

Original Article

Specialist Nurses' Role Domains and Competencies in Specialised Medical Healthcare: A Qualitative Descriptive Study

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Abstract

Background: Specialist nurse roles have existed in many countries for decades. What is meant by specialist nurse and what competencies they have is, however, unclear.

Aim: To describe specialist nurses' role, domains of practice and competencies in specialist medical healthcare.

Methods: A descriptive qualitative study was conducted in November 2015. Data collection methods included individual nurse manager interviews and analysis of specialist nurses' work description sheets. Qualitative data was analysed using qualitative content analysis method and descriptive statistics were used to describe quantitative data. Standards for Reporting Qualitative Research -checklist was used to ensure the quality of reporting the results.

Results: Specialist nurses constitute ten percent of the nursing workforce of the organisation in the study. They have advanced knowledge and skills and additional education beyond to that of a registered nurse. Their domains of practice include expert speciality nursing, staff and patient education, consultation with multidisciplinary teams, developing nursing practice and interdisciplinary teamwork. Several competencies enable specialist nurses to master the domains of their role.

Conclusion: This study clarifies and describes specialist nurses' role, practice domains and core competencies in specialist medical healthcare. The role definition provided may contribute towards new conceptualisations of specialist nursing practice and differentiation of the role from generalist and advanced nursing roles.

Keywords: Nurses, Nursing, Specialist Nurse's Role, Specialities, Qualitative Research

Introduction

Interest continues to grow in specialist nursing roles as a means of adapting to changing contexts and needs in healthcare (Dury et al., 2014; OECD, 2016; Casey et al., 2017; Maier, Aiken, & Busse, 2017). As nurses are increasingly working in variable levels of expertise and depths of knowledge, their practice is becoming more and more diverse (Fealy et al., 2018). Through this diversity, there is considerable variation among nursing roles between and even within countries (Dury et al., 2014; O'Connor et al., 2018). The International Council of Nurses (ICN) defines a specialist nurse (SN) as "a nurse prepared beyond the level of a nurse generalist and authorised to practice with advanced

expertise in a nursing field. Specialist practice includes clinical, teaching, administration, research and consultant roles". (Styles & Affara, 1998; Affara, 2009) The authority to practise as a registered nurse (RN) is an essential requirement for specialty practice (Affara, 2009; EFN, 2016). Furthermore, many (sub-) specialisations exist, hence roles are often not clear-cut and practice areas may vary and have of multiple foci (Maier et al., 2017). Despite attempts to clarify SN and the more recent advanced practice nursing roles, inconsistencies persist around nursing specialisations and the interchangeability of various roles (Dury et al., 2014; O'Connor et al., 2018). Therefore, there is a need to continue the work to harmonise the agreement on role differentiation of various

nursing roles within international healthcare systems.

Background

Specialties in nursing have existed since the early 1900s (Hanson & Hamric, 2003). Within Europe, the SN roles have deep roots with specialty practice patterns (Fagerström & Glasberg, 2011; Dury et al., 2014; Jokiniemi, 2014). As SN roles are increasing in popularity, there is vast and steady flow of literature within Europe on various specialty nursing roles such as diabetes, oncology, bariatrics, rheumatology, and hepatology inter alia (Abraham, 2014; Boström, 2014; Farrell, 2011; Morris, 2014; Dorman, 2018). Nevertheless, there is little research investigating the SN scope of practice and core competencies contributing to the conceptualisation of the role. Although the SN concept is used in Europe, it is noted that these roles remain unclear and require further clarification and differentiation between nursing and advanced practice nursing roles. In 2013, Dury and her colleagues explored the SN role in their descriptive European cross-sectional study.

Their findings highlighted a lack of understanding and inconsistencies in SN roles across different countries in Europe, with variation in scope of practice, length of education, certification, regulation and as well as of titles used. (Dury et al., 2014) The array of titles used to discuss various nursing roles is an issue in several countries (Dury et al., 2014; Leary et al. 2017;). While the RN may be a protected title, the SN is rarely so, (Kotila et al., 2016; Leary et al., 2017). Furthermore, to add to this confusion, the title SN may be used interchangeably with *clinical nurse specialist* (CNS) with no clear distinction between these two roles.

Within Europe, there are guidelines for RN education, and despite some variation, the requirements for nursing education are generally consistent in European Union countries (Directive 2013/55/EU, 2013). Furthermore, RNs have the opportunity to obtain additional training enabling them to work at specialist level, however, there is lack of information on the requirements of SN programs (Dury et al. 2014).

Through the SN programmes, SNs should be able to attain advanced competencies that build on the competencies of an RN, ensuring the development of safe and effective nursing

practice, and understandings of the role among key stakeholders (Sastre-Fullana et al., 2014). The literature on SN competencies is, however, scarce. The ICN has published an SN competency framework, which differentiates RN and SN competencies. Ninety-four SN competency descriptions in the areas of professional, ethical, and legal practice, care provision and management, as well as professional, personal and quality development are outlined in this framework (Affara, 2009). In addition, since the time of the present study, the European Federation of Nurses (EFN) have also developed an “EU Nursing Workforce Matrix 3+1” to be used at EU level. The Matrix includes information on education, qualifications and competences for general care nurse, specialist nurse and advanced nurse practitioner.

The SN definition is in line with the ICN definition and eight specific SN competencies are outlined. (EFN, 2016) How these two sets of competencies are utilised by different organisations or countries or align with actual SN roles is not reported in the literature according to the best of our knowledge. The inconsistencies in SN roles and lack of research on SN competencies highlight a need to examine these roles and their distinct features among other nursing roles to ensure their optimal utilisation within healthcare organisations.

In this study, we clarify and describe the SNs’ role, domains and competencies in specialist medical healthcare in Finland. Within the target organisation, close to 3000 nurses were employed at the time of the study in 2015, with nurse to doctor ratio of 4.1. To ensure the excellence of nursing and foster nurses career development in the target organisation, an initial career path from registered nurse to advanced practice nurse was introduced in 2010.

A specialist nurse was defined as a second career step after RN, with additional training and responsibilities beyond nursing at general level. Despite the developed career path, the development of SN roles was inconsistent between various departments within the organisation and there was a need to improve awareness and recognition of the role as well as cohesiveness of these roles. An article describing part of the results has been published in Finnish in 2018.

In this article, we report previously unpublished data of this study with the permission of *the*

Journal of Nursing Science (Finnish nursing science journal).

Aims

The aim of this qualitative descriptive study was to clarify and describe SNs' role, domains of practice and core competencies in specialist medical healthcare. The specific objectives were to:

- Identify and describe the number and characteristics of nurses who work in roles equivalent to SN roles
- Describe SN domains of practice and core competencies based on nurse managers' views and role description sheets

Methods

Design

Descriptive qualitative study was employed (Sandelowski, 2000). Semi-structured individual interviews were conducted in 2015 with one Finnish University hospital's nurse managers (n=9). In addition, nurse managers were requested to tabulate information on SN titles, education, work areas and responsibilities within the nurse manager's area of responsibility.

Participants

To provide a comprehensive examination of the SN roles, we used purposive sampling to recruit as many nurse managers as possible from the targeted organisation (Panacek & Thompson, 2007). Participants had to be a head nurse of a departments with at least one SN position. The chief of nursing assisted in the recruitment of the prospective participants. The participants were invited to participate through e-mail invitation. In addition, they were informed of the study in their monthly nurse manager meetings.

A total of ten nurse managers were purposefully identified and invited to participate. Nine nurse managers participated in the semi-structured interviews. Both female and male participants were managers of nine different departments in the target organisation. All managers had more than one SN working in their department.

Data collection

Data was collected through semi-structured individual interviews (n=9) in November 2015. The interviews were tape-recorded with the interviewees' consent. An interview guide, developed for this study, was used. The themes

of the interview included characteristics of the SNs, role domains of the SNs, and benefits and challenges of the roles.

The first two themes are reported in this paper. Furthermore, nurse managers produced a list of all nurses working in SN type or roles and provided information on their titles, education, work areas and responsibilities. The work sheets included information on 254 SN positions and one SN position which was vacant, and constituted data for analysis for this study.

Data analysis

The interview data was independently analysed by two researchers using qualitative content analysis (Graneheim & Lundman, 2004). The texts were read through several times, meaningful units of text were recognised inductively and coded and organised into sub-categories and categories. The categories were named and compared to the raw data to confirm consistency.

The analyses of the two researchers were compared and any discrepancies were resolved through discussion. Furthermore, the analysis was presented to the nurse managers in their monthly meetings for discussion to allow them to comment on the analysis and confirm the accuracy of the results. The SN work description sheets were analysed using qualitative content analysis and descriptive statistics were used to describe numeric information.

Ethical considerations

Principles of good practice with regard to ethics were followed during the study. The study was carried out in accordance with Code of Ethics of the World Medical Association Declaration of Helsinki (2013). The study was performed in compliance with relevant laws and institutional guidelines. Permission was obtained from the study organisation (Chief of personnel permission 30.10.2015).

According to local regulations, no ethical statement was required for this kind of study, as the study did not involve patients, the topic was not sensitive and participation was voluntary (MRA 488/1999). Participants were informed of the study and consent to participate was obtained. Participants had the option of withdrawing from the study at any stage. All data were anonymised, and pseudonyms were used when discussing the findings.

Results

Characteristics of the specialist nurses within the study organisation

Two-hundred-and-fifty-five nurses were recognised by the nurse managers to be working in a SN type position. This represents close to 10% of the total nursing workforce in the target organisation. SNs worked in 31 specialties and their titles varied according to patient population (i.e. urology therapist, diabetes nurse), work area (i.e. wound care nurse, sex therapist), or position (i.e. midwife, physiotherapist). Despite of additional responsibility, over 50% were working in a staff nurse position and only 9% (n=22) were in a position with the title of 'specialist nurse'. Over half of the SNs (56%) had 30 to 60 ECTS of additional training in their area of expertise. Only 7% of the nurses recognised to be working in a SN type of position had no additional education (Table 1).

Specialist nurses' domains of practice and competencies

The analysis of SN work description sheets revealed five domains of practice occupied by SNs:

expert specialty nursing,
staff and patient education,
consultation with multidisciplinary team,
developing nursing practice and

interdisciplinary teamwork (Figure 1).

The weighing of the SN role domains varied according to the nature of the unit and individual nurse's education and skills. SN competence was noted by nurse managers to stem from prior nursing experience and education, strong knowledge of the fundamentals of nursing, and expertise in the specialty area of nursing. Recognised SN competencies aligned with role domains and enabled SNs to act in the role domains. Six themes of SN competencies included:

clinical nursing,
counselling,
encountering people,
self-consciousness,
knowledge on how to learn, and
networking (Figure 1).

Within the domain of *expert specialty nursing*, SNs utilised a holistic approach while taking care of their patients within the specialty area. They attended to advanced clinical duties, such as stem cell collection, acute pain management, co-ordination of CPR teams and psychotherapy. In addition, over half of the SNs held independent nurse receptions, where patient care, rehabilitation and follow-up care were planned and conducted by the SN. Furthermore, SNs were involved in admitting and discharging patients to and from the hospital.

Table 1: Specialist nurse characteristics within the organisation

CHARACTERISTIC	n (%)
Number of specialist nurse type of position recognised	255
Gender	
Female	227 (89)
Title	
Staff nurse	140 (54.9)
Staff nurse with add-on such as diabetes nurse	16 (6.3)
Nurse Specialists	22 (8.6)
Other (i.e. physiotherapist, occupational therapist, nurse midwife)	77 (30.2)
Education	
No additional education	17 (6.7)
Workplace education	37 (14.5)
From 7 to 20 ECTS*	22 (8.6)
From 30-60 (or above) ECTS*	142 (55.7)
No information on education	37 (14.5)

ECTS= European Credit Transfer System *Education obtained from the University of Applied Sciences.

SNs conducted *staff and patient education* within their own units and across the organisation. Patient education was patient-orientated, and included, for example, informing patients of their diagnosis and teaching them how to inject medication. Staff education was offered within SN own organisation as well as locally and nationally. Staff guidance and education on specialty nursing issues can be seen in informal as well as formal education offered by SN themselves and/or in collaboration with educational institutions.

The domain of *consulting with multidisciplinary teams*, involved the SN consulting with staff and other multidisciplinary team members in various matters related to patient care in specialty practice areas. Consultation was also given to procurement officers as SNs were in some cases responsible for trying out and selecting various nursing equipment and products such as pharmaceutical dressings. SNs had significant role in *developing nursing practice*. They advanced knowledge on clinical nursing, ability to utilise and facilitate evidence-informed practice, and educate staff supported the organisation's quality assurance and nursing development activities.

Moreover, SNs were involved in drawing and updating organisational guidelines as well as arranging nursing and multidisciplinary meetings to discuss patient care and its development. SN networks enabled effective knowledge translation about the results of the development activities within and across organisations.

Finally, within the *interdisciplinary teamwork* domain, the SNs worked in a specialty specific interdisciplinary teams to plan and conduct patient care. SNs acted as experts within their organisation and participated in national as well as international specialty organisations and councils. SN interaction and collaboration skills were the foundation of effective multidisciplinary teamwork.

Specialist Nurses' domains of practice

Specialist Nurses' competencies

Clinical nursing competencies ensured SN advanced activities in a specific area of practice. Clinical nursing competencies included a solid foundation of RN skills as well as specialist knowledge and expertise to assess care needs and recognise and care for diseases in a specialty area

of practice. Furthermore, SNs had a vast knowledge of population characteristics and their health needs, which they could utilise in their own receptions.

Competencies related to *counselling and encountering people* equipped SNs to attend to formal as well as informal staff and patient education and consultation as well as to deliver expert specialty care. SNs had teaching skills which were further supported by their ability to adapt teaching according to individual needs. Skills to encounter diverse groups of people helped them to master several domains of their practice effectively.

Self-consciousness among SN enabled them to organise long-term systematic planning of their practice. SNs were conscious and critical of their own work and were constantly seeking ways to improve themselves and their practice as well as the unit they worked at. This self-conscious approach was further supported by SN *knowledge on how to learn*. In addition to their previous knowledge base, they were actively seeking new evidence-based knowledge and educating themselves within the area of their specialist practice.

The SN competencies in *networking* were noticeable in the facilitation of high-standard patient care and teamworking. Collaboration skills and collegiality supported the fulfilment of the role in several domains of their practice.

Specialist nurses' role definition

Based on this study it may be articulated that a *Specialist Nurse is a registered nurse who has attained work experience and post-Baccalaureate training preparing her/him to take on additional responsibility beyond to that of a nurse generalist. SN work domains include expert specialty nursing, staff and patient education, consultation with multidisciplinary teams, practice development and interdisciplinary teamwork. The weighing of role domains may vary yet is supported with embedded competencies in the area of clinical nursing, counselling, encountering people, self-consciousness, knowledge on how to learn, and networking. Competencies support specialist nurses in their domain activities and facilitate the improvement of patient care, teamworking, practice development and specialist nurses themselves highlight the significance of this role to the employing organisation.*



Figure 1: Specialist nurse's domains of practice and underlying competencies

Discussion

The aim of this qualitative descriptive study was to clarify and describe SNs' role, domains of practice and core competencies in specialist medical healthcare. According to the study, SNs are well equipped to attend to expert specialty nursing practice being an important organisational asset. The study enabled a formulation of a SN definition which is consistent with the ICN definition for SN (Styles & Affara, 1998; Affara, 2009). However, while clinical nursing, education and consultation were recognized by our study as well as the ICN, research and administration domains were not seen as a particular part of SN role according to our study. Instead, developing nursing practice

and interdisciplinary teamwork were recognised as significant practice areas. It is notable that the SN practice, as outlined by the ICN, aligns closely with commonly recognised clinical nurse specialist (CNS) practice (see i.e. Jokiniemi, 2014; Mohr & Coke, 2018) and may therefore contribute to confusion and overlap of these two distinct roles. It is imperative to differentiate between these two roles and clearly describe the specific role being discussed to facilitate coherence of our communication and mutual discern or these roles.

The harmonisation of titles has been seen as an important inhibiting factor in the proliferation of titles and means to introduce role clarity and safety (Leary et al., 2017). The titles of various

nursing roles for a base for our communication. However, role titles have been a major challenge when examining specialist and advanced nursing roles (Dury et al., 2014; Leary et al., 2017; Maier et al., 2017;). Our findings support the notion that the SN title should be used for nurses with additional skills and education beyond to that of a RN (Affara, 2009). In addition to title confusion, underrecognition may cause the lack of optimal utilisation of SN resources. Within the target organisation 255 nurses were recognised as working in SN-type positions, however only 9% of these practitioners were given the title of SN. This kind of underrecognition of these roles within the organisations should be taken into consideration when contemplating policy development for specialist and advanced practice nursing roles.

Since this study took place in 2015, the Finnish Nurses Association has developed a policy from RN to advanced practice nurse in 2016 (Kotila et al., 2016). With this policy, a career pathway from registered to advanced practice nurse was formulated including three competence levels: RN, SN, and advanced practice nurse. Furthermore, the EFN has also taken forward the delineation of various nursing roles by introducing a nursing workforce matrix (EFN, 2016). According to these two documents, the expertise of a SN can be seen as based on the integration of theoretical knowledge and work experience in a particular field which supports the understanding of the operating unit, patient education, developmental approach to work and keeping up to date with own field as well as disseminating knowledge to others (EFN, 2016; Kotila et al., 2016). This synthesised SN definition fits with our study, supporting the practice applicability of these definitions.

To cultivate specialist and advanced practice nursing roles, a move towards an universal model has been suggested (Lewandowski & Adamle, 2009; Jokiniemi et al, 2012; O'Connor et al., 2018). To inform the integration of models for specialist or advanced practice, organisations need to begin with a deep understanding of patient needs, and then train and recruit the workforce to meet those needs (Imison et al. 2016). Utilising nurses' full scope and expertise is important (OECD, 2016) yet enabling nurses to practise their full range of education and expertise is a challenge in a number of ways (Fealy et al., 2018). Some of these challenges were recognised in the present study (see also

Jokiniemi et al. 2018). The demanding nature of the specialist nursing role, a lack of visibility, a lack of continuous learning opportunities, and inconsistent role descriptions are only a few of the barriers affecting SN role implementation. The present study may answer some of the challenges recognised and contribute towards a clearer conceptualisation of SN practice, and recognition of the full scope of SN practice and support mechanisms needed to help these practitioners to flourish. In the future, it is imperative to continue to differentiate various levels of nursing practice in an attempt to raise awareness and a cohesive understanding of these roles.

Limitations

The results relate to SN roles in one major university hospital in Finland, therefore causing issues in the generalisability of the results outside the study organisation. In the future, it is important to gather information across organisations and countries to validate the findings in other contexts and countries. Furthermore, more research is needed to specify and validate the SN core competencies further. The data analysis was conducted by two researchers and discussed with the study participants to confirm the accuracy of the results. However, no data was gathered from the SN themselves. This would have broadened the understanding of the SN roles and increased the validity of the findings.

Conclusion

Despite attempts to clarify SN roles, inconsistencies persist around what is meant by SN and what activities and competencies they employ. The SN definition and core competency descriptions need to be distinct from other nursing roles, yet need to give enough guidance for role integration and evaluation within the specialty practice.

The SN competencies and definition provided may contribute towards new conceptualisations of SN practice and its differentiation from generalist and advanced nursing roles. Furthermore, this paper initiates discussion to examine the lack of clarity and confusion around the specialist and advanced nursing roles in an attempt to differentiate various levels of nursing practice and raise common understandings. These efforts will contribute to the effective use of nursing resources and form a basis for

cohesiveness of communication and future role development and evaluations.

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