

ORIGINAL RESEARCH:
EMPIRICAL RESEARCH - QUALITATIVE

Work conditions influencing professional development of specialist nurses in surgical care explored using the Job Demand-Resources theory: A qualitative study

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Abstract

Aim: The aim of the study was to explore the work conditions that influence the opportunities for professional development of specialist nurses in surgical care.

Design: A qualitative descriptive design was used.

Methods: With a purposeful sampling procedure, 14 specialist nurses in surgical care were included. Four focus-group interviews were conducted during November to December 2021 and deductively analysed using the Job Demand-Resource theory as a guiding framework. Reporting adheres to COREQ guidelines.

Findings: Work conditions that were identified as job demands and that inhibited nurses' opportunities for professional development were mainly found at an organizational and leadership level. Primarily, those conditions included role ambiguity and time constraints caused by uncompensated nursing shortages that restricted the nurses from exercising their role. Such conditions could also discourage other nurses from further education. Job demands were seen as largely compensated for by work conditions identified as job resources and located mainly at an individual level, for example finding the work interesting and multifaceted. Most prominent was the participants' inner motivation to work with surgical patients and to continue to develop themselves and other nurses professionally.

Conclusions: A prerequisite for professional development is that the specialist role is clearly defined in collaboration with representatives from the nursing profession and universities. Hence, hospital organizations need to reflect on how to utilize the competence. Also, it is important that nurse leaders promote the specialist nurses' motivation by supporting them in the exercise of their role.

Impact: Findings from this study revealed work conditions that need to be acknowledged during hospital organizations' endeavours to maintain and enhance nursing competence.

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KEYWORDS

Job Demand Resources theory, motivation, nurse specialists, occupational health, professional role, surgical care

1 | INTRODUCTION

Nurses' education and experience (i.e. competence) have a significant effect on patient mortality (Aiken et al., 2021). Surgical patients are commonly frail as they are of higher age with several comorbidities. Consequently, nurses caring for surgical patients have to not only manage issues related to surgery but also balance patients' frailty against the physical exertion induced by surgery or trauma. Hence, surgical patients require high nursing competence, which can be obtained by clinical experience as well as postgraduate studies. The interest to develop professionally, to become a specialist nurse or Advanced Practice Nurse (APN) has increased in several countries during the last few decades. At the same time, nursing turnover has been escalating world-wide posing a severe threat to patient safety due to competence loss (World Health Organization, 2020). The World Health Organization (WHO) has therefore emphasized a need not only to educate more nurses but also to adjust work conditions to enable professional development and retain indispensable nursing competence (WHO, 2020). The current study focuses on exploring work conditions that influence the opportunities for professional development of specialist nurses working with surgical patients.

1.1 | Background

Continuing professional development (CPD) is considered as fundamental to nurse professionalism (Yu et al., 2022). In several countries, CPD is a mandatory aspect within nursing practice to ensure that nurses have the appropriate knowledge and skills to provide a safe and high-quality care (Coventry et al., 2015; Mlambo et al., 2021). There is no clear definition of CPD – in this study referred to as 'professional development' – but it can be understood as nurses' lifelong learning. It includes both formal educational initiatives, aiming at postgraduate education and specialization, and informal educational efforts occurring at the workplace (Sherman & Chappell, 2018). Regardless, it has been shown that having opportunities for professional development leads not only to higher competence but also to work engagement (Hassett, 2022). Nevertheless, research has found several barriers that nurses face when trying to further develop in their profession, including heavy workloads, time constraints, changes in work schedule, staff shortages and shift work. Other challenges include the need to participate in educational activities during leisure time, which conflicts with family life, and the lack of support from the organization, especially the managers (Mlambo

et al., 2021; Yu et al., 2022). All of those barriers were brought to an extreme during the COVID-19 pandemic when educational initiatives had to be put on hold or transformed from face-to-face classes to e-learning (Woo et al., 2022). However, barriers to professional development already existed before the pandemic hit the world. As healthcare organizations now will begin their post-pandemic recovery, it might be even more important that opportunities for professional development are acknowledged to avoid further loss of competence.

As a contrast, there have been described other, more positive, conditions that are important to acknowledge. In a cross-sectional study of medical and surgical nurses, Sasso et al. (2019) explored factors that could predict nurses' intention to leave. They found that the intention to leave was reduced when nurses felt satisfied with the leadership and the nurse–physician relationship, as well as when they perceived personal accomplishments and job satisfaction. In a study by Arakelian et al. (2019), nurses specialized in anaesthesia and perioperative care experienced excitement and stimulus at their workplace even after working there for several years. This, together with personal and professional development, was described as a reason to stay. Moreover, Athey et al. (2016) found a significant association between autonomy and job satisfaction among nurse practitioners working in different settings. Thus, in addition to work conditions that are related to organizational aspects and frequently described as hampering opportunities for professional development, there seem to be other conditions that instead have positive influences. Identifying the latter conditions as well as the former would add to the field of knowledge and result in a more comprehensive understanding of how professional development can be supported.

1.1.1 | The Job Demands-Resources theory

In health care organizations where employees experience occupational well-being, there are presumably good opportunities for professional development. One of the most comprehensive theories describing challenges to a healthy working life is the Job Demands-Resources (JD-R) theory developed by Demerouti et al. (2001) at the beginning of the twenty-first century. The basic core of the JD-R theory is that work conditions can be categorized as either job demands or job resources. Job demands refers to 'physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort or skills and are therefore associated with certain physiological and/or psychological

costs' (Demerouti et al., 2001, p. 501). In other words, job demands are energy-requiring work conditions. However, job demands are not necessarily detrimental. For example, while role conflicts are hindering job demands that undermine performance, responsibility is a challenging job demand that promotes performance, even if it requires effort. Nevertheless, if an employee is exposed to high job demands over a long period, whether hindrance or challenging demands, it will inevitably lead to physical and mental exhaustion because of the never-ending energy consumption (Demerouti et al., 2001). As a counterweight to job demands, job resources make the work meaningful and contribute to motivation and engagement. Job resources refers to 'physical, psychological, social, or organizational aspects of the job that are functional in achieving work goals, reduce job demands and associated physiological and psychological costs and stimulate personal growth, learning and development' (Demerouti et al., 2001, p. 501). Job resources correlate to the recently added factor personal resources, which concerns 'beliefs people hold regarding how much control they have over their working environment' (Bakker & Demerouti, 2018, p. 3). Personal resources help the individual employee to deal effectively with job demands. Thus, high amounts of job resources combined with personal resources can compensate for high job demands. However, if job resources or personal resources are lacking, this can lead to disengagement, and in combination with high job demands, to turnover intentions or, in the worst case, burnout (Bakker & Demerouti, 2018; Demerouti et al., 2001).

1.1.2 | Multiple and interacting levels

As described in the latest version of the JD-R theory, the organization, leader, team and individual employee interact and influence each other. At an organizational level, it has been pointed out that the 'design' of the organization has an impact on the perceived balance between job demands and job resources (Bakker & Demerouti, 2018). As described by Coventry et al. (2015), organizational shortcomings are main barriers to professional development and in the study by Hagan and Curtis (2018), organizational aspects such as low salary and absence of different benefits were shown to be strong predictors for nursing turnover. By contrast, as reported by Arakelian et al. (2019), organizational stability was described as an important issue for the intention to stay, meaning that the workplace was a safe place where nurses felt confident in their professional role, had an adequate workload and experienced low staff turnover.

Arguably, work conditions influencing opportunities for professional development, being either job demands or job resources, can be found at different levels in the health care organizations. Because high competence is needed in the care of surgical patients, it is important to explore work conditions that inhibit or promote nurses' opportunities to develop in their profession. Such understanding could support hospital organizations to adequately invest in targeted measures that in the long run will benefit the care of surgical patients.

2 | THE STUDY

2.1 | Aim

The purpose of this study was to explore the work conditions that influence the opportunities for professional development of specialist nurses in surgical care.

2.2 | Design

This study had a qualitative, descriptive design using focus-group interviews for data collection which enables an understanding of the participants' unique experiences and produces findings that directly reflect the experiences (Doyle et al., 2020). Furthermore, as stated by Krueger and Casey (2015), focus-group interviews are beneficial when attempting to explore a range of perceptions or feelings about a specific topic. The interaction between participants also contributes to a deeper reasoning and, subsequently, richer data. Data analysis was made with a deductive approach guided by the JD-R theory. This approach is commonly applied to test new data on pre-existing models, concepts or theories (Elo & Kyngäs, 2008). A theory such as the JD-R describes logical interrelations of a phenomenon. The use of a theory can thus guide the process of understanding a phenomenon in a specific context by making the findings interpretable (Polit & Beck, 2022).

The consolidated criteria for reporting qualitative research (COREQ) were used in the reporting of the study (Tong et al., 2007) (File S1).

2.3 | Context

In Sweden, all registered nurses hold a bachelor's degree in nursing science, but continuing professional development is not mandatory as in several other countries (Coventry et al., 2015; Mlambo et al., 2021). However, to further develop in the profession, nurses have the possibility for post-graduate education at an advanced level, corresponding to a 1-year master's degree. The education takes place at universities and follows a national education programme that is regulated by the Swedish government. After graduation, nurses merit a protected professional title as specialist nurses. All education is funded by the state, and most often, nurses with an employment have the opportunity to study to become a specialist nurse at paid workhours. A common career development for registered nurses working in surgical wards in Sweden is to become a specialist nurse in, for example, intensive care or anaesthesia. Since the beginning of the twenty-first century, one can also study to become a specialist nurse in surgical care. However, in contrast to specialist nurses in intensive care or anaesthesia who change workplace after graduation to work at an intensive care unit or within perioperative care, nurses with specialist competence in surgical care often continue to work at a surgical ward. In this way, the surgical wards not

only have the opportunity to retain the nursing competence but also to increase it.

2.4 | Participants

Specialist nurses in surgical care working in surgical wards or in outpatient surgical clinics were eligible for recruitment. To be included, the nurses had to hold a one-year master's degree in surgical nursing as described above. Potential participants who did not work within surgical care anymore were excluded. A purposeful sampling procedure was utilized to obtain a variation in geographical spread among participants (Polit & Beck, 2022). Gatekeepers established in the surgical departments assisted in the recruitment by approaching specialist nurses with oral and written information. If a specialist nurse accepted participation, contact information was collected and passed on to the researchers. Participants were then contacted by the researchers and invited to choose one of four pre-scheduled focus-group interviews. In total, 33 specialist nurses from seven hospitals located in four different regions in Sweden were approached. Nineteen specialist nurses (1 male and 18 female) agreed to participate, with 14 ultimately joining the focus-group interviews. Withdrawal after acceptance was due to illness or a change in working shift.

2.5 | Data collection

Data were collected during November and December 2021 using focus-group interviews. Because of the COVID-19 pandemic, the interviews took place in a digital meeting platform. One week prior to each session, a link to the digital meeting was sent out by e-mail. Only the participants and the researchers holding the interviews received the link. In this e-mail, the participants were asked to fill in a digital form collecting personal background information together with a statement of consent to participate.

An interview guide was used to structure the interviews (Krueger & Casey, 2015). This guide contained the opening question 'Please tell us what made you want to apply for the specialist nursing programme in surgical care?' Specific questions, guided by the JD-R theory, followed, for example, 'What do you think about your competence and how you have used it after graduation?' and 'What makes you satisfied and motivated in your job?' If needed, probing or looping questions were used (File S2).

As stated above, the interviews were held online with a digital meeting platform that enabled participants and researchers to see and hear each other. With this approach, physical interviews could be simulated to a large extent. The interaction in the focus groups was similar to a conversation since the participants related to each other's stories, confirmed experiences, or added variations of experiences. All focus-group interviews were held by two researchers who were unacquainted with the participants. As recommended by Krueger and Casey (2015), one of the researchers acted as a

moderator during the interviews, guiding the discussions, while the other researcher assisted in observing the interaction between participants, took field notes and asked additional questions if needed. The researchers of this study—all female, registered nurses with a PhD—took turns in holding the focus-group interviews. Each was experienced in performing qualitative interviews but had various practice in focus-group interviewing. At the time of data collection, they were working as researchers and senior lecturers at different universities.

The focus-group interviews were audio recorded and transcribed verbatim. The length of the interviews ranged from 1 h and 6 min to 1 h and 30 min (mean 1 h and 21 min).

2.6 | Ethical considerations

The study was performed in accordance with the ethical principles expressed in the Declaration of Helsinki (World Medical Association, 2013) and was approved by the Swedish Ethical Review Authority (No. 2020-06927). Participants were given oral and written information about the study in conjunction with the invitation to participate. The written information contained, among others, information about the study aim, how the study was planned to be conducted, the voluntariness to participate and the possibility to withdraw at any time without reason. The information was repeated orally, and written consent was collected before starting the focus-group interviews.

2.7 | Data analysis

A deductive content analysis was performed as described by Elo and Kyngäs (2008) and was led by the first author. The JD-R theory guided the analysis. Prior to the analysis, an assumption was made that opportunities for professional development for specialist nurses in surgical care could be either inhibited or promoted by different work conditions. The use of the JD-R theory during the analysis assisted in identifying such work conditions and explaining their interaction and influence. Job demands (both hindering and challenging job demands) and job resources (job related as well as person related) served as generic categories with predefined bounds for the deductive analysis (Elo & Kyngäs, 2008).

The analytic process began with an individual, repeated reading of the transcripts in order to become familiar with the data. After this, the research group met to discuss whether data qualified for the intended analytic strategy. As the data were considered sufficient and rich enough, analysis proceeded. An unconstrained coding matrix was established by the first author (Table 1), allowing a creation of sub-categories within the predefined, generic categories. The created sub-categories consisted of work conditions that hampered or supported professional development. Based on coding rules stated in the coding matrix, all transcribed data were initially reviewed, coded and sorted into a suitable generic

TABLE 1 Unconstrained coding matrix with coding rules.

Generic category	Job demands		Job resources	
	Hindrance job demands	Challenge job demands	Job resources	Personal resources
Predefined bounds*/ coding rules	Job demands or circumstances at work that involve excessive or undesirable constraints that interfere with or inhibit an individual's ability to achieve valued goals. Jobs demands that undermine performance.	Demands that costs effort but promote personal growth and achievement. Job demands that helps to perform well.	Physical, psychological, social or organizational aspects of the job that are functioning in: <ul style="list-style-type: none"> • Achieving work goals • Reduce job demands and associated costs • Stimulate personal growth, learning and development 	The beliefs people hold regarding how much control they have regarding their environment.
Sub-categories	<ul style="list-style-type: none"> • Organizational structure • Role unclarity • Absence of career planning • Leader approach • Lack of time • Nursing shortages 	<ul style="list-style-type: none"> • Responsibility • Patient and collegial demands • Fragmentation • Time limitation 	<ul style="list-style-type: none"> • Inner motivation • Strive for knowledge • Multifaceted • Teamwork • Appreciation • Autonomy 	<ul style="list-style-type: none"> • Self-efficacy

Note: Sub-categories consisted of work conditions that promoted or inhibited occupational well-being and professional development. * As described by: Bakker & Demerouti, 2018; Demerouti et al., 2001.

category by the first and the second author. This was made manually. Practically, this means that text units were given labels (codes) explaining what the text was about. Then, text units with similar codes were sorted into an appropriate generic category. After independently coding and sorting one interview transcript, the first and second author met to reconcile and agree on how to proceed. Thereafter, the rest of the transcripts were coded and sorted. When all transcripts were processed, the first and second author met for a thorough discussion on consistency. The next step was to inductively analyse the data within each generic category. Therefore, the first author reviewed the data once more to abstract and describe work conditions that corresponded to the purpose of the study (Elo & Kyngäs, 2008; Polit & Beck, 2022). Lastly, the whole research group met to discuss the coding and the result based on the original transcripts.

2.8 | Rigour

In order to ensure trustworthiness of the study, credibility, transferability, dependability and confirmability as described by Lincoln and Guba (1985) were considered throughout the study process. To produce credible findings, two researchers were present during the focus-group interviews. This enhanced the quality of the focus-group interviews as the observing researcher could complement the moderating researcher. Further, it facilitated that all participants

were included in the discussions. The use of probing and looping questions also allowed an immediate member checking during the interviews useful for clarifying answers or getting experiences confirmed by other participants. During analysis, the research group had regular meetings to peer debrief the analytic process.

Transferability of the findings were considered when using a purposeful sampling procedure aiming for a geographical spread among participants. With this approach, similar experiences depending on shared working conditions could be avoided. Also, to enhance quality of reporting, the COREQ guidelines were used (Tong et al., 2007).

Dependability was sought for by the use of an interview guide structuring the focus-group interviews and allowing the interviews to be held in a similar way. Also, before the analysis could commence, a coding matrix with coding rules based on the JD-R theory was developed. Coding raw data was made by the first and second author independently. Regular reconciliations were made between those two researchers and in the end also with the whole research group thus enhancing confirmability of the findings.

3 | FINDINGS

All the final participants were female, with the majority (n = 13) working at a university hospital. Details on the participants' characteristics are presented in Table 2.

In the focus-group interviews, several work conditions were found that reflected both job demands and job resources at either an organizational, leadership, team or individual level. As visualized in Figure 1, the participants described a balancing act between the identified work conditions, which had consequences on their opportunities for professional development and on the possibilities to use acquired competence. In this section, the work conditions identified in the narratives are described in relation to the specific job demand or job resource they reflect and the level they were found.

an organizational and leadership level, including the organizational structure and the ward managers' attitude to professional development. Challenging job demands, that is demands that were challenging but also motivating for work performance, were primarily located at a team level and related to responsibility. Both patients and colleagues placed demands on the participants, who, in turn, felt obligated to use their competence to support their colleagues' professional development and to provide the best possible care for the patients.

3.1 | Job demands

Work conditions inhibiting the participants from exercising their professional role as specialist nurses in surgical nursing and discouraging other nurses from further education were identified as hindering job demands. Those work conditions were found mainly at

3.1.1 | Organizational level

Although it was perceived that the organizations were generally positive to nurses' professional development, the decision to let nurses further educate themselves within the field of surgical care did not seem to consider how to later use their competence. This led to the specialist nurses' role being undefined and caused difficulties distinguishing between the role of specialist nurse and other functions held by nurses at the wards:

TABLE 2 Participants' characteristics (total n = 14).

Gender (n)	
Female	14
Male	0
Age (years)	
Mean (range)	38 (26–62)
Experience as a registered nurse (years)	
Mean (range)	12 (4–19)
Experience as a specialist nurse in surgical care (years)	
Mean (range)	4 (1–10)
Type of hospital (n)	
University hospital	13
County hospital	1

There has been a lot of discussion about what is a nurse care leader versus a specialist nurse and how the roles differ. (Focus Group 1:1).

Role ambiguity became apparent as the participants, especially just after graduation, sometimes found themselves being questioned by colleagues. Furthermore, they regularly needed to explain their role and work to new ward managers:

You still explain what the role entails and what you do as a specialist nurse in surgical care. And every time

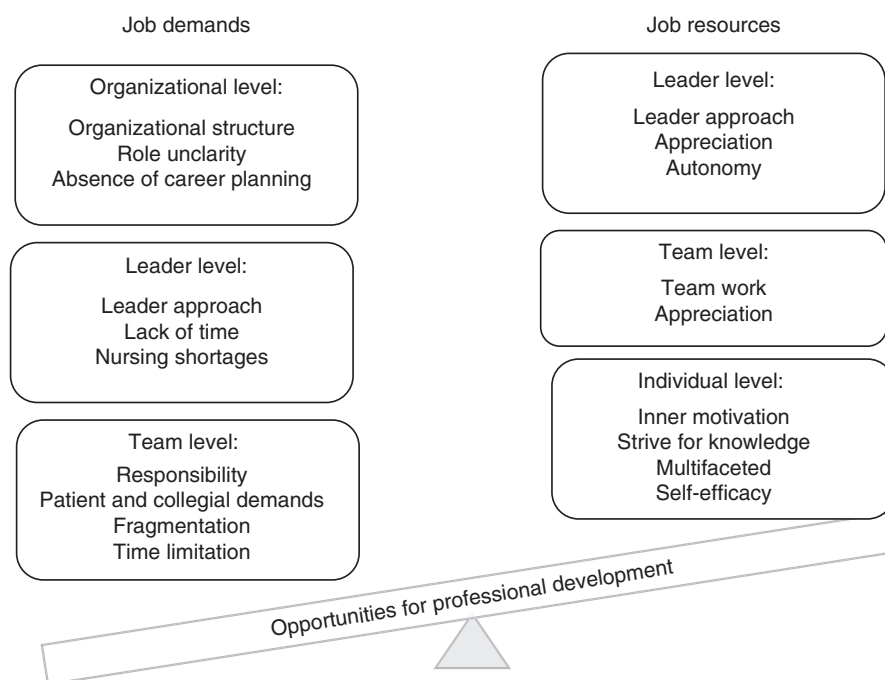


FIGURE 1 The (im-) balance between job demands and job resources affecting opportunities for professional development.

there is a new ward manager, you have to start over from square one, because it is not an obvious way of working. (Focus Group 4:1).

Another condition inhibiting professional development was the perceived lack of career planning. Despite the organizations' positive attitudes towards development, management had no concrete plan for how the competence was to be used. A perceived lack of career planning was also a condition that could discourage nurses with a bachelor's degree in nursing from further educating themselves in the field of surgical care.

You see no future. There aren't that many predecessors, and no structure or model has been formulated for what happens afterwards. (Focus Group 3:6).

Further, many had to take on a high degree of responsibility, despite being recently graduated and inexperienced. Because of great responsibility and lack of role clarity, the participants perceived that inexperienced nurses found it difficult to see any value in putting time and energy into further education. Not least as there was no defined plan for them afterwards.

3.1.2 | Leadership level

The approach of the leader (i.e. the ward manager) was described by the participants as an important prerequisite for them to be able to develop professionally and then use their competence. However, some participants experienced a lack of support or engagement. This was manifested in a reluctance to allow the nurses to apply for a specialist education because it would lead to a staffing problem. In cases of nurse shortages, the specialist nurses' time for administrative tasks was rapidly withdrawn in favour of 'ordinary' nursing tasks, thus leaving the participants feeling frustrated and unappreciated:

You spend a lot of time with improvements, and you know it makes a big difference. But then, it is also that time that can be removed from you the fastest if necessary. (Focus Group 4:4).

A lack of time to engage in administrative tasks—such as working with quality improvements, routines and planning and holding lectures—was expressed by the majority of participants. Consequently, administrative tasks related to the role and competence of specialist nurses were commonly performed during leisure time, thereby leading to a high workload:

If you want to change something, to develop further, or to share something with your colleagues, then you almost have to do it in your spare time. (Focus Group 3:5).

In addition, a prolonged nursing shortage resulted in several negative consequences. For example, a common responsibility for the specialist nurses was work orientation for new employees, but the participants experienced that they constantly had to start all over again because of the high nurse turnover. Moreover, colleague nurses focused on 'getting through the days' and did not have the time to take part in any quality work—another common area of responsibility for the specialist nurses that also could assist other nurses' professional development. This was perceived as a major hindrance and added to a sense of frustration:

I cannot sit and talk evidence-based nursing when my colleagues have not even eaten breakfast or lunch. (Focus Group 2:1).

3.1.3 | Team level

After graduation, the majority of the participants had taken over responsibility from their ward managers regarding, for example organizational development, work improvement and competence development. Some, but far from all, had received only a minimal amount of time to perform these administrative tasks. As nurses with higher competence, the participants were often consulted by colleagues on matters such as assessment of critically ill patients or asked to perform complicated nursing interventions. Most often, they had to do this while simultaneously caring for their own patients and performing administrative tasks.

A lot of time is spent on days when you also have patients to take care of. It is not the case that you receive extra time automatically, so it has been tough to work with patients while trying to fix these extra things that have been constantly imposed on you. (Focus Group 1:2).

Despite the demanding and overwhelming nature of this work, the participants wanted to share their knowledge and to support colleagues. The ambition to be available for everyone, enhance quality of care and facilitate colleagues fragmented the assignments within the role as specialist nurse. The participants experienced that although their competence was highly sought after and needed, the frequent disruptions made it difficult for them to focus on the tasks at hand:

Maybe that's one part of the problem, that I want them to come to me and get answers to their questions and get help with what they are not able to manage on their own. But it gets a little overwhelming sometimes. (Focus Group 2:3).

This resulted in them feeling constantly behind in their work, thus lowering their sense of motivation.

3.2 | Job resources

In addition to the participants portraying a range of job demands, they also described job resources within their work that provided motivation, engagement, joy and the possibility to flourish professionally. The identified work conditions were found at a leadership and team level. However, the greatest job resource was found at an individual level.

3.2.1 | Leadership level

Professional development could be facilitated by ward managers, who were seen as significant actors by participants. Professional development could be realized through encouraging nurses to apply for the specialist education and by allowing studies during paid working hours. This could also support the retention of nurses with an interest in surgery at the wards:

We have a manager who is very keen to have competent staff who develop further, so she is a key factor, I think, in that we are many who have further educated ourselves in our ward. (Focus Group 4:2).

After graduation, a higher salary as a specialist nurse was one motivational factor, while another was having to work less on weekends. Some participants noted that ward managers showed their appreciation for higher competence by allowing specialist nurses to attend conferences, for example. Another motivational work condition was ward managers demonstrating engagement and trying to use the competence once the specialist nurses had graduated, thereby indicating they acknowledged its value. In addition, the participants considered it important to collaborate with the ward managers in identifying tasks that a specialist nurse could and should do, thereby using their competence in the most appropriate way:

I think that I am given the opportunity and space in my daily work to focus on certain questions, like evidence questions... And my manager encourages me to work on that type of projects. (Focus group 2:3).

As the majority of the participants had developed their own role, they also had great autonomy. However, this was only feasible if the ward manager trusted them and gave them the freedom and space to make decisions. Collaboration with the ward managers instilled a sense of confirmation, of being listened to, and of having influence, which helped the participants stay motivated and engaged:

Because you can easily burn out if you do not get the right prerequisites, if you have too much drive and too much will but are not allowed to do anything. Because it is also a balancing act from the employer, to let the flame burn, I think. (Focus Group 1:2).

3.2.2 | Team level

Working as a team and receiving appreciation therein were motivational factors for the participants. Their higher competence was perceived as valued, especially by unexperienced nurses in need of support in their work:

You notice it in the ward, that it... you add a lot. And above all, it might be about how you should think and... the support, just to know that there is someone there with a little extra competence, who knows how to prioritize, how to think. It makes it easier, and that is worth its weight in gold for colleagues who have not reached that competence yet. (Focus Group 4:4).

Moreover, the participants said the surgeons showed them respect, and high competence was seen as an opportunity to have discussions on a more equal level.

3.2.3 | Individual level

The most prominent prerequisite for professional development was the specialist nurses' individual, inner motivation. The inner motivation concerned their love for surgery—a medical discipline described as exciting, multifaceted, stimulating and a never-ending source for professional development:

It's probably this love for surgery. I really love the patient clientele; they are from 16 to 100 years old, and it's women and it's men. It's mixed. The variety of patients is satisfying. Just the surgical patient, it's exciting. (Focus Group 1:2).

Work conditions that motivated the participants in their daily work were similar to those that guided their decision to further educate themselves within the field of surgical nursing. Most of all, the participants found surgical care to be interesting; they did not want to work in another discipline. Rather, they wanted to gain more knowledge:

Well, I wanted to do something. I wanted to develop further. I wanted something to happen. And I did not feel that any of the other educations suited me, because I enjoyed it very much where I worked and still work. So, then it became very natural to apply for an education as a specialist nurse in surgical care. [...] Yes, it gave me such a boost as a nurse. I could see things with different eyes. (Focus Group 3:1).

The pursuit of knowledge remained after graduation. It was then characterized as a wish to be further challenged professionally. Then, the knowledge and competence could be fully used and further developed:

I am still facing new challenges, and it is new things, new tasks that make me feel that I am still developing. [...] That is a motivating and satisfying factor, definitely. (Focus Group 2:1).

The role of a specialist nurse was described as multifaceted. The mixture between working with administrative tasks 1 day and working bedside with patients another day was experienced as sometimes challenging, but it was also seen as an opportunity to get the best out of two worlds.

I am in both worlds, and it suits me very well. It makes me feel good. (Focus group 2:2).

The participants explained they were driven by a will to improve surgical nursing care, share knowledge with colleagues and work together as an interprofessional team for the sake of the patients. Notably, they experienced that they were able to work with something that was fun and interesting.

First of all, I think it's fun. I want to share my knowledge; I want my colleagues to be able to develop professionally. (Focus Group 1:1).

As a majority of the participants had created their own roles, they also perceived that they had been able to create their own working conditions, thereby leading to self-efficacy and satisfaction:

I have developed a lot. I am much, much stronger and more confident in caring for the patients. (Focus Group 2:3).

A more common description was that the education had led to increased knowledge and critical thinking. Consequently, the participants trusted their competence and felt strong and secure in their professional role, which made work more fun and motivating.

4 | DISCUSSION

As visualized in [Figure 1](#), the findings show that the specialist nurses in surgical care experienced an imbalance between work conditions identified as job demands and those identified as job resources. Job demands were mainly related to role ambiguity and were found at an organizational and leadership level. The major job resource *inner motivation* was found at an individual level.

4.1 | Organizational and leadership level

The healthcare organization and the ward manager played a dominating and interacting role in the balance between job demands

and job resources. The most prominent job demand was the role ambiguity that inhibited the specialist nurses from exercising their professional role and also discouraged nurses with a bachelor's degree from applying for post-graduate studies. In a study by Cengiz et al. (2021), role ambiguity showed to induce stress, emotional exhaustion, burnout and decreased willingness to dedicate efforts to the organization, among other things. By contrast, other studies have found that role clarity and feeling safe in one's professional role are successful factors in maintaining motivation, predicting job satisfaction and intent to stay (Arakelian et al., 2019; Orgambidez & Almeida, 2020). In the light of our findings and previous research, role ambiguity leads to that available specialist competence in surgical care is not utilized to its full potential within the hospital organizations. Due to patient safety reasons, there is a pressing need for the organizations to have a concrete plan for how to use this indispensable nursing competence within the surgical context. In this study, a reason for the role ambiguity is identified. The nurses seemed to perceive that their professional role should change after the post-graduate education. However, as this study show, it is not a matter of course that the education will lead to a different role in clinical practice. Despite that graduation goals are regulated by the government and the role is articulated by nursing associations, it is obvious that there is a discrepancy between the nurses' and organizations' expectations. According to the International Council of Nurses (ICN, 2020), there is a growing demand for advanced nursing practice internationally. However, countries are at different stages in the development of such roles leading to a diversity of practice and a confusion among policy makers and healthcare professionals. To bring some clarity, the ICN has authored guidelines defining the role of an Advanced Practice Nurse. However, the role of a specialist nurse, the way this role is created in Sweden, remains undefined despite the efforts from the ICN because this function is not specified in the guidelines. Hence, at an organizational level, it becomes vital to recognize existing role descriptions and clearly define what the role as a specialist nurse entails in the specific organization.

Further, in this study the leadership approach was described both as a hindering job demand, if the ward managers showed lack of support and engagement, and as a job resource, when the ward managers supported the specialist nurses and appreciated their competence. This highlights the importance of the ward manager as a facilitator in how to use the competence. Nonetheless, the directive to implement and protect the nurse specialist role in surgical care needs to be based on decisions made at higher levels within the organizations.

Even though role ambiguity was explained as a major barrier to professional development in current study, the narratives show that the specialist nurses hold an important position in the organizations. The position does not merely mean having a higher competence; it also means being part of other nurses' professional development through knowledge-sharing, having discussions about evidence and supporting them in clinical decision making. Therefore, specialist

nurses themselves could be seen as a work condition promoting opportunities for professional development.

4.2 | Individual level

In this study, motivation was identified as a strong factor for coping with high job demands. Motivation was enhanced when colleagues, team members and ward managers showed appreciation. Furthermore, the work with surgical patients was perceived as fun, multifaceted and a source of knowledge. In the study by Arakelian et al. (2019), specialist nurses in a perioperative context related similar experiences, describing work as exciting and stimulating despite many years in the same workplace. In addition, the specialist nurses in this study explained that they were mostly driven by an inner motivation. Perhaps, this is a result of certain work conditions having great value for the participants, which allowed them to compensate for the burdens induced by high job demands. Although the participants expressed their love of surgical care and a desire for more knowledge, they were also driven by a motivation to care for the patients in the best possible ways. Such work engagement has been referred to by Bakker and Demerouti (2018) as 'job crafting behaviour', which is a proactive behaviour used to mobilize more job resources. Theoretically, Bakker and Demerouti (2018) explain that because engaged employees (as the specialist nurses in this study) want to remain engaged, they invest in creating a work environment that fits their preferences and provides opportunities for growth. Accordingly, a job crafting behaviour may explain how the specialist nurses in this study cope with the imbalance between job demands and job resources. Hence, healthcare organizations and leaders would most likely benefit from protecting and promoting the nurses' motivation by supporting them and having a concrete plan for how to use the competence.

4.3 | Limitations

This study has some limitations. Despite 33 specialist nurses being approached with an invitation to participate, only 14 could attend at the focus-group interviews which could be considered as a low number. Nevertheless, the data received from the four focus-group interviews were regarded as rich and covered several different aspects. In addition, information that emerged in the last focus-group interview did not add anything new, pointing at data saturation (Polit & Beck, 2022).

Furthermore, the focus-group interviews were conducted during the COVID-19 pandemic that can be expected to have had a negative impact on the participants' work conditions and opportunities for professional development. There could therefore be a risk that experiences were biased by the past year's stressful work situation. However, the participants had several years of experience as specialist nurses and in the interviews, the situation during the pandemic

was mentioned rather as a temporary setback in the professional development than a job demand. In addition, their competence was experienced as highly valued during the pandemic. This was also described in some recent studies showing that the pandemic gave an opportunity for clinical nurse specialists to be recognized for their valuable competence and that the motivation to achieve professional goals by pursuing higher education had increased (Nashwan et al., 2022). According to the JD-R theory, such conditions constitute job resources.

During the analysis, a limitation with regard to the JD-R theory was found. The inner motivation, identified as a job resource according to the pre-defined bounds expressed in the JD-R theory, was perceived by the researchers as more suitable as a personal resource. Inner motivation was not interpreted as something that was instrumental and correlated to the job itself but more as a personal trait and related to an internal, personal motivation. However, coding and sorting were based on the definitions in the JD-R theory; accordingly, inner motivation should be considered as a factor in achieving work goals and stimulating personal growth, learning, and development. However, personal resources, which were recently added to the theory, are described by Bakker and Demerouti (2018) as playing a similar role as job resources. Since it was difficult to separate personal resources from job resources, this part of the JD-R theory may need to be revised or further developed.

5 | CONCLUSION

This study explores work conditions that need to be acknowledged to increase opportunities for professional development among nurses as well as to prevent nurse turnover and to secure patient-safety and quality in care. The findings lead to the conclusion that the specialist nurse role needs to be defined, and implementation should be supported by the higher levels of hospital organizations. Hospital organizations need to restart the implementation of the specialist nurse role and, before that, reflect on how the competence should be fully utilized. However, this should be done in cooperation with the nursing profession, as represented by clinically active specialist nurses and nursing associations, as well as the universities that provide post-graduate education.

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CONFLICT OF INTEREST STATEMENT

The authors of this study declare no conflicts of interest.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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