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Između diplome i priznanja: teorijsko razmatranje profesionalnoga identiteta i autoriteta sestrinskoga znanja u Hrvatskoj

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Sažetak: Što se događa sa stručnim znanjem kada zdravstvena ustanova priznaje stečenu kvalifikaciju, ali mogućnosti njegove primjene ovise o organizacijskoj hijerarhiji? Polazeći od toga pitanja, u radu se iz filozofske i sociološke perspektive razmatra profesionalni položaj sestrinstva u Hrvatskoj. Cilj je kritički analizirati odnos visokoškolskoga obrazovanja, profesionalnoga identiteta, zakonski utvrđenih ovlasti i društvenoga priznanja sestrinskog znanja. Rad je oblikovan kao narativni kritičko-analitički pregled odabranih teorijskih djela, znanstvenih istraživanja, međunarodnih izvještaja i hrvatskih propisa. Abbottova teorija profesionalnih jurisdikcija i Freidsonovo tumačenje profesionalizma polazišta su za analizu institucionalnih granica stručnoga djelovanja, a Honnethova teorija priznanja i Frickerin koncept epistemijske nepravde omogućuju razmatranje društvenoga vrednovanja znanja te vjerodostojnosti stručnoga mišljenja. U radu se predlaže razlikovanje pravnoga, organizacijskoga i epistemijskoga priznanja. Iako su međusobno povezani, ti se oblici priznanja ne mogu poistovjetiti. Stečena kvalifikacija sama po sebi ne donosi dodatne kliničke ovlasti, kao što ni zakonski uređena podjela odgovornosti ne podrazumijeva podcjenjivanje profesije. S druge strane, formalno priznanje obrazovanja ne jamči mogućnost primjene stečenoga znanja u stručnome odlučivanju, mentorstvu i oblikovanju profesionalne prakse. Dostupni izvori ne omogućuju pouzdanu procjenu učestalosti takvih nesrazmjera u hrvatskim zdravstvenim ustanovama. Doprinos rada očituje se u teorijskome razgraničenju oblika priznanja sestrinske stručnosti i utvrđivanju pitanja koja zahtijevaju daljnje empirijsko istraživanje.

Ključne riječi: sestrinstvo, profesionalni identitet, društveno priznanje, sociologija profesija, epistemijska nepravda, profesionalna autonomija

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Between a degree and recognition: a theoretical examination of professional identity and the authority of nursing knowledge in Croatia

Abstract: What happens to professional knowledge when a healthcare institution recognises an acquired qualification, but opportunities to apply that knowledge depend on organisational hierarchy? Taking this question as its starting point, the article examines the professional position of nursing in Croatia from philosophical and sociological perspectives. It aims to critically analyse the relationship between higher education, professional identity, legally defined authority and the social recognition of nursing knowledge. The article takes the form of a narrative, critical and analytical review of selected theoretical works, scientific studies, international reports and Croatian legislation. Abbott's theory of professional jurisdictions and Freidson's account of professionalism provide the starting points for analysing the institutional boundaries of professional practice, while Honneth's theory of recognition and Fricker's concept of epistemic injustice enable an examination of the social valuation of knowledge and the credibility of expert opinion. The article proposes a distinction between legal, organisational and epistemic recognition. Although interrelated, these forms of recognition cannot be equated. An acquired qualification does not in itself confer additional clinical authority, just as a legally regulated division of responsibilities does not imply an undervaluation of the profession. On the other hand, formal recognition of education does not guarantee opportunities to apply the knowledge acquired in professional decision-making, mentoring and shaping professional practice. The available sources do not allow a reliable assessment of the prevalence of such discrepancies in Croatian healthcare institutions. The article's contribution lies in theoretically distinguishing forms of recognition of nursing expertise and identifying questions that require further empirical research.

Keywords: nursing, professional identity, social recognition, sociology of professions, epistemic injustice, professional autonomy

INTRODUCTION: A DEGREE, KNOWLEDGE AND THE RIGHT TO A PROFESSIONAL VOICE

A degree attests to the completion of a particular programme of study, but it does not show how much of the knowledge gained is actually used in everyday practice. This distinction between a formally recognised qualification and the opportunity to apply one's knowledge is the starting point of this article. The question is not whether nurses should assume the powers of other healthcare professions, but how far the existing legal framework and the organisation of work allow them to act independently, take responsibility and participate in professional decision-making.

Nursing education in Croatia now includes undergraduate and graduate programmes. Completing a degree, however, is only one of the factors that determine nurses' professional standing. Their everyday work is shaped by regulations, formal job classifications, the internal organisation of healthcare institutions and relationships between professions. These relationships matter for more than the division of tasks. They determine who takes responsibility, who makes decisions and whose professional judgement carries authority. The boundaries of professional practice are therefore shaped by relationships within institutions and by wider social circumstances as well as by law.[1]

Croatian sociological literature has addressed the professional standing of nursing for several decades. As early as 1990, Santrić's analysis of the professionalisation of nursing drew attention to the distinction between the formal attributes of a profession and its social standing, with particular attention to professional autonomy and authority.[2] In a more recent professional paper, Gorupić and Liber examine how social perceptions shape nursing identity and stress the importance of academic education and the development of research within the profession.[3]

The standing of nursing cannot therefore be assessed solely by the number of qualifications obtained or by the extent of statutory powers. It also matters how far nurses can participate in mentoring, assessing scientific research, developing professional standards and making decisions that affect their work. A healthcare institution may fully respect the legal division of responsibilities while making insufficient use of its staff's knowledge and experience.

[1] Abbott, 1988, pp. 59–68; Freidson, 2001, p. 12.
[2] Santrić, 1990, pp. 311–312.
[3] Gorupić and Liber, 2024, pp. 47–49.

Equally, a clearly defined hierarchy need not hinder collaboration if team members can express a view and expect it to be considered seriously.

Drawing on philosophy and sociology, this article examines the relationship between education, professional identity, statutory powers and the social recognition of nursing knowledge in Croatia. The starting assumption is that the value of professional expertise cannot be judged solely by a person's academic title or by the number of procedures they are authorised to undertake independently. How institutions allocate responsibilities, enable staff to apply what they have learnt and value their professional judgements matters as well. The article makes no claim that nurses are systematically undervalued in Croatian healthcare institutions. It seeks to clarify the circumstances in which formal recognition of education can diverge from the recognition actually accorded to professional knowledge and to provide a starting point for further research on that relationship.

APPROACH AND LIMITS OF THE ANALYSIS

This article takes the form of a critical and analytical narrative literature review. It is neither a systematic review nor an original empirical study. The works selected for the theoretical discussion draw on the sociology of professions, the philosophy of recognition and epistemology. The discussion of the Croatian context draws on legislation and selected Croatian studies, while international reports and publications inform the theoretical and comparative discussion. The literature was selected for its relevance to the topic and for its contribution to particular questions addressed in the article. No systematic search of scholarly databases was carried out according to a predefined protocol, and no formal quality assessment of all available studies was undertaken.

The interpretation of the sources distinguishes four types of evidence and inference. Legislation defines the permitted scope of professional practice, while job descriptions indicate the opportunities an organisation offers for putting acquired competencies into practice. Empirical research provides evidence about the settings in which it was conducted, and theoretical literature allows that evidence to be considered in a wider context. The aim is to avoid treating individual experiences and findings from other health systems as evidence of conditions in Croatian healthcare institutions.

The article draws on the theoretical approaches of Abbott, Freidson, Honneth and Fricker.[4] Abbott examines the boundaries of professional jurisdictions and relationships between professions. Freidson considers the place of professional work in different forms of organisation. Honneth examines the social significance of recognition, while Fricker considers the injustice that can arise when prejudice gives someone's knowledge less credibility. These approaches are brought together to offer a fuller understanding of nurses' professional standing. They are presented as a theoretical interpretation that may inform further research, with no claim to constitute a unified theory or an empirically validated model.

EDUCATION AND THE FORMATION OF PROFESSIONAL IDENTITY

Professional identity involves more than belonging to a particular occupation. It develops through education, the acquisition of professional knowledge and values, and the daily practice of taking responsibility and collaborating with other members of the healthcare team. Nursing education extends beyond training in particular procedures. It also develops the ability to exercise professional judgement, recognise the limits of one's own competence, scrutinise established practice and pass on knowledge and experience to other members of the profession.

Nursing education encourages independent judgement, an investigative approach and reasoned decision-making. Work, however, may be organised in ways that leave little room to exercise these abilities beyond predefined tasks. Work instructions and hierarchy do not in themselves indicate unfair treatment, since clearly defined procedures and responsibilities are important for patient safety. It is therefore worth examining whether the working environment allows nurses to participate in professional decision-making and shape professional practice.

It is important to distinguish academic qualifications, professional competence and statutory powers. Completing a degree confirms the level of education attained, but neither demonstrates equal expertise in every area nor automatically grants the right to carry out additional clinical procedures. Nor does completing a doctorate in itself confer new clinical powers. Professional competence develops through education and experience, and must be

[4] Abbott, 1988, pp. 59–68; Freidson, 2001, p. 12; Honneth, 1995, p. 129; Fricker, 2007, pp. 1–8.

exercised within the limits of responsibilities defined by law. Without these distinctions, it is difficult to understand the relationship between educational advancement and nurses' actual professional standing.

In its 2026 report, the International Council of Nurses stresses the importance of education, professional leadership and the opportunity to practise to the full extent permitted by their competencies.[5] The World Health Organization similarly links the development of nursing to education, the standing of the nursing workforce and nurses' participation in health system leadership.[6] These reports help explain international directions in the development of the profession, but cannot establish how particular roles are organised or what opportunities exist for career progression in Croatian healthcare institutions.

PROFESSIONAL JURISDICTIONS: WHO SETS THE BOUNDARIES OF KNOWLEDGE?

Abbott argues that professional jurisdictions are shaped by social circumstances, including relationships between professions, public expectations and the actions of institutions.[7] The boundaries between professions are therefore shaped by regulations as well as by the way tasks, responsibilities and the authority to make professional decisions are allocated in everyday work. Freidson draws attention to the relationship between professional autonomy and the bureaucratic organisation of work, where administrative rules and hierarchy can affect opportunities to apply professional knowledge.[8]

These relationships are particularly important in nursing, where much professional work takes place in collaboration with other healthcare professionals. Collaboration does not make professional powers equivalent. It requires clearly defined responsibilities and mutual respect for professional competencies. A nurse's right to express a judgement does not entail assuming a doctor's powers. Nor does a doctor's responsibility for a particular treatment decision diminish the importance of nursing observations and professional judgement in reaching that decision.

[5] ICN, 2026, p. 12.
[6] WHO, 2025, pp. 51–52, 85–90.
[7] Abbott, 1988, pp. 59–68.
[8] Freidson, 2001, p. 12.

The Nursing Act, including its 2024 amendments, regulates levels of education, competencies and the requirements for obtaining special authorisations in emergency medicine.[9] The Croatian Nursing Council (HKMS) also helps shape professional standards. Acting within its statutory powers, it proposes standards and norms for nursing practice, regulates continuing professional development and exercises professional oversight. Completing a graduate nursing programme therefore does not automatically confer the right to undertake additional clinical procedures. This division of responsibilities is justified when it rests on the prescribed education, appropriate professional development and verified competence.

The statutory definition of professional powers does not show whether nurses take part in developing professional protocols, monitoring the quality of care or educating colleagues. Establishing whether they do requires examining how work is organised and what staff experience in individual institutions.

RECOGNITION IS DISTINCT FROM AUTHORISATION

What does it mean to recognise someone's expertise? A degree, statutory powers and a position within an institution may attest to a particular professional status, but tell us little about how much a person's knowledge is actually valued and taken into account. Honneth distinguishes three forms of interpersonal recognition: emotional support, legal respect and social esteem.[10] Legal respect and social esteem are particularly relevant to the standing of nursing. The former concerns recognition of the individual as a bearer of rights and responsibilities. The latter concerns how the individual's abilities and contribution to the community are valued.

In nursing, recognition therefore extends beyond the formal recognition of education. Opportunities for mentoring, shaping professional standards and taking part in decisions about nursing care also matter. The right to voice a professional opinion does not necessarily mean that it will be considered. The substance of the assessment and the grounds for it matter when deciding how much weight to give it. To clarify the relationship between formal status and professional contribution, this article distinguishes three related forms of recognition.

[9] Zakon o izmjenama i dopunama Zakona o sestrinstvu, *Narodne novine*, no. 123/2024, arts 1–3.
[10] Honneth, 1995, p. 129.

Legal recognition covers formally established qualifications, powers and responsibilities. Organisational recognition concerns opportunities to apply knowledge in daily work, advance professionally, mentor others and participate in decision-making. Epistemic recognition means taking a professional judgement seriously on the basis of its substance, the available evidence and the competence of the person making it. The distinction was developed for this article by bringing together philosophical and sociological approaches to the recognition of professional expertise. It is not taken directly from Honneth's theory.

These forms of recognition need not be equally present. An institution may recognise a qualification without giving the employee adequate opportunities to use the knowledge acquired. A nurse may sit on a professional committee and have no real influence over its decisions. The reverse is also possible: someone with no leadership role may enjoy colleagues' trust and have their judgement regularly taken into account. The standing of a profession cannot therefore be assessed solely by academic titles, job positions or formal membership of professional bodies. It is also necessary to consider how much these forms of participation matter in everyday work.

EPISTEMIC INJUSTICE: WHEN A PROFESSIONAL VOICE CARRIES NO WEIGHT

Miranda Fricker distinguishes two forms of epistemic injustice: testimonial injustice and hermeneutical injustice.[11] Testimonial injustice occurs when prejudice leads someone's testimony to be given less credibility than it deserves. Hermeneutical injustice concerns situations in which an individual or social group struggles to make sense of their own experience because their participation in shaping shared ways of understanding it is unequal. Both concepts help explain how social standing can affect the recognition of knowledge and professional authority.

For example, a nurse might notice a change in a patient's condition and alert other members of the healthcare team. The concern might be accepted, investigated further or dismissed on the basis of a professional judgement. Dismissing a concern does not in itself establish epistemic injustice. It might amount to such injustice if a nurse's observation were given less credibility solely on account of the nurse's professional standing, without due consideration of

[11] Fricker, 2007, p. 1.

the substance of the assessment. This is a hypothetical example and does not establish that such dynamics exist in Croatian healthcare institutions.

To distinguish professional disagreement from testimonial injustice, it matters why a nurse's concern was dismissed, rather than simply whether it was accepted. A justified disagreement may rest on a different interpretation of clinical data, additional information or the boundaries of professional responsibility, provided that the reasoning addresses the substance of the assessment. There are grounds to suspect epistemic injustice when the credibility of an assessment appears to have been reduced by prejudice concerning the professional standing of the person who made it. It is important to examine whether the assessment was considered, whether comparable assessments by other team members were held to the same standards and how the decision was justified. Recurrence may point to a pattern of behaviour, although a single incident can constitute injustice. Without evidence about the particular circumstances, it would be unwarranted to interpret every dismissed concern as epistemic injustice.

Prejudice related to professional standing can arise in relationships between doctors and nurses and within nursing itself, among staff with different levels of education, experience and responsibility. Differences in rank justify a division of authority, but a more senior person's judgement is not always more expert or better grounded. A leadership role entails the right and the duty to make decisions and still leaves scope to consider the professional arguments of other team members.

A particular difficulty may arise when a nurse whose observations have repeatedly gone without serious consideration gradually stops expressing a view. This may be related to a sense that their expertise is not valued. There can, however, be various reasons for professional reticence, including the organisation of work, interpersonal relationships and personal circumstances. Without evidence of the experiences of individual staff members, it would be unwarranted to conclude that such withdrawal results from epistemic injustice.

Hermeneutical injustice points to a different problem. Having a particular experience is insufficient on its own. It also matters whether a person can make sense of it, describe it and convey it to others in terms intelligible within the professional community. In nursing, this question may concern professional terminology, the documentation of observations and the reasoning behind clinical assessments. The absence of a particular form or protocol is insufficient in itself to establish hermeneutical injustice. In Fricker's sense, such injustice

would involve social inequality depriving a group of adequate opportunities to participate in shaping the shared concepts through which its experiences are interpreted and understood.

In this respect, nursing documentation can do more than record the procedures performed. It records observations, changes in patients' conditions, assessments of nursing care needs and procedures informed by professional reasoning. Antuna-Casal and Rios examine the organisational recognition of nursing knowledge,[12] while Esteron, Magtubo and Salunga connect documentation with the expression of professional judgement and with epistemic responsibility.[13] These studies help explain the relationship between nursing knowledge and its recognition, but do not allow conclusions to be drawn about the prevalence of epistemic injustice in the Croatian health system.

To examine these relationships empirically, it would be necessary to trace how nurses' concerns are recorded and considered, and how the team accounts for them when explaining its decisions. Reviewing records and speaking with those involved could help establish whether a concern was dismissed for professional reasons, because of defined areas of responsibility or because of prejudice concerning the professional standing of the person who raised it. Only with such evidence would it be possible to assess cautiously whether epistemic injustice occurs in particular institutions.

HIERARCHY, PARTICIPATION AND PROFESSIONAL AUTONOMY

A hierarchical division of responsibilities in healthcare institutions need not be at odds with professional autonomy. What matters is whether there is a clear way to raise professional objections and explain decisions when team members disagree. This leaves the boundaries of statutory powers in place while allowing a nurse's assessment to be heard and considered on its merits.

Professional autonomy does not mean working without collaboration, rules or oversight. In nursing it means being able to exercise independent judgement within the bounds of acquired competencies and statutory powers, plan nursing care responsibly and participate in professional discussion, mentoring and improving practice on the basis of scientific evidence.

[12] Antuna-Casal and Rios, 2026, e70151.
[13] Esteron et al., 2026, 101167.

A study in two Finnish hospitals found an association between features of the working environment and nurses' perceived professional autonomy. Given the design of the study, these results cannot establish causal relationships or support conclusions about conditions in Croatian healthcare institutions.[14]

In their review, Lancaster and colleagues examine ways to measure the outcomes of professional governance in nursing and point to limitations in the available research.[15] The existence of professional councils, committees or nursing representatives is therefore insufficient to establish that they have real influence over decisions. It is necessary to examine whether their proposals can contribute to revising professional protocols, improving the organisation of work or informing reasoned decisions. Participation in professional bodies is meaningful when nurses can put forward proposals, contribute to deliberations and influence matters within their scope of practice.

THE CROATIAN CONTEXT: WHAT REGULATIONS CAN AND CANNOT SHOW

The statutory framework for nursing is set out in the Nursing Act, including the 2024 Act amending it, which revised certain provisions on nursing education and competencies. The Croatian Nursing Council plays an important part in implementing professional standards, particularly in registration, licensing for independent practice and professional oversight.[16] Paragraphs 10 and 11 of Article 16 of the regulation on job titles, eligibility for appointment and pay coefficients in public services distinguish posts for nurses with a master's degree in nursing or the professional title of graduate nurse (diplomirana medicinska sestra) from posts for healthcare professionals with a bachelor's degree. Paragraph 20 of the same article states that minimum professional requirements for employment are determined under specific healthcare regulations and the general rules of individual institutions.[17] These regulations show how qualifications and posts are formally defined. They do not establish how many nurses hold posts that match their education or how extensively their professional knowledge is used.

[14] Pursio et al., 2024, 100.
[15] Lancaster et al., 2026, pp. 246–255.
[16] Zakon o sestrinstvu, *Narodne novine*, nos. 121/2003, 117/2008, 57/2011 and 123/2024, arts 14 and 25–27.
[17] Uredba o nazivima radnih mjesta, uvjetima za raspored i koeficijentima za obračun plaće u javnim službama, *Narodne novine*, no. 22/2024, art. 16(10), (11) and (20).

In their profile of Croatia's health system, the OECD and the European Observatory present data on nursing education that can inform discussion of the relationship between educational opportunities and the needs of the health system.[18] Data on completed programmes, however, give no indication of how many people with a particular qualification are employed in corresponding posts, still less of how far they participate in professional decision-making. Educational statistics alone therefore cannot support reliable conclusions about nurses' professional autonomy in Croatia. Selected Croatian studies shed light on certain aspects of nurses' professional standing, although they cannot establish how extensively nursing knowledge is applied in healthcare institutions. In a qualitative study of 30 students enrolled in graduate nursing programmes in Croatia, Vukša and colleagues found that personal and professional development were important reasons for continuing education, even though the expected benefits for career advancement and financial circumstances were not always certain.[19] Žilić and colleagues found that in the 2022/2023 academic year nurses accounted for 19% of lecturers and just 4% of course leaders in Croatian university graduate nursing programmes. This raises questions about nurses' representation in the education of their own profession.[20]

A fuller understanding of nurses' professional standing would require linking data on education and qualifications with job descriptions, opportunities for advancement and participation in decision-making. It would be equally important to examine the experiences of nurses and of other members of healthcare teams. Only with such data would it be possible to assess whether there are disparities between the competencies nurses acquire and the use of those competencies and, if so, whether they stem from regulations, available resources, the organisation of work or the way nursing expertise is valued.

DISCUSSION: THREE QUESTIONS FOR ONE PROFESSION

The distinction between legal, organisational and epistemic recognition shows why the professional standing of nursing cannot be described by a single indicator. Formal status can be assessed by looking at regulations and qualifications, opportunities for professional

[18] OECD and European Observatory, 2025, p. 15.
[19] Vukša et al., 2025, 507.
[20] Žilić et al., 2026, pp. 7371–7372.

practice by looking at how work is organised, and the consideration given to nurses' assessments by looking at how decisions are made and justified. Each level requires a different kind of evidence.

Honneth's theory of recognition and Fricker's account of epistemic injustice offer two related perspectives on this problem. Honneth draws attention to the value society assigns to the individual and their contribution, while Fricker considers the circumstances in which prejudice can affect the credibility of someone's testimony.[21] Bringing these perspectives together makes it possible to consider the social standing of nursing alongside the weight given to professional judgements. The article does not assume that these forms of injustice occur in Croatian healthcare institutions. It seeks to identify what would need to be investigated to establish whether they persist.

The proposed framework could be investigated by comparing regulations and formal job classifications with the tasks nurses actually carry out. Analysis of nursing records and the minutes of professional committees could establish how nurses' observations and assessments are documented and whether they are taken into account in decision-making. Interviews with nurses, doctors and heads of departments could provide further insight into the circumstances in which professional proposals are accepted or rejected. Such research could establish how far legal, organisational and epistemic recognition align in everyday practice, without assuming that discrepancies necessarily exist.

LIMITATIONS

The article draws on selected Croatian and international literature gathered without a systematic review. The approaches considered arose in different social circumstances. Applying them directly to Croatia's health system requires further investigation. International findings likewise pertain to the settings studied and cannot show how often similar phenomena occur in Croatia. The proposed distinction between legal, organisational and epistemic recognition is a theoretical approach that remains to be examined and tested empirically.

[21] Honneth, 1995, p. 129; Fricker, 2007, p. 1.

CONCLUSION

A profession is defined by its members' powers and by how society recognises and values their knowledge. Croatian nursing is therefore both a regulated healthcare activity and a profession whose identity is shaped by education, professional experience and social relationships. An academic qualification alone confers no additional statutory powers, and an organisational hierarchy does not in itself imply injustice. Yet formal recognition of a qualification does not guarantee that acquired knowledge will inform professional decisions or how work is organised.

The question is where nurses' statutory powers end and how willing healthcare institutions are to hear and consider their professional judgement. Neither regulations nor individual experiences alone can answer it. Understanding nurses' standing requires relating the law to actual working conditions and to how professional contributions are valued. This relationship can reveal opportunities for professional autonomy, the limits of social recognition and the circumstances in which possible injustices warrant further study.

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