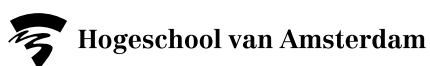


Degree Profile Bachelor of Nursing





Bachelor of Nursing 2030

Adoption Sectoral Advisory Board Higher Healthcare Education (SAC-HGZO):

15 September 2023

Client National Consultation Nursing Education, represented by the steering group

BN2030: Corine Latour, Aart Rietveld, Marloes van den Broek and Bram van der Graaf

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Foreword

We - two Chairs and one Minister - are proud and delighted to present the degree profile for the Bachelor of Nursing. This profile provides students with the knowledge, skills and mindset needed to excel in the complex and demanding field of healthcare in the year 2023.

And this is necessary because we currently face enormous challenges in healthcare. The ageing population, technological advances and the need for integrated care require highly qualified professionals. Bachelors of Nursing play a crucial role in the promotion of health, the provision of high-quality care and the support of individuals and communities in achieving an optimal quality of life. And they are at the forefront of healthcare innovations from their nursing expertise.

The new degree profile for the Bachelor of Nursing has been developed to prepare students for this to the maximum extent possible. We emphasise theoretical knowledge and practical skills, but also focus explicitly on the development of problem-solving ability, evidence-based practice, interprofessional collaboration, prevention and leadership. This also includes attention to communication skills, intercultural competences and ethical considerations. So that our graduates deliver care with compassion and respect for diversity. With this broad spectrum, we aim to enable students to take a holistic approach and provide care that encompasses all aspects of patient well-being. The high demands the profession places on students simultaneously call for a strong emphasis on personal development, critical reflection and professional growth.

This revolves around questions like, 'who am I, why do I do the things I do, and what is my nursing identity?'. Finally, we encourage students to discover their leadership potential. Because having your voice heard as a nurse in teams with

other professionals and taking charge of your own development in the workplace: that too is essential in a rapidly changing field. That is why the Ministry, V&VN and the LOOV put that “agency” high on the agenda.

With the degree profile for the Bachelor of Nursing, we aim to train dedicated, competent, committed and empowered nurses. We are convinced that this will challenge students to realise their full potential and contribute to the improvement of the health and well-being of people and healthcare as a whole.

Together, we are building a future in which high-quality care is accessible to everyone. And in which nurses play a crucial role in the promotion of a healthy society.

Bianca Buurman, Chair V&VN
Conny Helder, Minister Long-Term Care and Sport
Corine Latour, Chair LOOV

Chapter 1

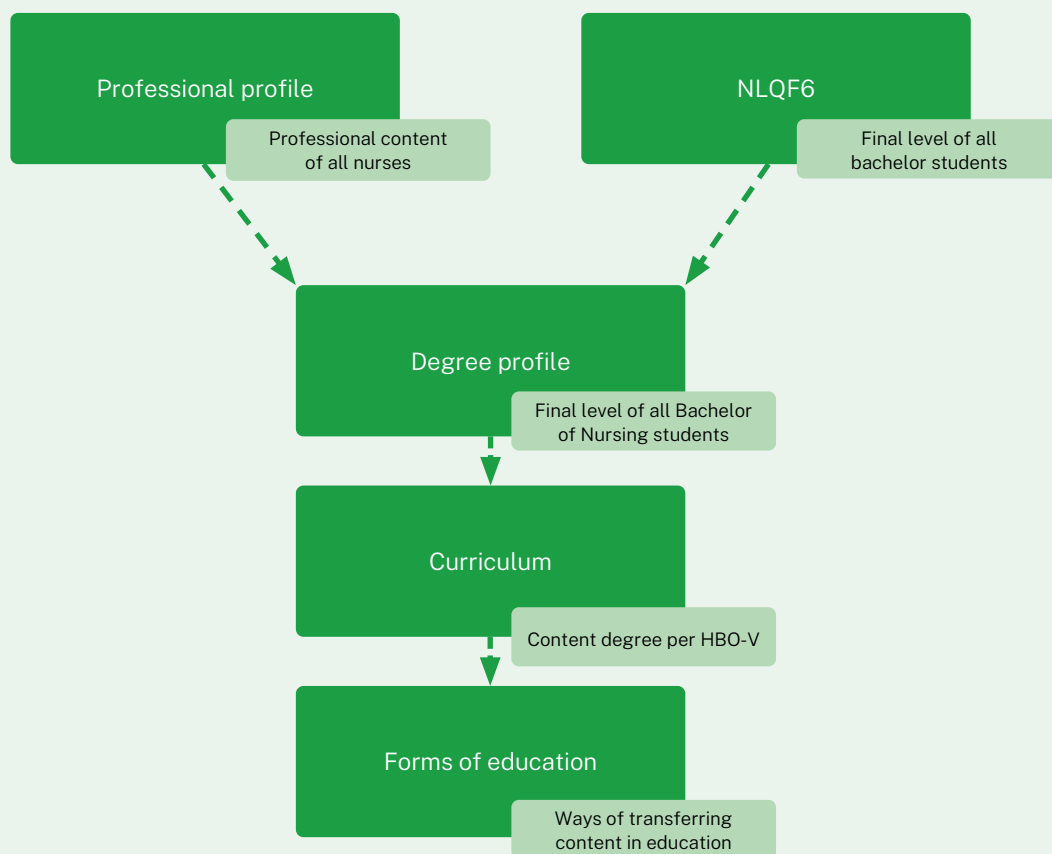
Introduction

1.1 Frameworks and position of degree profile

The degree profile for the Bachelor of Nursing 2030 (BN2030) provides an overview of the nationally defined competences of the Bachelor of Nursing. The degree profile provides the frameworks by which the programmes themselves shape their curriculum. This profile is therefore the starting point for all universities of applied sciences when designing the curriculum. When developing curricula, the programmes have room to make choices, for instance on the basis of the regional and local context. In addition, new developments can be incorporated into the curriculum without having to adjust the degree profile. The degree profile is the basis of the Bachelor of Nursing degree, i.e. the nurse trained at level 6 of the Dutch qualifications framework (NLQF 6). For a more detailed description, see the elaboration in chapter 5.

The BN2030 degree profile is partly based on The Professional Nurse Profile (Schuurmans et al., 2012). A note in this regard is that this professional profile has not been updated. This may be a limitation, but on the other hand it means that BN2030 somewhat anticipates the new professional profile to be developed by the professional association V&VN. Furthermore, the Guide to Building a National Degree Profile of the Association of Universities of Applied Sciences from 2021 was used in building this profile (Association of Universities of Applied Sciences, 2021). Healthy Education, the sector plan of higher healthcare education 2021-2025, is also a framework for the degree profile. This sector plan describes which issues are important for the healthcare sector and addresses the significance of these issues for education, the professional field and the student (Association of Universities of Applied Sciences, 2021). Figure 1 shows the positioning of the degree profile.

Figure 1
Positioning of
degree profile



1.2 The reason for BN2030

In recent years, the BN2020 degree profile (Lambregts et al., 2016) has led to more alignment between universities of applied sciences and better recognition of the Bachelor of Nursing in practice. However, recent social and demographic trends and developments in the care, welfare and social domains have raised the question to what extent the BN2020 degree profile is still in line with the transition to the care of the future. Because of the increasing demand for care due to an ageing population, the increased life expectancy of chronically ill people and the persistent shortage of care professionals, the affordability and accessibility of Dutch healthcare are under pressure. Partly for this reason, the focus is on appropriate care: appropriate use and appropriate organisation of care (www.nza.nl).

An evaluation of BN2020 took place, looking at the extent to which this degree profile is in line with current events and the transition to the care of the future. The results led to BN2030. As in the BN2020 degree profile, generalist training was chosen. Within the programme, there is room for specialisation. The CanMEDS roles are also used in BN2030. The evaluation resulted in a number of changes, including the names of a number of roles, the organisation of competences and

definitions of core concepts. Recent and expected developments have also been incorporated (see further in chapter 2). Incidentally, this does not mean that the content of these trends and developments is reflected one-to-one in the competences. After all, trends and developments by definition refer to an ever-changing situation, whereas competencies are not time-specific but future-proof. There is a strong awareness among the nursing profession that care can only be kept accessible if it continues to innovate. It is therefore desirable that the degree profile is recognisable and accommodates these developments. This also means that BN2030, more so than BN2020, is mainly elaborated on outlines. The degree profile aims to be a recognisable and inviting profile for the Bachelor of Nursing.

1.3 Reading guide

The BN2030 degree profile is structured as follows. Chapter 2 discusses the main themes from societal developments and from the BN2020 evaluation for the evolving profession of Bachelor of Nursing. Chapter 3 provides an overview of how these themes are incorporated into the CanMEDS roles. In addition, it reflects what has been adapted from BN2020. Chapter 4 is the competency profile. This profile includes the translation of the CanMEDS roles into competences and (mention of) key terms with definition. Chapter 5 provides not only a source overview, but also a process justification and a connection of the HBO core qualifications with the CanMEDS roles.

Chapter 2

Relevant developments for BN2030

2.1 Evaluation of degree profile BN2020

To establish how BN2020 has worked out in practice, what effects it has had and what future developments will influence BN2030, BN2020 was evaluated during the period from April to June 2022. This evaluation consisted of quantitative and qualitative research. A questionnaire was sent to alumni, lecturers, practical supervisors and managers (1,808 respondents). Round table meetings were also held, to which the industry associations, the professional organisation V&VN, the government, the MBO Council, the BN2020 network and various peers and professors were invited.

Participants in the evaluation were asked about the level of importance of a number of themes: clinical reasoning, shared decision-making, research ability and nursing leadership.

Many respondents indicated that these themes contribute very significantly to the development of a Bachelor of Nursing, where coherence is important and can be strengthened. The topics of prevention and positive health also emerged from the evaluation. All these topics partly overlap with the themes in the BN2020 degree profile, although it was noted that more depth and concreteness in the degree profile is desirable.

This applies specifically to nursing leadership: that theme does not always have the same definition and interpretation. More attention could be paid to this, as the theme is also seen as increasingly important for the future. It plays a role in the positioning of the Bachelor of Nursing. There was also the suggestion to look at themes that keep the profession attractive.

Asked what developments in the field will affect the degree profile, the following topics were mentioned:

- The focus on positive health and prevention.
- Clinical reasoning and nursing leadership; more depth and concreteness is desired.
- Personal leadership and personal development; more specifically:
 - The development of awareness of the context in which nurses find themselves, how they position themselves in it and what this requires of them.
 - The ability to deal with various target groups and their interests: carers, their relatives and professionals.
 - Resilience, organisational sensitivity, reflectiveness.
- Content-related themes such as care technology, sustainability, innovation and change management.

2.2 Relevant developments in healthcare and society

Society is constantly changing. There are many developments affecting healthcare and healthcare education (Association of Universities of Applied Sciences, 2021; SER, 2020; WRR, 2021).


One of these developments is the sustainability of the healthcare system, which is under pressure, see Figure 2. Demographically, there is a “double ageing”, with the group of elderly people increasing in size and the average age rising. This contributes to an increase in multimorbidity (more people with multiple conditions at the same time). Due to increasing prosperity, increasing technological possibilities, demographic developments and more emphasis on prevention, the use and thus the pressure on healthcare has increased. At the same time, this has widened socio-economic health disparities. Healthcare has not become more accessible to everyone. Moreover, the current shortage of nurses is growing (SER, 2020; WRR, 2021).

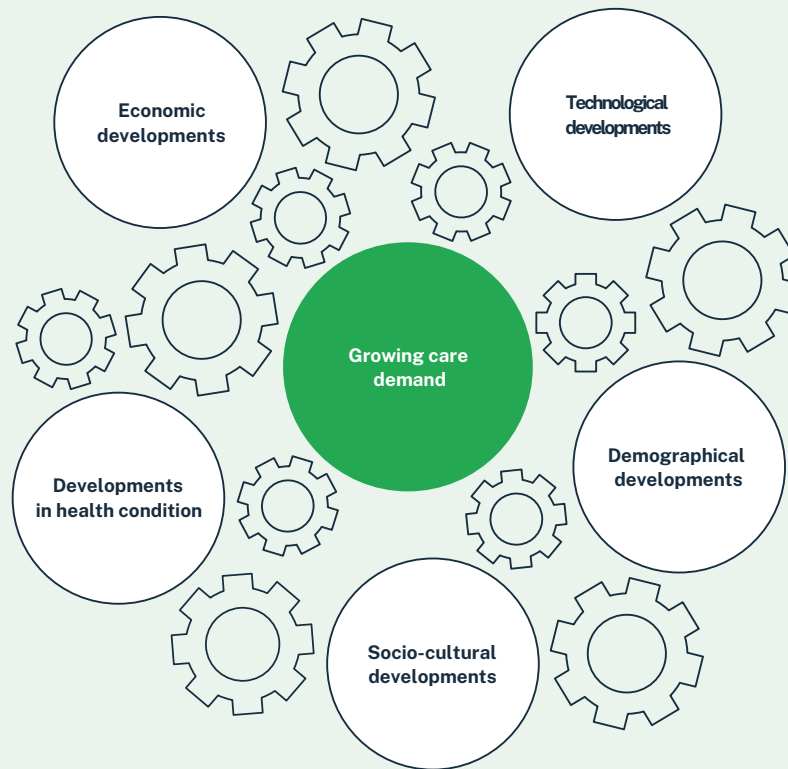
In line with the sustainability of healthcare, the Sector Plan Higher Healthcare Education 2021-2025 (HGZO) of the Association of Universities of Applied Sciences also addresses the aforementioned social issues, using the Sustainable Development Goals of the United Nations as a starting point (Association of Universities of Applied Sciences, 2021). At the national level, it is about the vital citizen and healthy economy, where prevention is central with the aim of living longer with fewer health disparities. Developments in the labour market are relevant in this regard and how it deals with change, prevention and the functioning of people.

In the area of nurse retention, research has been conducted on the resilience of nursing students. This shows that communication competences are essential to maintain standing in the complex professional practice (Bakker, 2022). In

Figure 2

Growing care demand

Reprinted from
Choosing sustainable
care. People, resources
and public support
(p. 41), by WRR, 2021,
Scientific Council for
Government Policy 



addition, managing expectations and properly landing and guiding the starting professional in the professional practice are important. The importance of proper positioning of Bachelors of Nursing in the healthcare organisation is increasingly highlighted (Rn2Blend, 2021).

The following sections describe some developments relevant to the adjustments in the degree profile: nursing leadership, problem-solving and prevention.

2.3 Nursing leadership

The developments in healthcare follow each other in rapid succession. This requires the Bachelor of Nursing to be decisive and act as an equal interlocutor in professional consultations: nursing leadership.

Much is written about nursing leadership. The term is difficult to capture in a comprehensive definition. The degree profile focuses on the competencies needed for future nurses to be prepared for requirements imposed on them in terms of leadership. The degree profile focuses on leadership appropriate for a starting professional.

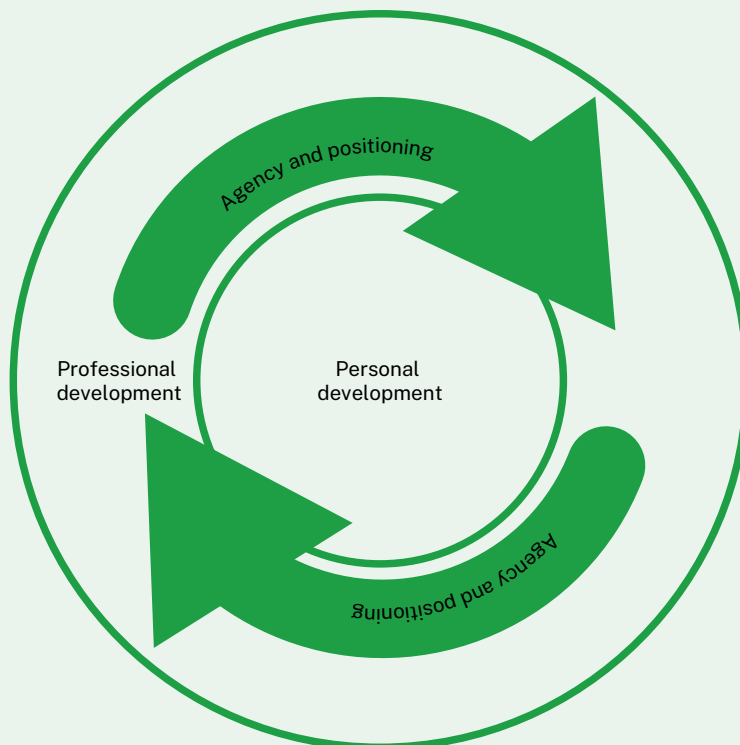
What it takes to develop leadership is detailed below, in three parts. The first is the personal development: awareness of oneself in relation to the nursing

profession. The second aspect is professional development and developing the personal professional identity (Ruijters, 2022). Thirdly, the Bachelor of Nursing is expected to develop agency so that they can position themselves in a way that is appropriate to their personal vision and professional identity.

Figure 3 distinguishes and links the three competences mentioned above:

- Personal development: awareness of yourself in relation to the nursing profession;
- Professional development: develop personal professional identity in order to collaborate;
- Agency and positioning within the organisation: the nurse in an organisation.

Figure 3
Mutual connection
of personal
development,
professional
development
and agency and
positioning



2.3.1 Personal development

Personal development is the process of becoming aware of oneself, personal strengths and qualities, in order to develop traits that enable one to become a nurse. Through personal development, students get to know and understand themselves better and better. As a result, they also learn to understand others. These are essential skills in nursing leadership development (Hingstman, 2022; Ruijters, 2022). Moreover, when students learn to formulate and dare to express their own opinions and views, they develop agency. It is important that students learn from situations that arise throughout the programme (Hingstman, 2022). In this way, they develop professional agency at an individual level (V&VN, w.d.).

Personal development also contributes to the mental health of future nurses: during the programme they develop resistance and resilience (Bakker, 2022; Dopmeijer, 2021).

2.3.2 Professional development

The professional development of aspiring professionals consists of developing their personal professional identity during the programme. From there, aspiring professionals can work well together: knowing what the nurse stands for allows them to be part of larger contexts, such as the interprofessional team and the healthcare organisation (Benner et al., 2010; Finnema & de Vos, 2021; Ruijters, 2022).

Professional collaboration includes both intra- and interprofessional collaboration. Intra-professional collaboration means working together within the profession. Interprofessional collaboration involves working with professionals from other professional groups.

Intraprofessional collaboration is receiving increasing attention due to the increasing job differentiation in the profession. For example, the Bachelor of Nursing directs the analysis of a complex care demand, but also the allocation of care to the right care provider with the aim of achieving an efficient and high-quality distribution of tasks. To arrive at the right choices in directing, continuous personal reflection on this is important (Hingstman, 2022). Interprofessional collaboration is important to jointly provide the most appropriate care and support (Movisie, w.d.).

The professional development of nurses receives a significant amount of attention. Since 2019, research has been conducted on behalf of the Ministry of Health, Welfare and Sport (VWS) on, among other things, (historical) developments of job differentiation and its meaning for the professional nursing practice. Professionalisation of nurses is essential for bringing about changes in healthcare (Van Kraaij et al., 2021).

Professionalisation requires a continuous process of development. Obstacles may be that the starting nurse focuses more on being accepted within the team, relegating their personal professional development to the background (Hakvoort et al., 2022).

2.3.3 Agency and positioning within the organisation

A clear position within the organisation and agency are required to properly organise and optimise care around the care recipient (Action Plan Agency, 2022). Nurses then contribute to the development of the profession to meet the challenges facing healthcare (Cummings, 2021). Agency is relevant at all levels within the organisation (Peppel et al., 2023).

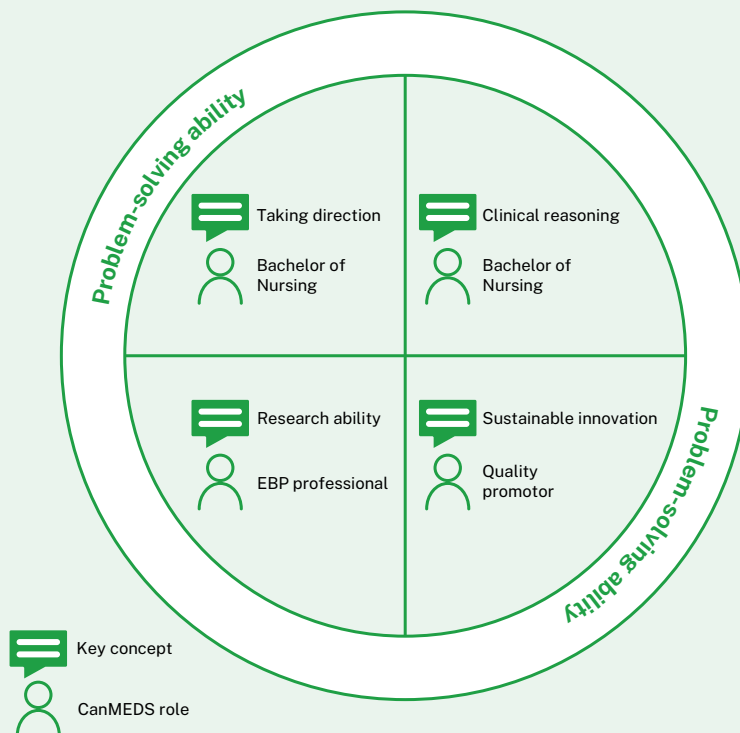
In this regard, the nurse needs knowledge of legislation and regulations and the opportunities within an organisation to position themselves. It is up to the organisation to provide space for the positioning of the nurse and enable career development (Finnema & De Vos, 2021 Future-Proof Labour Market Care & Wellbeing Programme, 2022). From the prospective professional, this requires organisational knowledge and sensitivity, and knowledge of the healthcare landscape in a broad sense.

Also, due to the addition in the Healthcare Quality, Complaints and Disputes Act (Wkkgz) regarding agency of care providers, care organisations are tasked with giving joint decision-making a clear place within an organisation, at all levels within an organisation (Adriaansen & Peters, 2018; Buurman, 2020; Finnema, 2021; Lalleman, 2022; Van der Cingel et al, 2022; Vermeulen et al, 2017; V&VN, 2022). Agency has a positive effect on employee job satisfaction and retention for care, and contributes to improving the quality of care (Cummings, 2021; Ministry of Health, Welfare and Sport, 2022).

2.4 Problem-solving ability

The topic of problem-solving ability is implicitly included in BN2020 under the theme of research ability. In both nursing education literature (e.g. Den Hertog & Boshuizen, 2021) and the BN2020 evaluation study, it emerges that stronger efforts should be made to develop problem-solving ability in order to adequately address issues in the day-to-day practice of the Bachelor of Nursing. For problem-solving ability, we use the NLQF 6 definition: “Identifies and analyses complex and unpredictable problems in the professional practice and/or in the knowledge domain and solves them tactically, strategically and creatively by identifying and using data” (www.NLQF.nl). Within the Bachelor of Nursing, students learn skills that contribute to solving problems and, where possible, preventing them. In the nursing practice, problem-solving ability is visible in the systematic approach to issues, taking into account the context of care provision and of care recipients. In addition, problem-solving ability is visible in the cooperation between the various care providers and their (meta-) communication about it. Solving problem situations requires professional knowledge, observation and action skills and research ability of the starting professional. It also requires an attitude in which cooperation is sought: with the patient and their relatives, and with colleagues from the personal and other disciplines. The nurse weighs different perspectives to arrive at appropriate care provision (Den Hertog & Niessen, 2021). The BN2030 degree profile emphasises that students learn the basics of problem-solving ability to take the lead in intraprofessional collaboration and in interprofessional collaboration with other professionals in the professional practice. Problem-solving ability is not included as a core concept because the concept is not reducible to one role, see figure 4. Problem-solving ability is a combination of four different core concepts: taking direction, clinical reasoning, sustainable innovation (including care technology) and research ability.

Figure 4
Problem-solving
ability



2.4.1 Taking direction

Bachelor of Nursing students graduate at the level of NLQF 6, in which they acquired the basics to direct the provision of nursing care within a team. When talking about directing and differentiating the provision of care, this should be seen as a task; it is not a managerial position. In this task of signalling, initiating and coordinating, (starting) nurses discuss with their colleagues how nursing care for the assigned patients is shaped and take the initiative to initiate improvement actions. Bachelor-trained nurses can coach colleagues in the implementation of care based on clinical reasoning using evidence about proven care and proven good care processes (Zorginstituut Nederland, 2022).

Starting nurses need work experience to further develop their problem-solving ability. However, the starting professional is trained to think strategically and take charge within the team and coordinate with other directing nurses. This applies not only at the ward level, but also at the cross-organisational level (Vermeulen et al., 2017). Of course, the starting Bachelor of Nursing will continue developing in this regard.

2.4.2 Clinical reasoning

In BN2020, clinical reasoning was mainly related to the primary process: “the continuous process of collecting and analysing data aimed at identifying questions and problems of the care recipient, and choosing appropriate care outcomes

and interventions in response”. Collaboration with other disciplines received no further attention here. Within BN2030, the role of clinical reasoning as a tool is broadened for the nursing directive function and good intra- and interprofessional care provision. Through clinical reasoning, nurses shape the holistic view of the health situation of the care recipient, whereby nurses transcend the nursing professional domain and can coordinate with other professionals on the reasoning process and decision-making (Zorginstituut Nederland, 2022). In complex clinical issues, Bachelor of Nursing have a signalling, supporting or guiding role in the care context and recognise situations of care recipients in which it is necessary to deviate from prevailing protocols. The process of clinical reasoning is increasingly supported by smart technology for decision support (Dobber et al., 2021; Vreugdenhil et al., 2022, 2023).

2.4.3 Sustainable innovation and care technology

In recent decades, the context of care delivery has become more complex due to new treatment modalities, the increase in the number of patients with multimorbidity and the limited availability of healthcare staff.

Sustainable care therefore means accessible and affordable care, focusing on the individual. In this regard, cost control is a strong determinant. Increasingly, technological solutions are used to anticipate staff shortages, work more efficiently, meet the needs of the care recipient and increase self-management. The choices for such innovations are driven by qualitative, economic and ecological motives. The Bachelor of Nursing actively uses existing care and information technology, orienting themselves to opportunities and new developments, reflecting on efficiency and effectiveness. Within this sustainable innovation, the Bachelor of Nursing must be aware of their own motives and the feasibility of the intended innovations. The quality of care for the care recipient should always come first, without losing sight of environmental consequences and the financial feasibility. The Bachelor of Nursing is expected to take a proactive role by initiating, introducing and using (and supporting the use of) innovations in nursing care, relying on change strategies. The Bachelor of Nursing plays an important role in seeking and finding sustainable solutions in care (www.greendeals.nl; www.sdgs.un.org/goals). For example, Bachelors of Nursing have an important stake in the Green Deal ‘more commitment to health’ (2022) and contribute to the achievement of the Sustainable Development Goals.

An important aspect of different roles is that (digital) technology as an intervention and/or tool is playing an ever increasing and more important role within (nursing) care (Groeneveld & Den Ouden, 2023). In this degree profile, we see this technology as an extension of longstanding interventions and tools to (for example) communication and collaboration.

2.4.4 Research ability

Societal and professional developments explicitly call for research ability: critical thinking, using results from research and contributing to doing research themselves. Research ability includes scientific evidence, professional expertise, and input from the individual preferences, values and experiences of care recipients (Sackett et al., 2000; Vermeulen & Tiemens, 2015). In BN2020, the description of the reflective EBP professional focused mainly on (learning) to apply tools and interventions of which the efficiency and effectiveness have been scientifically proven. Research within the nursing domain has developed significantly over the past decade and has become part of the day-to-day nursing practice. This has also given it an important place in nursing education. The starting professionals are offered a foundation in training that can be developed further in the daily practice. The nursing practice is strengthened by further developing problem-solving skills: the integration of research ability, taking direction, clinical reasoning, and sustainable innovation. This integration contributes to the strengthening of the evidence-based practice in the day-to-day nursing practice. Another important aspect of EBP, besides the use of proven knowledge, is the appreciation of professional expertise and taking into account preferences of care recipients from a professional care relationship (Feo et al., 2017).

In BN2030, the CanMEDS role “the reflective EBP professional” makes more room for development into a nurse who conveys the perspective of applied science, is able to listen, see and sense the needs of the individual care recipient and their informal caregiver(s) and respond accordingly. Increasingly, moral and cultural sensitivity and issues of inclusion occupy an important place, calling for a signalling and mediating role of the nurse (Norlyk et al., 2017). Besides quantitative measurement tools and interventions based on them, nurses are also increasingly using mixed methods, qualitative research and action research to collect practically relevant data and translate them into daily practice.

2.5 Prevention

The BN2030 degree profile shifts the emphasis of the work of the nurse from mainly curative to also clearly recognisable preventive tasks. The nurse is familiar with universal, selective, indicated and care-related prevention (www.venvn.nl/thema-S/preventie). In the day-to-day practice of the provision of care, this involves, for example, the promotion of recovery, but also the prevention of (more severe) care. Health promotion and prevention have come into the spotlight emphatically because of the introduction of the concepts of “positive health” and “healthy behaviour”. Many health problems, like obesity and diabetes mellitus, can be prevented through better education, promotion of healthy behaviour and health literacy training. Furthermore, Dutch society is experiencing a sharp increase in the number of elderly people, whilst the life expectancy of chronically ill people is increasing due to better treatment methods. In addition, there are

major concerns about the shortage of care and nursing staff in the labour market, which makes a commitment to prevention necessary (NZA, 2022). Prevention is divided into three themes in BN2030:

1. Affordability and accessibility of Dutch healthcare;
2. Positive health and promotion of healthy behaviour;
3. Organisation of network care around the care recipient.

2.5.1 Affordability and accessibility of Dutch healthcare

In the coming years, the focus will be on appropriate care: appropriate use and appropriate organisation of care (www.nza.nl). Care will focus (even) more on the functioning of people; choices in the provision of care will focus on the perceived quality of life. To make this possible, it is necessary for the Bachelor of Nursing to engage in shared decision-making with the care recipient, whenever possible. Another point of attention is the place where care is provided: close by if possible, further away if necessary. Digital care is used wherever possible. Moreover, the provision of care is changing by not centring on the disease, but focusing on what someone can still do to increase the perceived quality of life. To keep the care affordable and accessible, the focus is on prevention and innovation, such as the promotion of health literacy and the stimulation of healthy behaviour.

In practice, this means that the Bachelor of Nursing contribute to improvements in the provision of care by asking questions such as, for example: how can transmural care be improved? Can a time limit be attached to the use of district nursing instead of automatically continuing in frail elderly people? What does this mean for the division of tasks in practice and who exactly is responsible for what in nursing home care?

Even in “care with stay”, tasks are increasingly divided between different care staff. In practice, nurses explicitly steer towards the promotion of self-management, or the support of self-management where necessary. In addition, the nurse fulfils the task of the development and/or expansion of health skills of (potential) care recipients. The Bachelor of Nursing ensures that professionals, together with the care recipient, align the (care) goals and engage the personal social network of the care recipient.

2.5.2 Positive health and stimulation of healthy behaviour

The focus on the promotion of healthy behaviour, as outlined above, has taken off due to political and social developments. With this, the perspective in the work of the Bachelor of Nursing is also shifting. In the BN2020 degree profile, the vision on positive health was included and the emphasis was placed on the achievement of goals with regard to what the care recipient can do themselves and what is important to this care recipient, now and in the future. In BN2030, we refer to

making wise considerations about self-management: in what situations can self-management be promoted, to what extent is professional support needed?

Within the confines of the profession, the Bachelor of Nursing is committed to the promotion of healthy behaviour in order to prevent illness or to live as healthily or comfortably as possible when ill. In this regard, there is a strong call for communication skills, interprofessional collaboration and the role of reflective EBP professional, as the field of research for the promotion of healthy behaviour is still relatively new. Bachelors of Nursing are expected to be morally sensitive in all care contexts and take the wide diversity of care recipients they deal with into account. It is partly the task of the nurse to find forms to bridge these differences and to support the health literacy of (potential) care recipients in a society where there is a strong call for behavioural change to promote healthy behaviour.

2.5.3 Organising care network around care recipient

Partly because of the achievement of the integral care agreement in June 2022, BN2030 focuses on the development and provision of appropriate care in the personal care network of the care recipient. In network care, the needs of the care recipient are taken as the starting point, where different players in the network can add value for the care recipient at different times (NZA, 2022). This requires an adjustment in the thinking of the care professional: the organisation of care by successive professionals in the collaboration is not the starting point, but rather the organisation of care in a care network around the care recipient. Wherever possible, the care recipient is in charge, and where necessary the nurse supports the direction. The importance of this approach is most evident in complex care of care recipients with multiple chronic conditions. This “partnership in care” requires professionals to think along and deploy negotiation strategies where necessary (Van Os-Medendorp et al., 2021). The professional is able to identify where support is needed, to indicate care and provide care where necessary. The Bachelor of Nursing forms a care network around the care recipient in coordination with informal carers and professionals involved.

Chapter 3

From BN2020 to BN2030: the changes

As in BN2020, the choice was made to work with the CanMEDS roles (www.royalcollege.ca/ca/en/canmeds.html). This is in line with the international and national trend in the development of professional and degree profiles for healthcare professions. However, the role designation of Healthcare Provider was changed into Bachelor of Nursing, that of Organiser into Leader, and that of Professional and Quality Promoter into Quality Promoter. The other roles retained their names, see table 1.

In BN2020, the CanMEDS roles were translated into competences and core concepts, elaborated into knowledge, skills and attitudes and provided with a Body of Knowledge and Skills (BoKS). For the updated degree profile BN2030, the system of elaboration in roles with competences and core concepts was retained, but the description of knowledge, skills and attitudes and the BoKS were dropped.

Table 1
CanMEDS roles
in BN2020 and
BN2030

	CanMEDS roles in BN2020	CanMEDs roles in BN2030
1	Care Provider	Bachelor of Nursing
2	Communicator	Communicator
3	Cooperation Partner	Cooperation Partner
4	Reflective EBP Professional	Reflective EBP Professional
5	Health Promoter	Health Promoter
6	Organiser	Leader
7	Professional and Quality Promoter	Quality Promoter

CanMEDS role 1: Bachelor of Nursing

In BN2030, the choice was made to strengthen the central role of Bachelor of Nursing and make the connection with the other roles more evident. The name of the role of Care Provider has therefore been replaced by Bachelor of Nursing. The three competences of this role in BN2020 have now been combined into one competence focused on direct care. A competence on direction has been added to this. After all, the role of Bachelor of Nursing is expressed not only in the primary process of direct care to the care recipient, but also in the direction, which is closely linked to that primary process and is characteristic of the role of Bachelor of Nursing. As a result, direction and continuity of care have also become part of the role of Bachelor of Nursing, where previously these fell under the role of Organiser. From the specific domain of the Bachelor of Nursing and the expertise required for this, the other roles are shaped.

CanMEDS role 2: Communicator

The provision of nursing care is impossible without good communication. The nurse must therefore have various communication skills and use the right communication tools. This enables the nurse to communicate in a person-oriented manner with care recipients, their relatives and other professionals in care and welfare. These are additions to BN2020, which have been incorporated in the first competency with this role. Moreover, the nurse has meta-communicative skills, an important factor in making communication effective and efficient. A new competency was formulated for this.

CanMEDS role 3: Cooperation Partner

Complex care, by definition, involves several care professionals. Nursing care is therefore provided in the context of interprofessional care. In the role of Cooperation Partner, a distinction has been made between intra- and interprofessional cooperation, which replaces the term “multidisciplinary”. From the role of Bachelor of Nursing, continuous coordination is needed, both within the team of nurses and carers and with other professionals and, moreover, with the care recipient and their relatives, to arrive at a supported plan. Collaborative decision-making is central to this, with the care recipient and their relatives in charge whenever possible. Based on this, the competences from BN2020 were rephrased in BN2030.

CanMEDS role 4: Reflective EBP Professional

The role of Reflective EBP Professional is driven by curiosity, a critical attitude, problem-solving ability, reflection and by patient preferences and experiences. The reflection process of asking oneself questions and thinking about them is characteristic of the Reflective EBP Professional and always starts from the direct

patient care. The role of Reflective EBP Professional focuses on reflecting on and underpinning the professional actions of the nurse. Problem-solving skills are indispensable in this regard. Independently conducting research is less central to this role, but contributing to practice-based research, the interpretation, and using scientific research to inform decisions within the role of Bachelor of Nursing and the continuous improvement of the process. Where scientific evidence is not available, the nurse is able to tap into and apply other sources (RVS, 2017). The decision-making on professional action takes place on the basis of a balance between the best available scientific knowledge, professional expertise and the preferences and wishes of the care recipient. The three competences from BN2020 were reduced to two competences.

CanMEDS role 5: Health Promoter

Prevention is an important component of nursing care. It involves preventive care towards individuals, target groups and the healthy living environment for all, based on sound behavioural and/or environmental analysis. The importance of this role is increasing, fitting the redistribution of responsibilities between government, citizens and care professionals in health issues. The BN2030 competences place more emphasis on the behavioural analysis, the risk analysis and the environmental analysis in prevention. A competence on the promotion of a healthy living environment for target groups with increased health risks was also added.

CanMEDS role 6: Leader

In BN2030, the name of the role of Organiser was changed into Leader, aligning it with the changes in the Canadian CanMEDS. The competences in BN2030 all focus on the following three aspects of developing leadership: personal development, professionalisation departing from the personal professional identity, and positioning and agency within an organisation. The other two competences from the Organiser role have become part of the CanMEDS role Bachelor of Nursing, and of the CanMEDS role Quality Promoter.

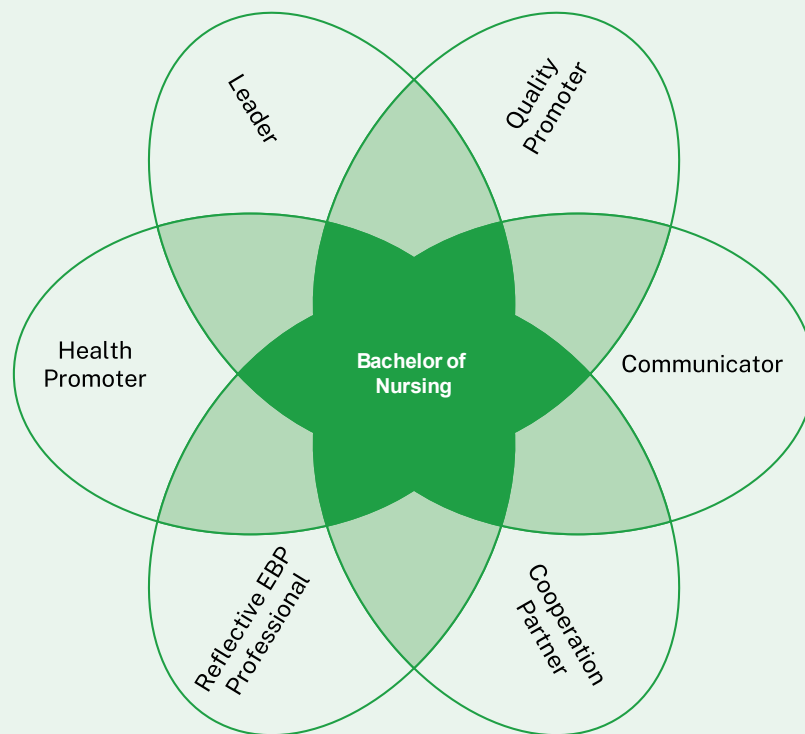
CanMEDS role 7: Quality Promoter

In BN2030, the name of the role of Professional and Quality Promoter was changed into Quality Promoter. The quality of nursing care is largely determined by the quality provided by the nurse in the day-to-day provision of care. In doing so, the nurse has a personal responsibility for the quality of care. The role of Quality Promoter focuses on their personal development and the development of the profession, and on the sustainable innovation of the profession and the professional content. In many situations, care technology can offer an appropriate contribution. Quality thinking is evident in the use of systems and measuring

instruments, the ability to analyse and monitor and evaluate and assure quality at all levels of care (micro, meso, and macro level), analogous to the primary nursing process. The three competencies from BN2020 were compressed into two competencies, which also include the entrepreneurial attitude of nurses, patient safety and innovation of the nursing profession.

More emphasis was placed on the connection of the various CanMEDS roles with the role of Bachelor of Nursing, making the roles more interconnected as well. The competencies described under the roles empower the starting Bachelor of Nursing to make choices for the care recipient and their loved ones, the profession and themselves in the increasingly complex environment. The above changes are included in the revised CanMEDS model, see Figure 5.

Figure 5
CanMEDS roles



Chapter 4

The degree profile Bachelor of Nursing

CanMEDS role 1: Bachelor of Nursing

The CanMEDS role Bachelor of Nursing is the core of the profession and focuses primarily on the provision of care and the organisation of care. Nursing care is provided from the prevailing vision on nursing and based on the process of clinical reasoning and the direction of care in highly complex situations. The process of providing care is completed with knowledge, skills and attitudes from the other CanMEDS roles. The nurse integrates these roles in attitude, decision-making and action for the purpose of providing the most appropriate care for care recipients and their loved ones. All CanMEDS roles are inextricably linked.

Competency 1

The nurse substantiates and **carries out the care** independently in highly complex care situations, according to the prevailing **vision on nursing** and based on **clinical reasoning** within the **nursing process** in accordance with appropriate methods, guidelines and (statutory) frameworks. The nurse builds a care relationship with the care recipient and supports them in self-management appropriate to the situation.

Competency 2

The **nurse directs**, both intra- and interprofessionally, the **care in highly complex situations**, in coordination with the care recipient.

Key concepts

Carrying out care

Carrying out care refers to all forms of care. It is the provision of integral care by independently performing all common (including reserved and risky) nursing actions in highly complex care situations in compliance with applicable legislation and regulations and from a holistic perspective.

Vision on nursing

The vision on nursing guides the nursing practice from a broader vision on care of an organisation.

Clinical reasoning

The continuous process-based collection and analysis of data within the nursing process aimed at the identification of questions, problems and capabilities of the care recipient or target groups, and the selection of relevant appropriate care outcomes and interventions.

Nursing process

A systematic approach used by nurses to identify, prevent and treat actual, impending or potential health problems.

Direction of care

The nurse assigns the care intraprofessionally based on the complexity of care. The nurse collaborates interprofessionally with other disciplines, wards and organisations and involves care networks where necessary. In this regard, the nurse collaborates with the care recipient and defends the interests of the care recipient within the scope of the provision of care. The nurse proactively assures the continuity of the care.

CanMEDS role 2: Communicator

Coherence with the role Bachelor of Nursing

The nurse communicates effectively to achieve optimal and person-centred care.

Competency 1

The nurse communicates **person-centred** and **professionally** with the care recipient, their loved ones, and other care professionals, using appropriate communication tools.

Competency 2

The nurse promotes the quality and effectiveness of the communication with the care recipient, their loved ones, and other care professionals, by **reflecting on the metacommunication**.

Key concepts

Person-centred communication

Matching the personal communication to the individual care recipient. Approaching the care recipient as a unique person. Actively listening to the care recipient, informing the care recipient and empowering the care recipient to make choices in the care.

Professional communication

Appropriate use of conversation techniques and of (digital) communication tools and forms. Being a natural guide, coach, expert or adviser, depending on the moment and the circumstances.

Reflecting on metacommunication

Evaluate the intended and unintended results and consequences of the personal communication, including the (implicit) judgements of choices in the communication, as well as the way in which communication is carried out.

CanMEDS role 3: Cooperation Partner

Coherence with the role Bachelor of Nursing

The nurse collaborates in the design, implementation and direction of the (preventive) care in a (highly complex) care situation, and in the support of the care recipient and their loved ones in self-management appropriate to the situation.

Competency 1

The nurse works within a **professional care relationship** with the care recipient and their loved ones based on the principle of **shared decision-making**, with the nurse supporting appropriate self-management.

Competency 2

The nurse works, with the care recipient and their loved ones, together with **intra- and interprofessional partners**, on the design, implementation, and direction of care.

Key concepts

Shared decision-making

Systematic joint decision-making by the care recipient and the care providers about the care that best suits the care recipient.

Professional care relationship

The establishment and maintenance of contact with the care recipient, their loved ones and social network, the maintenance of long-term care relationships and the careful winding down of the care relationship where necessary.

Intraprofessional cooperation

Collaborating in an equal manner with other members of the nursing discipline, within and outside the personal care organisation, regarding the design, implementation and direction of the care.

Interprofessional cooperation

Based on the personal professional identity and expertise, collaborate in an equal manner with other professionals, within and outside the personal care organisation, with regard to the design, implementation and direction of the care.

CanMEDS role 4: Reflective EBP Professional

Coherence with the role Bachelor of Nursing

The Reflective EBP Professional demonstrates problem-solving skills. This includes underpinning and reflecting on professional actions of the nurse and the advancement of expertise. The nursing decision-making is based on the balancing of scientific knowledge, professional expertise and the wishes and preferences of the care recipient.

Competency 1

The nurse demonstrates **research skills** by signalling clinical questions, interpreting relevant scientific and practice-oriented research and implementing results in the professional practice. The nurse contributes to practice-oriented research in order to generate and implement new knowledge for innovations in the professional practice and **promotes** the personal **expertise** and that of colleagues.

Competency 2

The nurse **reflects** on their personal actions from substantive, process and **moral sensitivity** perspectives.

Key concepts

Research ability

Research ability comprises three components:

1. Inquisitive attitude. This can be divided into the following six aspects, namely being critical, wanting to understand, wanting to achieve, wanting to share, wanting to innovate, wanting to know.
2. Using knowledge of others. This includes the three pillars of EBP: the best available scientific knowledge, the professional expertise, and the preferences and wishes of the care recipient.

3. Conducting personal research. Being able to go through the research cycle yourself, with the data collected also coming from secondary sources or the literature. The key is for the nurse to understand and use the principle of the research cycle.

Advancement of expertise Actively contributing to the search, development and sharing of new (forms of) knowledge in order to promote the personal expertise and that of others.

Professional reflection Critically considering the personal nursing behaviour and that of the team during (“in action”) and after (“on action”) the provision of care based on professional standards (professional profile, professional code) and the ability to discuss the actions in intra- and interprofessional consultation.

Moral sensitivity Demonstrating ongoing sensitivity to the norms and values of all involved in the care process in order to provide person-centred care.

CanMEDS role 5: Health Promoter

Coherence with the role Bachelor of Nursing

The nurse focuses on the promotion of health and the prevention of disease in individuals and groups by signalling risk, the analysis of behaviour and the initiation of targeted interventions. In doing so, the nurse focuses on the strengthening of the self-management of the care recipient. In this respect, the nurse takes personal characteristics of the care recipient, the physical (living) environment, social relationships, culture and lifestyle into account and focuses on the environment of the care recipient, on groups of care recipients and on other professionals, agencies, or municipalities. This includes a focus on the reduction of health disparities of care recipients. The nurse actively approaches people at high risk of health problems.

Competency 1

The nurse contributes to the **promotion** of the health and **healthy behaviour** of the care recipient in their environment or **risk factors** of target groups in (potential) health problems through the **analysis**, design and application of appropriate forms of prevention based on prevention models.

Competency 2

The nurse actively contributes to a **healthy living** environment, by carrying out **environmental analyses** in collaboration with others and drawing up prevention plans for the benefit of specific target groups in the community.

Key concepts

Promotion of healthy behaviour

Providing support in the realisation of healthy behaviour of the care recipient in relation to (potential) health problems.

Behavioural analysis

Using a prevention model to analyse behaviour of the care recipient that may lead to health problems.

Risk analysis

Using a prevention model to analyse risk factors in (potential) health problems of a specific target group.

Environmental analysis

Using a conceptual model to conduct an environmental analysis focusing on the healthy living environment of specific target groups.

CanMEDS role 6: Leader

Coherence with the role Bachelor of Nursing

The nurse shapes the personal development, professional development, agency and positioning. In doing so, the nurse contributes to current development of the profession, from a vision on care and the personal vision on leadership in the social context. The nurse promotes appropriate care.

Competency 1

The nurse has an understanding of the **personal development**, and articulates it in relation to personal choices for the benefit of the long-term professional practice in which various challenges are present. The nurse reflects on personal values, norms and opinions in relation to the personal professional nursing practice.

Competency 2

The nurse develops a professional identity. The nurse explains how, on the basis of the professional identity, **professional development** is guided for the benefit of the professional action, the decision-making and the collaboration with the care recipient and other professionals. The nurse explains how a vision on care and current social issues are linked to each other.

Competency 3

The nurse takes initiatives regarding the personal future professional development and the development of the care team. In this regard, the nurse formulates a personal vision on nursing leadership. The nurse demonstrates personal, professional and organisational leadership for the benefit of the primary process. The nurse has **agency and positions** themselves within an organisation.

Key concepts

Personal development

Personal development includes becoming aware of oneself, the personal strengths and the personal qualities in order to develop traits that enable one to become a nurse.

Professional development

Within the professional development, a personal professional identity is developed. Based on the professional identity, cooperation takes place with colleagues from the personal and other professions as well as with care recipients and loved ones for appropriate care.

Agency and positioning

As a nurse, applying personal, professional and organisational leadership based on knowledge, moral sensitivity and courage.

CanMEDS role 7: Quality Promoter

Coherence with the role Bachelor of Nursing

The role of Quality Promoter requires the nurse to have a degree of independence in their personal actions, which contributes to the profile as an independent professional with an eye for both professional standards and person-centred quality of care.

Competency 1

The nurse contributes to **quality care**. The nurse screens, measures and monitors safety and quality of care at the level of the individual care recipient. At the organisational level, the nurse proactively **participates in quality assurance systems**.

Competency 2

The nurse demonstrates **professional behaviour** and is **entrepreneurial** by contributing to sustainable innovation, where appropriate with care technology, of the professional nursing practice from a historical, scientific and social perspective.

Key concepts

Provide quality of care

Conducting and ensuring the quality of nursing care in a methodical and critical manner.

Participate in quality care

Making a proactive contribution to activities in the context of quality assurance aimed at systematically making explicit, evaluating and adjusting the professional actions and the (patient) safety.

Professional behaviour

Acting and behaving according to professional standards and taking responsibility in all personal actions.

Entrepreneurship

Overseeing care-related, economic, ecological and organisational interests within the different contexts of care and taking initiative in order to improve the quality of care.

Chapter 5

Appendices

Overview of abbreviations

Term	Description
BN2020	Bachelor of Nursing 2020
CanMEDS	Canadian Medical Education Directions for Specialists
EBP	Evidence-based practice
HGZO	Higher Healthcare Education
LOOV	National Consultation Nursing Degrees
MBO	Senior Secondary Vocational Education
NLQF	Netherlands Qualification Framework
RN2Blend	Registered nurses to Blend
V&VN	Nurses & Carers Netherlands

Sources

- Actieplan Zeggenschap (Action Plan Agency) (2022). *Peiling zeggenschap zorgprofessionals: meer tijd en ruimte nodig en last van hiërarchie* (Survey agency care professionals: more time and space needed and burdened by hierarchy). Landelijk Actieplan Zeggenschap (National Action Plan Agency). Consulted on 16 January 2023, van <https://actieplanzeggenschap.nl/artikel/peiling-zeggenschap-zorgprofessionals-meer-tijd-en-ruimte-nodig-en-last-van-hierarchie/>
- Adriaansen, M., & Peters, J. (2018). *Leiderschapsontwikkeling van verpleegkundigen* (Leadership development of nurses). Bohn Stafleu van Loghum
- Andriessen D. (2014). *Praktisch relevant én methodisch grondig. Dimensies van onderzoek in het HBO* (Practically relevant and methodically thorough. Research dimension in Higher Professional Education) (Public lecture). University of Applied Sciences Utrecht, Utrecht
- Bakker, E. J. M. (2022). *Mental health and dropouts of nursing students* [Thesis]. Vrije Universiteit, Amsterdam. <https://research.vu.nl/en/publications/mental-health-and-dropout-of-nursing-students>
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: a call for radical transformation*. Jossey Bass
- Buurman, B. (2020). *Investeringsagenda zeggenschap en positionering verpleegkundigen en verzorgenden* (Investment agenda agency and positioning nurses and carers). Consulted on 12 December 2022 at <https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/documenten/publicaties/2020/09/02/investeringsagenda-zeggenschap-en-positionering-verpleegkundigen-en-verzorgenden>
- Cummings, G. G., Lee, S., Tate, K., Penconek, T., Micaroni, S. P., Paananen, T., & Chatterjee, G. E. (2021). The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *International Journal of Nursing Studies*, 115, 103842. <https://doi.org/10.1016/j.ijnurstu.2020.103842>
- Den Hertog, R., & Boshuizen, H. P. A. (2021). Learning professional knowledge: Bachelor Nursing students' experiences in learning and knowledge quality outcomes in a competence-based curriculum. *Vocations and Learning*, 15, 21-47. <https://doi.org/10.1007/s12186-021-09274-4>
- Den Hertog, R., & Niessen, T., (2021). Taking into account patient preferences in personalised care: Blending types of nursing knowledge in evidence-based practice. *Journal of Clinical Nursing* 30 (13-14), 1904-1915. <https://doi.org/10.1111/jocn.15743>

- Dobber, J., Harmsen, J., & Van Iersel, M. (2021). *Klinisch redeneren en evidence-based practice. Weloverwogen besluitvorming door verpleegkundigen* (Clinical reasoning and evidence-based practice. Well-considered decision-making by nurses). (2nd edition). Bohn Stafleu van Loghum.
- Dopmeijer, J., Nuijen, J., Busch, M., Tak, N., & Van Hasselt, N. (2021). *Monitor Mentale gezondheid en Middelengebruik Studenten hoger onderwijs. Deelrapport I: Mentale gezondheid van studenten in het hoger onderwijs* (Monitor Mental Health and Substance Abuse Higher Education Students. Sub-report I: Mental health of students in higher education). RIVM, Trimbos-instituut and GGD GHOR Nederland. <https://doi.org/10.21945/rivm-2021-0194>
- Finnema, E. (2021). *Zie de mens! UMCG* (See the person! UMCG). Consulted on 16 January 2023 at <https://www.radicalevernieuwing.nl/wp-content/uploads/sites/4/2021/10/2021-10-21-oratie-evelyn-finnema-v4-1.pdf>
- Finnema, E., & de Vos, R. (2021). *Een visie op professionele identiteit* (A vision on professional identity) [PowerPoint presentation]
- Groeneveld, S., & den Ouden, M. (2023). V-Model toont competenties zorg- en welzijnsprofessionals in omgang met technologie (V model shows competencies care and welfare professionals in handling technology). *ICT&Health* 2, 40-41.
- Hakvoort, L., Dikken, L., Cramer-Kruit, J., Molendijk-van Nieuwenhuyzen, K., Van der Schaaf, M., & Schuurmans, M. (2022). Factors that influence continuing professional development over a nursing career: A scoping review. *Nurse Education in Practice* 65, 103481. <https://doi.org/10.1016/j.nepr.2022.103481>
- Hingstman, G. (2022). *Persoonlijke en professionele ontwikkeling tot verpleegkundige* (Personal and professional development into nurse). Boom
- Kahnemann, D. (2012). *Thinking, fast and slow*. Allen Lane
- Kox, J. (2022). *Retaining nursing students and novice nurses: The role of musculoskeletal symptoms and physical work factors* [Thesis]. Erasmus University, Rotterdam
- Kinkhorst, G.F. (2010). Didactische ontwerpregels voor reflectieonderwijs (Didactic design rules for reflection education). *Onderwijsinnovatie*, 1, 16-25.
- Lalleman, P.C.B., (2022). *De ontsnapping van verpleegkundig leiderschap: een ongewis avontuur over voorleven & jezelf in het spel zetten* (The escape of nursing leadership: an uncertain adventure about living for life and putting yourself in the game) [Lecture speech]. Fontys University of Applied Sciences, Eindhoven
- Lambregts, J., Grotendorst, A., & Van Merwijk, C. (editor) (2016). *Bachelor of Nursing 2020. Een toekomstbestendig opleidingsprofiel 4.0* (Bachelor of Nursing 2020. A future-proof degree profile 4.0). Bohn Stafleu van Loghum
- Matthews, J., Bialocerkowski, A., & Molineux, M. (2019). Professional identity

measures for student health professionals: A systematic review of psychometric properties. *BMC Medical Education*, 19(1). <https://doi.org/10.1186/s12909-019-1660-5>

Ministry of Health, Welfare and Sport (2022). *Programma Toekomstbestendige Arbeidsmarkt Zorg & Welzijn* (Programme Future-Proof Labour Market Care & Welfare). <https://open.overheid.nl/documenten/ronl-926544acabc8f87fa17fe4d4ab8f6f9910c0ffa6/pdf>

Movisie. (z.d.). *Q&A: Wat is integraal samenwerken en wat levert het op?* (What is integral cooperation and what does it yield?) Consulted on 1 April 2023 at <https://www.movisie.nl/sites/default/files/bestanden/magazines-invoormantelzorg/samen-de-puzzel-compleet-maken/q-a-wat-is-integraal-samenwerken.html>

NLQF. <https://www.nlqf.nl/>

NLQF 6. Consulted on 12 January 2023 at https://nlqf.nl/images/downloads/NLQF_niveaus/Niveau_6_NLQF_en_EQF.pdf

Norlyk, A., Haahr, A., Dreyer, P., Martinsen, B. (2017). Lost in transformation? Reviving ethics of care in hospital cultures of evidence-based healthcare. *Nursing Inquiry*, 24(3), e12187.

Peppel, R., Woldendorp, H., Veenliet, M., & Jeninga, A. (2023). *Het huis van de professionele zeggenschap: de route naar verpleegkundig leiderschap* (The house of the professional agency: the route towards nursing leadership). SWP

Raad voor Volksgezondheid en Samenleving (Council of Public Health and Society). (2017). *Zonder context geen bewijs* (Without context no evidence). Consulted on 1 May 2023 at <https://www.raadrvs.nl/documenten/publicaties/2017/06/19/zonder-context-geen-bewijs>

RN2Blend. (w.d.). <https://rn2blend.nl/nl>

Ruijters, M. C. P., Van Luin, G. E. A., Prevaas, B. C. J. G., & Simons, P. R. J. (2022). *Manifest voor de ontwikkelidentiteit: Over het belang van schatgraven naar jouw manier van leren en ontwikkelen* (Manifest for the development identity: About the importance of a treasure hunt in your own way of learning and developing). Aeres Hogeschool Wageningen

Schuurmans, M. (2012). Beroepsprofiel verpleegkundige (Professional Profile Nurse). In: *Leren van de toekomst, Verpleegkundigen en verzorgenden 2020* (Learning of the future. Nurses and carers 2020). Edited by J. Lambregts en A. Grotendorst. Bohn Stafleu van Loghum

SER. (2020). *Zorg voor de toekomst. Over de toekomstbestendigheid van de zorg* (Care for the future. About the future-proofness of care). Consulted on 1 April 2023 at <https://www.ser.nl/-/media/ser/downloads/adviezen/2020/zorg-voor-de-toekomst.pdf>

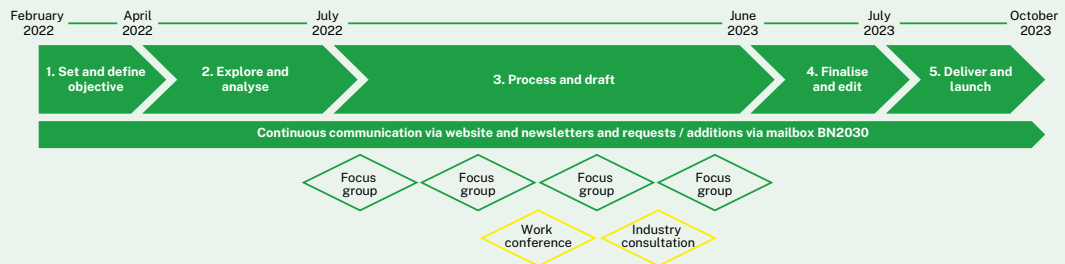
- Stam, C. (2017). Goede visie ontwikkelen ‘door de ogen van de cliënt’ (Developing a good vision ‘through the eyes of the client’). *Zorg + Welzijn* (Care + Welfare) Consulted on 1 May 2023 at <https://www.zorgwelzijn.nl/goede-visie-ontwikkelen-door-de-ogen-van-client/>
- Ten Hoeve, Y., Castelein, S., Jansen, W. S., Jansen, G. J., & Roodbol, P. F. (2017). Nursing students’ changing orientation and attitudes towards nursing during education: A two-year longitudinal study. *Nurse Education Today*, 48, 19. <https://doi.org/10.1016/j.nedt.2016.09.009>
- The Royal College of Physicians and Surgeons of Canada. (w.d.). *CanMEDS: Better standards, better physicians, better care*. Consulted on 1 April 2023 at <https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>
- V&VN stuurgroep Verpleging & Verzorging 2020 (Stering Group Nursing & Care). (2015). *Toekomstbestendige beroepen in de verpleging en verzorging. Rapport stuurgroep over de beroepsprofielen en de overgangsregeling* (Future-proof profession in nursing and care. Report steering group about the professional profiles and the transitional scheme). Consulted on 1 May 2023 at https://www.venvn.nl/media/afdjj4cs/rapport_toekomstbestendige-beroepen-in-de-verpleging-en-verzorging.pdf
- V&VN. (w.d.). *Professionele zeggenschap* (Professional agency). Consulted on 16 January 2023 at <https://www.venvn.nl/professionele-zeggenschap/>
- V&VN. (2022, 1 November). *Wet “zeggenschap in de zorg” in de Eerste Kamer aangenomen* (Agency in Care Act adopted in the Senate) [Video]. YouTube. Consulted on 16 January 2023 at https://www.youtube.com/watch?v=pBalj4_l8tc
- Van der Cingel, M., Cardiff, S., Niessen, T., Jukema, J., & Van Hout, A. (2022). *Moreel verpleegkundig leiderschap* (Moral nursing leadership). Boom
- Van Kraaij, J., Lalleman, P., Walravens, A., & Van Oostveen, C.; RN2Blend consortium. (2022). Differentiated nursing practice as a catalyst for transformations in nursing: A multiphase qualitative interview study. *Journal of Advanced Nursing*, 78, 165–175. <https://doi.org/10.1111/jan.15001>
- Van Os-Medendorp, H., den Hertog-Voortman, R., & Jukema, J. (2021). Positief partnerschap van verpleegkundige en client (Positive partnership of nurse and client). *TVZ* 131, 44–48. <https://doi.org/10.1007/s41184-021-1032-6>
- Vereniging Hogescholen (Association of Universities of Applied Sciences). (2021). *Handreiking opbouw landelijk opleidingsprofiel* (Guiding establishment national degree profile). Consulted on 1 May 2023 at https://www.vereniginghogescholen.nl/system/knowledge_base/attachments/files/000/001/246/original/Verdiepingsdocument_-_Handreiking_opbouw_landelijk_opleidingsprofiel.pdf?1630071568

- Vereniging Hogescholen (Association of Universities of Applied Sciences) (2021). *Gezond Opleiden, het sectorplan van het hoger gezondheidszorgonderwijs 2021-2025* (Healthy Education, the sector plan of higher healthcare education 2021-2025). Consulted on 1 May 2023 at https://www.vereniginghogescholen.nl/system/knowledge_base/attachments/files/000/001/198/original/Gezond_opleiden_-_Sectorplan_hgzo_2021_-2025.pdf?1616424000
- Vermeulen, H., Holleman, G., Huis, A., Ista, E., & Lalleman, P. (2017). *Verpleegkundig leiderschap* (Nursing leadership). Bohn Stafleu van Loghum
- Vermeulen, H., & Tiemens, B. (2015). *Implementatie van evidence based practice: Praktische tips voor een complexe verandering* (Implementation of evidence-based practice: Practical tips for a complex change). Bohn Stafleu van Loghum
- Vreugdenhil, J., Döpp, D., Custers, E. J. F. M., Reinders, M. E., Dobber, J., & Kursukar R., A. (2022). Illness scripts in nursing: direct content analysis. *Journal of Advanced Nursing*, 78 (1), 201-210.
- Vreugdenhil, J., Somra, S., Ket, H., Custers, E. J. F. M., Reinders, M. E., Dobber, J., & Kursukar R. A. (2023). Reasoning like a doctor or a nurse? A systematic integrative review. *Frontiers in Medicine*, 3;10:1017783. <https://doi.org/10.3389/fmed.2023.1017783>
- Wilkinson, J.M. (2020). *Kritisch denken binnen het verpleegkundig proces* (Critical thinking within the nursing process) (6th edition). Pearson
- WRR. (2021). *Kiezen voor houdbare zorg. Mensen, middelen en maatschappelijk draagvlak* (Choosing sustainable care. People, resources and social support). Consulted on 1 April 2023 at https://www.wrr.nl/binaries/wrr/documenten/rapporten/2021/09/15/kiezen-voor-houdbare-zorg/Kiezen+voor+houdbare+zorg_Mensen_middelen+en+maatschappelijk+draagvlak_WRRrapport+104.pdf
- Zorginstituut Nederland (Netherlands Healthcare Institute) (2022). *Kader Passende Zorg* (Framework Appropriate Care). Consulted on 5 June 2022 at <https://www.zorginstituutnederland.nl/publicaties/adviezen/2022/06/28/kader-passende-zorg>

Creation of BN2030

BN2030 is the basis for the training of the Bachelor of Nursing of the future. A careful process was therefore followed to develop BN2030. This chapter sets out how this process was undertaken.

Figure 6
Process of
creation of
BN2030



Explanation activities per phase

Below is a brief and concise explanation of what the different phases entailed and what activities took place.

1. Set and define objective

In the LOOV, 17 programme managers of higher education nursing (hbo-v) programmes are represented. Together, they form the general management of the LOOV. A separate project structure was set up for the creation of BN2030. Phase 1 started with a steering group of four LOOV members. The steering group established the objective of BN2030. The aim of BN2030 is a future-proof degree profile, in line with latest trends and developments in care. BN2030 is less prescriptive and formulated on outlines, leaving room for regional interpretation. Phase 1 established the further project structure and planned the follow-up.

2. Explore and analyse

BN2020 was evaluated in two ways: quantitatively and qualitatively. An external research agency conducted a survey among four target groups: alumni, lecturers, practical supervisors and managers. The themes from BN2020 were surveyed, as well as what important developments are to include in BN2030. Besides the survey, round table discussions took place with a diversity of stakeholders: peers and professors, industry organisations, MBO Council, Ministries, V&VN and the BN2020 network. The round table discussions focused on which themes from BN2020 should stay and what new themes are for the future. At the end of this phase, a project group was formed to process all input and draft BN2030.

3. Process and draft

In this phase, all the input from the surveys, round table discussions, relevant research and literature was gathered and categorised by the project group. The structure of BN2030 was mapped, and then the gathered input was plotted by chapter. Then the drafting process actually started. Once every three weeks, the project group met to draft BN2030. In between, the steering group and focus group met to read drafts and to provide feedback.

4. Finalise and edit

The degree profile was finalised in a number of steps. The steering group carried out final content editing. A professional writer edited the degree profile on readability and consistency.

5. Deliver and launch

Through a national event on 31 October 2023, the BN2030 degree profile was launched. The aim is for all universities of applied sciences to train students in accordance with degree profile BN2030 by September 2026 at the latest.

Continuous communication

Communication on the creation of BN2030 took place in the following ways to ensure that the process was as transparent and clear as possible to all stakeholders.

- At www.loov-hbov.nl, all relevant updates were shared and insight was provided on the planning and approach to the process.
- Newsletters kept all stakeholders informed of both the content and the process of creation.
- There is a mailbox (bachelornursing2030@gmail.com) where requests, questions and comments were received. These were included in the three-weekly project meeting, where they were weighed and processed.
- Working conference (WC): in digital round tables, the concept of BN2030 was presented and discussed using propositions. More than 400 participants thus provided the project group with input for the next draft. The participants were working as nurses, lecturers, managers or policy officers.
- Industry consultation (IC): the following parties were invited to the consultation: V&VN, MBO Council, NU91 and the BOZ (ActiZ, Dutch Association of Mental Health, NFU, NVZ and VGN). Present were a delegation from the Dutch Association of Mental Health, ActiZ, NFU, NU91 and MBO Council. In a digital round table, parts of the latest draft were presented and discussed. The input was then weighed again and processed by the project group.

Table 2
Bodies involved
in the drafting
process

Persons involved

Body

Corine Latour	Steering group
Aart Rietveld	Steering group
Marloes van den Broek (from 1 July 2022)	Steering group
Bram van der Graaf (from 1 July 2022)	Steering group
Meralda Slager (up to 1 July 2022)	Steering group
Jasper Grimmius (up to 1 July 2022)	Steering group
Noor Damhuis	Project manager
Adwin Rutgers	Drafting group
Aline Bouwes	Drafting group
Ingrid Eisenberg	Drafting group
Jos Dobber	Drafting group
Hanneke Broekman	Drafting group
Ria den Hertog-Voortman	Drafting group
Rien de Vos	Focus group
Evelyn Finnema	Focus group
Christine de Vries	Focus group
Nienke Bleijenberg	Focus group
Hester Vermeulen	Focus group
Pieterbas Lalleman	Focus group
Liesbeth Geuze	Focus group
Catharina van Oostveen	Focus group
Jeroen Peters	Focus group
Ruth Sival	Focus group
Petra Huizenga	Focus group
Regula van Graas (up to April 2023)	Focus group
Vera Molenaar (from 1 April 2023)	Focus group
Alumni, lecturers, practical supervisors, managers	Survey April-May 2022
Invitees: industry associations (VGN, NFU, Thusizorg, ActiZ, NVZ, the Dutch Association of Mental Health)	Round table discussions May-June 2022
> 400 participants (from the field and education)	Work conference (2 February 2023)
Invitees: V&VN, MBO Council, NU'91 and the BOZ (ActiZ, the Dutch Association of Mental Health, NFU, NVZ, and VGN)	Industry consultation (26 May 2023)

Table 3
NLQF 6, CanMEDS
roles and HBO core
qualifications

NLQF level 6	Description	CanMEDS roles	HBO core qualifications
Context	An unfamiliar, but changing living and/or work environment, also international.	Bachelor of Nursing Quality Promoter	Transfer and broad employability
Knowledge	Possesses advanced, specialised knowledge of, and critical understanding of, theories and concepts of a profession, knowledge domain and/or broad science area.	All roles	Transfer and broad employability
	Possesses broad, integrated knowledge and understanding of the scope of the main areas and boundaries of a profession, knowledge domain and/or broad field of science.		
	Possesses knowledge and understanding of some important current problems, topics and specialisms related to a profession, domain of knowledge and/or broad field of science.		
Application of knowledge	Reproduces and analyses knowledge and applies it, including in other contexts in such a way as to demonstrate a professional and/or scientific approach in profession and/or knowledge domain.	Bachelor of Nursing Health Promoter	Methodical and reflective thinking and action
	Applies specialised, including critical-analytical, skills to the outcomes of applied research.	Reflective EBP Professional	Scientific application
	Brings, with guidance, an applied research project to a successful conclusion based on methodological knowledge.	Reflective EBP Professional	
	Sets up and deepens arguments. Critically evaluates and combines knowledge and insights from a specific domain.		

NLQF level 6	Description	CanMEDS roles	HBO core qualifications
	<p>Identifies limitations of personal knowledge of professional practice and/or existing knowledge in the knowledge domain and takes action.</p> <p>Critically analyses and carries out complex professional and/or scientific tasks.</p>		
Problem-solving skills	Identifies and analyses complex and unpredictable problems in the professional practice and/or knowledge domains, solves them tactically, strategically and creatively by identifying and using data.	Bachelor of Nursing Reflective EBP Professional Quality Promoter	Problem-oriented working Creativity and complexity in actions
Learning and development skills	Develops on personal initiative through self-reflection and self-assessment of personal (learning) results.	Reflective EBP Professional Leader	Creativity and complexity in actions
Information skills	Collects and analyses in a responsible, critical manner broad, in-depth and detailed profession-related and/or scientific information on a limited range of basic theories, principles and concepts of and related to a profession and/or domain of knowledge, as well as limited information on important current problems, issues and specialities related to the profession and/or domain of knowledge, and expresses this information.	Bachelor of Nursing Reflective EBP Professional Quality Promoter	
Communication skills	Communicates purposefully on the basis of conventions applicable in the context and the professional practice with peers, colleagues, specialists, non-specialists, managers and/or relevant third parties in the scientific and/or professional community.	Communicator Cooperation Partner	Social-communicative skills

NLQF level 6	Description	CanMEDS roles	HBO core qualifications
Responsibility and independence	Adapts communication to the purpose and target group.	Communicator Cooperation Partner	
	Cooperates in unfamiliar changing living and/or work environments, including internationally with peers, colleagues, specialists, non-specialists, supervisors and relevant third parties.	Cooperation Partner Reflective EBP Professional	Multidisciplinary integration Basic qualification for management positions
	Bears responsibility for results of personal activities, work and/or study and for the result of the work of others.	Cooperation Partner Reflective EBP Professional Leader	Transfer and broad employability Broad professionalisation
	Bears shared responsibility for the management of unpredictable processes and the professional development of individuals and groups.	Cooperation Partner Reflective EBP Professional Leader	Awareness of social responsibility
	Gathers and interprets relevant data with the aim of forming an opinion based partly on weighing relevant social, professional, scientific or ethical aspects.	Reflective EBP Professional Leader	

