

Specialist nurse in Europe: education, regulation and role

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Background: The concept of a ‘specialist nurse’ has existed for many years and related education programmes are proliferating. However, while literature clearly outlines the roles and practice of registered nurses and advanced practice nurses, those of specialist nurses remain unclear and nursing specializations across Europe need clarifying.

Aim: This pilot study aimed to explore the competencies, education requirements and regulation of specialist nurses in Europe.

Design: A descriptive cross-sectional survey.

Methods: An online questionnaire named ‘Specialist nurse and specialization in Europe’ was sent to 550 members of the European Federation of Nurse Educators and ten members of the European Specialist Nurses Organizations. Snowball sampling was then used to build a convenience sample of nurse educators, clinical nurses and specialist nurses, national nursing association members, and chief nursing officers from all European countries. Besides quantitative aspects, responses to open-ended questions were analysed using a qualitative content analysis process.

Results: A total of 77 experts from 29 European countries responded to the questionnaire. Findings highlighted variations in titles, levels and length of education, certification, regulation and scope of practice for specialized nurses in Europe. Analysis of the promoted competencies revealed dominant clinical and technical aspects of the role with a high level of knowledge.

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Conclusions: The study emphasized the need to improve standards for education, certification and regulation for specialist nurses. Interpretation of the role and competencies is diverse with a weak presence of health policy that would enhance and develop the specialities.

Implications for nursing and health policy: To address the current lack of provisions for automatic recognition of specialist nurses, common training frameworks corresponding to the relevant level of the European Qualifications Framework should promote lifelong learning and mobility, and enhance levels of health care and patient safety.

Keywords: Credentialing, European Union, Nursing Competence, Nursing Regulation, Registration, Specialist Nursing Education

Introduction

The role of the 'specialist nurse' (SN) has evolved to respond to healthcare needs and to the changing context of nursing care. SNs have gained their expertise in the clinical field where they develop competencies and skills for a specific area of health care. They have done this through building on their pre-registration programmes, or during general or post-basic education. Across Europe, pre-registration nursing education for qualification in general care meets specific criteria for mutual recognition of professional qualifications (within the Directive 2013/55/EU 2013). Yet, education for SNs has no such safeguards. Indeed, the qualifications for nursing associated with a 'specialisation' present considerable diversity of awards both professionally and academically and at all levels: pre-registration diploma, bachelor, master and doctoral. Furthermore, while the Bologna Process and the Tuning Project (2000) aim to create convergence in higher education, this may be difficult for specialist nursing because the length of programmes, curriculum structures and learning outcomes remain different between countries (Davies 2008). Although considerable attempts have been made to clarify the situation (Affara 2009; European Commission 2000; Robinson & Griffiths 2007), much confusion remains around nursing specializations and the interchangeability of SNs throughout Europe.

In 2013, the European Federation of Nurse Educators (FINE) collaborated with the European Specialist Nurses Organizations (ESNO) to conduct a pilot survey to describe the situation of specialized nursing education and practice in Europe. This paper reviews reports concerning the SN elsewhere internationally, and presents the results of this pilot survey on SNs in contemporary Europe; data concern their education, regulation of practice, scope of practice and competencies. Limitations identified are discussed and ways to refine the study design for the larger forthcoming study are identified. Finally, the results are discussed and recommendations are made for future studies.

Background

In Europe, nursing as a profession encompasses three different professionals: the registered nurse (RN), the SN and the advanced practice nurse (APN). For the RN, the Directive 2013/55/EU provides an orientation, a definition and descriptors about entry-level requirements for those in general care. Education, titles, certification, regulation, scope of practice and competencies are all identified. The Bologna or Copenhagen processes add a further educational dimension to nursing studies included within higher and vocational education. For post-basic education, the situation is more complex with terms such as 'specialty practice (SN)' and 'advanced practice nursing (APN)' frequently used interchangeably in nursing discourse (Thoun 2011). More information regarding the APN is provided in international literature, especially that from the USA and Canada where advanced practice roles (including the 'nurse practitioner' and 'clinical nurse specialist') have been developed over more than 40 years. However, these frameworks have not been consistently adopted within European practice, where the literature proposes an array of titles, including 'nurse specialist', 'clinical nurse specialist', 'nurse practitioner', 'advanced nurse in a specialty', 'higher level practitioner', 'nurse consultant', 'professional nurse', 'expert nurse', etc. (Daly & Carnwell 2003; Donald et al. 2010; Doody 2014; Hudspeth 2009; Pulcini et al. 2010). Indeed, the titles have also been adopted across a variety of settings with little consensus about their definition or characteristics. In Europe, clarifying the levels of nursing practice and differentiating the roles of a SN and an APN remains challenging and conceptual debates persist. (Begley et al. 2013; Daly & Carnwell 2003; McConnell et al. 2013). The roles, regulation and competencies of APNs have been extensively described. However, uncertainty surrounds how the roles differ between countries (and sometimes even between regions within the same country), thus leading to confusion (Begley et al. 2013; Donald et al. 2010; McClelland et al. 2013; Pulcini et al. 2010). Furthermore, in contrast to clear regulatory requirements and

obvious impact of regulatory standards on APNs (Brook & Rushforth 2011; Hartigan 2011; Stanley 2012), there remains a lack of information on SNs with regard to their title, scope of practice and educational requirements in Europe. Some specialist education programmes are organized by universities and others by employers (Roussou et al. 2012).

The International Council of Nurses (ICN) defined the Nurse Specialist as 'A nurse prepared beyond the level of a generalist nurse and authorized to practice as a specialist with advanced expertise in a branch of the nursing field. Specialist practice includes clinical, teaching, administration, research and consultant roles' (Affara 2009, p. 6). The ICN defines also the scope of practice as 'The range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in, and is authorized to perform. It defines the accountability and limits of practice' (Affara 2009, p. 6). This report outlined the importance of a consensual understanding and definition of the education, regulation and scope of practice for the SN internationally. However, even this clear definition provided by ICN is confounded by practical concerns. For example, the European Commission (2000, p. 10) reported that 'Nurses with a recognized specialty in their home Member State (MS) will often not have a specifically designated separate field of activity'. Thus, while the MS does regulate access to the SN title, it does not regulate the SN field of activity; this regulation is usually left to the healthcare market. Hospitals and nurse managers are thus free to choose whether to employ a SN or a general care nurse for the same position, and the SN does not have any exclusive right of access to particular posts or activities. The European Commission (2000) also listed the main categories of nurse for each MS and their levels of preparation. The study (European Commission 2000) identified diversity between MSs and recognized that two main categories existed for the SN: the 'branch nurse' and the 'post-basic specialist nurse'. A closer review of these two categories indicates that the 'branch nurse' does not meet requirements for general care nursing, but is prepared for more focused nursing duties at the pre-registration level. However, their titles have led to them both being identified as 'specialist' nurses.

In conclusion, the non-uniformity in education programmes and titles awarded to SNs around Europe is proliferating, together with a lack of clarity in their education, regulation, scope of practice and competency requirements. This complex situation renders difficult the visibility, congruent education provision and effective mobility for SNs.

Aim

Our ultimate goal is to describe and clarify the level of education, regulation, scope of practice and competency require-

ments for the SN in Europe. Here we undertook a pilot study to test our questionnaire and study design before undertaking a larger study.

Methods

The Executive Council Members of FINE designed a descriptive cross-sectional pilot survey using a questionnaire written in English. This included seven closed-ended questions with a list of choice answers. Participants could also add open comments. The questions covered the following categories: type of training or post-basic education for the SN; how the official title of SN was obtained; the duration of the specialization training; legal regulation; areas of work for SNs; and any legal or educational requirements to practice as a SN. Examples of items can be found in Table 1.

Two open-ended questions asked participants to define a SN and to identify the required skills of such a nurse. Finally, general information was sought about each respondent, including their occupation, and country, state or province where they work.

Two nurse academics and one clinical SN were asked to check the questionnaire's content in order to validate the relevance and accuracy of the items. The online survey, written in English, was pre-tested by five non-native English speakers to check the understanding of each item before it was sent to prospective participants and gatekeepers using electronic distribution. Respondents completed the survey online at their convenience.

Sampling

The survey was sent to FINE members ($n = 550$) and ESNO members ($n = 10$), and between December 2012 and March 2013, snowball sampling used to make up a convenience sample of the target population of EU (European Union) SNs and Chief Nursing Officers from European countries as well as National Nursing Associations working in education and clinical practice. During the data collection period, the number of countries represented was continuously checked and reminder messages were sent to experts from absent countries. Participants were asked to complete the survey but also to forward the link to others who may be able to offer information because of their expertise within the member countries. The sampling method was therefore purposive using a snowball technique.

Ethical issues

The research protocol was examined and approved by the FINE Council in terms of informed consent, confidentiality, data protection, right to withdraw, potential benefits and potential harm (Royal College of Nursing 2009). Participants were informed what the study was about and why it was being undertaken

Table 1 Specialist nurse education

	n
1. Type of training or education level to obtain the title of specialist nurse (<i>n</i> = 77 respondents)	
No specialist nurse	5
No specialist training or education, nurses gain their specialists from working in the area of interest	8
Specialist clinical training after first qualification as a nurse	33
Specialist education study at the first cycle bachelor	12
Specialist education study at the post-first cycle bachelor	33
Specialist education study at the second cycle master	32
Specialist education study at the third cycle doctoral study	13
2. Organization of the study for specialist nurse (<i>n</i> = 66 respondents)	
Part-time work as an employee and part-time study in a university	34
Part-time work as an employee and part-time learning in the clinical setting	18
Full-time learning in the clinical setting as an employee	14
Full-time learning in the university as a student	13
Full-time learning in the university with clinical practice opportunities	27
Full-time learning in the university as employee	3
None of these my country does not prepare specialist nurses	6
3. Type of specialization (<i>n</i> = 56 respondents)	
Psychiatric and mental health	42
Paediatric care	39
Intensive care	38
Community health care	30
Operating room	29
Diabetes	28
Oncology	27
Elderly care	26
Public health	25
Anaesthesia	25
Emergency or trauma care	23
Neonatal care	22
Palliative care	20
Renal and dialysis care (nephrology)	19
Medical imaging (radiology)	16
Occupational health	16
Cardiovascular	15
Gastroenterology	12
Radiotherapy	12
Stomatotherapy (and care of wound)	12
Haematology	11
Respiratory care	11
Ambulatory care	11
Orthopaedic care	10

within the introductory invitation, and were advised they could withdraw at any time if they responded. Confidentiality and anonymity were ensured. All personal information was encoded and participants were made anonymous using a reference number system, their data were then stored safely in an encrypted database. As the pilot study was not undertaken within the jurisdiction or financial remit of any one university or nation and considering the differences in regulations cross the EU for voluntary survey methods, there were limited means of achieving ethics approval from a single committee. Because the study sought no information from patients and that all recipients had the choice to simply ignore the online request, the ethics experience of academics overseeing the study within each country was considered sufficient for this pilot study.

Data analysis

Excel's statistical functions were used to analyse the responses to the seven closed-ended questions. The two open-ended survey responses were analysed qualitatively using a deductive approach (Elo & Kyngäs 2008). The open-ended data were read several times and reviewed for content. They were coded and classified into categories corresponding to a structured matrix based on the ICN Framework of Competencies for the Nurse Specialist (Affara 2009) with the computer software NVIVO10.

Study results

The results are structured in four parts. First, the countries and the respondents' characteristics are presented. Second, the SN's education is detailed, including level, organization, and duration, as well as type of specialization. The third part focuses on the regulation of practice for the SN including title and legal regulation according to field of practice. Finally, the results present a definition of the SNs and their competencies as proposed by respondents.

Countries and respondents' characteristics

Eighty-five questionnaires were completed, eight of which were rejected because no country had been identified or because they were submitted from non-European Countries (USA, Bermuda). Participants were included from 29 countries. All MSs of the EU were represented except for six countries (Austria, Bulgaria, Latvia, Luxembourg, Romania and Slovakia). Countries working towards EU membership (Iceland, Serbia and Turkey); potential candidates (Albania, Bosnia and Herzegovina), and Switzerland and Armenia were also represented. The respondents were nurses with diverse educational backgrounds (including bachelor, master and doctoral degrees). They worked as nurses and as SNs and included chief nurses, nursing administrators, and one director of a nursing and

midwifery department. Some respondents were involved in education. Participants also presented themselves as holding positions in national nursing associations in the field of nursing and nursing education. Some held administrative positions including chief nursing officer, director of nursing services for the ministry of health, nurse consultant at regional health agency, and deputy chief nurse. Respondents were also involved in nursing research.

Nurse specialist education: level and type of education, organization and type of specialization, and duration of studies

There was much diversity in the level of education required to become a SN (Table 1, point 1). For five respondents (four countries) such SNs did not exist, and for eight respondents (six countries) such nurses gained their specialist titles after simply working in the area of interest. Branch nurses (as defined within the European Commission 2000 report) were still in existence for 12 respondents in ten countries where specialist education was included at the bachelor level. However, the majority of the respondents (33 from 19 countries) placed the level of specialist education between the Bologna Process 'first cycle' (bachelor) and the 'second cycle' (masters) degree (32 respondents in 17 countries). Thirteen respondents (nine countries) placed specialization later at the Bologna 'third cycle' level of PhD or professional doctorates.

Pathways to becoming a SN were also organized differently (Table 1, point 2). The majority of respondents (34) gained their specialist award through part-time working as employees with part-time study in a university, or full-time learning in a university with clinical placements (27). For some respondents, specializations were included in advanced practice master degrees with specialization identified in the title received. In four countries, midwifery was considered as a specialization after general care education. For others, midwives were not nurses.

The most frequently observed specializations (Table 1, point 3) included psychiatric and mental health, paediatric care, intensive care, community health care, operating room and diabetes. Some fields of nursing were found joined together in specialization. For example, in Belgium, the following combinations were reported: intensive care and emergency; paediatrics and neonatology; and oncology and palliative care. In their comments, respondents added specializations including: midwifery, infection control nursing (disease control), organization and management, education and teaching (nurse tutor), surgical nursing, long-term care, neurological nursing, health promotion and education, epidemiological nursing, rehabilitation nursing and home visiting nursing.

The duration of the specialist education was mostly 1 year, thus equating to 60 European Credit Transfer System (ECTS) credits, or 2 years giving 120 ECTS credits. The duration and the number of ECTS credits obtained for fields of specialization differed between EU countries. As an example, the number of ECTS credits for psychiatric and mental health specialization varied from 15 in Lithuania, through 60 (Belgium, Cyprus, Denmark, Hungary and Portugal), up to 120 (Poland, Czech Republic, Ireland, Spain, Croatia, Iceland and Armenia), and more than 120 ECTS for Germany. In some cases, the duration of the specialization could differ even in the same country. For example, in Switzerland, psychiatric and mental health specializations could be either 1 year (60 ECTS) or 2 years (120 ECTS). For elderly care, the duration of study varied from a few days (Greece, Lithuania and Estonia) to 2 years (Spain, Switzerland and Iceland).

Regulation of SN practice

Of the 29 countries that responded, 19 had protected titles for SNs (self-regulation or by the MS) and ten had no recognized titles. Some participants commented that while education existed in many specializations, no legally recognized titles were awarded at the end of the training. In Ireland, five specializations led to a recognized title and an additional registration (children's nursing, midwifery, nurse prescriber, public health and nurse tutor). Ireland also had post-registration courses including major awards, approved and minor, special and supplemental awards, per subject, that needed no additional registration. Only two countries had specific requirements to maintain the title of SN such as days of education per year (e.g. in Belgium, minimum of 60 h per 4 years). Some countries regulated the status of general nurses and/or advanced nurse practitioners, but had no regulation over the SN. Exploring the roles and scope of approved regulators also revealed differences between countries, with regulation occurring at the provincial level, for example, cantons (Switzerland) or lands (Germany), or by professional organizations, national boards, hospital and healthcare agencies.

Definition of the SN and competencies proposed by respondents

Respondents defined their view of SN competencies within the open questions of the survey, and the results are presented in two parts: first in a pictogram (Fig. 1) obtained using the word frequencies identified using the software NVIVO10(r), and second in Table 2, where data coded according to the ICN Framework of Competencies for the Nurse Specialist (Affara 2009) are presented.

Figure 1 is a Tag Cloud tab which presents the list of the 50 most frequently occurring words of minimum four letters used



Fig. 1 Specialist nurse competencies.

in response to the open-ended questions. The more frequently used words are in larger font: knowledge (38×); skills (27×); care (22×); nursing (19×); nurse (18×); specialist (18×); area (17×). Other frequent words were: specific, field, research, clinical, special, practice. Words more rarely used were: professional, autonomy, consultant, development. The competencies of the SN (Table 2) were mostly described in terms of specific knowledge and skills. In comparison with the ICN framework, some competencies were poorly covered. These particularly related to health promotion and interprofessional health care (e.g. 'co-operates with other professionals and the community, involved in specialty interest groups in activities to reduce illness and promote healthy life styles and environments, incorporates into practice a perspective that takes account of the multiple determinants of health, negotiation and conflict resolution skills') (Affara 2009, p. 16).

Data for the delegation and supervision roles also did not take into account a few points such as: the activities delegating to others, the 'accountability and responsibility when delegating aspects of care', and the contribution 'to policy and protocol development that relates to delegation of clinical responsibilities specific to specialty practice area' (Affara 2009, p. 28). Respondents focused mainly on the contribution of SN to professional knowledge and practice. Promotion of specialist nursing practice, 'advocacy for public, legal and employer recognition of specialist qualifications, title protection and related scope of practice' (Affara 2009, p. 29) appeared missing. Similarly, the inclusion of engagement in advocacy activities through professional organizations was not proposed (e.g. 'strategies for influencing national and local policies makers, professional networking, developing and delivering advocacy messages such

as lobbying, briefing notes, position papers') (Affara 2009, p. 29).

Limitations

This pilot survey presented limitations that must be taken into account for the design of future research in this area. For some countries, only one or two responses were received, and sometimes these differed, so it is important not to generalize these results. The survey was in English and had not been translated into other European languages. For some questions, the comments of respondents suggested that they may not have clearly understood what was being asked. There were also conceptual differences where regulation, title, education and SN were perceived differently. It is thus important to further clarify and refine concepts used within the questions and to ensure linking only one concept to each question. Nevertheless, the survey was completed by a rich sample of respondents and reinforced some elements of the 'reality' of the confusion surrounding specialist nursing in Europe and its complex and diverse nature.

Discussion

These results re-emphasize the diversity in level and length of SN education in Europe. Our results show variability in the existence of specific education, in the type of study (academic or non-academic education), and in the duration and the level of academic degree for a different or sometimes the same specialization. Some 'specialist' education remains organized at the bachelor degree referred as 'branch nurses' by the European Commission (2000) in some countries, despite the ICN report emphasizing the need for specific post-basic education for SNs. Depending on the European country, midwives are currently considered as SNs or independent non-nursing professionals. While respondents recognized midwives as SNs, it is pertinent to consider whether midwives are true SNs or whether these nurses (who do not meet mutual recognition requirements) are in fact prepared to practice something different.

The most common specializations defined by respondents were similar to those identified in the ICN report (Affara 2009, p. 5). This suggests that 'specialty preparation occurs around major fields of nursing such as maternal/child health, mental health/psychiatric, paediatric, geriatric, and public health/community nursing' but also intensive care, operating room and diabetes. It would be interesting to compare these programmes and their learning outcomes and also to question how countries might face the need for evolving health care to address major health challenges across the European region [e.g. from both non-communicable and communicable diseases (WHO 2012)].

Table 2 Specialist nurse competencies

Accountability

- Prescribed standards of education and clinical competencies
- Have all the social, personal, professional competencies are essential for autonomous work
- Performing tasks that are verifiable and takes responsibility for these tasks

Principles of care provision

- Highly specialized knowledge (at the forefront of knowledge in a field of work of study) in nursing, medicine, health
- Clinical knowledge, science-based knowledge
- Knowledge in advanced nursing care in the specialty
- Critical thinking skills adapted to the specialty
- Critical awareness of knowledge issues in a field and at the interface between different fields
- Has ability to analyse problems in a specific area and plan and implement the necessary interventions

Assessment

- Ability to integrate information gathered in the clinical environment in order to provide timely response to the needs of users in situations of high complexity
- Consultation
- Able to diagnose
- Able to assess a patient in their specialist field
- Clinical judgement
- Clinical decision making, organized, focused

Planning

- Able to formulate, organize and reflect on a care plan
- Critical judgement

Therapeutic communication and interpersonal relationships

- Excellent communication skills
- Human skills adapted to the specialty

Leadership and management

- Knowledge in leadership
- Strong leadership skills, leading on clinical excellence
- Management and communication in area of specialty
- Practical leader of nurses in practice area
- Managerial ability to work within a team
- Open
- Responsible for leading the patient care team due to staff nurses' competencies
- Plays a leading role in developing and supporting strategic initiatives in institutional clinical governance
- Take responsibility for reviewing the strategic performance of teams
- Manage or transform work or study contexts that are complex, unpredictable, and require new strategic approaches

Delegation and supervision

- Have an element of teaching/education as part of their role
- Teach, help and control the non-specialist nurse
- Mentoring

Enhancement of the profession

- To care about the specialty
- Take responsibility for contributing to professional knowledge and practice
- Specialized problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields
- Contribute to the deepening of knowledge and its dissemination
- A good motivator, a good role model
- Counselling skills on their specialist field
- Give advice and guidance to generalist nurses in terms of care provision
- Be able to teach, educate
- Personal satisfaction

Ethical and legal practice

- Knowledgeable about patient rights
- Use ethical decision making
- Knowledgeable about legal framework for nursing

Health promotion

- Provide services essential to, or helpful in the promotion, maintenance, and restoration of health and well-being
- Patient education

Implementation

- The ability to perform highly specialized nursing interventions
- Advanced technical skills in a special field of nursing, dexterity, expert practitioner
- Change and implement treatment
- Prescribe
- To know how to apply therapeutic techniques
- Streamlines the response to disasters or emergency multi-victim, from conception to before the person in critical condition

Evaluation

- Able to review a patient in their specialist field

Interprofessional health care

- Cooperate in multidisciplinary team

Safe environment

- Work conducive to increased quality of care and patient safety
- Maximize intervention in the prevention and control of infection
- Provide better quality of care in a special area
- Lead implementation of EBN
- Utilize evidence-based practice
- Ensure patients receive high-quality evidenced care
- Creates and maintains a safe and therapeutic environment
- Designs, manages and collaborates in programmes for continuous quality improvement

Quality improvement

- Uses research results and participates in research
- Carry out and participate in the development of scientific/evidence-based knowledge in a special area of nursing for the benefit of patients

Continuing education

- Practice and continued education
- Keep informed
- Learn best practices in EU and comparative with other specialist within the EU

The results emphasized variations in the regulation of SN practice and in the minimum requirements to enter a specialization programme (such as number of years of practice in the field of specialization), to access to the title (such as the duration of the study, the programme) and then to maintain the title (such as a minimum amount of time of work in the specialized field, added days of education per year and continuous professional development). As identified in the research of Benton et al. (2013), our results also indicate a lack of understanding by some respondents about what regulation means. This will be addressed in our next study. There was also a lack of regulation with much diversity between countries. SNs with a recognized title did not always have a recognized field of activity and where these existed, the regulatory patterns within each specialization. Sometimes regulation was assured by employers, other times from professional associations or national boards. Such differences hinder the visibility of roles, mutual recognition or mobility of SNs in Europe (Affara & Styles 1992). Perhaps pan-European network groups might have a useful future role in establishing a greater visibility and consensus for their specialist members and for the wider public.

The analysis of the SN competencies revealed dominant clinical and technical aspects of the role with a high level of knowledge in the field of specialization. The main competencies lacking were those linked with health promotion, delegation and supervision, enhancement of the profession, and engagement in a collective policy to develop the specialities. Even where a framework of competencies existed for the SN, the results emphasized diversity in the interpretation of such roles. It is important to clarify competencies for the SN to be able to propose clear educational requirements.

Implications for nursing and health policy

Educational requirements for the SN need regulating on a European level in order to promote lifelong learning, mobility and support role development. The education framework and competencies could be linked with the relevant level of the European Qualifications Framework (European Commission 2008). As no provisions currently exist for automatic recognition of SNs, common training frameworks based on a common set of knowledge, skills and competencies would be expected to provide higher levels of public health care and patient safety. This could help harmonize and improve curricula and study programmes, and sustain the mobility of professionals. MSs and governments are accountable for common policy priorities including sufficient healthcare practitioners with appropriate skills and competencies 'to improve the health and wellbeing of populations, reduce health inequities, and ensure a sustainable people-centred health system' (WHO

2012, p. 4). SNs have thus to develop competencies, work together to add value through partnerships, improve 'governance for health and increase participation, and accelerate the transfer of knowledge and innovation through leadership' (WHO 2012, p. 4). Ten Hoeve et al. (2014, p. 295) showed that current 'public image of nursing is diverse and incongruous' and suggested that, 'in order to improve their public image and obtain a stronger position in healthcare organizations, nurses need to increase their visibility and make better use of strategic positions and use their professionalism to show the public what their work really entails'. The lack of clarity and the diversity of interpretations of the SN between countries do not support the much needed development of a strong professional identity and a harmonized policy engagement to develop the profession. A better understanding of the role of the SN by decision makers, regulators and healthcare team members could help clarify the link between SN interventions and outcomes as well as facilitate the deployment of SNs in Europe and internationally.

Conclusion

This pilot study has identified variations across Europe in the education, certification, regulation and scope of practice for SNs. It has thus emphasized the need to clarify the role and improve standards to facilitate the identification and comparison of SN roles and role outcomes internationally. Achieving greater commonality both in the content of specialist nursing education programmes and in the identified competencies is therefore fundamental. For the effective development of SNs, nursing must work towards achieving equity of titles and regulation of professional development across the EU. Important key points such as adjustment of specialization areas to the healthcare needs of the population in each region and country, as well as harmonization of academic degrees, must also be considered.

Currie & Carr-Hill (2013, p. 67) emphasized the need for 'standardization for each category of nurse and their roles to reduce confusion internationally and promote better understanding of patterns of nurse staffing and the effect these may have on patient outcomes'. More could be done to align legislation, policy and practice in respect of preparation and mobility of SNs across the EU.

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Study conception and design: CDu, CDe, CH.

Data collection: CDu.

Data analysis: CDu, CDe.

Manuscript writing: CDu, CDe, CH.

Critical revision of intellectual content: J-LD, JM, MCABF, MAMC.

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