

# 250-plus types of specialisations in nursing

*From a 'generic nurses shortage' problem  
to 'specialist nurse opportunities'*

*Insights of today's Specialist Nurses footprint in the European health provision and future*

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When there is a crisis that needs an urgent short-term solution, it's not the time to look at long-term answers. It's not of any use to change national water management policy when the spring tide is creating a flood. It's the same for the current shortage of qualified nurses. We need to solve today's problem; we can't wait for changes in laws, the European directive on the recognition of professional qualifications<sup>1</sup> or professional mobility.

This paper aims to look at the shortage of nurses in the context of today's health crisis and to discuss the solutions in reach. As a start, let's end things as a generic 'Nurse Shortage' but address a specific critical health staffing issue as a logical result of the decade-long policy of reducing nurse staff to tackle health budgets, lack of recognising the specialist nurse, no reasonable reflection of their work on remuneration and non-investment in career opportunities. The issue is, if you touch the 'nurse shortage issue as a problem' better to focus on the solution in the opportunities. In parallel, there is also this misconception that specialist nurses are too fragmented to touch one group, well, then don't. They are not fragmented but rich in the spectrum. Touch them by the domains where the opportunities are, don't look back if you wish to face the future.

For the reader, this is not a scientific manuscript but a starting point for debates and for solutions and inspiration for all the nurses in all specialties to make them understand that what they do is 'not just a job' but real profession and invest relentlessly and the supportive civil society to provide an impression who European civil society applauded for.

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<sup>1</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32005L0036>

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## BACKGROUND

When you think of a nurse, you might imagine the person who leads you into a room when you go to see your doctor. They take your vital signs, such as your blood pressure and temperature, and ask questions about your symptoms and overall health. But this is a misconception that is deeply rooted in many people's minds, even national and European regulators who are looking into nurse shortages. One of the additional reasons is that too often nurses are portrayed as 'we know the'. Image in uniform, in group, all look the same, portrayed in same age groups and today with mouth caps, even when not needed. In reality, many nurses move into specialities after basic training, such as cardiology, respiratory medicine, oncology, mental health and more and do not always work in uniforms.

Regulators have suggested that it's not effective to address nurse shortages by specialities, as the profession is very fragmented. However, this fragmentation is seen in other professions, for example engineering. If a graduate engineer takes a pathway into the marine engineering, they might end up for example in a nuclear sub, working on wind-propelled ships, or ship by wind propulsion, or constructing bridges. They are not interchangeable just because they are engineers. Similarly, specialist nurses are not interchangeable:

### **Example 1: ICU nurses in the COVID-19 pandemic**

During the COVID-19 pandemic, there was a call for "more intensive care nurses". The solution was to pull in thousands of nurses from a range of specialities. Despite their hard work and dedication, this caused a lot of confusion, because many of these nurses had no experience or understanding of the fundamentals of ICUs and had to learn the job as they went along. Rather than relieving the pressure on ICU staff, this – in some cases – made their job more difficult.

Specialist nurses work in a number of different fields. Examples include:

- Elderly care, which includes co-morbidities such as cardiovascular disease, diabetes and arthritis
- Caring for young people, which includes learning disabilities, violence, depression and addiction
- Emergency care, which includes a range of different capabilities, including training for working in helicopters.

### **Example 2: Emergency medicine**

The lead of the Specialist Nurses Group in Portugal is an ICU nurse and is often stationed at the helicopter base. She also trains new ICU nurses towards their certificate for helicopter service.

European and global nurses' representatives talk about nurse shortages, but this is far too vague a concept to address, or even a distraction and avoidance to touch the real issue behind it: how did it come causing this situation and who are responsible for this, what institutes or what kind of culture? Or is health today far too medical dominated? Big numbers attracts a lot of attention, such as mentioning the millions global and European of nurses short in hospitals today, but it could just distract from the

real issue, it's a far too large issue to comprehend and become far too abstract. We need to avoid this abstraction and become more specific. If there are nurse vacancies, the focus needs to be on the specialities, as shown for example on the UK jobsites: [NHS nursing and midwifery jobs site](#):

The ESNO is often approached by European recruitment agencies with questions about accreditation, for example whether there is a recognised and accredited nurse institute for ICU nurses. But there isn't, as many European nations refuse to recognise the specialities as specific professions. This position does not meet the requirements on professional mobility under the EU directive the recognition of professional qualifications. I know a personal example of a nurse with an advanced academic degree in mental health who moved to France and could not work in her speciality. She had to start again as a general nurse, this just did not work out.

**ESNO's position is that if you just talk about 'nurse shortage' it achieves nothing, but by making the discussion more specific and focusing on specialities, it's possible to create policies.**

**Example 3: Tackling nurse shortages in coronary care**

A hospital in the Netherlands had to close a section of the coronary care ward because of a lack of nurses. To tackle this, the hospital invested in creating career pathways, involving nurses in policy, projects and programs and creating nurse ambassadors.

Some people may argue against specialisation, saying that it has gone too far – that it is reaching the point that there are specialists of the left and the right earlobe. There are many niches where specialisation is vitally important, and is a crucial element of today's advanced health provision.

**Example 4: Cardiac surgery in new-borns**

Each year, in hospitals where babies are born, there will be one or two cases of new-borns with a serious heart problem. These babies need to have surgery, potentially at just a few days old. In the Netherlands there are four hospitals able to do these operations. Surgeons need to have specialist skills, and have to do at least 50 to 70 operations each year to maintain their levels of expertise. It's a bit like pilots who need to maintain their flight hours. The surgeons need to be surrounded by skilled staff, including operation room nurses.

Heart surgery, especially on very tiny babies, is very different to orthopaedic or brain surgery. The team needs to include nurses trained in heart surgery, as well as specially qualified nurse anaesthetists, recovery nurses and so on.

When the baby comes out of surgery, you as a parent visiting the paediatric ICU can expect an ICU nurse to put their hand on your shoulder and say with a smile: "I hope you have the same trust in the recovery of your baby as we do. She did really well in surgery – I was there with her – and she is gorgeous."

The #Caring4Nurses blog has posts on nurse shortages:

- [Recruitment versus retention](#)
- [A year nursing in COVID times: working in a time capsule and how to get out](#)

## HEALTHCARE ASSISTANTS: A POTENTIAL SOLUTION?

Nursing assistants support patients, and may monitor patients' conditions, take samples and carry out health promotion and education. An approach to tackling the nursing shortage is to use nursing assistants more, freeing up the available nurses to carry out more complex procedures. However, this may not work as many patients have conditions and comorbidities that are far too complex for healthcare assistants to manage. A solution could be to upgrade the training for nursing assistants to include basic anatomy, physiology and pathology, or to encourage them to enter nurse training in domain where they are good in and feel challenged and being a part of the wider nurse community.

## NURSE MOBILITY AND RECOGNITION

The EU directive on recognition of professional qualifications enables the free movement of professionals such as doctors and architects within the EU.<sup>2</sup> The assumption was that it should trigger the recognition of the specialist nurse across borders, potentially helping the issues of nurse shortages. However, there has been little movement, and where nurses have gone abroad. Many have returned home. The conditions and career profiles that could help this movement are:

### CONDITION

- Work under good conditions
- Have an acceptable salary
- Work acceptable hours
- Live in acceptable accommodation
- Have conditions where it is possible to raise a family if wanted.

### CAREER PROFILE

- Attractive job profile
- Enjoyable and inspirational role to make the nurse want to stay
- Sustainable role with the possibility of career advancement

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<sup>2</sup> [https://ec.europa.eu/growth/single-market/services/free-movement-professionals\\_en](https://ec.europa.eu/growth/single-market/services/free-movement-professionals_en)

## A STRATEGY

### TACKLE NURSE SHORTAGES THROUGH OPPORTUNITIES TO SPECIALISE

Tackling nurse shortages through specialisation needs recognition of specialisations, including those at advanced practice levels. This is in the hands of national and European officers – they need to take a closer look at the impact of not acting effectively. After all, we have also seen the effect of doing far too less ~~nothing~~ on the numbers of nurses in all specialties over the past year.

At ESNO, we aim to support our ESNO members, as they go the extra mile in the crisis. We will make our voice, and their voice, heard. the crisis, in making our voice heard.

ESNO has launched the 'DECADE OF THE SPECIALIST NURSE 2020 – 2030' (see the announcement below). We are working on a long-term project plan and hope to publish this in the third or fourth quarter of 2021.

This campaign aims to be positive, and to break up the challenge of nurse shortages into smaller parts – we hope that this will make it easier to address.

### THE 10 STEPS TOWARDS SOLVING NURSE SHORTAGES

1. We need to **stop addressing nurse shortages as a general problem** because this means that no-one feels responsible
2. We need to carry out a **detailed analysis of how we got on to this situation**. By looking at the data and by taking responsibility, we can turn the tide.
  - We all need to be brave and accept the question where we were wrong over the impact that COVID-19 has had on the numbers of nurses, as so many specialist nurses have died from COVID-19 infection.
3. Only by breaking down the **staffing problem into components** can the problems be solved
4. Issues need to be addressed at **national, regional and local levels** rather than at European level; the bigger the issue is, the less interest it gets.
5. Only with making **jobs and opportunities attractive** and inspiring can the loss of nurses be slowed. This needs to be done at national and local levels.
6. **Salary and remuneration** must have play a crucial role in this debate – working conditions and remuneration must be acceptable to nurses as any other profession.
7. **Continuing professional development** is vital for the retention of the nurses. There should be a focus on nurses with 10 to 20 years' experience.
8. European specialist nurse organisations and NGOs need to collaborate on **harmonisation of training** and education to avoid variations in education levels.
9. Specialist nurses should be included **at all policy levels and in all policy decisions**, to close gaps between policy and clinical reality.
10. **Stop accepting that any nurses drops** out of the profession and seek any reasonable solutions to prevent further decline.

## DIVERSITY IN SPECIALIST NURSING PROFESSIONS: A BLESSING.

There are many different specialities in nursing, each with a unique role or area of expertise. There are a number of routes to becoming a specialist nurse. Many nurses start to specialise as part of their undergraduate nursing study. Some go on to pursue graduate degrees or certifications in specialized areas of medicine. There are crossovers and overlaps (temporally or structural) in many areas of speciality – for example nurses working in andrology ( and are a part the prostate cancer team) also work with oncology nurses, and also work in education and research. The types of Speciality is growing and it's of crucial relevance to take these phenomenon in account and let me touch some examples and based on websites for more information <sup>3,4,5</sup>

**There are a number of ways to categorise specialist nurses:<sup>6</sup>**

- Level of post-graduate or post-qualification training
- Their area of specialisation
- The communities they work with
- The type of facility they work in

## AN OVERVIEW AS AN IMPRESSION

### NURSES IN PAEDIATRICS AS AN EXAMPLE

- Paediatric registered nurse.
  - Work in the paediatric department of hospitals or in paediatricians' offices. They care for infants, children, and adolescents with a range of medical needs.
- NICU nurse.
  - Work in the neonatal intensive care unit of a hospital. They care for new-borns and premature infants.
- Child-birth and delivery nurse.
  - Work directly with women throughout the birthing process. They perform many important tasks, including administering epidurals or other medications, timing contractions, and showing new mothers how to do everything from changing a diaper to feeding a baby.
- PICU nurse.
  - Work in the paediatric intensive care unit caring for babies, children, and teens with a variety of serious medical conditions. They administer medicine, track vital signs, and provide support to ill children and their families.
- Perinatal nurse.
  - Work with women through pregnancy, birth, and the first months of their infants' lives. They focus on encouraging healthy pregnancies and supporting new families.
- Lactation consultant.

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<sup>3</sup> <https://www.gmercyu.edu/academics/learn/types-of-nurses>

<sup>4</sup> <https://nursejournal.org/resources/nursing-specialties-guide/>

<sup>5</sup> <https://www.healthline.com/health/types-of-nurses>

<sup>6</sup> GUIDELINES ON ADVANCED PRACTICE NURSING NURSE ANAESTHETISTS  
[https://www.icn.ch/system/files/documents/2021-05/ICN\\_Nurse-Anaesthetist-Report\\_EN\\_WEB.pdf](https://www.icn.ch/system/files/documents/2021-05/ICN_Nurse-Anaesthetist-Report_EN_WEB.pdf)

- Teach new mothers how to breastfeed their babies. They also help them overcome any issues, such as pain or poor latching, which might make breastfeeding difficult.
- Neonatal nurse.
  - Neonatal nurses work with new-borns during their first weeks of life.
- Developmental disability nurse.
  - Work to assist children and adults with disabilities, such as Down syndrome or autism. Some provide home care, while others work in schools or other settings.
- Certified nurse midwife.
  - Provide prenatal care to pregnant women. They may also assist in the birthing process and provide care for new-borns.
- Paediatric endocrinology nurse.
  - Help children with a variety of endocrine disorders, including diabetes and thyroid disorders. They often work with children and teenagers with delayed physical and mental development.

## NURSES WITH MEDICAL SPECIALTIES

- Infection control nurse.
  - Specialise in preventing the spread of dangerous viruses and bacteria. This often involves educating healthcare providers and communities about ways to stop the spread of infection.
  - Can work on local, regional or national level
  - May advise ECDC or WHO.
- Forensic nurse.
  - Trained to work with crime victims. This includes performing a physical examination and collecting forensic evidence for criminal cases.
- Emergency room nurse.
  - Handle a variety of medical problems, from sprained ankles to severe traumas. They treat diverse groups of people across all ages and help with intake and emergency care. They may work in ambulances.
- Operating room nurse.
  - Help people before, during, and after surgery. In addition to assisting surgeons, they inform people and their families about postsurgical care.
- Telemetry nurse.
  - Treat critical care people who require constant medical monitoring. They're certified to use advanced technology, such as electrocardiogram machines.
- Oncology nurse.
  - Work with people with cancer or those being screened for cancer. They help administer medications and treatments, such as chemotherapy and radiation, to people of all ages. This includes children, and people who require bone marrow transplants.
- Cardiovascular nurse.
  - Work with people who have heart and blood vessel disorders. They often monitor people in the intensive care unit following a heart attack and work closely with cardiologists.
- Urology.
  - Work in Urology centres and at the clinic, and often also are the first contact of patients living at home and are depending on 24/7 contact with nurses.

*Speciality Combinations: Today in some nations specialities are composed in clusters, such as High Clinical Care combining education in : Intensive, anesthesia, operation, emergency and ambulance nursing care.*

- Nurses in andrology specialise in urological problems found only in men.
- Dialysis nurse.
  - Work with patients who have kidney failure. They build relationships with patients undergoing regular dialysis treatments to provide support and education. They may also be involved in transplants.
- Psychiatric nurse.
  - Trained to treat people with a variety of mental health problems. They help administer medication and provide crisis intervention when needed.
    - Children: in clinics and communities (at home and schools)
    - Addiction: specialist in addition including drugs, smoking. Alcohol, gambling and gaming
    - Consultation: advice to all wards
    - Intensive care: work in closed setting with patients who are a danger to themselves or society
    - Elderly: including comorbidities, dementia and end of life
- Pain management nurse.
  - Help people who have either acute or chronic pain. They work with people to develop strategies for managing daily pain and improving their quality of life.
- Wound care.
  - Perform a wide variety of critical services, from assessing diabetic foot conditions and mitigating infections to developing treatment plans and caring for pressure injuries.
- Intensive care/critical care.
  - Work in the intensive care unit of a hospital with either paediatric, neonatal, or adult populations. They may specialize, depending on the needs of the patient demographic and the size of the hospital in which they work. ICU nurses work at high ratios with patients who already have, or have a high likelihood of developing, a life-threatening complication, and trauma or disease process as ICU patients require intensive and frequent nursing care, assessments and monitoring.
- Operating room nurse/perioperative nurses/surgical nurses
  - In charge of patients scheduled for surgery. OR nurses are specialized registered nurses (RN) and, depending on the situation act circulating nurses. OR nurses hand surgical instruments to the physician, while circulating nurses oversee nursing care during the procedure and ensure the operating room remains sterile. An operating nurse also acts a liaison between the patient, the patient's relatives and the medical team. After extensive additional education and training, you may also become a RN First Assistant and deliver direct surgical care.
- Burn care nurse.
  - Treat and monitors burn wounds, and play a critical role in the assessment of emotional and psychological trauma that so often accompanies a burn injury. This specialty calls for a wide range of clinical skills including triage, pain management, critical care, and trauma recovery.

#### **Example 5: Burn care**

On 30 October 2015, 27 people were killed during a fire at the 'Colectiv' nightclub in Bucharest. A further 37 died in the weeks that followed; another 180 people were injured. Patients were sent to hospitals across Europe, including the Royal Victoria Infirmary in Newcastle. These centres can only operate with highly skilled and experience medical and specialist nurse professionals.<sup>7</sup>

<sup>7</sup> <https://www.bbc.co.uk/news/av/uk-england-tyne-35709104>

- Dermatology nurse.
  - Focus on the treatment of wounds, injuries, and diseases of the skin, including skin cancer as well as patient care following plastic surgery.

#### **Example 6: Nurses in psoriasis – PsoPlus at the University of Gent**

Psoriasis is a complex, multi-morbid chronic and systemic disease with a prevalence of 3% in our region. Intuitively, we have been well aware that psoriasis has to be looked at using a holistic approach, taking into account comorbidities as well as psychosocial problems that are linked to the condition. Nine years ago, we decided to set up an integrated practice unit called PsoPlus.

Most importantly, we have set up direct access to the rheumatologist and gastroenterologist. In case of psychosocial issues, we plan a consultation for the patient with the dedicated psychologist. We structured communication with the general practitioner, supported by to-the-point information about the patient's comorbidities implying treatment of the associated conditions. Lifestyle behaviour is discussed with every patient, and we refer patients to a dietician, obesity clinic and/or services to assist in addiction management (alcohol/smoking) if necessary.<sup>8</sup>

- Nurse anaesthetist
  - Provides individualised care in anaesthesia, pain management, and related anaesthesia services to patients across the lifespan, whose health status may range from healthy through all levels of acuity, including immediate, severe, or life-threatening illnesses or injury.
  - Sedation: in wards for patients who need local or light sedation
  - Special pain consultants
  - In operation room, pre, during and post anaesthesia process

#### **NURSES WHO WORK WITH SPECIFIC COMMUNITIES**

- School nurse.
  - Work at public and private schools to provide a range of medical care for children and teenagers. In addition to treating injuries and illnesses, they also help students manage ongoing conditions, such as diabetes, and administer medication.
- Refugee nurse.
  - Operate around the world with organizations, such as the United Nations and Doctors Without Borders. They provide medical and psychological treatment to refugee families and immigrant communities.
- Military nurse.
  - Work with current and former service members in military clinics around the world. Commissioned military nurses may provide treatment for active service members in war zones.
- Prison nurse.
  - Provide medical care for inmates. This may include treating injuries, providing prenatal care, or managing chronic illnesses.
- Public health nurse.

<sup>8</sup> <http://vbhcprize.com/psoplus/>

- Often work in research-based positions or with vulnerable communities to develop advancements in medical care.
- Clinical management.
  - Roles range from leading individual wards to working as a director of nursing at a hospital.
- Education.
  - Often have advanced degrees in combination with teaching qualifications and experience. May combine work in clinical practice with teaching.
  - Work with undergraduate and postgraduate nursing students, including research.
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## ADVANCED PRACTICE NURSING DEFINITIONS

From the ICN guidelines on advanced practice nursing:<sup>9</sup>

- Advanced Nursing Practice (ANP)
  - Advanced Nursing Practice is a field of nursing that extends and expands the boundaries of nursing's scope of practice, contributes to nursing knowledge and promotes advancement of the profession. ANP is characterised by the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education.
- Advanced Practice Nurse (APN)
  - An Advanced Practice Nurse (APN) is a generalist or specialised nurse who has acquired, through additional graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills and clinical competencies for Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialed to practice.
- Advanced Practice Nursing (APN)
  - Advanced Practice Nursing involves advanced nursing interventions that influence clinical healthcare outcomes for individuals, families and diverse populations. Advanced Practice Nursing is based on graduate education and preparation along with the specification of central criteria and core competencies for practice.
- Advanced Practice Registered Nurse (APRN)
  - APRN, as used in the USA, is the title given to a nurse who has met education and certification requirements and obtained a license to practice as an APRN in one of four APRN roles: Certified Registered Nurse Anaesthetist (CRNA), Certified Nurse-Midwife (CNM), Clinical Nurse Specialist (CNS), and certified Nurse Practitioner (CNP)

## FURTHER READING

2004 - Skill-Mix and Policy Change in the Health Workforce: Nurses in Advanced Roles : James Buchan and Lynn Calman <https://www.oecd.org/els/health-systems/33857785.pdf>

2016 - Why focus on skill mix and scope of practice?

<https://www.oecd.org/els/health-systems/Item-1b-Skills-mix-scope-practice-Glinos-European-Observatory.pdf>

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<sup>9</sup> [https://www.icn.ch/system/files/documents/2020-04/ICN APN%20Report EN WEB.pdf](https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf)