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## Specializations in nursing: the students' perspective Specializacije v zdravstveni negi: pogled študentov

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**Key words:** nurse specialist; specialist knowledge; post-graduate education

**Ključne besede:** diplomirana medicinska sestra specialistka; specialistična znanja; podiplomsko izobraževanje

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### ABSTRACT

**Introduction:** In Slovenia, nursing students and professionals do not yet have the possibility for specialized career development. The aim of the study is to determine the students' plans for their career development and their views on nursing specialization.

**Methods:** Data were collected via an online questionnaire ( $\alpha = 0.82$ ). The sample included students from three faculties in Slovenia that offer nursing programmes. 385 questionnaires were returned. Data analysis was performed with the SPSS software (version 20.0): *t*-test, ANOVA, Pearson's correlation and factor analysis.

**Results:** 258 (67 %) of respondents would continue their studies. The specializations most often identified are: urgent medical assistance (20 %), anaesthesiology and intensive therapy (14 %) and surgical care (11 %) and so forth. Older students choose reasons that are linked more to nursing, while younger students choose reasons that are linked more to medicine. It is more characteristic of men to put an emphasis on economic reasons for developing specializations ( $t = 0.552, p = 0.011$ ). Students in a more senior year ( $F = 2.407, p = 0.041$ ) or with a higher average grade put an emphasis on reasons for specializations that are linked to nursing.

**Discussion and conclusion:** Students view specializations as necessary to ensure a sustainable health care system in Slovenia and as an option for continuing their studies.

### IZVLEČEK

**Uvod:** V Sloveniji študentom in zaposlenim v zdravstveni negi karierni razvoj na področju specializacij še ni omogočen. Namen raziskave je ugotoviti načrte študentov za njihov karierni razvoj in njihov odnos do specializacij v zdravstveni negi.

**Metode:** Podatki so bili zbrani s spletnim vprašalnikom ( $\alpha = 0,82$ ). V vzorec so bili vključeni študentje treh fakultet, ki izvajajo program zdravstvene nege v Sloveniji. Vrnjenih je bilo 385 vprašalnikov. Analiza podatkov je bila narejena s SPSS (verzija 20.0): *t*-test, ANOVA, Pearsonova korelacija in faktorska analiza.

**Rezultati:** Za nadaljevanje študija bi se odločilo 258 (67 %) anketirancev. Najbolj prepoznane specializacije so nujna medicinska pomoč (20 %), anesteziološka zdravstvena nega in intenzivna terapija (14 %) in zdravstvena nega kirurškega bolnika (11 %). Starejši študentje se odločajo za razloge, ki so bolj povezani z zdravstveno nego, mlajši študentje za razloge, ki so močnejše povezani z medicino. Za moške je bolj značilno, da pri razvoju specializacij dajejo večji pomen ekonomskim razlogom ( $t = 0,552, p = 0,011$ ). Študentje višjih letnikov ( $F = 2,407, p = 0,041$ ) in študentje z višjo povprečno oceno ( $F = 3,222, p = 0,023$ ) v ospredje odločanja za specializacije postavljajo razloge, ki so povezani z negovanjem.

**Diskusija in zaključek:** Študentje vidijo specializacije kot nujnost za zagotavljanje vzdržnega zdravstvenega sistema pri nas in kot možnost lastnega nadaljnega študija.

The article was written based on the graduation thesis of Martin Sever, titled *Attitude of nursing students towards specializations in health care* (2014).

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## Introduction

The economic and social crisis, altered demographical structure of the populace, increased occurrence of chronic illnesses and so on strongly affect both the organisation of the health care system and nursing around the world (Požun & Skela Savič, 2011). Due to the altered structure of the populace and its health care needs and other factors, new opportunities for nursing are also arising (Rod, 2009). In certain countries, specializations in nursing can be considered the response of nursing to the changed needs of the beneficiaries of the health care system.

The development of postgraduate specialist knowledge in the field of nursing started relatively early, in the 1960s and 1970s in the United States, Canada and Great Britain, as a response to the shortage of doctors, the changing demographic structures of the populace (an aging population and thereby an increase in patients with chronic illnesses), the growing needs of the populace for affordable health care services, the constantly growing health care costs etc. Throughout history, specializations in nursing developed also due to fast technological advancements and the expansion of professional knowledge, based on scientific foundations (Pask, 2011). In certain countries, specializations in nursing thus became an important and indispensable part of the health care system (Delamaire & Lafortune, 2010).

In countries where specializations in nursing have already been established, experts have been proving for some time now that specialist knowledge significantly and positively impacts the development of nursing and health care as a whole, as well as contributes to better and safer treatment of patients (Brown & Grimes, 1995; Bryant-Lukosius, et al., 2004; Delamaire & Lafortune, 2010; Pulcini, et al., 2010). Numerous studies are therefore focusing on measuring the efficiency of graduate nurses with specialist knowledge, with the aim of proving their usefulness and significance in everyday clinical practice (Horrocks, et al., 2002; Delamaire & Lafortune, 2010; Pulcini, et al., 2010). Patients that come into direct contact with graduate nurses have a smaller chance of being admitted to hospital and are more likely to receive treatment based on clinical guidelines and evidence (Grothier, 2012). A study by Horrocks and colleagues (2012), carried out in Great Britain, even shows that a patient's results in primary health care, reviewed by a graduate nurse with specialist knowledge, are equal to doctors' results, with patients even displaying increased satisfaction in most areas. Furthermore, when it comes to transferring tasks and duties from doctors to graduate nurses at the primary level, the study shows that graduate nurses with specialist knowledge in primary health care achieve health results for patients that are comparable to those of doctors when it comes to diagnostic precision and health condition evaluation.

In countries where specializations were developed in the second half of the previous century, studies proved very early on that graduate nurses with specialist knowledge also spend more time on the medical treatment of patients, which affects the patients' satisfaction (Brown & Grimes 1995; Horrocks, et al., 2002). Lower treatment expenses, shorter periods of hospitalization, lower readmission rates and increased satisfaction with the patient's medical treatment were recorded with patients that were treated by a graduate nurse with specialist knowledge in areas such as neonatology, geriatrics or obstetrics and certain others (Bryant-Lukosius, et al., 2004). And especially worth emphasising, it was determined that graduate nurses with specialist knowledge play a key role from the standpoint of long-term financial sustainability of the health care system by providing quality, evidence-based nursing (Grothier, 2012).

In Slovenia, Starc and colleagues (2009) have determined that the offer of nursing specializations by European Union Member States and the Anglo-Saxon world is extensive and difficult to review. There is no uniformity in the definitions, regulations and manner of education in the field of specializations. Specialized programmes and certain modules (i.e. prescribing medication) are carried out by higher education institutions and various associations. Specialist knowledge in the field of nursing can thus be obtained in psychiatric nursing, district nursing, oncological nursing, palliative nursing, nursing for patients with dementia, pediatric nursing etc. The International Council of Nurses, which issues guidelines and recommendations for the development of nursing, prepared a broad array of nursing specializations already in 1992. It proposed that specializations be prepared in major nursing fields, such as geriatric nursing, public health, pediatric nursing, psychiatric nursing, health care for women and children, district nursing, internal medicine nursing, surgical nursing, etc. (International Council of Nurses, 2009). In Great Britain, graduate nurses with specialist knowledge have thus been carrying out preventive checks and screenings for various illnesses, taking on various duties in the field of health promotion, health counselling, guidance for patients with chronic illnesses, patient follow-up and re-examinations after conclusion of treatment, and carrying out various interventions in accordance with treatment guidelines. They are active on both the primary and the secondary level of health care (Dubois & Singh, 2009).

Despite good practices around the world and the proven advantages of graduate nurses with specialist knowledge, postgraduate specialist training for graduate nurses in Slovenia has not yet been developed. In Slovenia, professionals in nursing and students do not yet have the possibility for specialized career development after concluding their studies, though discussions to this end have been going on for some

time now (Bregar, et al., 2013; Lokar, 2013; Skela-Savič, 2013). Despite nursing being exposed to great burdens as a consequence of demographic changes, an aging population, increased public awareness, organisational changes in the health care system and imbalances in the strategic development of health care so far (Poplas Susič & Marušič, 2011), the development of specializations and the significance of an increased role of graduate nurses has not been enabled in Slovenia. One of the major problems in Slovenia is the demographic situation, meaning that were the current increase in the share of older inhabitants and the increasing share of patients with chronic illnesses to continue, or the existing demographic trends to continue, the pressure on nursing will continue to grow, placing an increasing burden on health care finances (Starc, 2004). We can therefore state that this also creates room for developing specializations in nursing, among other things (Pajnkihar & Jakl, 2013).

Due to all these reasons, it is logical and necessary for developed societies and health care service providers to prepare for the increased demand for health care services. It is sensible and wise to organise health care so that it is financially sustainable in the long term without a decline in quality. That is why we have already launched certain activities in the field of nursing. Based on the opinions and wishes expressed by the domestic professional public, we have formulated a broad selection of specializations, some of which are already being prepared (Vilar & Ažman, 2011; Kadivec, et al., 2011; Horvat, et al., 2013). These opinion surveys included employed professionals in nursing. Students were not involved in these discussions. That is why our study focused on undergraduate and postgraduate nursing students. We posed a research questions regarding the students' attitude towards nursing specializations, as it is the students that will be inquiring after education in the future. Seeing as we are aware of the future demand for health care services, it is important that we are also aware of the students' preferences regarding postgraduate knowledge, as we can then direct their preferences with an appropriate approach during their studies.

### *Aim and objective*

The aim of the study was to determine and get to know the career development plans of students of select health care faculties in Slovenia, or whether they identify specializations as a logical continuation of their education. The study aimed to answer the following research questions:

- Which are the areas in health care where undergraduate and postgraduate students of nursing most identify the need for specializations?
- To what degree do the students agree that with additional specialist knowledge, they could take on certain competencies of the doctors?

- Why are specializations in nursing required, according to the students' opinion?
- Which factors are linked to the students' attitude towards specializations?

## **Methods**

The study was based on the descriptive method of empirical research. We used a non-experimental quantitative research method. We used an anonymous structured survey questionnaire to gather data.

### *Description of the research instrument*

We composed the questionnaire based on a review of domestic and foreign literature on specializations in nursing (Bryant-Lukosius, et al., 2004; Pulcini, et al., 2009; Starc, et al., 2009; Delamaire & Lafortune, 2010; Vilar, 2011; Skela-Savič, 2013). We decided on online surveying, which is why we entered the questionnaire into the IKA online survey website. The questionnaire contained 20 closed-ended questions in two sets. The first set of nine questions contained demographic data about the respondent: gender, age, year and type of studies and previous education, and certain other questions. The second set contained various statements regarding the students' opinions on nursing specializations, which students answered according to the Likert scale from 1 to 5, meaning: 1 – I completely disagree, 2 – I disagree, 3 – I partially agree, 4 – I agree, 5 – I completely agree. To analyse the reliability of each set of questions, we used the Cronbach alpha test. In each individual set, Cronbach's alpha was over 0.8, proving the high reliability of the questionnaire (Cencič, et al., 2009).

### *Description of a sample*

The study included full-time and part-time students of the first, second and third years and senior undergraduates of nursing at the Faculty of Health Care Jesenice (FZJ), the Faculty of Health Sciences in Ljubljana (UL ZF) and the University of Primorska Faculty of Health Sciences (UP FVZ), and full-time and part-time postgraduate students of the first and second years of nursing at the above-mentioned faculties. We used a non-probability convenience sampling technique. A total of 1333 questionnaires were sent out via the faculties' databases. A total of 385 questionnaires were completed in full, which amounts to a sample response rate of 29 %. The description of the sample can be found in Table 1.

The first year of undergraduate nursing studies was attended by 56 (15 %) students, the second by 113 (32 %), the third by 98 (28 %), and 90 (25 %) respondents were senior undergraduates. The first year of postgraduate nursing studies (master's degree) was attended by 8 (29 %) students, and the second

Table 1: *Description of the sample*Tabela 1: *Opis vzorca*

<b>Demographic and other data related to the studies/Demografski in drugi s študijem povezani podatki</b>	<b>n</b>	<b>%</b>
<b>Gender/Spol</b>		
Male/Moški	52	14
Female/Ženske	333	86
<b>Type of studies/Vrsta študija</b>		
Full- time/Redni	255	66
Part- time/Izredni	130	34
<b>Level of studies/Stopnja študija</b>		
Undergraduate studies/ Dodiplomski študij	357	93
Postgraduate studies/ Podiplomski študij	28	7
<b>Which faculty do you attend?/ Katero fakulteto obiskujete?</b>		
FZJ	153	40
UL ZF	148	38
UP FVZ	84	22

*Legend/Legenda: n – number of respondents/število anketirancev; % – proportion of respondents/odstotek anketirancev; FZJ – Faculty of Health Care Jesenice/Fakulteta za zdravstvo Jesenice; UL ZF – University of Ljubljana, Faculty of Health Sciences/Univerza v Ljubljani, Zdravstvena fakulteta; UP FVZ – University of Primorska Faculty of Health Sciences/Univerza na Primorskem, Fakulteta za vede o zdravju*

by 20 (71 %). The students' grade-point average was 7.8. The average age of the respondents was 27 years ( $s = 7$ ). The highest level of education attained by the students so far was as follows: 258 (68 %) with a finished secondary school of nursing, 37 (9 %) with a finished other secondary technical school, 52 (13 %) with a finished grammar school and 38 (10 %) with the obtained education at an institution of higher education or above.

#### *Description of the research procedure and data analysis*

We obtained study approval from FZJ, ZF and FVZ beforehand. We informed respondents in advance of the aim of the study and that participation in the study is voluntary and anonymous. The study took place in the period from July 22, 2013 to September 16, 2013. The student office at each faculty was tasked with sending out the questionnaire, thus sending the questionnaire to all students whose e-mail addresses were in the student office's database. The expected and planned response rate of the sample was lower than is characteristic of electronic surveying, due to the fact that the survey was implemented during the summer holidays. However, we repeatedly sent a reminder to the contact persons or study year representatives to send the questionnaire to the students again. In October 2013, we organised all of the obtained data with the aid of the Microsoft Office Word 2007 and Microsoft Office Excel 2007 software and analysed

them statistically with the SPSS 20 software (IBM; SPSS Inc., Chicago, IL, USA). We presented the results of the statistical software with the aid of figures and tables. When interpreting the results, we used the *t*-test, ANOVA, Pearson's correlation and factor analysis. Differences were considered for statistically significant data where the level of statistical significance was  $p < 0.05$ .

## **Results**

In addition to the demographic data (Table 1), the first set of questions in the questionnaire asked the students about their wishes regarding continued career development in nursing. A total of 258 (67 %) respondents would continue studies in the field of nursing. 107 (28 %) respondents expressed doubts about continuing their studies. 156 (41 %) respondents would continue their studies in a narrower specialized field, while 60 (15 %) would continue it in a nursing master's degree programme (only undergraduate students were responding). 113 (30 %) respondents would take a job in nursing without continuing their studies, 27 (7 %) would continue their studies in a different master's degree programme, 26 respondents were not yet considering career development, and 3 (1 %) students would leave the profession and look for employment in another field.

Below we present the results of the study according to individual study questions.

#### *In which health care areas do undergraduate and postgraduate students of nursing see the most need for specializations?*

First and foremost, 67 students (20 %) recognised the need for specializations in emergency medical assistance. 49 students (14 %) recognized the need for specializations in nursing in anaesthesiology and intensive therapy. 39 students (11 %) would choose a specialization in surgical nursing. 33 students (10 %) would choose a specialization in paediatric nursing. In fifth place, 32 students (9 %) would choose a specialization in district nursing. In sixth place, 30 students (8 %) would choose a specialization in psychiatric nursing. The remaining specializations are as follows: 22 students (6.5 %) opted for public health and health promotion, 16 students (4.7 %) for oncology nursing, 15 students (4.4 %) for internal medicine nursing, 10 students (2.8 %) for palliative care, 8 students (2.4 %) for nursing of the elderly. The least sought-after specializations were the following specializations: 7 students (2 %) for nursing in occupational, traffic and sports medicine, 5 students (1.4 %) for nursing of patients suffering from chronic diseases, 5 students (1.4 %) for hospital hygiene and infections, and 2 students (0.6 %) for enterostomal therapy.

*To what degree do students believe that they would be able to take over certain competences of doctors with additional specialist knowledge?*

Students were asked to rate the statements on a Likert scale with a range of 1 to 5 (1 - not important, 2 - somewhat important, 3 - important, 4 - very important, 5 - the most important).

The majority of competences have an average of above 3, i.e. were graded as 'important' in the questionnaire. The competences graded above 4, i.e. very important, are: a higher degree of expertise for the implementation of health care, health education and health promotion, and the management of patients with chronic diseases. In the middle, i.e. between 3.7 and 3, we find the following competences: referrals for examinations (X-ray) and laboratory tests (blood, urine), carrying out minor surgical procedures, e.g. administering stitches, prescribing therapeutic appliances, independent medical history review, patient referrals to other experts, implementation of preventive tests (ultrasound, endoscopy), authority to receive and discharge a patient to/from hospital. At the bottom of the list (with a grade of under 3) we find competences such as: deciding on diagnostic procedures, prescribing medication, the authority to give medical diagnoses.

*According to students, why are specializations in nursing necessary?*

The respondents were asked to rate the statements on a Likert scale with a range of 1 to 5 (1 - I completely

disagree, 2 - I disagree, 3 - I partially agree, 4 - I agree, 5 - I completely agree). The respondents were provided with 10 statements. The development of new technologies and the need for advanced skills was above the rest, with an average of above 4, followed by reasons such as: due to an increasingly burdened health care system, due to the increase in the number of chronic patients, and due to the increased demand for health services. In the middle, i.e. with an average of between 3.6 and 4, we find answers such as: due to the life-span of chronic patients. Lastly, with an average of 3.6 or less, we find economic factors: so that doctors are more accessible and to lessen the burden placed on them, to decrease the cost of nurses, due to the greater cost of medical treatment for the elderly because of changes in the demographic structure (an increase in the number of older people), and due to rising life expectancy.

Using factor analysis (the rotation method), we wanted to determine whether the link between the observed variables (the responses of students to the statements about why specializations are required) can be explained by a smaller number of indirectly observed variables or factors, through which we may then investigate the attitude of students to specializations. We verified the suitability of the correlation matrix for factor analysis by using the Kaiser-Meyer-Olkin test (KMO-test), which has a value of 0.836 (the recommended limit is above 0.5), and Bartlett's test, which is statistically significant. The results of both tests indicate that the use of factor analysis is suitable.

Table 2: *Factor analysis of variables*

Tabela 2: *Faktorska analiza spremenljivk*

Arguments why specialization are needed/ Trditve zakaj so specializacije potrebne	Factor 1/ Faktor 1	Factor 2/ Faktor 2	Factor 3/ Faktor 3
Due to changes in the demographic structure/ Zaradi spremenjene demografske strukture prebivalstva	0.828	/	/
Due to rising life expectancy/ Zaradi višanja življenjske dobe	0.806	/	/
Due to increasing number of chronic patients/ Zaradi naraščanja števila pacientov s kronično boleznijo	0.763	/	/
Due to prolonged survival of chronic patients/ Zaradi daljšega preživetja pacientov s kronično boleznijo	0.735	/	/
Due to the higher medical costs of elderly care/ Zaradi višjih stroškov zdravstvene obravnave starejših	0.682	/	/
Due to increased demand of health services/ Zaradi povečanega povpraševanja po zdravstvenih storitvah	/	0.755	/
Due to the fast evolving technology and the need for advanced skills of nurses/ Zaradi hitro razvijajoče se tehnologije in potreb po naprednih znanjih medicinskih sester	/	0.732	/
Due to an increasingly burdened health system/ Zaradi čedalje bolj obremenjenega zdravstvenega sistema	/	0.730	/
In order to decrease the cost of nurses /Ker bodo medicinske sestre cenejša delovna sila	/	/	0.842
Doctors would be more accessible and less burdened/ Ker bodo zdravniki bolj dostopni in razbremenjeni	/	/	0.786

Legend/Legenda: Factor 1/Faktor 1 – demographic reasons/demografski razlogi; Factor 2/Faktor 2 – reasons due to health system burden/razlogi obremenjenosti zdravstvenega sistema; Factor 3/Faktor 3 – economic reasons/ekonomski razlogi

By using factor analysis, we identified three factors among the statements about the students' view of the necessity of specializations. The three factors accounted for 66.57 % of the total variance, with the communalities of individual variables all above 0.50 (which is a prerequisite) and the majority of them (out of a total of ten variables) greater than 0.6, on the condition that their own value is greater than 1.

With the first factor – *demographic reasons*, we account for 32.54 % of the variance. With the second factor – *reasons due to health system burden*, we account for 19.81 % of the variance. With the third factor – *economic reasons*, we account for 14.21 % of the variance (Table 2).

### Which factors are significant in relation to the students' attitudes towards specializations?

Below we will examine the significance of various factors, such as gender, age, year of study and the significance of the students' grade-point average for each individual factor.

#### Gender

The significance of gender was examined using a *t*-test for independent samples. The only factor that exhibited statistical relevance was *Economic reasons*. We can conclude that on average, male students list economic reasons for the development of specializations in nursing more often than female students ( $t = 0.552, p = 0.011$ ).

#### Age

In examining the significance of age on individual factors, we utilised Pearson's correlation, where we found a weak and positive correlation with the first factor *demographic reasons* ( $r = 0.354, p = 0.018$ ) and a weak and negative correlation with the second factor *reasons due to health system burden* ( $r = -0.322, p = 0.034$ ). This means that older students attribute greater significance to *demographic reasons* for specializations and see less sense in the development of specializations due to *the increasingly burdened health care system*.

#### Year of study

To assess the importance of the year of study, we used the ANOVA test, which was used to determine whether there are statistically significant differences in the responses of students to the factors according to the respondent's year of study (first-, second- and third-year students and senior undergraduate students; the latter category also includes all postgraduate students). There were statistically significant differences in the responses of students for each year of study only in relation to the first

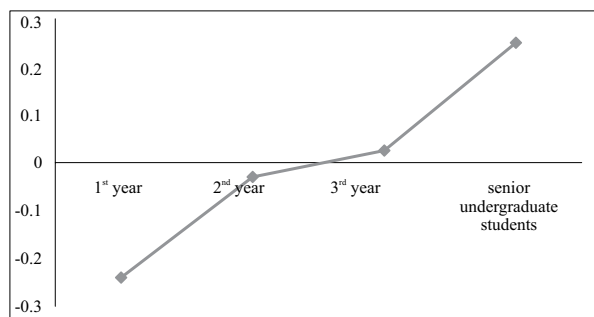


Figure 1: *The importance of the year of study on factors – Demographic reasons*

Slika 1: *Vpliv letnika študija na faktor demografski razlogi*

factor - *demographic reasons* ( $F = 2.407, p = 0.041$ ). Figure 1 shows that senior students attribute greater importance to the necessity of specializations to provide high quality care for the elderly and care for patients with chronic disease.

#### The significance of the grade-point average

The significance of the students' grade-point average on individual factors was established with an ANOVA test. The students were divided into four groups, according to their grade-point average (from 6.0 to 6.9; from 7.0 to 7.9; from 8.0 to 8.9; from 9.0 to 10.0). The ANOVA test established that there are statistically significant differences among answers in relation to the importance of students' grade-point average on the factor – *economic reasons* ( $F = 3.222, p = 0.023$ ). From Figure 2 we can conclude that the higher the average score, the lower the score of the need for specializations to make doctors more accessible and to lessen the burden placed on them and to decrease the cost of nurses.

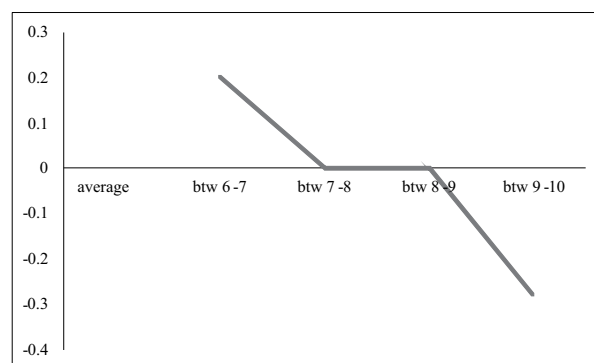


Figure 2: *Importance of ratings on the factor – accessibility of doctors and to decrease the cost of nurses*

Slika 2: *Pomen ocene faktorja dostopnost in razbremenitev zdravnikov zaradi diplomiranih medicinskih sester/ zdravstvenikov kot cenejše delovne sile v zdravstvu*

### *The importance of the decision on the continuation of education*

We divided the students into three groups, based on their answers (no desire to continue, desire to continue, strong desire to continue). Statistically significant differences between groups occurred with the second factor – an increasingly burdened health system ( $F = 3.664$ ,  $p = 0.027$ ). We conclude that the more students want to continue their studies, the more significance they see in the development of specializations to address the issue of an increasingly burdened health system (increased demand for health services, the burden on the health system and the development of new technologies).

## **Discussion**

This study established that students are open to further career development in the direction of specializations. However, we can say that in Slovenia, we have not yet reached a point where specializations would be recognized within the health care system. In Slovenia, nursing professionals and students are not yet able to advance their careers in the area of specializations, though discussions to this end have been going on for some time now (Bregar, et al., 2013; Lokar, 2013). Additionally, professional associations and institutions of higher education in the field of health care are increasingly emphasising and promoting the development of specializations, modelled on other countries (Požun & Skela-Savič, 2011; Skela-Savič & Klemenc, 2011). We have established that students see numerous reasons that speak in favour of specializations within nursing, such as demographic reasons, reasons due to the increasing burden on the health care system and economic reasons. Most of the students included in the research see further career development in continuing their education in the field of nursing, a large part of whom wish to undertake specialization studies of nursing, in contrast to a survey in which employed nurses were asked about the possibility of furthering their education, which they were less inclined to do (Altman, 2011). It is important to emphasise that the majority of our respondents would like to continue their specialization studies full-time. This information is important because we assume that medical faculties and higher schools are to a large extent also financially dependent on the tuition paid by part-time students. Likewise, Skela-Savič (2013) draws attention to the increasingly truncated fiscal policy of the state, which affects the development of health care and higher education and the training of employees, and makes it difficult to finance new programs. It is encouraging that the majority of students wish to further their careers, also in the form of a master's degree in the field of nursing. Studying at the graduate level of the Bologna process - a master's degree in nursing - is

also important because most other countries and the International Council of Nurses require this level of education to be able to engage in specialized forms of nursing (International Council of Nurses, 2005; Delamaire & Lafortune, 2010). Additionally, a master's degree in nursing is significant because it substitutes a university degree in nursing, which is not yet available in Slovenia (Skela-Savič & Klemenc, 2011).

Among the range of specializations available to the students in the survey, the most frequently selected option was urgent medical assistance. Among the top choices we also find anaesthesiology, intensive therapy and surgical nursing, from which we assume that students want specializations where medicine and nursing care are increasingly intertwined and which require numerous medical and technical interventions. This can perhaps be explained by the fact that the surveyed students are young individuals looking to work and specialize in areas that are more intertwined with medicine, so as to obtain more references, which also gives them a better chance for further employment in other areas or even abroad. Similarly, Vilar (2011) states that the development of specializations is particularly important where nursing and medicine are intertwined. On the other hand, we can assume that if we had chosen to survey employed graduates of nursing, i.e. older members of the profession, specialized areas of nursing that we believe to be less stressful and more strongly related to the changing demographic structure of the population, would most likely be more prominent. This is confirmed by our results that older students place greater importance on demographic reasons, i.e. nursing of the elderly. A survey conducted for the Chamber of Nursing and Midwifery of Slovenia by Vilar and Ažman (2011) established the opposite of our findings. In their survey, respondents mostly opted for nursing in occupational, traffic and sports medicine, community nursing, psychiatric nursing, gerontological nursing, and specialization in hospital hygiene. In our opinion, the different results of the two surveys can also be explained by the selection of the sample of respondents by the Chamber, which did not include direct providers of nursing, and whose sample size was small.

The students included in the research are aware of the fact that specializations in nursing are needed due to the development of new technologies and the need for advanced skills, the increase in the number of patients with chronic illnesses, longer life-spans, an increasingly burdened health care system and the increased demand for health care services. Nevertheless, the respondents do not find specializations which are distinctly associated with changes in the demographic structure (e.g. gerontological nursing) to be interesting, as they did not select specializations related to this factor. Pask (2011) notes that specializations developed as a result of rapidly-developing sophisticated technology and the expansion of scientific knowledge. In our

case we assume that this answer correlates with the respondents' young age or that they are more accustomed to technology than older nursing professionals, as they grew up during a time of especially rapid technological development. Once again it is worth stressing that nursing for the elderly rises alongside the respondents' age and their year of study. However, in our opinion, it is worrying that we do not know how to get more young people interested during their studies in areas which will be very salient in the future, as it is expected that care for the elderly and consequently age-related problems will only increase. Additionally, certain international authors have argued that gerontology is one of the less desirable fields for health care professionals and that further activities are necessary to recruit them into this field (Brown, et al., 2008; Shen & Xiao, 2012; Grymonpre, et al., 2013).

The literature suggests that the development of specialist skills in nursing began in the 1960s and 1970s in the United States, Canada and Great Britain as a response to the shortage of doctors, the changing demographic structures of the populace (an aging population and thereby an increase in patients with chronic illnesses), the growing needs of the populace for affordable health care services, the constantly growing health care costs etc. (Delamaire & Lafortune, 2010). Our survey established that older students and senior students are more susceptible to demographic reasons (care for the elderly), which can be explained by the influence of certain academic courses (nursing for the elderly with gerontology and rehabilitation). Male respondents placed greater importance on economic considerations (to decrease the cost of nurses, increase the accessibility of doctors), but we are unable to account for these differences at this point. The economic reasons for the development of specializations are more prevalent with students who have a lower grade-point average, which can most likely be explained by the fact that those who are more successful in their studies have a greater appreciation for nursing. Delamaire and Lafortune (2010) list economic reasons as the main motivator that could foster the development of specialized nursing. Students that wish to continue their education are leaning more towards the second factor, which details the reasons for the increasing burden placed on the health care system. All of the above speaks in favour of the supposition that students view their studies as a gateway to the nursing profession, and not so much in the sense of substituting a doctor. We also believe that they do not underestimate their work in terms of costs.

The respondents mostly hold the opinion that a nurse with a degree and specialized knowledge contributes to the higher quality and safety of nursing. Specializations will allow them further career development, which is very important to the respondents, i.e. students. In

several European Union countries (Poland, Cyprus, Ireland, Czech Republic) they believe that the development of specialist skills in nursing also serves to encourage nurses to pursue postgraduate education and thus by improving their career opportunities, it makes it easier to keep them from moving to another country, since more and more nurses are moving to other countries, where they have better conditions for employment and career development (Aiken & Cheung, 2008; Delamaire & Lafortune, 2010).

The importance of the development of specializations exhibits great importance in the fields where nursing and medicine are intertwined. The respondents are aware of the fact that specializations must be developed alongside the changing needs in Slovenia, which has been stressed repeatedly at the annual conference *Moja kariera - Quovadis - My career*, organized by the Faculty of Health Care Jesenice, and which has been proven for some time by the Organisation for Economic Co-operation and Development (Delamaire & Lafortune, 2010).

Contrary to expectations, results show that students do not put an emphasis on competencies that are in the domain of doctors, e.g. prescribing medication, giving diagnoses, discharging patients, but rather place an emphasis on competencies that are more related to nursing, some of which they are already implementing. However, we can say that this appears to be in conflict with the range of specializations most often selected by the respondents – they demand more medical and technical interventions.

### *Limitations of the study*

We encountered certain obstacles when conducting the survey. The expected and planned response rate of the sample was lower than is characteristic of electronic surveying, due to the fact that the survey was implemented during the summer holidays. We used opportunity sampling, which prevents generalization of the results to the population of nursing students. We also included first-year students in the survey, who in our opinion have not yet fully formed their career paths.

### **Conclusion**

For the students included in the survey, career development in the form of specializations in nursing is important and is something that they want to do. In terms of the preferred areas of specialization, the respondents expressed a preference for fields associated with medicine and those that include more medical and technical interventions. However, it should be noted that different factors such as gender, age, year of study, grade-point average and decisions about further education in the field of nursing played a part in the attitude of students towards



specializations. More successful students, those that are older and senior students, and those who wish to continue their education place a greater importance on specializations that are more closely connected with nursing and prioritize nursing. The desire for certain additional competences also shows that rather than placing an emphasis on medical knowledge, they value greater expertise in the field of nursing, health education, promotion of health, and the management of patients with chronic illnesses. Nonetheless, the development of specializations in nursing will benefit users as well, as they will receive treatment of higher quality and safety.

According to the aim and objectives of the research, we can conclude that we have succeeded in defining the attitude of students to the development of specialized nursing. Specializations in nursing and the development of postgraduate skills are also important for the sustainability of the health system, but health policy makers do not allow for equal development of all professions in the health care system. We also believe that students allow for the possibility that due to positioning and well-paid jobs, the medical lobby would not allow for the diffusion of certain competences of doctors to certified nurses. However, we must be careful and deliberate in the development of specialized nursing, in order to avoid unemployment for nurses that specialize in a narrow specialist field. Moreover, we must not forget that the key mission of nursing care is nursing, by which we offer the patient human warmth in the process of medical treatment, as well as establish a genuine relationship and understanding – something that is not provided by other, more technically-oriented professions in the health care system.

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### *Slovenian translation/Prevod v slovenščino*

## **Uvod**

Ekonomsko-socialna kriza, spremenjena demografska struktura prebivalstva, večja incidenca kroničnih bolezni ipd. po svetu močno vplivajo tako na organizacijo sistema zdravstvenega varstva kot tudi na zdravstveno nego (Požun & Skela-Savič, 2011). Zaradi spremenjene strukture prebivalstva in njegovih potreb po zdravstvenih storitvah ter drugih dejavnikov se pojavljajo nove priložnosti tudi za zdravstveno nego (Rod, 2009). Specializacije v zdravstveni negi so lahko v nekaterih državah odgovor zdravstvene nege na spremenjene potrebe uporabnikov sistema zdravstvenega varstva.

Razvoj podiplomskih specialističnih znanj na področju zdravstvene nege se je začel relativno zgodaj, tj. v 60. in 70. letih prejšnjega stoletja, v Združenih državah Amerike, Kanadi in Veliki Britaniji, in sicer kot odraz pomanjkanja zdravnikov, spremenjenih demografskih struktur prebivalstva (vse več starejših

in s tem pacientov s kronično boleznijo), zaradi večjih potreb prebivalstva po dostopnosti zdravstvenih storitev, zaradi nenehnega zviševanja stroškov v zdravstvu ipd. Skozi zgodovino so se specializacije v zdravstveni negi razvile tudi zaradi hitro razvijajoče se visoke tehnologije in širjenja strokovnega znanja, temelječega na znanstvenih ugotovitvah (Pask, 2011). V nekaterih državah so specializacije v zdravstveni negi tako postale pomemben in nepogrešljiv del zdravstvenih sistemov (Delamaire & Lafortune, 2010).

V državah, kjer so specializacije v zdravstveni negi že stalnica, strokovnjaki že dalj časa z raziskavami dokazujejo, da specialistična znanja pomembno in pozitivno vplivajo na razvoj zdravstvene nege in zdravstvenega varstva v celoti ter prispevajo h kakovostnejši in varnejši zdravstveni obravnavi pacienta (Brown & Grimes, 1995; Bryant-Lukosius, et al., 2004; Delamaire & Lafortune, 2010; Pulcini, et al., 2010). Številne raziskave se tako usmerjajo v merjenje učinkovitosti diplomiranih medicinskih sester/zdravstvenikov s specialističnimi znanji z namenom, da dokažejo njihovo uporabnost in pomen v vsakdanji klinični praksi (Horrocks, et al., 2002; Delamaire & Lafortune, 2010; Pulcini, et al., 2010). Pri pacientih, ki pridejo v neposreden stik z diplomirano medicinsko sestro/zdravstvenikom s specialističnimi znanji, je manjša možnost, da bi bili sprejeti v bolnišnico, in je bolj verjetno, da bodo deležni zdravljenja, ki temelji na podlagi kliničnih smernic in dokazov (Grothier, 2012). Raziskava Horrocksa in sodelavcev (2012), izvedena v Veliki Britaniji, celo kaže, da so izidi pri pacientu v primarnem zdravstvenem varstvu, obravnavanem s strani diplomirane medicinske sestre/zdravstvenika s specialističnimi znanji, enaki izidom zdravnikov, na večini področij pacienti kažejo celo večje zadovoljstvo. Nadalje prenos del in nalog z zdravnika na diplomirane medicinske sestre/zdravstvenike na primarni ravni dokazuje, da diplomirane medicinske sestre/zdravstveniki s specialističnimi znanji glede na zdravnike dosegajo primerljive zdravstvene izide pri pacientu tudi v povezavi z natančnostjo diagnosticiranja in ocenjevanja zdravstvenega stanja. V državah, kjer so bile specializacije razvite že v drugi polovici preteklega stoletja, so z raziskavami že zelo zgodaj dokazali, da diplomirane medicinske sestre/zdravstveniki s specialističnimi znanji pacientom namenjajo tudi več časa za zdravstveno obravnavo, kar vpliva na njihovo zadovoljstvo (Brown & Grimes 1995; Horrocks, et al., 2002). Pri pacientih, ki so bili obravnavani s strani diplomirane medicinske sestre/zdravstvenika s specialističnimi znanji na področjih, kot so neonatologija, geriatrja ali porodništvo ter nekatera druga, je bilo ugotovljeno, da so bili pri teh pacientih zmanjšani stroški zdravljenja, hospitalizacije so bile krajše, nižja je bila stopnja ponovnega sprejema v bolnišnico in večje je bilo zadovoljstvo pacientov z zdravstveno obravnavo (Bryant-Lukosius, et al., 2004). Najbolj pa lahko poudarimo ugotovitev, da diplomirane medicinske sestre/zdravstveniki s specialističnimi znanji ob nudenju kakovostne na dokazih podprte zdravstvene

nege igrajo ključno vlogo z vidika dolgoročne finančne vzdržnosti zdravstvenega sistema (Grothier, 2012).

V Sloveniji Starc in sodelavci (2009) ugotavljajo, da je ponudba specializacij zdravstvene nege s strani držav Evropske unije in anglosaksonskega sveta obsežna in težko pregledna. Pri samih definicijah, regulaciji in načinu izobraževanja na področju specializacij ni enotnosti. Programe specializacij in nekatere module (npr. predpisovanje zdravil) izvajajo številne visokošolske institucije in različna združenja. Specialistična znanja na področju zdravstvene nege je tako mogoče pridobiti iz psihiatrične zdravstvene nege, zdravstvene nege patronažnega bolnika ali pacienta, onkološke zdravstvene nege, paliativne zdravstvene nege, oskrbe dementnih bolnikov, zdravstvene nege otrok ipd. Tudi Mednarodni svet medicinskih sester, ki daje smernice in priporočila razvoja zdravstvene nege, je že leta 1992 pripravil širši nabor specializacij v zdravstveni negi. Predlagal je, da se specializacije pripravijo na večjih področjih zdravstvene nege, kot so geriatrična zdravstvena nega, javno zdravje, zdravstvena nega otrok, psihiatrična zdravstvena nega, zdravstveno varstvo žensk in otrok, zdravstvena nega patronažnega bolnika ali pacienta, internistična zdravstvena nega, kirurška zdravstvena nega ipd. (International Council of Nurses, 2009). Tako v Veliki Britaniji diplomirane medicinske sestre/zdravstveniki s specialističnimi znanji že od leta 1990 opravljajo preventivne preglede, presejanje za različne bolezni, prevzemajo različne naloge na področju promocije zdravja, zdravstvenega svetovanja, vodenja pacientov s kronično boleznijo, spremljanja pacientov in ponovnih pregledov po končanem zdravljenju ter izvajajo različne intervencije v skladu s smernicami zdravljenja. Pri tem delujejo tako na primarnem kot tudi na sekundarnem nivoju zdravstvenega varstva (Dubois & Singh, 2009).

Kljub dobrim praksam v svetu in dokazanim prednostim, ki jih nudijo diplomirane medicinske sestre/zdravstveniki s specialističnimi znanji, diplomirane medicinske sestre/zdravstveniki v Sloveniji še nimajo razvitih podiplomskih specialističnih izobraževanj. V Sloveniji zaposlenim v zdravstveni negi in študentom zdravstvene nege po končanem študiju karierni razvoj na področju specializacij še ni omogočen, že dalj časa pa o tem potekajo razprave (Bregar, et al., 2013; Lokar, 2013; Skela-Savič, 2013). Kljub temu, da je zdravstveno varstvo izpostavljeno velikim obremenitvam, ki so posledica demografskih sprememb, staranja prebivalstva, čedalje večje ozaveščenosti ljudi, organizacijskih sprememb znotraj zdravstvenega sistema ter do sedaj neuravnoveženega strateškega razvoja zdravstvenega varstva (Poplas Susič & Marušič, 2011), v Sloveniji razvoj specializacij in pomen večje vloge diplomirane medicinske sestre/zdravstvenika ni omogočen. Eden izmed večjih problemov v Sloveniji je neugodno demografsko stanje, kar pomeni, da bo ob takem naraščanju starejšega prebivalstva in vse

večjem deležu pacientov s kronično boleznijo oziroma ob nadaljevanju obstoječih demografskih trendov pritisk na zdravstvo vse večji in zdravstvo s finančnega vidika vedno bolj obremenjeno (Starc, 2004). Tako lahko trdimo, da nastaja prostor med drugim tudi za razvoj specializacij v zdravstveni negi (Pajnkihar & Jakl, 2013).

Iz vseh teh razlogov je logično in nujno, da se morajo razvite družbe in izvajalci zdravstvenih storitev na povečane zahteve po zdravstvenih storitvah pripraviti. Smiselno in modro je zdravstveno varstvo organizirati tako, da bo dolgoročno finančno vzdržno in kljub temu kakovostno. Zato smo pri nas na področju zdravstvene nege že pričeli z nekaterimi aktivnostmi. Predvsem smo na podlagi mnenj in želj v domači strokovni javnosti oblikovali širši nabor specializacij, od katerih se nekatere že pripravljajo (Vilar & Ažman, 2011; Kadivec, et al., 2011; Horvat, et al., 2013). V te mnenjske ankete so bili vključeni zaposleni strokovnjaki zdravstvene nege, v razprave pa nihče ni vključeval študentov. Tako smo se v naši raziskavi osredotočili na dodiplomske in podiplomske študente zdravstvene nege in oblikovali raziskovalno vprašanje o odnosu študentov do specializacij v zdravstveni negi, saj so prav oni tisti, ki bodo bodoči povpraševalci na izobraževalnem trgu. Glede na to, da vemo, kakšne bodo bodoče potrebe po zdravstvenih storitvah, je pomembno, da poznamo preference študentov do podiplomskih znanj, saj jih lahko s primernim pristopom med študijem tudi usmerjamo.

### *Namen in cilj*

Namen raziskave je bil ugotoviti in spoznati načrte študentov izbranih zdravstvenih fakultet v Sloveniji za njihov karierni razvoj oziroma ali smisel svojega nadaljnjega izobraževanja vidijo v specializacijah. Z raziskavo smo želeli odgovoriti na naslednja raziskovalna vprašanja:

- Katera so tista področja v zdravstvu, kjer študentje zdravstvene nege prve in druge stopnje potrebe po specializacijah najbolj prepoznajo?
- V kolikšni meri se študentje strinjajo, da bi z dodatnimi specialističnimi znanji prevzeli nekatere kompetence zdravnikov?
- Zakaj so specializacije v zdravstveni negi po mnenju študentov potrebne?
- Kateri dejavniki so povezani z odnosom študentov do specializacij?

### **Metode**

Raziskava je temeljila na deskriptivni metodi empiričnega raziskovanja. Uporabili smo neeksperimentalno kvantitativno raziskovalno metodo. Za zbiranje podatkov smo uporabili tehniko anketiranja v obliki anonimnega strukturiranega vprašalnika.

## Opis instrumenta

Vprašalnik smo sestavili na osnovi pregleda domače in tuje literature o specializacijah v zdravstveni negi (Bryant-Lukosius, et al., 2004; Pulcini, et al., 2009; Starc, et al., 2009; Delamaire & Lafortune, 2010; Vilar, 2011; Skela-Savič, 2013). Odločili smo se za spletno anketiranje, zato smo vprašalnik vnesli na internetno stran IKA spletne ankete. Vprašalnik je vseboval 20 vprašanj zaprtega tipa v dveh sklopih. Prvi sklop devetih vprašanj je vseboval demografske podatke o anketirancu: spol, starost, letnik in vrsto študija in predhodno izobrazbo in nekatera druga vprašanja. Drugi sklop je vseboval različne trditve, ki se navezujejo na mnenja študentov do specializacij v zdravstveni negi, ki so jih študentje ocenjevali po Likertovi lestvici od 1 do 5 (1 – se popolnoma ne strinjam, 2 – se ne strinjam, 3 – se deloma strinjam, 4 – se strinjam, 5 – se popolnoma strinjam). Za analizo zanesljivosti posameznih sklopov vprašalnika smo uporabili test Cronbach alfa. Pri vseh posameznih sklopih je bil Cronbachov koeficient alfa večji od 0,8, kar dokazuje visoko zanesljivost vprašalnika (Cencič, et al., 2009).

## Opis vzorca

V raziskavo smo vključili študente rednega in izrednega študija prvih, drugih in tretjih letnikov ter absolvente zdravstvene nege Fakultete za zdravstvo

Tabela 1: Opis vzorca

Table 1: Description of the sample

Demografski in drugi s študijem povezani podatki/Demographic and other data related to the studies	<i>n</i>	%
<b>Spol/Gender</b>		
Moški/Male	52	14
Ženske/Female	333	86
<b>Vrsta študija/Type of studies</b>		
Redni/Full-time	255	66
Izredni/Part-time	130	34
<b>Stopnja študija/Level of studies</b>		
Dodiplomski študij/Undergraduate studies	357	93
Podiplomski študij/Postgraduate studies	28	7
<b>Katero fakulteto obiskujete?/ Which faculty do you attend?</b>		
FZJ	153	40
UL ZF	148	38
UP FVZ	84	22

*Legenda/Legend: n – število anketirancev/number of respondents; % – delež anketirancev/proportion of respondents; FZJ – Fakulteta za zdravstvo Jesenice/Faculty of Health Care Jesenice; UL ZF – Univerza v Ljubljani, Zdravstvena fakulteta/University of Ljubljana, Faculty of Health Sciences; UP FVZ – Univerza na Primorskem, Fakulteta za vede o zdravju/University of Primorska Faculty of Health Sciences*

Jesenice (FZJ), Zdravstvene fakultete v Ljubljani (ZF) in Fakultete za vede o zdravju Univerze na Primorskem (FVZ) ter rednega in izrednega študija študente prvih in drugih letnikov druge stopnje smeri zdravstvena nega na omenjenih fakultetah. Uporabili smo neslučajnostni priročni vzorec. Tako je bilo preko podatkovnih baz fakultet razposlanih 1333 vprašalnikov. V celoti izpolnjenih je bilo 385, kar predstavlja 29-odstotno realizacijo vzorca. Opis vzorca je razviden v Tabeli 1.

Prvi letnik na dodiplomski stopnji zdravstvene nege je obiskovalo 56 (15 %) študentov, drugi letnik 113 (32 %), tretji letnik 98 (28 %), absolventov je bilo 90 (25 %). Prvi letnik študija na podiplomski stopnji zdravstvene nege (magisterij) je obiskovalo 8 (29 %) študentov, drugega pa 20 (71 %). Povprečna ocena opravljenih izpitov študentov je bila 7,8. Povprečna starost je bila 27 let ( $s = 7$ ). Struktura anketirancev glede na že doseženo izobrazbo je bila naslednja: 258 (68 %) s končano srednjo zdravstveno šolo, 37 (9 %) z drugo srednjo strokovno šolo, 52 (13 %) z gimnazijo in 38 (10 %) z visoko šolo ali več.

## Opis poteka raziskave in obdelave podatkov

S strani FZJ, ZF in FVZ smo predhodno pridobili soglasje za raziskovanje. Anketirance smo predhodno seznanili z namenom raziskave in da je sodelovanje v raziskavi prostovoljno in anonimno. Raziskava je potekala v obdobju od 22. 7. 2013 do 16. 9. 2013. Za pošiljanje anket je bil zadolžen referat posamezne fakultete, ki je razposlal ankete vsem študentom, katerih elektronske naslove so imeli v svojih bazah. Pričakovana oz. predvidena realizacija vzorca je bila za elektronsko anketiranje značilno nižja tudi zaradi dejstva, da se je anketiranje izvajalo v času poletnih počitnic, vendar smo kontaktnim osebam oziroma predstavnikom letnika večkrat poslali opomnik za ponovno pošiljanje vprašalnikov študentom. Vse pridobljene podatke smo v oktobru 2013 uredili s pomočjo računalniškega programa Microsoft Office Word 2007 in Microsoft Office Excel 2007 in jih statistično obdelali s programom SPSS 20 (IBM; SPSS Inc., Chicago, IL, USA). Rezultate statističnega programa smo predstavili s pomočjo slik in tabel. Pri interpretaciji rezultatov smo uporabili *t*-test, analizo ANOVA, Pearsonovo korelacijo in faktorsko analizo. Kot mejo statistične značilnosti smo upoštevali vrednost  $p < 0,05$ .

## Rezultati

Vse študente smo v prvem sklopu vprašalnika poleg demografskih podatkov (Tabela 1) spraševali tudi po željah glede nadaljnega kariernega razvoja v zdravstveni negi. Za nadaljevanje študija na področju zdravstvene nege bi se odločilo 258 (67 %) anketirancev. Dvom v nadaljevanje študija izraža 107 (28 %) anketirancev. Študij na ožjem specialističnem področju bi nadaljevalo 156 (41 %) anketirancev, 60 (15 %) anketirancev pa na

magisteriju iz zdravstvene nege (odgovarjali so samo študentje prve stopnje). V zdravstveni negi bi se brez nadaljevanja študija zaposlilo 113 (30 %) anketirancev, 27 (7 %) anketirancev bi nadaljevalo študij na magisteriju druge smeri, 26 anketirancev o kariernem razvoju še ne razmišlja, 3 (1 %) študentje bi odšli iz poklica in se zaposlili v drugi panogi.

V nadaljevanju so predstavljeni rezultati raziskave po posameznih raziskovalnih vprašanjih.

*Katera so tista področja v zdravstvu, kjer študentje zdravstvene nege prve in druge stopnje potrebe po specializacijah najbolj prepoznajo?*

Največ - 67(20 %) anketiranih študentov je prepoznalo potrebo po specializaciji v nujni medicinski pomoči. 49 (14 %) študentov je prepoznalo potrebo po specializaciji v zdravstveni negi v anesteziologiji in intenzivni terapiji, 39 (11 %) po specializaciji v kirurški zdravstveni negi in 33 (10 %) po specializaciji v pediatrični zdravstveni negi. Na petem mestu je bila specializacija v patronažni zdravstveni negi (32 (9 %) študentov), na šestem specializacija v psihiatrični zdravstveni negi (30 (8 %) študentov). Sledijo naslednje specializacije: javno zdravje in promocija zdravja (22 (6,5 %) študentov), onkološka zdravstvena nega (16 (4,7 %) študentov), internistična zdravstvena nega (15 (4,4 %) študentov), paliativna zdravstvena nega (10 (2,8 %) študentov), zdravstvena nega starostnika (8 (2,4 %) študentov). Študentje so zaznali najmanj potreb po naslednjih specializacijah: zdravstvena nega v medicini dela, prometa in športa (7 (2 %) študentov), zdravstvena nega pacientov s kronično boleznijo (5 (1,4 %) študentov), bolnišnična higiena in okužbe (5 (1,4 %) študentov) in enterostomalna terapija (2 (0,6 %) študentov).

*V kolikšni meri se študentje strinjajo, da bi z dodatnimi specialističnimi znanji prevzeli nekatere kompetence zdravnikov?*

Študentje so trditve ocenjevali po Likertovi lestvici od 1 do 5 (1 – niso pomembne, 2 – deloma pomembne, 3 – pomembne, 4 – zelo pomembne, 5 – najbolj pomembne). Večina kompetenc ima povprečje nad 3, v vprašalniku so torej ocenjene kot pomembne. Kompetence, ocenjene nad 4 (zelo pomembne), so: več strokovnega znanja za izvajanje zdravstvene nege, zdravstvenovzgojno delo in promocija zdravja, samostojno vodenje urejenih pacientov s kronično boleznijo. V sredini od 3,7 do 3 so se znašle kompetence: napotitev na preglede (rentgensko slikanje) in laboratorijske preiskave (kri, urin), izvajanje manjših kirurških posegov npr. šivanje ran, predpisovanje terapevtskih pripomočkov, samostojno postavljanje anamneze, napotovanje pacientov k drugim strokovnjakom, izvajanje preventivnih preiskav (ultrazvok, endoskopija), pooblastilo za sprejem in odpust pacienta v bolnišnico. Na zadnjem mestu so se

znašle naslednje kompetence (ocenjene z manj kot 3): odločanje o diagnostičnih postopkih, predpisovanje zdravil, pravica do postavljanja medicinskih diagnoz (diagnosticiranja).

*Zakaj so specializacije v zdravstveni negi po mnenju študentov potrebne?*

Anketiranci so na posamezne trditve odgovarjali z oceno po Likertovi lestvici (1 – se popolnoma ne strinjam, 2 – se ne strinjam, 3 – se deloma strinjam, 4 – se strinjam, 5 – se popolnoma strinjam). Na razpolago so imeli 10 podanih trditev. V ospredju, povprečje nad 4, je razvoj novih tehnologij in potrebe po naprednih znanjih. Sledijo razlogi, kot so: čedalje bolj obremenjen zdravstveni sistem/varstvo in naraščanje števila kroničnih pacientov ter povečano povpraševanje po zdravstvenih storitvah. V sredini, povprečje od 3,6 do 4, je razlog daljše preživetje kroničnih pacientov. Na zadnjem mestu, povprečje pod 3,6, so ekonomski razlogi: večja dostopnost in razbremenitev zdravnikov, medicinske sestre kot cenejša delovna sila, višji stroški zdravstvene obravnave starejših, spremenjena demografska struktura (vse več starejših), podaljševanje življenja.

S pomočjo faktorjske analize (rotacijska metoda) smo želeli ugotoviti, ali zveze med opazovanimi spremenljivkami (ocene trditev, zakaj so specializacije potrebne) lahko pojasnimo z manjšim številom posredno opazovanih spremenljivk ali faktorjev, preko katerih bomo lahko v nadaljevanju raziskovali odnos študentov do specializacij. Primernost korelacijske matrike za faktorjsko analizo smo preverili s Kaiser-Mayer-Olkinovim testom (KMO-testom), izračunali smo vrednost 0,836 (priporočena meja je nad 0,5), in Bartlettovim testom, tudi pri tem je bila izračunana vrednost statistično pomembna. Oba rezultata kažeta na smiselnost uporabe faktorjske analize.

Z uporabo faktorjske analize so bili prepoznani trije faktorji med trditvami, zakaj so specializacije po mnenju študentov potrebne. S tremi faktorji smo pojasnili 66,57 % skupne variance, komunalitete vseh posameznih spremenljivk so bile večje od 0,50 (kar je pogoj), večina od njih (od desetih spremenljivk) je večjih od 0,6 (ob pogoju, da je njihova lastna vrednost večja od 1).

S prvim faktorjem – *demografski razlogi*, pojasnimo 32,54 % variance. Z drugim faktorjem – *razlogi obremenjenosti zdravstvenega sistema*, pojasnimo 19,81 % variance. S tretjim faktorjem – *ekonomski razlogi* pojasnimo 14,21 % variance (Tabela 2).

*Kateri dejavniki vplivajo na odnos študentov do specializacij?*

V nadaljevanju smo raziskovali pomen različnih dejavnikov, kot so spol, starost, letnik študija in uspešnost študentov pri študiju, za posamezne faktorje.

Tabela 2: *Faktorska analiza spremenljivk*Table 2: *Factor analysis of variables*

Trditve zakaj so specializacije potrebne/ Arguments why specialization are needed	Faktor 1/ Factor 1	Faktor 2/ Factor 2	Faktor 3/ Factor 3
Zaradi spremenjene demografske strukture prebivalstva/ Due to changes in the demographic structure	0,828	/	/
Zaradi višanja življenjske dobe/Due to rising life expectancy	0,806	/	/
Zaradi naraščanja števila pacientov s kronično boleznijo/ Due to increasing number of chronic patients	0,763	/	/
Zaradi daljšega preživetja pacientov s kronično boleznijo/ Due to prolonged survival of chronic patients	0,735	/	/
Zaradi višjih stroškov zdravstvene obravnave starejših/ Due to the higher medical costs of elderly care	0,682	/	/
Zaradi povečanega povpraševanja po zdravstvenih storitvah/ Due to increased demand of health services	/	0,755	/
Zaradi hitro razvijajoče se tehnologije in potreb po naprednih znanjih medicinskih sester/Due to the fast evolving technology and the need for advanced skills of nurses	/	0,732	/
Zaradi čedalje bolj obremenjenega zdravstvenega sistema/ Due to an increasingly burdened health system	/	0,730	/
Ker bodo medicinske sestre cenejša delovna sila/ In order to decrease the cost of nurses	/	/	0,842
Ker bodo zdravniki bolj dostopni in razbremenjeni/ Doctors would be more accessible and less burdened	/	/	0,786

Legenda/Legend: Faktor 1/Factor 1 – demografski razlogi/demographic reasons; Faktor 2/Factor 2 – razlogi obremenjenosti zdravstvenega sistema/reasons due to health system burden; Faktor 3/ Factor 3 – ekonomski razlogi/economic reasons

## Spol

Pomen spola smo raziskovali s t-testom za neodvisne vzorce. Do statistično pomembnih razlik pride le pri faktorju *ekonomski razlogi*. Zaključimo lahko, da moški v primerjavi z ženskami v povprečju pogosteje ocenjujejo ekonomske razloge kot najtehtnejši razlog za razvoj specializacij v zdravstveni negi ( $t = 0,552, p = 0,011$ ).

## Starost

Pri pomenu starosti za posamezne faktorje smo uporabili Pearsonovo korelacijo, kjer smo ugotovili šibko in pozitivno korelacijo s prvim faktorjem *demografski razlogi* ( $r = 0,354, p = 0,018$ ) in šibko ter negativno korelacijo pri drugem faktorju *razlogi obremenjenosti zdravstvenega sistema* ( $r = -0,322, p = 0,034$ ). Starejši študentje torej pripisujejo večji pomen *demografskim razlogom* za specializacijo in vidijo manjši smisel v razvoju specializacij zaradi *obremenjenosti zdravstvenega sistema*.

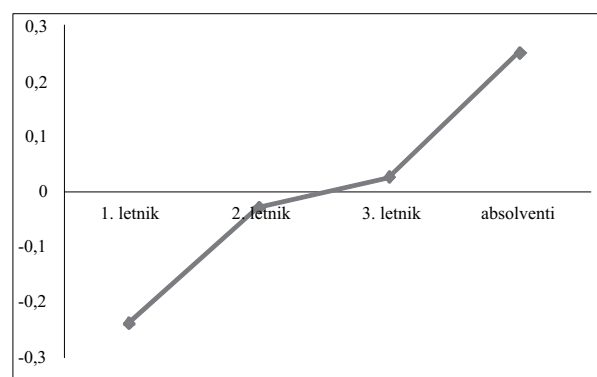
## Letnik študija

Za ocenjevanje pomena letnika študija smo uporabili test ANOVA, kjer smo ugotavljali, ali pri ocenjevanju faktorjev obstajajo statistično pomembne razlike glede na letnik študija (prvi, drugi, tretji letnik in skupina absolventov, kamor smo vključili vse študente na drugi stopnji). Do statistično pomembnih razlik v odgovorih študentov po posameznih letnikih študija je prišlo le pri prvem faktorju

– *demografski razlogi* ( $F = 2,407, p = 0,041$ ). Slika 1 kaže, da študentje višjih letnikov dajejo večji pomen nujnosti specializacije za kakovostnejšo obravnavo starostnikov in pacientov s kronično boleznijo.

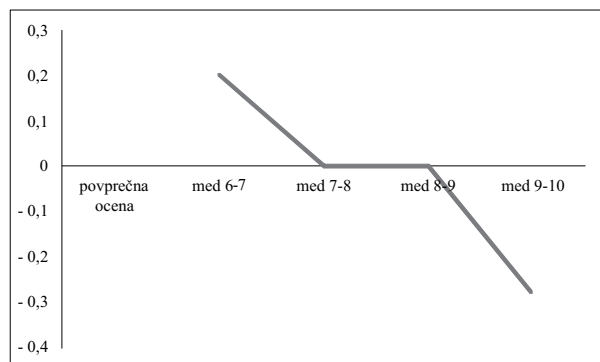
## Pomen ocene

Pomen ocene posameznih faktorjev smo prav tako ugotavljali s testom ANOVA. Študente smo glede na povprečno oceno razdelili v štiri skupine (6,0–6,9; 7,0–7,9; 8,0–8,9; 9,0–10,0).



Slika 1: *Vpliv letnika študija na faktor demografski razlogi*

Figure 1: *The importance of the year of study on factors – Demographic reasons*



Slika 2: Pomen ocene faktorja dostopnost in razbremenitev zdravnikov zaradi diplomiranih medicinskih sester/ zdravstvenikov kot cenejše delovne sile v zdravstvu.

Figure 2: Importance of ratings on the factor - accessibility of doctors and to decrease the cost of nurses

Test ANOVA nam pokaže, da prihaja do statistično pomembnih razlik med posameznimi odgovori glede pomena faktorja *ekonomski razlogi* ( $F = 3,222$ ,  $p = 0,023$ ). Iz Slike 2 lahko sklepamo, da višja kot je povprečna ocena, manjša je ocena potrebe po specializaciji zaradi dostopnosti in razbremenitve zdravnikov zaradi medicinskih sester kot cenejše delovne sile v zdravstvu.

### Pomen odločitve o nadaljevanju šolanja

Študente smo glede na odgovore razdelili v tri skupine (sploh si ne želim, želim si, močno si želim). Do statistično pomembnih razlik med posameznimi skupinami je prišlo pri drugem faktorju – *razlogi obremenjenosti zdravstvenega sistema* ( $F = 3,664$ ,  $p = 0,027$ ). Sklepamo, da bolj kot si študentje želijo nadaljevati študij, večji pomen za razvoj specializacij vidijo v obremenjenosti zdravstvenega sistema (v povečanem povpraševanju po zdravstvenih storitvah, obremenjenosti zdravstvenega sistema in prisotnosti novih tehnologij).

## Diskusija

V raziskavi spoznavamo, da si študentje nadaljnega kariernega razvoja v smeri specializacij želijo, vendar lahko rečemo, da v Sloveniji trenutno še ne prihajamo do točke, da bi bili v sistemu zdravstvenega varstva na tem področju prepoznani. V Sloveniji zaposlenim in študentom v zdravstveni negi karierni razvoj na področju specializacij še ni omogočen, vendar v prid temu razprave potekajo že dalj časa (Bregar, et al., 2013; Lokar, 2013). Tudi strokovna združenja in visokošolski zavodi na področju zdravstvene nege vse bolj poudarjajo in spodbujajo razvoj specializacij po vzoru tujih držav (Požun & Skela-Savič, 2011; Skela-Savič & Klemenc, 2011). Ugotovljamo, da študentje vidijo mnoge razloge, ki govorijo v prid razvoju

specializacij v zdravstveni negi, kot so demografski razlogi, obremenjenost zdravstvenega sistema in ekonomski razlogi. Večina študentov v raziskavi svoj karierni razvoj vidi v nadaljevanju šolanja na področju zdravstvene nege, od tega velik del na ožjem specialističnem študiju zdravstvene nege. Slednje je v nasprotju z raziskavo, kjer so po nadaljnjem študiju spraševali zaposlene, ki so temu manj naklonjeni (Altman, 2011). Pri tem moramo poudariti, da si večina naših anketirancev želi študij specializacij nadaljevati redno. Podatek je pomemben, saj predvidevamo, da so zdravstvene fakultete in visoke šole v finančnem smislu v veliki meri odvisne tudi od šolnin študentov izrednega študija. Tudi Skela-Savič (2013) opozarja na čedalje bolj skopo finančno politiko države, ki vpliva na razvoj zdravstva in visokega šolstva ter otežuje izobraževanje zaposlenih in financiranje novih študijskih programov. Spodbudno je to, da si večina študentov želi nadaljnje karierne poti tudi v obliki magisterija s področja zdravstvene nege. Izobraževanje na drugi stopnji bolonjskega študija – magisteriju zdravstvene nege, je pomembno tudi zaradi tega, ker večina držav in International Council of Nurses za prevzemanje specialističnih oblik dela v zdravstveni negi zahteva omenjeno stopnjo izobrazbe (International Council of Nurses, 2005; Delamaire & Lafortune, 2010). Prav tako je magisterij s področja zdravstvene nege pomemben zato, ker nadomešča univerzitetno izobrazbo zdravstvene nege, ki je v Sloveniji še ni (Skela-Savič & Klemenc, 2011).

Iz nabora specializacij v anketi, med katerimi so izbirali študentje, se jih je največ odločilo za nujno medicinsko pomoč. Prav tako v samem vrhu sta zdravstvena nega v anesteziologiji in intenzivni terapiji ter kirurška zdravstvena nega, iz česar predpostavljamo, da si študentje želijo specializacij, kjer se medicina in zdravstvena nega bolj prepletata in kjer je več medicinsko-tehničnih posegov. To si morda lahko razlagamo s tem, da so anketirani študentje mladi in se želijo zaposliti ter se specializirati sprva na področjih, ki se bolj prepletajo z medicino, saj tako pridobijo več referenc, kar jim tudi omogoča boljše možnosti za nadaljnjo zaposlitev na drugih področjih ali pa celo v tujini. Tudi Vilar (2011) navaja, da je razvoj specializacij še posebno pomemben tam, kjer se prepletata zdravstvena nega in medicina. Po drugi strani pa lahko predpostavljamo, da če bi anketirali že zaposlene diplomirane medicinske sestre/ zdravstvenike in posledično tudi starejše, bi verjetno v ospredje prišla specialna področja zdravstvene nege, ki so po našem mnenju manj stresna in bolj povezana s spremenjeno demografsko strukturo prebivalstva, kar nam potrjujejo rezultati, da starejši študentje dajejo večji pomen demografskim razlogom, torej zdravstveni negi starostnikov. Nasproti našim ugotovitvam je mnenjska anketa, ki sta jo za Zbornico – Zvezo opravili Vilar in Ažman (2011). Anketiranci so se v tej anketi v največji meri odločali za specializacije v medicini

dela, prometa in športa, patronažni zdravstveni negi, zdravstveni negi v pediatriji, zdravstveni negi v gerontologiji in specializaciji v bolnišnični higieni. Razlike v rezultatih te ankete v primerjavi z našimi lahko po našem mnenju pojasnimo tudi z izbiro vzorca anketirancev Zbornice – Zveze, ki ni vključeval neposrednih izvajalcev zdravstvene nege, poleg tega je bil vzorec tudi majhen.

V raziskavo vključeni študentje se zavedajo, da so specializacije v zdravstveni negi najbolj potrebne zaradi novih tehnologij in naprednih znanj, zaradi naraščanja števila pacientov s kronično boleznijo in podaljšane življenjske dobe, vedno bolj obremenjenega zdravstvenega sistema in povečanega povpraševanja po zdravstvenih storitvah. Kljub temu zavedanju jim specializacije, ki so izraziteje povezane s spremenjeno demografsko strukturo (npr. gerontološka zdravstvena nega), niso toliko zanimive, saj se za specializacijo, ki bi govorila v prid temu dejavniku, niso opredelili. Pask (2011) ugotavlja, da so se specializacije razvile tudi zaradi hitro razvijajoče se sofisticirane tehnologije in razširjajočega se znanstvenega znanja. V našem primeru predpostavljamo, da so ocene te spremenljivke povezane z nizko starostjo študentov oziroma da je študentom tehnologija bližje kot pa starejšim, saj so odraščali v času še posebno hitrega tehnološkega razvoja. Zopet lahko izpostavimo, da skrb za starostnike raste s starostjo anketirancev in letnikom študija. Po našem mnenju je zaskrbljujoče, da v času študija mladih ljudi ne znamo pridobiti za delovanje na področjih, ki bodo v prihodnosti delovno zelo intenzivna, saj se pričakuje, da bo dela s starostniki in posledično s problemi, ki jih prinaša starost, vse več. Tudi nekateri tuji avtorji trdijo, da gerontologija spada med manj zaželeno področja za zaposlene v zdravstvenem varstvu in da so za pridobivanje kadra na teh področjih potrebne nadaljnje aktivnosti (Brown, et al., 2008; Shen & Xiao, 2012; Grymonpre, et al., 2013).

V literaturi omenjajo, da se je razvoj diplomirane medicinske sestre/zdravstvenika s specialističnimi znanji začel v 60. in 70. letih prejšnjega stoletja v Združenih državah Amerike, Kanadi in Veliki Britaniji kot odraz pomanjkanja zdravnikov, spremenjenih demografskih struktur prebivalstva (vse več starejših in s tem pacientov s kronično boleznijo), večjih potreb prebivalstva po dostopnosti zdravstvenih storitev, zaradi nenehnega zviševanja stroškov v zdravstvu ipd. (Delamaire & Lafortune, 2010). V naši raziskavi se odraža, da so demografski razlogi (skrb za starostnike) bližje starejšim študentom in tistim, ki so v višjem letniku študija, kar lahko pojasnimo tudi z vplivom določenih študijskih predmetov (zdravstvena nega starostnika z gerontologijo in rehabilitacijo). Moški anketiranci dajejo večji pomen ekonomskim razlogom (medicinske sestre/zdravstveniki bodo cenejša delovna sila, zdravniki bodo dostopnejši), vendar pa na tem mestu ne moremo pojasniti razlogov za te razlike. Ekonomski razlogi za razvoj specializacij so bližje tudi tistim študentom, ki imajo nižjo povprečno oceno, kar verjetno lahko pojasnimo s tem, da študentje,

ki so bolj uspešni, bolj cenijo zdravstveno nego. Ekonomske razloge Delamaire in Lafortune (2010) omenjata kot pglavitne vzroke, ki naj bi pospeševali razvoj specializacij v zdravstveni negi. Študentje, ki želijo nadaljevati študij, se tudi bolj nagibajo k drugemu faktorju, tj. obremenjenosti zdravstvenega sistema kot razlogu za razvoj specializacij. Vse skupaj govori v prid temu, da v raziskavi sodelujoči študentje smisel oz. cilj svojega študija vidijo v tem, da bodo opravljali poklic na področju negovanja in ne toliko v tem, da bi nadomeščali zdravnika. Prav tako menimo, da svojega dela stroškovno ne podcenjujejo.

Anketiranci večinoma menijo, da bo diplomirana medicinska sestra/zdravstvenik s specialističnimi znanji s svojim znanjem prispevala k bolj kakovostni in varni zdravstveni negi. Specializacije jim bodo omogočale nadaljnji karierni razvoj. Karierni razvoj je anketirancem oz. študentom zelo pomemben. V več državah Evropske unije (Poljski, Cipru, Irski, Češki) menijo, da bi razvoj specialističnih znanj v zdravstveni negi služil tudi kot pritegnitev diplomiranih medicinskih sester/zdravstvenikov v nadaljnje podiplomsko izobraževanje in da bi jih tako z izboljšanimi kariernimi možnostmi lažje obdržali v državi, saj se jih čedalje več seli v druge države, kjer imajo boljše pogoje za zaposlitev in karierni razvoj (Aiken & Cheung, 2008; Delamaire & Lafortune, 2010).

Pomembnost razvoja specializacij se je še posebej pomembno pokazala na področju, kjer se prepletata zdravstvena nega in medicina. Anketiranci se zavedajo, da se morajo specializacije razvijati vzporedno s spremenjenimi nacionalnimi potrebami, kar v Sloveniji v zadnjih letih že večkrat opozarjajo na vsakoletnih posvetih *Moja kariera – Quovadis – My career* Fakultete za zdravstvo Jesenice in kar v tujini Organisation for Economic Co-operation and Development dokazuje že dalj časa (Delamaire & Lafortune, 2010).

Proti pričakovanjem rezultati kažejo, da študentje v ospredje ne postavljajo kompetenc, ki so v domeni zdravnikov, kot npr. predpisovanje zdravil, diagnosticiranje, odpust bolnika, ampak so se odločali za kompetence, ki so nekoliko bolj povezane z zdravstveno nego, oziroma med katerimi nekatere že izvajajo. Nekoliko v navzkrižju z naborom specializacij, za katere so se anketiranci največ odločali, je le poudarek anketiranih na kompetence v povezavi z medicinsko-tehničnimi intervencijami.

### *Omejitve raziskave*

Med izvedbo raziskave smo naleteli na nekaj ovir. Pričakovana oz. predvidena realizacija vzorca je bila za elektronsko anketiranje značilno nižja tudi zaradi dejstva, da se je anketiranje izvajalo v času poletnih počitnic. Vzorec je bil priložnosten, kar onemogoča posploševanje rezultatov na populacijo študentov zdravstvene nege. V raziskavo smo vključili tudi študente prvih letnikov, ki po našem mnenju še nimajo toliko izoblikovanih lastnih kariernih poti.

## Zaključek

V raziskavi zajetim študentom je karierni razvoj v obliki specializacij v zdravstveni negi pomemben in si ga želijo. Med najbolj zaželenimi specializacijami so predvsem tiste ki so povezane z medicino in v ospredje postavljajo medicinsko-tehnične posege. Toda različni dejavniki, kot so spol, starost, letnik študija, povprečna ocena in odločitev o nadaljnjem izobraževanju na področju zdravstvene nege, imajo velik vpliv na odnos študentov do specializacij. Uspesnejši študentje, starejši študentje, študentje višjih letnikov in študentje z željo po nadaljnjem izobraževanju dajejo večji pomen specializacijam, ki so bolj povezane z zdravstveno nego in v ospredje postavljajo negovanje. Tudi želja po določenih dodatnih kompetencah kaže, da študentje v ospredje ne postavljajo medicinskega znanja, ampak več strokovnega znanja s področja zdravstvene nege, zdravstvenovzgojno delo, promocijo zdravja in vodenje pacientov z urejeno kronično boleznijo. Ne glede na vse bodo s specializacijami v zdravstveni negi pridobili tudi uporabniki, saj bodo deležni kakovostnejše in varnejše zdravstvene obravnave.

Glede na zastavljeni namen in cilje raziskave tako sklepamo, da smo uspeli definirati odnos študentov do razvoja specializacij v zdravstveni negi. Menimo, da ekonomsko-socialna kriza, spremenjena demografska struktura prebivalstva, večja incidenca kroničnih bolezni, tako v svetu kot pri nas močno vplivajo tako na organizacijo sistema zdravstvenega varstva kot tudi na zdravstveno nego. Specializacije v zdravstveni negi in razvoj podiplomskih znanj so pomembni tudi za vzdržnost zdravstvenega sistema, vendar odločevalci zdravstvene politike ne omogočajo enakomernega razvoja vseh strok v sistemu zdravstvenega varstva. Prav tako menimo, da študentje dopuščajo možnost, da zdravniški lobi zaradi pozicioniranja in dobro plačanih delovnih mest zdravstveni negi ne bi pustil, da bi se nekatere kompetence zdravnikov razširile na diplomirane medicinske sestre/zdravstvenike. Razvoj specialističnih znanj v zdravstveni negi je nujen predvsem za zagotovitev kakovostne in varne zdravstvene obravnave ter oskrbe pacientov in tudi za razvoj kariernih možnosti za študente zdravstvene nege in že zaposlene diplomirane medicinske sestre/zdravstvenike. Toda pri razvoju specializacij v zdravstveni negi moramo biti previdni in premišljeni, da bi se izognili brezposelnosti diplomiranih medicinskih sester/zdravstvenikov, ki bi se specializirali na ožjem specialističnem področju. Ob tem ne gre pozabiti na ključno poslanstvo zdravstvene nege, to je negovanje, s katerim v procesu zdravstvene obravnave pacientom nudimo bližino, smo pristni v odnosu in jih razumemo – česar jim drugi bolj tehnično usmerjeni poklici v zdravstvenem sistemu ne uspejo dati.

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