

Specialization in Nursing from the Perspective of Academician, Clinician and Student Nurses: A Qualitative Research

Akademisyen, Klinisyen ve Öğrenci Hemşirelerin Gözünden Hemşirelikte Uzmanlaşma: Nitel Bir Araştırma

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ABSTRACT

Objective: The health care needs in the community make the specialization in nursing more crucial. The aim of this study is to examine the views of academicians, clinicians and student nurses towards specialization in nursing.

Methods: This qualitative type of study was conducted in the case study design. The study was carried out between October and November, 2021, with 21 participants selected by the maximum diversity sampling technique. The semi-structured interview technique was used and the expressions were recorded. The theme and subtheme were determined by the content analysis. The Standards for Reporting Qualitative Research (COREQ) was used to report this research.

Results: Three main themes and six sub-themes were determined. The main themes were quality of care, obstacles and constructive ideas. The sub-themes were clinical knowledge and skills, scientific attitude, education system, institutional factors, change in policies and dignity.

Conclusion: The participants have faith in the fact that specialization in nursing would increase the quality of health care and nursing. They believed that the health care system and working conditions prevent specialization. They emphasize the need to develop policies for the betterment of specialization.

Keywords: Education, Nursing, Specialization, Qualitative study

ÖZ

Amaç: Toplumdaki sağlık bakım gereksinimleri, hemşirelikte uzmanlaşmayı daha önemli hale getirmektedir. Bu çalışmanın amacı akademisyenlerin, klinisyenlerin ve öğrenci hemşirelerin hemşirelikte uzmanlaşmaya yönelik görüşlerini incelemektir.

Yöntemler: Bu nitel araştırma türü durum çalışması desende yürütülmüştür. Çalışma, maksimum çeşitlilik örnekleme tekniği ile seçilen 21 katılımcı ile Ekim-Kasım 2021 tarihleri arasında gerçekleştirilmiştir. Yarı yapılandırılmış görüşme tekniği kullanılmış ve ifadeler kayıt altına alınmıştır. Tema ve alt temalar içerik analizi ile belirlenmiştir. Bu araştırmayı raporlamak için Kalitatif Araştırma Raporlama Standartları (COREQ) kullanılmıştır.

Bulgular: Üç ana tema ve altı alt tema belirlenmiştir. Ana temalar bakımın kalitesi, engeller ve yapıcı fikirler idi. Alt temalar; klinik bilgi ve beceriler, bilimsel tutum, eğitim sistemi, kurumsal faktörler, politikalarda değişim ve itibar olarak sıralanmaktadır.

Sonuç: Araştırmada katılımcıların çoğunun hemşirelikte uzmanlaşmanın sağlık hizmeti ve hemşirelik bakımının kalitesini artıracaklarını düşündüğü; fakat sistemin ve koşulların uzmanlaşmaya engel olduğuna inandığı belirlenmiştir. Katılımcılar uzmanlaşmanın geliştirilmesi için politika üretilmesi gerektiğini vurgulamaktadır.

Anahtar Kelimeler: Education, Nursing, Specialization, Qualitative study

INTRODUCTION

Specialization is a stage of professional and academic development and creates opportunities to improve the quality of nursing services and the nursing profession.¹⁻³ The concept of specialization in nursing was defined specialization as “a delimited or concentrated area of expert clinical practice with focused knowledge and competencies”.⁴

Sociocultural factors such as population growth, newly developing or increasingly effective infectious diseases, chronic diseases, wars and conflicts, and migration occurring across the world lead to alterations and diversity in the healthcare needs of the individual and society. Concordantly, the demand for professional nursing services of individuals and society is increasing all over the World.^{5,6} For nurses to respond to this need, they need to be knowledgeable and equipped on issues such as critical thinking, being a qualified reader, evidence-based practice, and scientific research process; In addition, nursing interventions should be based on scientific knowledge.⁷⁻⁹ Reports implicate that the optimal way for applications to be based on scientific knowledge and evidence is through qualified education and specialization.⁴

Various studies have been carried out on the attitude towards specialization in nursing across the world. According to a study conducted in Ethiopia, nurses had a negative attitude towards specialization. The reasons for this are; salary dissatisfaction, lack of encouragement, inadequacy of in-service training, workload, lack of respect for health workers, insecurity, managers' lack of focus on specialization, lack of job definition, and lack of vision.¹⁰ In a study examining the opinions of academicians, clinicians, and student nurses on the future of nursing in Singapore, filling the gap between theory and practice, changing the curriculum, and the lack of nurses were emphasized as crucial issues.¹¹ In a qualitative study conducted in England, student nurses explained specialization with a dilemma between a specialist nurse and a caregiver; Also, they mainly described specialization with negative expressions such as vulnerability, symbolic representation, and discontent.¹² As to a study based in Turkey, 79.3% of nursing students wanted to specialize.¹³ However, the expression of specialist nurse is not included in the nursing legislation in Turkey.¹⁴ Studies have shown that nurses who completed their postgraduate education could not receive the title of specialist even though they had a postgraduate degree.^{15,16}

AIM

This study aims to examine the views of the students

working as academicians or studying in the nursing department and the nurse clinicians working in a hospital towards specialization in nursing.

METHODS

Study design

This research was conducted with the case study design, which is a design of qualitative research method. A case study is conducted to identify and analyse a situation.¹⁷⁻¹⁹ In this study, the views of academicians, clinicians and student nurses on specialisation were examined. This design was preferred in order to examine the views of academicians, clinicians and student nurses on specialisation in detail and in depth. Consolidated criteria for reporting qualitative research (COREQ) checklist was followed as the reporting guideline for qualitative study.²⁰

Participants

The research was conducted on 21 people consisting of academicians, clinicians and student nurses. Purposive sampling, which is one of the qualitative research sampling types, helps the researcher to access important sources related to the event or subject to be investigated. It allows in-depth examination of the phenomenon to be investigated.²¹ Among the purposeful sampling types, sampling with maximum diversity was used. In order to ensure maximum data diversity; academicians with different professional experience and different majors, clinicians working in different departments and having different clinical experience, and students in different classes were preferred.

Data Collection Tools

An interview is a verbal dialogue with people to understand what and why they think about a topic. Interview is defined as an interactive educational process based on asking and answering questions for a predetermined purpose. The main purpose of the interview is to reveal the feelings, thoughts and beliefs of the communicated individual about the subject under investigation.^{18,22,23} Therefore, in the present study, semi-structured interview was used as a data collection tool.^{23,24} In the process of creating the interview form, firstly, an extensive literature review on the subject should be conducted and expert opinions should be used to determine whether the prepared questions fit the objectives of the study.²⁵ Pilot applications should be conducted on the draft of the interview form before the actual application. Because pre-test or pilot applications will provide a great advantage in eliminating the flaws in the interview form questions.²⁶ In the process of preparing the semi-structured interview form, the researcher firstly conducted a literature review on the subject and a semi-

structured interview form consisting of five questions was prepared by utilising the data obtained from the literature.²⁷⁻²⁹ After the interview form was created, the opinions of two experts with experience in the field of nursing (one in the field of nursing and the other two academicians with experience in qualitative research) were obtained. In line with the data obtained from the expert opinions, the interview form was re-examined by the researcher in terms of clarity, appropriateness and adequacy of the questions and necessary corrections were made. After the expert opinion, a pilot study was conducted with 3 participants and the interview questions were revised. These interviews were not included in the study. No changes were made after the pilot application. The interview questions are given below:

Semi-structured Interview Form:

1. What do you think about specialization in nursing?
2. How do you think specialization in nursing affects the nursing profession and nursing care?
3. What factors do you think prevent specialization in nursing?
4. What are your solution suggestions for improving specialization in nursing?
5. If there is something that I did not mention and you want to add, please share it.

Data Collection

Academicians, clinicians and student nurses were informed about the interview topic in advance and then the interviews were conducted. All interviews were conducted by the first author, a female research assistant. Data were collected through semi-structured interviews using data collection forms between October 26 and November 30, 2021. Nurse academicians who agreed to participate in the study were called in advance and appointments were made and interviews were conducted in their offices. Clinician nurses were interviewed during their breaks outside the hospital. Finally, student nurses were interviewed in the office of the researcher who conducted the interviews. Interview questions were asked to each participant in the same order. Interviews were recorded with a voice recorder after the participant was informed and permission was obtained, and observation notes were kept during the interviews. All interviews were conducted face-to-face. When the data reached saturation and repeated data were obtained, the data collection process was terminated. The interviews lasted an average of 25 minutes.

Data Analysis

Demographic data were analysed using descriptive statistics. Content analysis was performed on the transcribed data obtained from the interviews.³⁰ The aim of the analysis was to understand the meaning that the

participants attributed to their experiences rather than measuring the frequency of sub-themes. Therefore, themes and sub-themes were derived.³¹ Each interview was transcribed and read and re-read by two independent researchers (the first author who conducted the interviews and the third author with qualitative research experience). This was followed by listening to the audio recordings, reading the transcripts repeatedly and generating sub-themes. As data collection and analysis continued, new meanings were identified and similarities and differences were compared. An inductive approach was followed.

Themes were reviewed to understand how they fit the whole and the purpose of the study. The final themes and sub-themes were named and described in detail, supported by direct quotes from participants.³¹ Thus, the stories were placed in a stronger context.

In addition, under the sub-themes assigned to each theme, direct quotations of the participants' views on the subject were presented.

Credibility, Trustworthiness and Transferability of Qualitative Data

In this study, credibility was ensured through a detailed interview, support with quotations, and expert opinion. The interviews were held in an environment where the participants would feel comfortable, in other words, in an atmosphere of mutual trust. The participants were given sufficient time to explain their views, and at the end of the interview, they were asked if they had anything else to add. The theme and sub-themes were supported by participants' statements. Factors that would cause any conflict of interest between the participants and the interviewer were eliminated. There is no conflict of interest between the students participating in the study and the researchers, and there is no course or exam assessed by the researcher conducting the interview. After the interviews were completed, opinions on the themes and sub-themes were obtained from two experts who were outside the research team and had qualitative research experience. More than one researcher was involved in the collection, analysis, and interpretation of the data to ensure the trustworthiness feature of the study. The fact that the results obtained from the interviews can be transferred to academicians, clinicians, and student nurses in other parts of the world shows the transferability feature of the study because the participants were created with the maximum diversity method and the credibility and trustworthiness aspects of the study were sufficient.

Reflexivity

The background and location of the researchers may affect the study subject, study perspective, methods found most

suitable for the aim of the study, and the qualitative research results.³² All researchers in this study take an active role in theoretical and applied nursing education. One of the researchers (Assist. Prof.) has experience in qualitative research methods, while the other one (Prof.) has been working as an instructor at both undergraduate and graduate levels for many years. The researcher (first author) who conducted the interviews (Res. Assist.) has both experiences working in the hospital where clinician nurses work and still works as an academician at the school where the interview was conducted. The same researcher completed his undergraduate education at the same school a few years ago and is continuing his graduate education there. In this respect, since he shared the same experiences with all the participants in the study at different times, he can understand them and look from their perspective. All these properties constitute the reflexivity feature of the study.

Ethical Aspect of the Study

To be able to make the study happen, institutional permissions were obtained from the hospital and faculty, and permission from the Non-Invasive Clinical Research Ethics Committee of the Faculty of Medicine of Kırşehir Ahi Evran University (Decision no: 2021-14/158 Date: 07.09.2021). After explaining the subject and aim of the study to the participants, their verbal consent was obtained. Their names have been kept confidential, and all participants have been given sequence numbers.

RESULTS

The ages of the nurses ranged from 21 to 48, with fourteen women and seven men. Three main themes and nine sub-themes formed as a result of the analysis of the qualitative data obtained from the interviews are shown in Figure 1 (Figure 1).

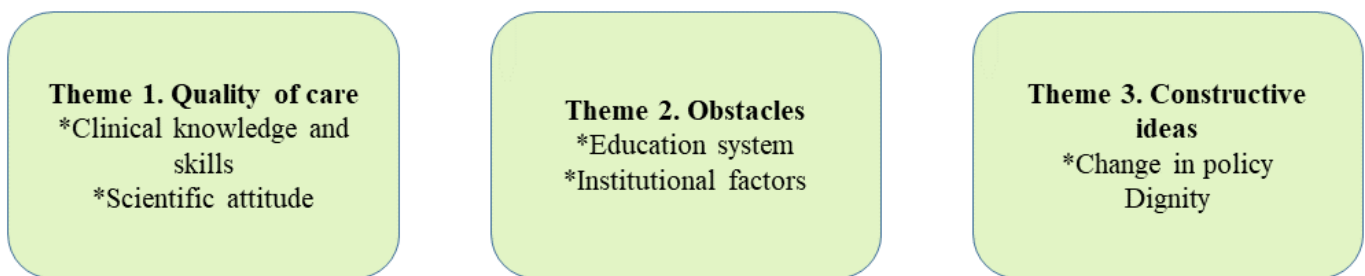


Figure 1. Main themes and sub-themes emerging from the interviews.

Theme 1. Quality of care

The participants emphasized that specialization would bring qualifications to the nurse. The statements of the participants under this theme were grouped under two sub-themes: (a) clinical knowledge and skills, (b) scientific attitude.

a. Clinical knowledge and skills

Most participants (16 participants) reported that specialization would provide nurses with knowledge, power and self-confidence. The statements of some participants regarding this issue are as follows:

"Specialization is knowing more about any subject." (P10, Female, Clinician)

"If there is a specialist nurse in the service, other nurses can consult the specialist nurse on the issues they are struggling with." (P3, Female, Student)

"... specialist nurses do research, make better observations,

and then find solutions to problems. They lead other nurses." (P13, Female, Academician)

"Specialization will improve our self-confidence and image in society." (Participant 1, Male, Clinician)

Almost all participants (18 participants) reported that specialization would improve nurses' clinical skills. The statements of some participants regarding this issue are as follows:

"Specialist nurses are better equipped, able to apply what they know theoretically more easily, and use their theoretical knowledge more in short they are clinically more effective and competent." (Participant 1, Male, Clinician)

"They can make ethical and correct decisions. I think a specialist nurse is a nurse who can maintain theory and practice together." (Participant 14, Female, Student)

Some participants (5 participants) reported that specialization would improve the quality of patient care.

The statements of some participants regarding this issue are as follows:

"Patients can receive more information and better care from the specialist nurse. That's why I think it has many advantages for the patient." (Participant 16, Female, Academician)

"Our approach to the patient and our knowledge and skills will be better." (Participant 12, Male, Clinician)

b. Scientific Attitude

Some participants (6 participants) stated that specialization would give nurses a scientific attitude. The statements of some participants regarding this are as follows:

"Specialization...in fact brings evidence-based problem solving rather than trial and error." (Participant 13, Female, Academician)

"...specialized nurses do research. When they read an article, they have a wealth of knowledge. Maybe that information will work for their patients." (Participant 20, Female, Student)

"For example, writing a thesis gives people a different scientific perspective. This thesis makes a difference in the nurse's approach to the disease or the care it provides." (Participant 4, Female, Academician)

Theme 2. Obstacles

Some of the statements of the participants about the obstacles to specialization were gathered under the theme of obstacles. The statements of the participants were grouped under two sub-themes: (a) education system, (b) institutional factors.

a. Education System

Most participants (12 participants) stated that some factors about education and the examination system are the most important obstacles to specialization. According to participants, the exams that must be passed to start postgraduate education as one of the obstacles to specialization for not measuring nursing knowledge and skills. The statement of one of the participants regarding this is as follows:

"... I wish they would ask more relevant questions about work experience." (Participant 17, Female, Clinician)

One of the participants indicated the content of graduate education as one of the obstacles to specialization for being designed only to train academicians.:

"Specialist nurses are unhappy when they cannot join the academy after graduation... Why? Because postgraduate education schools the clinician to become an academician." (Participant 13, Female, Academician)

b. Institutional Factors

Most participants (16 participants) stated the institutional factors as obstacles to specialization. These factors are

listed as working conditions, lack of the rewarding system and inadequate financial support.

Some conditions such as intense and tiring working conditions and being unable to get permission from the institution for postgraduate education can be an obstacle to specialization. The statements of some participants regarding this are as follows:

"There are many reasons for not specializing; Due to workload and lack of time, individuals cannot motivate themselves in this regard." (Participant 7, Female, Academician)

"There may be a shortage of staff. We have a real shortage problem in the field, so we, as nurses, come to 11-12-13 shifts per month. Time is not enough." (Participant 12, Male, Clinician)

"...individual's reluctance, professional fatigue, intensity of working conditions... Besides, the institution needs to support... They can grind you by saying 'What will you do after you graduate?'" (Participant 4, Female, Academician)

"...administrative pressures ... A nurse wants to be a graduate student, but they are trying to prevent it because they do not want them to study." (Participant 19, Male, Academician)

"...why do we have to rant at people to arrange our night shifts?" (Participant 11, Female, Clinician)

Most participants (13 participants) stated the lack of recognition and reward opportunities such as promotion and salary increase as one of the obstacles to specialization. The statements of some participants regarding this issue are as follows:

"I graduated with my master's degree, but my title is still registered as a nurse. I think that there is not enough staff in specialist nursing." (Participant 17, Female, Clinician)

"Specialist cadres should be opened within the Ministry. ... Specialist nurses are given very little space in hospitals." (Participant 2, Female, Academician)

"...it is not preferred because of the thought that 'I will spend effort but it will not be useful'." (Participant 18, Female, Clinician)

"...here there is not much difference in salary between a regular nurse and a specialist nurse. ... And that makes you think 'Why did I study?'" (Participant 11, Female, Clinician)

Some participants (3 participants) stated lack of financial support as one of the obstacles to specialization. Some of their statements regarding this issue are as follows:

"Nurses' salaries are good, the working environment is good, you can be appointed easily, what is the need for specialization?" (Participant 6, Male, Student)

"Our families advise us to 'become a civil servant, move on, build your life' and a life without such economic problems. ..." (Participant 15, Male, Student)

"Along with specialization, our participation in scientific

congresses and symposiums is also increasing. All of this comes at a cost, of course." (Participant 16, Female, Academician)

"I finished my master's but there was little difference in my salary. It never paid for my expense." (Participant 17, Female, Clinician)

Theme 3. Constructive ideas

The participants' put forward some insights and ideas to improve the specialization in nursing. Their insights and ideas are related to health and education policies. These were gathered under the theme of constructive ideas. Their statements regarding this issue were grouped under two sub-themes: (a) change in policy and (b) dignity.

a. Change in policy

Most participants (18 participants) suggested policy-making in education, the examination system, and health for developing specialization. The participants recommended academic-clinic collaboration, and to put into action nursing regulation. Some statements of the participants are as follows:

"So it should be like this: By law, nurses studying to specialize should have shorter working hours. They should be supported by laws and not be under the initiative of institutions." (Participant 11, Female, Clinician)

"...it is necessary to give them a good position in the hospital, maybe with the nursing regulation ..." (Participant 13, Female, Academician)

One of the participants emphasized the collaboration of academicians and clinicians to develop specialization in nursing and stated that the academician should also appear in the clinic:

"You can be a lecturer at the university and work at the hospital simultaneously. ... If you do not work in a clinical environment but give education at the university, you cannot provide a clinical benefit in the hospital environment but theoretical information. That's specialization." (Participant 1, Male, Clinician)

b. Dignity

Most participants (13 participants) reported that nurses should be encouraged to be promoted, and to have respect and reputation in the clinic during the specialization process. The statements of some participants regarding this are as follows:

"... let the nurse be the director of the clinic because she has a postgraduate education. This situation will both satisfy and empower nurses in graduate school." (Participant 13, Female, Academician)

"There should be moral rather than material incentives for specialization." (Participant 21, Male, Student)

DISCUSSION

Specialization in nursing is an important issue that has the potential to closely affect the quality of nursing care and health level indicators, and therefore health policies, which concern the nursing education system.

The participants interviewed within the study stated that specialization increases nursing knowledge, resulting in bringing power, self-confidence, and leadership qualities to the person. According to a study, specialist nurses were at a sufficient level regarding critical thinking, clinical care, leadership, interpersonal relations, education, and counseling skills.³³ In another study, politicians in Ireland noted that specialist nurses have the capacity to lead, particularly at a strategic level, and play a central role in improving the quality and continuity of care.²⁷ On the other hand, some reports implicate the knowledge and skills of nurses would improve with specialization.³⁴ According to a study covering South American countries, specialist nurses provide professional patient care, improve nursing practices, and also support the education of nurses and other health professionals by showing leadership characteristics.³⁵ Considering the results of studies evaluating the knowledge and skills of specialist nurses in the literature, it can be said that the ideas and opinions of the participants interviewed in this study about the contributions of specialization to the profession are consistent with the literature.

The participants in our study reported that through specialization, the clinical skills of the nurses can increase, the care can be carried out based on evidence, and the quality of nursing care can increase. In the study conducted by Atalan et al., it was also determined that the employment of specialist nurses in the emergency service shortens the waiting time in the emergency department and increases the number of patients whose treatment is completed.³⁶ When nurses learn about the scientific process, they carry out their care and practices based on evidence.³⁷ As per a study, the professional values of nurses who received postgraduate education were higher than those who did not³⁸, and the increase in the level of education positively contributed to the clinical decision-making and application skills³⁹ of nurses. Accordingly, it can be said that the predictions of the participants interviewed within the scope of the study about the contribution of specialization to nursing care are compatible with the literature.

In our study, the participants explained the barriers to specialization at a managerial level rather than individually.

The process of specialization in nursing is carried out differently in many countries, and various obstacles are encountered both in the education and employment processes.^{29,40} Although there are specialization programs in some universities in Europe, there is a lack of knowledge about the definition, purpose and training process of specialist nursing.^{34,41} Specialist nurses in Africa stated that they encountered obstacles in the employment process and that their wages were insufficient.²⁹ In a systematic review, specialist nurses remarked that there are various obstacles in the education process, such as examination, employment, management, working conditions and institutional factors.⁴⁰ In another study, the obstacles to specialization were explained as both individual and professional reasons; Also, it was reported that the nurse left duty and attended graduate education courses, which was wearisome.⁴² According to these results, it can be said that many factors such as managers' attitudes, working conditions, personal reasons may create obstacles to specialization in nursing, and the factors that prevent or slow down specialization should be addressed from a broad perspective.

The participants made some suggestions for the development of specialization in parallel with the obstacles. When the participants in our study were asked about their recommendations for specialization, they mentioned policy-making, decision-making, and providing incentives and support based on management. Similarly, in a qualitative study, it was emphasized that the role of specialist has both clinical and managerial responsibilities and that nurses with graduate education should have the title of a specialist nurse.⁴³ According to another study, the emergence of new specialties in nursing is inevitable with the developing science and technology; Therefore, the opportunities for specializing should be expanded, and relevant programs should be strengthened.²⁸ Additionally, in this study, the participants suggested a number of policies that provide promotion and employment opportunities for the development of specialization in nursing and increase the prestige of the nurse in the process of specialization.

In this study, the participants have faith in the fact that specialization in nursing would increase the quality of health care and nursing, and believe the health care system and working conditions prevent specialization. They emphasize the need to develop policies for the betterment of specialization. As per these results, it is recommended to raise awareness about specialization in nursing during undergraduate education and in-service training. Based on the results of this study, which provides preliminary information for the studies on this subject, designing

quantitative research on the subject is recommended. Besides, it is recommended to conduct randomized controlled studies evaluating the effect of nursing care provided by clinical nurse specialists. In addition, carrying out prospective studies with the cooperation of the academia and clinic and studies that allow the production of policies by nursing associations and non-governmental organizations for removing the barriers to specialization is recommended.

Etik Komite Onayı: Etik kurul onayı Kırşehir Ahi Evran Üniversitesi Yerel Etik Kurulu'ndan (Tarih: 30.10.2018, Sayı: 2018-11/194) alınmıştır.

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Hakem Değerlendirmesi: Dış bağımsız.

Yazar Katkıları: Fikir-GS, AÜ; Tasarım-GS, AÜ; Denetleme-AÜ, GDB; Kaynaklar-GS, AÜ; Veri Toplanması ve/veya İşlemesi-GS; Analiz ve/veya Yorum-GS, GDB; Literatür Taraması-GS, AÜ, GDB; Yazıyı Yazan-GS, AÜ, GDB; Eleştirel İnceleme-GS, AÜ, GDB.

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