

**First Pan-European Nurse Educators Conference  
Udine, November 2007**

**The Career Pathways of Nurse Educators in Europe: A Collaborative  
Project**

**BASELINE INFORMATION GATHERING SHEET**

One of the important early stages of this project is to gather baseline information from each of the 12 participating countries on:

- the country and its health care services;
- pre-qualification student nurse education and training;
- the preparation and role of nurse educators or teachers; and
- organisational factors.

This information, together with the literature review, will inform the development of a more detailed and focused questionnaire for the next stage of the project.

**Country: Iceland**

**Section 1: Background to the country and its health care services**

Please provide a brief summary of your country (geography, population, economy) and the current health care services (organisation and funding arrangements).

**Geography**

Iceland is an island in the north Atlantic Ocean, northwest of the British Isles. An area of 103 000 km<sup>2</sup> makes it somewhat larger than Portugal or Hungary. Of the surface area, 63% is wasteland, more than 11% glaciers and 2.5% lakes. Only about 22% is covered by vegetation

**History/Politics**

Iceland has a written constitution, adopted in 1944, when the republic was established. Iceland is a parliamentary democracy with a prime minister and a cabinet. A president is elected by direct vote for a term of four years, with no limit on re-election. Legislative power is vested in the parliament, the Althingi. Parliamentary elections are held every four years.

The native language, Icelandic, is a North Germanic language. Literacy has been universal in Iceland since the end of the 18th century. In 1907, school attendance was made obligatory for all children aged 10–14 years. In 1946, compulsory school attendance was extended, and at present it covers the ages between 6 and 16. Those who continue their education go to either various specialized schools or secondary schools. University enrolment has increased considerably in recent years, to 65% in 2000, compared to an average 60% in OECD countries. Roughly 25% of the university degrees held

by Icelanders have been obtained in other countries. The vast majority of the population belongs to the state-supported Evangelical Lutheran church (86.5%).

- Independent in 1944 from Denmark
- It has a written constitution
- It is a parliamentary democracy with a prime minister and a cabinet
- A president without “power”
- Both the parliament and the president are elected for a term of four years

## **Demography**

With 300 000 inhabitants in 2006, it is the most sparsely populated country in Europe, averaging a little more than 2.8 inhabitants per km<sup>2</sup>. The population is limited to a narrow coastal belt, valleys and lowland plains. About 180 000 people live in and around the capital of Reykjavík on the southwest coast.

### **Health status**

Today, Icelanders enjoy good health status as measured by conventional indicators, such as life expectancy, number of disability-free years and self-reported health and quality of life. Life expectancy is among the highest in the world. Life expectancy at birth has increased from 60.0 years for women in 1921–1930 to 82.2 years in 2000–2002. During the same period, the life expectancy for men has increased from 56.2 to 78.2 years.

The percentage of the elderly has been growing steadily, from 6.8% at the beginning of the 20<sup>th</sup> century to 11.7% in 2002. The 2002 figure was still lower than for any other member of the Organization for Economic Co-operation and Development (OECD) except Ireland and Slovakia, where it was 11.2% and 11.4% respectively.

## **Climate**

Because of the Gulf Stream, Iceland enjoys a warmer climate than its northerly location would indicate, with average July temperatures of 10.6 °C and average January temperatures just below freezing.

## **Economy**

Only a century ago, Iceland was one of the poorest countries in Europe, and a large proportion of the population lived near the subsistence level. During the last century, economic growth was high. In 1945–2001, the average annual increase in the gross domestic product (GDP) was 4.0%, and the annual increase in GDP per capita was 2.7%. In recent years the economy of Iceland has experienced one of the highest average growth rates in GDP among the OECD countries, and between 1996 and 2000, economic growth averaged 4.8%. Currently, the GDP per capita is one of the highest in Europe (30 250 current US \$ in 2001).

The total labour participation rate is high in Iceland. In 2000 it was 83.5%, or 88% among men and 79% among women. It was lowest among

women in the oldest age group, 55–74 years (52%). Unemployment has been negligible (close to or less than 2%) for a long time, except for a few years around 1995.

### **Current Health Services (organisation and funding)**

In Iceland, there is a free health service for the inhabitants, although people have to pay a small amount of money for each visit to the Primary Care and some hospital visits. The Minister of Health and Social Security is ultimately responsible for the administration of health services. It runs the National University Hospital in the capital Reykjavík and regional hospitals throughout the country. The Minister of Health and Social Security runs also Public Health Institutes or Health care centers throughout the country providing primary care. This arrangement was a major reform of the Health Service Act that came into force in 1974. The state pays the total operating costs of the health care centers as well as accommodation for doctors, nurses and midwives in rural areas and, since 2003, all construction costs. In recent years, it has been a policy of the Ministry that all new posts in general practice should be within the health care centers.

Most specialist outpatient care is provided by private practitioners working on their own or rented premises, sometimes in group practice. The private practitioners are the most rapidly growing part of the health care sector regarding volume. They work on a fee-for-service basis negotiated by the medical association and the health authorities. All new health facilities are subject to approval by the Ministry of Health and Social Security.

The Medical Director of Health serves as adviser to the Minister and to the government on everything concerning health. He supervises the activities and the working facilities of health professionals and collects statistical reports. The Directorate of Health is obliged to deal with complaints or charges arising from the relations between the general public and the health services. People can also present their complaints to a committee that has no connection to the health authorities and is chaired by a lawyer

## **Section 2: Pre-qualification student nurse education and training**

### **History of nurse education**

Nursing education has been in the universities since 1973, but in 1986 the diploma nursing school was abandoned.

### **Type of training**

Describe the type of student nurse education and training. For example, is the training generic or specialised (mental health, adult, child, learning disabilities and/or community)?

The final degree after these four years is BSc in nursing, it is a generic degree. All specialized degrees have to be taken after the BSc degree.

Diploma in for example mental health nursing, community nursing or operating room nursing etc. requires around 18 months additional studying.

- Two first years more general – anatomy, physiology and basic nursing.
- Last two years more emphasizes on nursing and clinical placements.
- 24 weeks clinical placements
- Students have to work in health institutions for 3 months during the study
- Specialized degrees have to be taken after the BSc degree

### **Academic level and length of training**

What is the academic level of pre-qualification nurse education and training? For example is it at diploma or degree level? How long (in years) is the pre-qualification nurse education and training?

- The education is 4 years - BSc degree
- 240 ECTS

### **Funding arrangements**

How is pre-qualification nurse education and training funded? For example, is it government funded or self-funded?

The students do not get any funds but can get student loans.

### **Type of institution/s providing education and training**

Where does the education and training of pre-qualification student nurses take place? For example, in universities, polytechnics, colleges of further education, technical colleges, independent schools of nursing or hospitals/health services?

In Iceland, nursing education is conducted in two Universities. One in the capital of Reykjavík in south Iceland or University of Iceland, and one in the largest town in north Iceland or the University of Akureyri.

### **Number of institutions providing pre-qualification nurse education and training**

How many institutions provide pre-qualification nurse education and training?

In the year 2007 the University of Iceland in Reykjavik was allowed to have 105 nursing students per year but the University of Akureyri in Akureyri 50

nursing students per year. Together the two universities have around 450-500 nursing students.

### **Minimum educational qualifications**

What are the minimum education qualifications needed to enter pre-qualification nurse education and training?

students have to finish high school before starting the nursing program. They are around 20 years when they are able to start studying nursing.

### **Enrolment**

- All students that apply to the education are taken into the study
- After the first semester we have numerous clausus exams and those with the highest marks are allowed to study further.
- 105 nursing students per year in Reykjavík, 50 nursing students in Akureyri

### **Pay scales for qualified nurses**

Please describe the salary scales for qualified nurses.

Qualified nurses get around 2800 to 3500 euros a month in salary.

## **Section 3: the preparation and role of nurse educators or teachers**

### **Number of nurse educators or teachers**

How many nurse educators or teachers do you have?

At the two universities we have around 40-45 permanent teachers

### **Number of nurse educators or teachers with a PhD or other doctorate**

How many nurse educators or teachers have a PhD/doctorate?

around 75-80% of them have PhD degree and many of the teachers are doing their PhDs along with their teaching.

### **Pay scales of nurse educators or teachers**

Please describe the salary scales for nurse educators or teachers.

Nurse teacher as other teachers in universities do get around 3500 – 4000 euros a month in salary.

### **Minimum academic and professional qualifications**

What are the minimum academic and professional qualifications needed to become a nurse educator or teacher?

The minimum academic qualification to become a teacher is a Master degree. However, in practice it is now almost a requirement that they have a PhD

degree. A PhD program is just started in Reykjavík. Today, most of the nurse educators in Iceland are educated abroad, in the USA, England or Canada.

### **Education and training for nurse educators or nurse teachers**

Are there any specific education and training requirements for nurse educators or teachers? For example, a teaching qualification or a postgraduate diploma or Master's degree in Higher Education.

### **Role of nurse educators or nurse teachers**

Please provide a brief summary of the role of nurse educators or teachers that includes: teaching, research, administration and practice. Is there an expectation to carry out research? How is clinical competence maintained?

The role of the nurse educators is composed of three main responsibilities, teaching 52%, research 40% and administration 8% of the time. They maintain links with practice in various ways, while many work half time as a nurse specialist and the others try to keep good contact with practice through contacts with nurses and doctors.

- Yearly documentation regarding time used for research

### **Career pathways**

Please provide a brief description of the career pathway from clinical nurse to nurse educator or teacher. Is there a nationally recognised career pathway?

There is not a nationally recognized career pathway from a clinical nurse to nurse educators or teachers. It is generally recommended that nurses work at least two years before entering a master program in nursing. After they have finished their master degree they can get appointed as lecturers if they have written some articles in addition to their Masters thesis.

## **Section 4: Organisational factors**

### **Professional and/or regulatory bodies**

Please describe the national nursing professional and/or regulatory body and its role in the preparation of nurses and nurse educators or teachers.

The regulatory body in Iceland according to nursing education as to other university education is the Ministry of Education. The nurse education in Iceland follows the EU regulations. When students have finished their BSc degree from either of the two universities, they apply to the Ministry of Health for their nursing licenses. Both universities work closely with the Icelandic Nursing Association although the Association does not have a role as a regulatory body.

### **Academic autonomy**

Are academic nursing departments/schools headed up and managed by nurses or by staff from other disciplines?

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Academic autonomy is there as both departments for nursing studies in Iceland are headed and managed by nurses.

### **Other**

#### Reference

Halldorsson M (2003) Health Care Systems in Transition. Iceland on the World Health Organization Regional Office for Europe. Edited by Bankauskaite