

# Clinical Nurse Specialist Capabilities in the Finnish Health Care

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Työsuojelurahasto  
Arbetskyddsfonden  
The Finnish Work Environment Fund



# Introduction

To ensure and improve the high quality and accessibility of care, there is a need to increase nurses' professional competency and deployment of APN roles.<sup>1,2,3,4</sup>

CNS capability is less studied than competencies.<sup>5,6</sup>

By defining and clarifying the required CNS capability, the use of the full potential of CNSs can be optimally reached. This can also have positive effects on the development of career paths and staying at work.<sup>4</sup>

This study is part of Dr. Jokiniemi's international research project "Optimizing Health Provider Capacity".

This qualitative descriptive study is one part of a dissertation research. The data is collected from Canada, Denmark and Finland. The preliminary results of the Finnish interview data will be introduced in this presentation.

# CNSs in the Finnish Health Care

- 21 wellbeing services counties; the duties include:
  - Primary healthcare
  - Specialised healthcare
  - Social welfare
  - Services for children, young people and families
  - Services for working-age people
  - Mental health and substance abuse services
  - Services for persons with disabilities
  - Student welfare
  - Rescue services
  - Prehospital emergency medical services.<sup>7</sup>
- Approx. 74 000 registered nurses out of which approx. 120 are CNSs (2022)<sup>4</sup>
  - 73 % Master's Degree (university)
  - 18 % Doctoral Degree
  - 9 % Master's Degree (university of applied science)<sup>4</sup>
- CNSs' job description and the content of the work vary between organizations<sup>4</sup>
- CNSs rarely work in direct patient care

# Main concepts and the theoretical framework

## Clinical Nurse Specialist

- A registered nurse, who has a minimum of master's level education and works in direct patient care<sup>3</sup>

## Capability

- is beyond competence<sup>8</sup>
- can be described as “the quality or state of being capable” and “the ability to do something”<sup>9</sup>

A capable person:

- learns continuously<sup>10</sup>
- improves their performance<sup>11</sup>
- can explain their actions<sup>10</sup>
- possesses good teamwork skills<sup>10</sup>
- has good problem-solving skills<sup>12</sup>

Capability can be introduced as a framework in both advanced practice and education.<sup>8</sup>

**The theoretical framework** consists of the five dimensions of Hase and Davis' (1999) definition of capability<sup>13</sup>:



In addition, based our mixed methods literature review<sup>14</sup> the sixth dimension “*identifies the factors affecting the scope of practice*” was found and added to the Hase and Davis' (1999) framework.

# Objectives and methods

**The objective of this study was to describe the capabilities of the CNSs involved in direct patient care in Finland.**

- A qualitative descriptive study<sup>15</sup>
- A purposeful sampling strategy with the maximum variation of CNSs with at least one year experience and working in direct patient care<sup>16</sup>
  - Eligible CNS participants were recruited from four wellbeing services counties
- Semi-structured online interviews of CNSs who:
  - a) have a minimum of master's level education
  - b) work in direct patient care (*modification based on CDC's definition of direct patient care: "hands-on, face-to-face contact with patients; direct interactions with patients and their families [telephone, video calls etc.]"*)
  - c) have at least one year work experience as a CNS
- Abductive content analysis which includes inductive and deductive analyses<sup>17</sup>
- In the deductive analysis<sup>17</sup>, we used the modified Hase and Davis' capability framework with the six capability dimensions<sup>14</sup>

# Results, background information

- n = 8 CNSs from four wellbeing services counties
- Interviews were conducted in April and May 2024 in Microsoft Teams
  - The mean duration of the interview was 63 mins
- All CNSs worked in the specialized health care in the urban areas
- CNSs worked in different practice settings and specialized areas
- No certificates, authorizations or specialty titles

Background variable	Mean
Age	49 years
Education	Master's Degree
Working years as a RN before the CNS role	15,5 years
Working years as a CNS	5,8 years
Working hours in direct patient care in a week	13,3 hours
Self-evaluation of the skills in a CNS role with a scale <sup>18,19</sup>	8*

0 10  
Novice Advanced Competent Proficient Expert  
Beginner

\*range from 5 to 10

# Preliminary results, CNS capabilities

- The all six dimensions of the modified capability framework<sup>14</sup> were identified in the interview data
- CNSs in the direct patient care were mostly working as a staff nurse
  - CNSs were educating staff while working in the direct patient care and acting as role models
- CNSs had realistic views on their own resources and the use of their knowledge, skills and expertise
- CNSs were able to lead themselves and prioritize tasks
- CNSs identified their own learning needs and were committed to continuous learning by using different methods



# Preliminary conclusions

1. The learning needs of CNSs are not specified and evaluated or assessed in a structured manner.
2. CNSs have realistic views on the organizational and their own resources affecting their abilities to work at their full potential.
3. CNSs are highly capable to utilize their broad knowledge, skills and expertise in
  - developing and
  - facilitating the implementation

the evidence-based practices and care at different levels of the health care system in collaboration with other health care professionals – from the patient level to the national level.



# Contact information



**Thank you for  
your interest!**

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# Collaborators

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# References

1. Bryant-Lukosius D, Martin-Misener R. 2016. Advanced Practice Nursing: An Essential Component of Country Level Human Resources for Health. ICN Policy Brief.
2. The Finnish Nurses Association. 2016. New roles for nurses – quality to future social welfare and health care services. [https://1553422.169.directo.fi/@Bin/7f72711e97437c54a657aff323c374fd/1632664976/application/pdf/256215/APN\\_RAPORTTI\\_ENG\\_VALMIS\\_pieni.pdf](https://1553422.169.directo.fi/@Bin/7f72711e97437c54a657aff323c374fd/1632664976/application/pdf/256215/APN_RAPORTTI_ENG_VALMIS_pieni.pdf)
3. ICN. 2020. Guidelines on Advanced Practice Nursing.
4. The Finnish Nurses Association 2023. APN in Finland. A report. Available in Finnish. [https://sairaanhoitajat.fi/wp-content/uploads/2023/04/APN-raportti-2023\\_final.pdf](https://sairaanhoitajat.fi/wp-content/uploads/2023/04/APN-raportti-2023_final.pdf)
5. Jokiniemi K, Meretoja R, & Pietilä AM. 2018. Constructing content validity of clinical nurse specialist core competencies: exploratory sequential mixed-method study. *Scandinavian journal of caring sciences*, 32(4), 1428-1436.
6. Gardner A, Hase S, Gardner G, Dunn SV & Carryer J. 2008. From competence to capability: a study of nurse practitioners in clinical practice. *Journal of Clinical Nursing* 17(2), 250-258.
7. Ministry of Social Affairs and Health. 2024. Wellbeing services counties. <https://stm.fi/en/wellbeing-services-counties>
8. O’Connell J, Gardner G & Coyer F. 2014. Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. *Journal of Advanced Nursing* 70(12), 2728-2735.
9. Merriam-Webster. 2020. Capability.
10. Stephenson J. 2012. The concept of capability. In: Stephenson J & Yorke M. (ed.) *Capability and Quality in Higher Education*. 2nd Edition. Routledge, New York, 1-13.
11. Fraser SW & Greenhalgh T. 2001. Coping with complexity: educating for capability. *BMJ* 323(7316), 799- 803.
12. Cairns 2000 in O’Connell et al. 2014. Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. *Journal of Advanced Nursing* 70(12), 2728-2735.
13. Hase S & Davis L. 1999. From competence to capability: the implications for human resource development and management. Association of International Management, 17th Annual Conference, San Diego, August.
14. Hako L, Turunen L & Jokiniemi K. 2023. Advanced practice nurse capabilities: A mixed methods systematic review. *Scandinavian Journal of Caring Sciences* 37(1), 3-19. <https://doi.org/10.1111/scs.13134>
15. Doyle L, McCabe C, Keogh B, Brady A & McCann M. 2020. An overview of the qualitative descriptive design within nursing research. *J Res Nurs*. 2020 Aug;25(5):443-455. doi: 10.1177/1744987119880234
16. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N & Hoagwood K. 2015. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Adm Policy Ment Health*. 2015 Sep;42(5):533-44. doi: 10.1007/s10488-013-0528-y.
17. Graneheim UH, Lindgren BM, & Lundman B. 2017. Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today* 56, 29-34
18. Benner, P. 1982. From Novice to Expert, in: *A Collection of Readings Related to Competency-Based Training*. Deakin University, Victoria, Australia. ISBN-07300-1846-6. pp 127-135. (orig.: P. Benner, 'From novice to expert', *American Journal of Nursing*, Mar. 1982, pp.402-7.)
19. From Novice to Expert. 2023. *Nursology*. <https://nursology.net/nurse-theories/from-novice-to-expert/>