasprotje interesov

Avtorica je predsednica Zbornice zdravstvene in babiške nege Slovenije – Zveze strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije./The author is the president of the Nurses and Midwives Association of Slovenia.

Literature

Acheampong, A. K., Ohene, L. A., Asante, I. N. A., Kyei, J., Dzansi, G., Adjei, C. A., Adjorlolo, S., Boateng, F., Woolley, P., Nyante, F., & Aziato, L. (2021). Nurses' and midwives' perspectives on participation in national policy development, review and reforms in Ghana: A qualitative study. *BMC Nursing*, 20(1), Article 26.
https://doi.org/10.1186/s12912-021-00545-y
PMid:33478481; PMCid:PMC7821498

aTrain Education. (n.d.). *A history of Nurse Practice Acts*. https://www.atrainceu.com/content/1-history-nurse-practice-acts

Bregar, B. (2012). Izzivi politične (ne)moči ob Zakonu o dejavnosti zdravstvene, babiške nege in oskrbe. *Utrip*, XX(3), 4–5.

Berkopec, M., & Keršič, I. (2023). *Zaščitne sestre*. Zbornica zdravstvene in babiške nege Slovenije – Zveza strokovnih društev medicinskih sester in babic Slovenije.

Chen, X., Yue, L., Li, B. et al. (2024). Status and related factors of professional growth among young nursing talents: A cross-sectional study in China. *BMC Nursing,* 23, Article 116. https://doi.org/10.1186/s12912-024-01790-7 PMid:38360608: PMCid:PMC10870662

De Baetselier, E., da Cunha Batalha, L. M., Sousa Pedro Seguro, J. M., Dijkstra, N. E., Grøndahl, V. A., Heczková, J., Helgesen, A. K., Lekše, R., Lillo-Crespo, M., Malara, A., Petraglia, L., Pokorná, A., Prosen, M., Tziaferi, S., & Dilles, T. (2025). EQUANU: Equality in Societal and Professional Recognition of Nurses-A Cross-Sectional Study on Societal and Professional Recognition of European Nurses. *Journal of Nursing Management*, 2025, Article 7466527. https://doi.org/10.1155/jonm/7466527 PMid:40223886; PMCid:PMC11985239

International Council of Nurses. (2009). *The regulation of nursing in Europe: Country comparisons and trends*. ICN.

International Council of Nurses. (2014). *Regulatory Board Governance Toolkit*. https://www.icn.ch/sites/default/files/2023-06/2014_Regulatory_Board_Governance_Toolkit.pdf

International Confederation of Midwives. (2025). *Global Standards for Midwifery Regulation*. ICM. EN_6a_Global_Standards_Midwifery_Regulation_without-1.pdf.

Kennedy, C., O'Reilly, P., Fealy, G., & Casey, M. (2015). Comparative analysis of nursing and midwifery regulatory and professional bodies' scope of practice and associated decision-making frameworks: A discussion paper. *Journal of Advanced Nursing,* 71(2), 414–426. https://doi.org/10.1111/jan.12527PMid:25376164 PMid:25376164

Keršič, I., Klemenc, D., Berkopec, M., Mihelič Zajec, A., & Seničar, Z. (2017). *Negovanje dediščine skozi devet desetletij: organizirano delovanje medicinskih sester na Slovenskem*. Zbornica zdravstvene in babiške nege Slovenije – Zveza strokovnih društev medicinskih sester in babic Slovenije.

Mivšek, P. A., Hundley, V., van Teijlingen, E., Pahor, M., & Hlebec, V. (2021). Slovenian midwifery professionalization: Perception of midwives and related health professions. *European Journal of Midwifery*, *5*, Article 30. https://doi.org/10.18332/ejm/137664

Pravilnik o izvajanju strokovnega nadzora s svetovanjem v dejavnosti zdravstvene in babiške nege. (2016). Uradni list Republike Slovenije Uradni list RS, št. 3/16 in 64/17. https://pisrs.si/pregledPredpisa?id=PRAV12788

Pravilnik o registru in licencah izvajalcev v dejavnosti zdravstvene ali babiške nege. Uradni list Republike Slovenije, št. 152/20 in 195/21. https://pisrs.si/pregledPredpisa?id=PRAV14015

Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing*,13, Article 20. https://doi.org/10.1186/1472-6955-13-20 PMid:25053921; PMCid:PMC4105513

Stewart, D., Baird, K., White, J., & Buchan, J. (2025). Nursing and midwifery's impact on health policy development: A literature review. *International Nursing Review*, 72(3), Article e70061. https://doi.org/10.1111/inr.70061 PMid:40667746; PMCid:PMC12265404

ten Hoeve Y., Jansen G., & Roodbol P. (2014). The nursing profession: Public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295–309. https://doi.org/10.1111/jan.12177 PMid:23711235

The UK Government. (1919). *Nurses Registration Act 1919*. https://www.legislation.gov.uk/ukpga/Geo5/9-10/94/contents/enacted

Univerza v Ljubljani. Zdravstvena fakulteta. (2025). *Babištvo*. https://www.zf.uni-lj.si/si/predstavitev/organiziranost/oddelki-s-katedrami/babistvo-ok

Zakon o lekarniški dejavnosti. (2016). Uradni list Republike Slovenije, št. 85/16 s spremembami. https://pisrs.si/pregledPredpisa?id=ZAKO7375

Zakon o zdravniški službi. (2006). Uradni list Republike Slovenije, št. 72/06 s spremembami. https://pisrs.si/pregledPredpisa?id=ZAKO1395

Zakon o zdravstveni dejavnosti. (1992). Uradni list Republike Slovenije, št. 23/92 s spremembami. https://pisrs.si/pregledPredpisa?id=ZAKO214

Zbornica zdravstvene in babiške nege Slovenije. (n. d.). *Sekcija babic: zgodovina*. https://zbornica-zveza.si/strokovne-sekcije/7-sekcija-babic/#zgodovina

World Health Organization. (2020). *Nurses and midwives are the backbone of health care: UN*. United Nations News. https://news.un.org/en/story/2020/01/1054531

World Health Organization. (2024). *Nursing and midwifery*. https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery

World Health Organization. (2025). *Strengthening the nursing and midwifery agenda globally*. https://www.who.int/activities/strengthening-the-nursing-and-midwifery-agenda-globally

Cite as/Citirajte kot:
Prelec, A., 2025. From historical efforts to current void: An opportunity for nursing and midwifery legislation. *Obzornik zdravstvene nege*, 59(3), 156–161. https://doi.org/10.14528/snr.2025.59.3.3351