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Authenticity refers to the extent of the researchers' demonstration of a fair and exact range of different realities. This study reported the experiences in relation to the tenors of participants (Polit & Beck 2008:540). Digital recordings were used and individual interviews were transcribed verbatim.

#### **2.6.5 Confirmability**

Confirmability is similar to objectivity; it is the degree to which study results are derived from characteristics of participants and the study context, not from research biases (Polit & Beck 2008: 196). Moreover, confirmability refers to objectivity that is the potential for congruence between two or more independent people about the accuracy, relevance, or meaning of data (Polit & Beck 2008:539). The researcher was a general psychiatric nurse practising in a psychiatric hospital. The researcher was not an advanced psychiatric nurse, therefore, biases and prejudice with regard to the findings proved to be neutral. The findings of the study were firmly contextual to the study, as well as to the participants in relation to their practice while consistency and authenticity were established. Data were gathered and analysed until data saturation occurred.

#### **2.6.6 Ethical considerations**

Ethical considerations relate to research ethics and involve a number of activities. Ethics aims at protecting the rights of human subjects whilst ensuring that scientific research takes place (Streubert & Carpenter 1995:44,308; Wilson 1989:67). The process of collecting data by means of interviews coincides with obtaining the consent of participants.

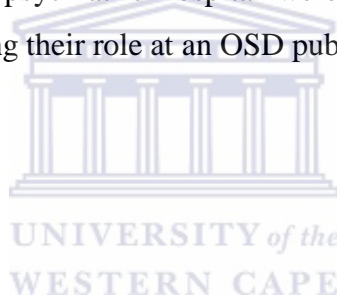
The informed consent and information letter that was provided to each individual participant informed all participants that in no way were they forced to participate. Each participant was informed that participation in this study was undoubtedly voluntary and participants had the right to withdraw at any given time during the interview without prejudice, even though consensus was reached about their participation by signing a consent form prior to participation. During the course of the study, participants were not requested to mention either their names or identity

numbers. Interviews were conducted in a private room and participants could withdraw at any stage of the study.

Confidentiality and anonymity of the participants were secured during the course of the study. Information revealed by the participants would not identify the participants in any way. Data collected by means of digital recordings and transcripts would be kept and lock and key and destroyed five years after reporting the findings of the study.

## **2.7 CONCLUSION**

In this chapter, the researcher discusses the theory about the research design, data analysis, population and sampling, and data collection. Furthermore, methods of ethical consideration and trustworthiness are discussed. In this chapter, the experiences of the APPNs who were practising their role at an OSD provincial psychiatric hospital were captured. Chapter 3 presents the experiences of the APPNs practising their role at an OSD public hospital.



## CHAPTER 3

### FINDINGS OF THE STUDY

#### 3.1 INTRODUCTION

This chapter discussed the findings of data collected by means of unstructured interviews. Open coding was utilised for the purpose of data analysis. The first objective of the research project was to explore and describe the experiences of APPNs who were practising their role at an OSD provincial psychiatric hospital.

#### 3.2 PARTICIPANTS

The total number of participants were  $n = 8$  (Table 3.1); their ages ranged from 33 to 42 years of age. It seemed that they still had about 20 years left for service delivery.

In the study, five participants were females and three were males. The eight participants complied with the inclusion criteria of practising as advanced psychiatric nurses in an OSD provincial psychiatric hospital setting.

**Table 3.1: Participant profile**

Individual interviewees	Age (in years)	Gender
Participant 1	38	Female
Participant 2	41	Male
Participant 3	42	Female
Participant 4	39	Female
Participant 5	40	Male
Participant 6	40	Female
Participant 7	33	Male
Participant 8	42	Female

### 3.3 DATA ANALYSIS

The research question was: “How is your practice in an occupation specific dispensation psychiatric hospital setting for you?” The interviews were recorded by using a voice recorder, carefully listened to, and transcribed verbatim. During data analysis, four themes with categories emerged.

**Table 3.2: Themes and categories**

Four Themes	Fourteen categories
1 Under-utilisation of full scope of advanced nursing skills	1.1 Demands of regular nursing duties / roles limit advanced nursing opportunities
	1.2 Specific ward demands / needs alternately limit or promote the implementation or practice of advanced nursing skills
	1.3 Lack of resources and opportunities to practise advanced nursing roles, such as research
2 Role conflict and overload	2.1 A perceived increase in workplace demands
	2.2 Dual responsibility
	2.3 Increased personal and / or organisational expectations
3 Organisational and structural barriers delay the implementation and practice of advanced nursing skills	3.1 Variations / differences in perceived support and / or lack of support from management / multidisciplinary team
	3.2 Lack of guidance and / or supervision
	3.3 Absence of salary increase

Four Themes	Fourteen categories
	3.4 The presence of hierarchical and / or multidisciplinary teams and nursing regulations
	3.5 Many nurses with advanced qualifications
4 Failure to conceptualise / clarify advanced nursing role resulting in unrealistic and / or unmet expectations	4.1 Role uncertainty and / or confusion
	4.2 Unmet and or / unrealistic expectations
	4.3 Unchanged roles / duties

In Table 3.2, the themes and categories are outlined. Four themes emerged from the data that indicated the under-utilisation of the full scope of advanced nursing skills, role conflict and overload, organisational structural barriers delay the implementation and practice of advanced nursing skills and failure to conceptualise / clarify „advanced“ nursing role resulting in unrealistic and / or unmet expectations.

### 3.4 FINDINGS

The central storyline of the data analysis reveals that having completed an advanced qualification in nursing, the participants’ experience predominantly reflects an under-utilisation of acquired knowledge and / or skills. This appears to be due to the demands that are placed on them by their already existing regular nursing duties, the specific demands that are placed on them by the ward in which they work that can either promote or restrict the utilisation of advanced skills, and a lack of resources and / or opportunities to practice in an advanced nursing role. Furthermore, participants experienced role conflict and role overload when expectations were perceived to increase (subsequent to the attainment of an advanced qualification) and dual responsibilities arose from having to carry out both regular and advanced duties. Structural and organisational barriers, such as lack of support, may also delay the implementation and practice of advanced

nursing skills. Finally, the failure of an organisation to conceptualise and / or clarify the role of an advanced nurse may exacerbate role confusion and contribute to unmet and / or unrealistic expectations, as well as to unchanged nursing roles / practices.

### **3.5 THEME ONE: UNDER-UTILISATION OF THE FULL SCOPE OF ‘ADVANCED’ NURSING SKILLS**

The findings indicate that under-utilisation of APPNs is primarily the result of having to return to or continue with regular nursing role / duties and is linked to role conflict and failure to conceptualise / clarify the „advanced nursing role. Furthermore, it seems that the APPNs find themselves being under-utilised but at the same time exploited in their practice.

By definition, scope of practice describes practice limits and sets the parameters for legal practice of nurses in the various advanced practice nursing specialties (Hanson 2009:607). The term scope of practice refers to the legal authority granted to a professional for providing and being remunerated for health care services. This authority for practice emanates from many sources; such as the professional code of ethics, and professional practice standards. In nursing, statutes are the nurse practice acts (Hamric 2009:85 cited in Hamric Spross & Hansen 2009:85).

**Under theme one three categories emerged, namely:** demands of regular nursing duties / roles, specific ward demands / needs alternately limit or promote the practice, and lack of resources and opportunities to practice advanced nursing roles. It appears that the APPNs had theoretical knowledge but they were unable to apply their knowledge in their settings due to ward programmes that restricted the application of their knowledge in practice.

#### **3.5.1 Demands of regular nursing duties or roles limit advanced nursing opportunities**

According to the Oxford Dictionary (2010:311), demand is defined as an insistent and peremptory request, made as of right, (demands) pressing requirements. According to Oxford Dictionary (1998:547), routine is defined has a regular way of doing something. The findings indicate that the APPNs are overwhelmed by the fact that the advanced practitioner is constrained in their regular nursing practice; therefore, they are not achieving the opportunities to fulfil their newly acquired skills as an advanced psychiatric practice nurse, since they are not achieving their appointed role.

Since advanced psychiatric nursing is gaining prominence in South Africa the findings indicated the uncertainty of their role as advanced practitioners continues to be debated as indicated by majority of the interviewees.

Due to the type of wards; e.g. the intellectual disability service, psychiatric wards, forensic services, as well as long term and acute wards where the advanced practitioner are working, they could find themselves stagnating while their work is becoming routine.

A participant said: *“I cannot practice at all times”* and continued, *“routine is much more clinical, day-to-day, your everyday routine work”* (P1). Someone else added, *“We don’t have time to do that.”* (P6).

The APPNs find themselves in a dilemma in terms of their role and while wards are continuing with their routine services, an APPN feels restricted in his / her practice as mentioned by a participant, *“Knowing that you are capable and able to do much more but being restricted”* (P1).

Routine in the discipline of advanced practice psychiatry seems to create a sense of frustration with regard to non-clarity about the role of the advanced practitioner, as a participant stated: *“They asking the routine work”*, and added *“You will come in the morning, you will do A, B, and C. Come back then you do D, E and F as routine”* (P4).

It appears that after an advanced course the advanced practitioner arrives in a ward but unfortunately he / she is confronted with routine work as mentioned, *“After all that effort, you come back... you go on with your routine so that is why one won’t see much forward activity”* (P4).

The findings indicate general agreement in terms of the difficulty to practice an advanced role and due to routine, general aspects of nursing and time constraints impede advanced practices. Practitioners feel their skills are lost and that they spent majority of their time on clinical aspects and other aspects are neglected within the practice of advanced knowledge and skills.

The findings of the category about demands of regular nursing duties or roles that limit advanced nursing opportunities indicate that advanced psychiatric practice nurses are found working most

of their time in routine professional general nursing duties, therefore, their full scope of advanced nursing skills remains under-utilised.

### **3.5.2 Category: Specific ward demands / needs alternately limit or promote the implementation or practice of advanced nursing skills**

According to (Saxena, Thornicroft, Knapp and Whiteford 2007:880), mental health care relies on professionals, rather than advanced equipment. The advanced practice nurse's scope of practice is characterised by specialisation, expansion of services provided (including diagnosing and prescribing), and autonomy to practice (ANA 2003; Hamric 2009:85). Direct clinical practices are the central competency of any advanced practice nursing role and inform all their other competencies. The findings of this study indicate that structural barriers obscure the role of the APN.

The APPN acquires an exceptional set of skills during training but it seems not to develop to its full potential in practice, therefore, some skills could be lost as a participant pointed out: *"We have been complaining that our skills have been lost"* (P3).

According to (Boyatzis 1982 cited in Bartol & Martin 1998:15), a skill is the ability to engage in some set of activities that are functionally related to another and that lead to a desired performance level in a given area. It could be interpreted that the APPN experiences a loss of his / her skills in providing basic psychiatric nursing care.

It seems that there is a clinically related wall built around specific wards that is limiting the communication of advanced practices. As a result, advanced nursing skills are further prevented from developing into practical activities. Advanced psychiatric nursing requires the achievement of a distinctive set of skills. However, if these skills are not utilised they become a blunt tool with no functional purpose as indicated by a participant: *"Of the skills were not any good, there is no case to put them on"* (P6) and confirmed by another participant, *"So, sometimes you left there with all of this knowledge and your skills and nothing"* (P1).

Every ward has a unique need or programme that is specific to that particular ward but the harvesting and inclusion of the APPNs' skills in the programme are excluded. It would seem that the majority of the wards are clinically orientated with the result that advanced skills are

neglected as expressed by a participant, *“Because we are in the wards, we are in the clinical setting”* (P2). The basic clinical nursing component is viewed as a barrier for advanced practice as mentioned by another participant, *“It was basically much more clinically”* (P1). Advanced practice should be viewed as a „level of practice“ rather than a specific role and it is not exclusively characterised by the clinical domain but may also include those working in research, education, management/leadership roles (Scottish Government Health Departments:2008).

Working shifts forms another structural barrier, since it restricts the advanced practices of APPNs. A participant complained: *“It is because like the restriction is you can’t do an intervention with somebody and start and I am a shift worker also and therefore I am restricted”* (P9). According to (Wilson 2002:211), nursing staff members are the main professional group to work shifts at hospitals. Shift work is described as a system that organisationally defines different regular blocks of time for employees. Shift work in nursing has a negative impact on the psychological and physical wellbeing of nurses (Wilson 2002:214).

The findings about the category of specific ward demands / needs identify specific positive and negative aspects. In certain units, the APN is able to implement his / her advanced practices. On the other hand, certain wards do not make provision for the APN to utilise acquired skills and shift work restricts their interventions. This confirms the under-utilisation of the full scope of the advanced nursing skills of an APN.

### **3.5.3 Category: Lack of resources and opportunities to practise advanced nursing roles such as research**

The findings indicate that the structural lack of resources results in the experience of qualifications and skills being wasted and fruitless. The Oxford Dictionary (2010:719) defines the word wasted as making [something] or becoming gradually weaker or useless.

A participant, used whether the word “wasted” was not a harsh word when the feeling of advanced practitioners“ about their training was described, *“I am thinking should I use the word wasted”* (P9). However, this indicates the frustration of APPNs when they lack a sense of self-realisation. The participants indicated that training in advanced psychiatric nursing was “wasted” due to non-application their advanced skills, *“The psychiatric course, the advanced practitioner*

*course, was wasted and the information of no value because I can't apply within it*" (P9), while another participant added, *"I sit now here... wasted"* (P5). In context of the study, frustration developed due to the lack of opportunity as clearly indicated by the participant who stated, *"So, the opportunity is generally is not there"* (P1).

In the context of this study, the advanced practitioner reported a lack of resources and equipment in the hospital setting that prevented access to the latest information and research. The lack of resources and equipment obstructed the enthusiasm to conduct research as pointed out by a participant: *"You need to have the equipment; you need to have the ideas and people you can work with"* (P4). According to (Dubrin & Ireland 1993:303), the allocation of resources is necessary to accomplish professional objectives.

This category emphasises a lack of resources and opportunities to practice advanced nursing roles, such as research. The findings indicate that advanced psychiatric practice nurses are lacking resources. As a result, their theoretical and practical energy gets wasted and the full scope of their advanced nursing skills is under-utilised.

### **3.6 THEME 2: ROLE CONFLICT AND OVERLOAD**

This theme focuses on the dual and / or competing lines of responsibility that develop between regular nursing role / duties and advanced nursing role / duties, resulting in role conflict and role overload that are linked to failure to conceptualise / clarify the advanced nursing role.

**In theme two, three categories emerged, namely:** a perceived increase in workplace demands, dual responsibility, and increased personal and / or organisational expectations.

#### **3.6.1 Category: A perceived increase in workplace demands**

This category indicates that an increase in workplace demands is experienced subsequent to attainment of advanced qualifications. According to (Lizano & Mo Barak 2012:1770), a demand is defined as the physical, psychological, organisational, and social responsibilities of a job that require sustained physical or psychological effort and job demands are assumed to be positively and primarily related to emotional exhaustion. This tends to imply that the core elements of nursing practice still apply but that additional skills and areas of practice are encompassed in a

specialist role that involves greater responsibility, accountability, and autonomy that include broader aspects of the management of specialised care (Daly & Carnwell, 2002:160). Furthermore, this tends to imply a new role that not only embraces aspects of extension and expansion, but also involves higher levels of clinical autonomy brought about by new demands (Daly & Carnwell 2002:160).

There seems to be an increased workload expectation after achieving the qualification of an advanced practitioner. A participant confirmed that by expressing, *“Expectation is more that you need to do more because you have advanced psychiatry”* (P1). Another participant amplified that the work of the APPN has increased after qualification, *“It feels like we doing more work, we have to do more work and we are doing more work and more intensive work because we are advanced”* (P2). According to (Brykczynski 2009:100), role conflict develops when role expectations are perceived to be contradictory or mutually exclusive. Advanced practice nurses may experience conflict with varying demands of their role, as well as both intra-professional and inter-professional role conflict.

It would seem that the APPN has been presented with high responsibility and expectations to fulfil as mentioned by the participants, *“It is almost like you been thrown in and nothing else, just expectations about responsibility and all of those”* (P8), and *“...have to carry that responsibility although you have your own responsibilities”* and *“So, on advanced that expectation kind of falls on you”* (P2).

In the context of this study the responsibility of an advanced practitioner had shown signs of elevated stress levels in the life of an APPN. A participant stated: *“It takes emotionally and psychologically a lot out of you”* (P5). Stress is usually defined from the perspective of a demand-perception response (McVicar 2003:633). Stress could relate both to an individual’s perception of the demands being made on them and to their perception of their capability to meet those demands. A participant uttered: *“You sort of have a label to carry and you have to live up to it so that is a lot of pressure”* (P2). According to (Tang & Chang 2010: 871), stress hampers the motivational aspects of performance, in going beyond routine job responsibilities.

It would appear the increased responsibility rapidly becomes very taxing for the advanced practitioner and may well lead to stress / role stress and burnout in the field.

From the category about a perceived increase in workplace demands, the findings indicate that the APPN is under emotional and psychological stress due to high expectations and responsibility, therefore, role conflict and overload are inevitable.

### **3.6.2 Category: Dual responsibility**

The findings indicate a dual responsibility of a nurse, due to regular / existing roles /duties, as well as advanced nursing roles / duties. A dual responsibility can be described as a blended role. According to (Hentz & Hamric, 2009:453), issues raised in blended roles that have not been addressed can create confusion in the profession. It is critical to focus on the definition of the APN activities rather than on the job title (Hamric, *et al.* 2009: 451).

It would appear that the advanced practitioners’ job description incorporates two spheres simultaneously, namely the duties of a general professional nurse, as well as the duties of an advanced practitioner, therefore, creating a dual role as pointed out by some participants:

*“So, you play a dual role... the same job description but because of the advanced practitioner there is more responsibility on me” (P8).*

*“Although you have your... to fulfil the duties as set up in the job description you will have to be responsible for things like research and also mentally advance psychiatric students” (P6).*

Responsibility is the obligation to carry out duties and to achieve goals that are related to a position (Bartol & Martin 1998:271). Furthermore and according to (Massie 1987:76), responsibility has always been an important concept in organisations and usually refers to the obligation or duty of a person to act. When an employee accepts a task and the authority necessary to carry out the task, he or she incurs an obligation. Responsibility is the obligation to perform the assigned work and to use the delegated authority properly. The person who accepts responsibility must provide tangible evidence that the task is accomplished (Dubrin & Ireland 1993:216).

It would seem that dual responsibility continues to be a core thorny issue, since the workload of the APPN increases and more expectations require to be fulfilled as pointed out by a number of participants:

*“So, you still have that other role to fulfil” (P1).*

*“It feels like we doing more work” (P2).*

*“Research is so time consuming and you know it is difficult to focus on it because you have to be away from the ward and then you would not be fulfilling other expectations” (P7).*

It would seem that there was a sense of role and function confusion of the APPN, since it was clearly spelt out by a participant, *“Now we must work in the inpatient unit and we must work in the outpatient unit” (P9).*

A dual role requires careful consideration of content and meaningful clinical experiences to ensure mastery of basic advanced practice nursing competencies and clinical experiences in both specialty areas. Dual and blended advanced practice nursing programmes are, by necessity, longer and require extended clinical experience (Hanson, *et al.* 2009:613).

From the category about dual responsibility, the findings indicate that the advanced psychiatric practice nurse is performing two distinctly different duties, namely general nursing and advanced nursing. Therefore role conflict and work overload occur.

### **3.6.3 Category: Increased personal and / or organisational expectations**

According to the Oxford Concise Dictionary (2010:410), an expectation is a belief that something will happen. Assessing social demands and expectations in organisations include social forecasting, opinion surveys, social audits, issue management, and social scanning. Loyal employees are essential for an effective organisation, since individual performance forms the cornerstone of the success of an organisation (Gerber, Nel & Van Dyk 1995:28 cited in Randt 2003:140). How they function is based on the fact that they have certain needs and expectations that they want to satisfy, therefore, performance is the result of motivated behaviour that, in turn, results from an integration of the mutual expectations between the employer and individual employees (Randt 2003:140).

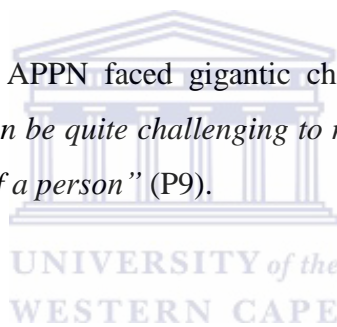
It would appear after advancing from a professional nurse to an advanced practitioner expectations in the work place increased as stated: *“They expect from you to be more active than you would” (P1).*

Proving themselves as advanced practitioners seemed to be a responsibility on its own as a participant indicated: *“I needed to show that I deserved to be where I am at the moment... the expectations are higher”* (P3).

While APPNs experiences more expectations, the advanced practitioner was not equally supported / assisted by their managers as pointed out by a participant, *“People or managers expected more of me”* (P8). According to (Mintzberg 1980 cited in Bartol & Martin 1998:11), a role is an organized set of activities that are associated with a particular office or position. The division of labour necessitates the creation of roles. Roles ensure that the lifespan of any organisation is capable of outlasting its present sum total of individuals.

It seemed that the expectations were too high as pointed out by a participant, *“A lot is expected from us”* (P5).

In the context of this study, the APPN faced gigantic challenges, such as clinical work as revealed by the participants, *“It can be quite challenging to meet everyone’s expectations”* (P2), and *“There is too much expected of a person”* (P9).



Another participant indicated that their presence was required at more than one place at any given time, *“You have to be at all places sometimes at once, it is very difficult”* (P2).

Why is time management needed in an organisation needed and what are the benefits to the organisation?

Time management is a technique for the allocation of the manager’s own time by setting goals, assigning priorities, identifying and eliminating time wasting activities, and use of managerial techniques to reach goals efficiently.

Time management has emerged as a useful planning technique because (1) it deals with a very critical element, namely managers’ time, (2) it is a technique that challenges each manager to use his or her time more efficiently and to avoid the directive approach of attempting to set time standards for other co-workers without their participation in making their own time allocations,

and (3) it is a general-purpose technique for systematising one's own efficiency (Massie 1987:95-96).

From the category about increased personal and / or organisational expectations, the findings indicate that there is a high expectation of the advanced psychiatric practice nurse to attend to different activities at the same time, therefore, it leads to role conflict and work overload.

### **3.7 THEME THREE: ORGANISATIONAL AND STRUCTURAL BARRIERS DELAY THE IMPLEMENTATION AND PRACTICE OF ADVANCED NURSING SKILLS**

The findings indicate organisational and structural barriers in the practice of the participants. According to the Oxford Dictionary (2010:99), a barrier is a fence or other obstacle that prevents movement or access. A barrier serves as an obstacle to communication, understanding, or progress. According to (Hamric & Delgado 2009: 337), some barriers, once identified, can be corrected and eliminated. Other obstacles may require attention at institutional, state, or national level. Regardless of the type, the advanced practice nurse must identify and respond to the barriers that inhibit the development of a morally responsive practice environment.

**In theme three, five categories emerged, namely:** variations / differences in perceived support and / or lack of support from management / multidisciplinary team, lack of guidance and / or supervision, the presence of hierarchical and / or multi-disciplinary teams and nursing regulations, absence of salary increase, and many nurses with advanced qualifications.

#### **3.7.1 Category: Variations / differences in perceived support and / or lack of support from management / multidisciplinary team**

According the Oxford Dictionary (1998:642), support means to give strength, help, or encouragement to someone. In the context of this study, one of the core functions of an APPN was case management, but the findings indicated that support to the advanced practitioner by other members of the multi-disciplinary was lacking. The contributions made by the APN seemed not to be recognised during practice as stated by some participants, "*We do exactly as case managers but we not acknowledged*" (P1), and "*there is no recognition for what we done*"

(P3). The multidisciplinary team (MDT) consists of psychiatrists, clinical nurses, specialist / community mental health nurses, psychologists, social workers, occupational therapists, medical secretaries, and sometimes other disciplines; such as counsellors, drama therapists, art therapists, advocacy workers, care workers, teachers, and physiotherapists. According to (Spross & Hanson 2009:275), members in a profession may forget their roots and leave other team members behind or, worse, actively undermine their advancement.

Support for the APPNs is crucial but it appears that there is no clear support provided by senior staff members to the novice (advanced practitioner) as indicated by participants, *“Then maybe we can have more support”* (P5), and *“You find that support from managers is not there”* (P4). According to (Jones 2006:19), mental health nurses form the cornerstone of the profession and understanding how nurses and other mental health professions work collaboratively is fundamentally important for successful care delivery.

From the category about variations / differences in perceived support and / or lack of support from management / multidisciplinary team, the findings indicate that there is a lack of support from management for the advanced psychiatric practitioner nurse; therefore, the organisational and structural barriers delay the implementation and practice of advanced nursing skills.

### **3.7.2 Category: Lack of guidance and / or supervision**

According to the Oxford Concise Dictionary (2010:518), guidance is advice or information that aims at resolving a problem or difficulty. The directing function includes all processes for initiating action. A part of this function is called supervision when the manager is in direct contact with the non-managers. Supervision literally means overseeing and implies that there needs to be face-to-face contact (Massie 1987:101).

It appears that the APPNs find themselves in the wilderness after they had attained their qualifications as advanced psychiatric nurses, and experience the lack of guidance and supervision as an organisational barrier. The advanced practitioner has been equipped with rich theoretical knowledge but could lack practical experience as an advanced practitioner.

In the context of this study, there was a lack of or no supervision for the advanced practitioner as stated by participants, *“For me, it would have been nice to have supervision”* (P8), and *“...and supervision is not implemented”* (P6).

Clinical supervision as used in mental health, describes a continuous supportive and educational process between a more senior expert clinician and a less senior novice clinician. The goals of a clinical supervision are to develop the knowledge, skills, self-esteem, and autonomy of the supervisee (Barron & White 2009:195). The process of supervision can be helpful for enhancing the practice of clinicians, especially novice clinicians, regardless of specialty area (Barron & White 2009:195).

It would appear that there should be a culture of introducing senior experienced APPNs into the setting as preceptors, mentors, or coaches with the aim of creating the space for the novice to mature with confidence in the field before being allowed to practise more independently. In the context of this study, the implementation of supervision would have been advantageous to the APPNs. The term preceptorship refers to an educational relationship that enables an experienced and skilled professional to provide knowledge, skills, support, and encouragement (Morton-Cooper & Plamer 2000 cited in Harpell 2009:372-375).

According to (Hayes 2001; Kelly, Mathews 2001& Kleinpell-Nowell 2001 cited in Brykczynski 2009:105), clinical mentoring by preceptors is an important component of ensuring realistic clinical learning.

It appeared there were no clear guidelines and guidance for the APPNs in terms of their roles as a participant mentioned: *“Doesn’t have advanced practitioner guides”* (P8). According to (Brykczynski 2009:106) , the advanced practice nursing graduates can be expected to experience guidance when they move from the academic world that highly values holistic care in the world of work where organisational efficiency is of paramount importance.

The need for support also appears to be important with regard to creation of posts. In the context of the study, the APPNs performed duties without being assigned a particular post with a clear job description. This factor was debated by an APN who was qualified without having a post as stated by a participant, *“There is been no post created for me as an APPN”* (P1).

This could be mentally and emotionally challenging for an APN and even lead to the need for debriefing in the practice environment. A participant indicated the importance of the advanced practitioner to be guided, as well as to be debriefed, *“Need to have some... a space where I could be sort of not debrief but guided”* (P8).

From the category about lack of guidance and / or supervision, the findings indicate that advanced psychiatric practitioner nurses, especially the newly qualified advanced psychiatric practitioner nurse, require guidance and supervision and, therefore, organisational and structural barriers delay the implementation and practice of advanced nursing skills.

### **3.7.3 Category: Absence of salary increase**

A structural barrier was experienced by participants due to the absence of a salary increase despite the fact that they had an advanced qualification and were given greater responsibility.

Monetary value in the OSD could create professional jealousy in the practice setting. In the context of this study, there was a quandary with APPNs in terms of not having advanced nursing psychiatry training. A participant mentioned: *“In terms of salary, we still being paid the same as the one who doesn't have advanced psychiatry”* (P8). Skills attained did not compare with money value as the participant indicated, *“Is obviously not monetary recognition after you gain the skill”* (P3).

It seemed that the job description of the APPNs and the salary earned when compared to their managers was a point of concern as stated by a participant, *“Our job description is the same as a unit manager expect for the five per cent with the area manager except but we are earning a junior salary and we are doing much more than what the unit manager”* (P5).

A job description is a written statement that explains the purpose, scope, duties, and responsibilities of a specified post. Job descriptions minimise misunderstanding that occurs between managers and their subordinates with regard to job requirements (Sherman, Bohlander & Snell 1996:138 cited in Muller, Bezuidenhout & Jooste 2006:255).

From the category about absence of salary increase, the findings indicate that the job description of advanced psychiatric practice nurses is extremely demanding while the qualified advanced

psychiatric practice nurse earns the same salary as the OSD psychiatric nurse without qualifications. Therefore, the organisational and structural barriers delay the implementation and practice of advanced nursing skills.

#### **3.7.4 Category: Hierarchical and / or multi-disciplinary teams and nursing**

The findings indicate a structural barrier with regard to the presence of hierarchical and / or multi-disciplinary teams that results in a role overlap between advanced nursing activities and the specialised roles that are already carried out by other team members; e.g. doctors (consultants), psychologists, social workers, physiotherapist, occupational therapist. It restricts the duties that may or may not be carried out by a nurse.

In the context of this study, it would seem that an APPN should practice as e.g. a case manager. However, the advanced practitioner was restricted when performing activities. It would also appear that there was a sense of prejudice among the multi-disciplinary team that restricted the APPNs with regard to performing their professional duties, therefore, it created structural barriers as stated by the participants *“Restricted in a sense where you only allowed to go to certain extent of work because working within a multi-disciplinary team”* (P1), and *“You can’t use that knowledge when you identify, you work with it in the team, you give feedback to the team and you refer”* (P9). Another participant added, *“It is not up to nursing to case managed, it is for the rest of the therapists”* (P1).

A team is a small number of people with complementary knowledge and skills who are committed to a common purpose, performance goals, and approach for which they assume mutual responsibility (Scrrells-Jones 1999:128 cited in Roos & Pilane 2003:157). Team members are stimulated to become a highly motivated group of people by the synergic effect of the combination of energies to complete a task (Roos & Pilane 2003:157) Team members can expand their knowledge and skills by the opportunity they have to work closely and collaboratively (Tappen 2001:116-7 cited in Roos & Pilane 2003:157-159).

It would appear that the practitioner was functioning according to the Mental Health Care Act instead of their job description as indicated by a participant, *“basically I can just nurse a client*

*according to the Mental Health Care Act*” (P5). The APPN had an expectation to function at a higher level as an advanced practitioner.

Another participant indicated that they did not have the opportunity to demonstrate their experience as advanced practitioners as expressed by a participant, *“We don’t get the space to really host our experiences”* (P8). It can be interpreted that significant change to work practices and organisational arrangements require multifaceted implementation strategies (Mitchell, Tieman & Shelby-James 2008:61-64).

From the category about the presence of hierarchical and / or multi-disciplinary teams and nursing regulations, the findings indicate that the multi-disciplinary team has not accepted the advanced psychiatric practice nurse and their new skills. Therefore, the advanced psychiatric practice nurse is not allowed to broaden their experience. As a result, the organisational and structural barriers delay the implementation and practice of advanced nursing skills.

### **3.7.5 Category: Many nurses with advanced qualifications**

The findings indicated a structural barrier in that participants experienced the „levelling the playing fields“ and potentially limiting opportunities to be a „specialist“ i.e. somewhat of a paradox....„if everyone a specialist then no one a specialist“.

Specialization reflects a concentration in a selected clinical area in nursing. Specialties can be further characterized as “nursing practice that intersects another body of knowledge has a direct impact on nursing practice, and supportive of direct care rendered to patients by another registered nurse” (Salyer & Hamric 2009:520).

Advanced practice nursing includes specialization but goes beyond it-involving expansion , which legitimizes role autonomy , and advancement that is characterized by the integration of a broad range of theoretical , researched based , and practical knowledge (Salyer & Hamric 2009:521).

While there is an increase of producing APPN“s there is a sense that the result of specialisation is lost and that everybody is on an equal ground. It would appear there is a production of quantity versus quality of professional practitioners, as stated by participants:

*“as a specialist it means that you are more qualified than the others but now you are equally qualified as the others so you are sort of on equal footing and equal level and you all doing the same specialized work” (P2).*

*“I think them all working in specialty service” (P5).*

According to the Oxford Concise Dictionary (2010:394), equal is where a person is equal to another. The APPN thus did not experience that they are different in scope of practice from other staff members.

From this category the findings indicated that there are too many advanced psychiatric practice nurse in a ward therefore the organizational and structural barriers delay the implementation and practice of „advanced“ nursing skills.

### **3.8 THEME FOUR: FAILURE TO CONCEPTUALISE / CLARIFY ADVANCED NURSING ROLE RESULTING IN UNREALISTIC AND / OR UNMET EXPECTATIONS**

**Under theme four, three categories emerged, namely:** role uncertainty and / or confusion, unmet and / or unrealistic expectations, and unchanged roles / duties. These issues lead to under-utilisation of advanced nursing skills, role conflict, and role overload.

#### **3.8.1 Category: Role uncertainty and / or confusion**

According to (Brykczynski 2009:99), role ambiguity develops when there is a lack of clarity about expectations, a blurring of responsibilities, and uncertainty about existent knowledge. Role ambiguity refers to the lack of specificity and predictability for an employee’s job or role functions and responsibilities (Tang & Chang 2010:870).

It would appear that in some wards the APNs do not have the platform to practice their advanced skills and to be involved in research or education. Therefore, one need to create one’s own intrapersonal opportunities as revealed by a participant: *“I found was that really I needed to create that for myself. I needed to seek opportunities to practice my advanced psychiatric nursing” (P1).*

According to (Muller, Bezuidenhout & Jooste 2006:336), an opportunity is determined by the specific situation where a person works. Work environments differ and restrictions, that are preventing growth advancement, may prevail that are beyond the control of the employee, thus.

It seemed that there was no clarity about the role of an APN, since a participant stated: *"...are you doing what you suppose to do, are you doing what you been trained to do?"* (P4).

One of the components of an advanced practitioner is research but it would appear that the advanced practitioner gets pressured into the responsibility of research. The APPNs should not be pressured to conduct research as stated by a participant, *"Maybe it shouldn't fall on a ward to do research project"* (P2).

The findings indicate that there is no strategy to address the needs of the advanced practitioner while the lack of understanding and knowledge of managers in relation to advanced psychiatric nursing fails to create insight for the manager, therefore, it leads to the frustration of an advanced practitioner as indicated by one practitioner, *"If unit managers they can have an understanding of yes, of what the advanced practitioner is, if they can maybe have a meeting with us to asking us, all of us of how we applying our need and find out what is it"* (P5).

Role uncertainty was uttered by another participant as: *"Even nurses, the managers themselves, if you talk about one to one, they laugh they do not know what they talking about"* (P4).

According to (Muller, Bezuidenhout & Jooste 2006:83), a decision is made under conditions of uncertainty when there is a lack of information, in as much as the outcomes of each alternative are unpredictable, therefore, managers cannot determine all the probabilities. Decisions made under these circumstances are unquestionably the most difficult, since the manager has no knowledge on which to base an estimate of the likelihood of various outcomes.

According to the findings of this study, advanced nursing psychiatry requires extensive training that in practice creates an unavoidable chasm which makes it difficult to find one's feet as pointed by one participant, *"The advanced studies are broad"* (P1).

With reference to the findings, there was a lack of insight in the discipline of standardisation of the advanced practitioners that subsequently created confusion as stated about by a participant,

*“Sometimes becomes confusing to be under in the [inaudible] because you like don’t know your standards at the end of the day”* (P8). According to the Oxford Concise Dictionary, (2010:246), confusion refers to uncertainty or a state of being bewildered.

From the category about the role uncertainty and / unrealistic, the findings indicate that advanced psychiatric practice nurses are not taken seriously and management lacks an understanding of advanced practice, therefore, the failure to conceptualise / clarify the advanced nursing role results in unrealistic and / or unmet expectations.

### **3.8.2 Category: Unmet and or / unrealistic expectations**

What is the meaning of unrealistic?

According to the Oxford Concise Dictionary (2010:1305), unrealistic is defined as something that is not realistic, i.e. not being able to see things as they really are. In context of this study, it seemed that there were great expectations of an APPN to practise as an advanced practitioner immediately after qualifying. The advanced practitioner assumed that once they are in the wards they would be implementing their advanced skills, however, in reality it did not happen. Their practice appeared implausible due to unrealistic expectations.

The findings indicate that the expectations of advanced practices by the APN are unrealistic. At the time of the study, her needs to peruse the practical requirements in her ward were not fulfilled due to the type of ward she was working in as indicated by a participant, *“What I am doing now is not what I thought I am going to do”* (P1), another participant added, *“The expectations was much higher and I studied for a long time”* (P5), and a third participant confirmed, *“At this current time, my practice doesn’t exactly suite my need”* (P6).

Consequently, participants experienced feelings of disappointment. According to the Oxford Concise Dictionary (2010:334), disappointment refers to prevent [hopes or expectations] from being realised.

It seems that the expectations of APPNs continued to be a haunting problem, since their expectations are not been fulfilled as a participant pointed out, *“...I don’t think that expectations were quite met”* (P2).

It was also expected of APPNs to participate in more activities. Regrettably, this expectation was not achieved as revealed by a participant, *“You really expected to participating more, in more activity on the hospital premises than before”* (P8).

The findings indicate that several advanced practitioners are not occupying posts meritoriously. A participant indicated that after she had qualified as an advanced practitioner, she was unable to apply all the skills she acquired during training, *“I am not at the moment practising all my roles”* (P3), and *“...it put people maybe in certain brackets, maybe undeservingly”* (P3).

The findings indicate that the APPN is not aware of her / his scope of practice. One participant concluded that they were not aware of all roles in their practice, *“But as an APPN, I don’t have like extra roles”* (P6).

From the category about unmet and or / unrealistic expectations, the findings indicate that the advanced psychiatric practice nurse’s expectations are not met, therefore, the failure to conceptualize / clarify advanced nursing role results in unrealistic and / or unmet expectations.

### **3.8.3 Category: Unchanged roles / duties**

According to the Oxford Concise Dictionary (2010:1292), unchanged means unaltered. The findings indicate that APPNs experience that their roles are remaining unchanged after training.

In the context of the study, it was assumed that there was no transparency with regard to the role / duties of APPNs as indicated by the participants, *“Whether you have advanced psychiatry or you are a speciality nurse without advanced psychiatry your job description remains the same”* (P1), *“We are still in the same job description”* (P6), and *“Our job descriptions are the same”* (P8).

In the context of the study, it appeared that after the advanced practitioner had received their APPN qualifications, as an their arrival back to the same ward seems to be unrealistic as they performing their previous work as stated by the participants respectively, *“Come back, same set up, same environment”* (P4), and *“Have to do basically what we doing before”* (P6).

The role and the function were not limited as mentioned by, Participant E5, *“So, basically I can just do my role and function”* (P5). This indicated that the participant felt restrained in her

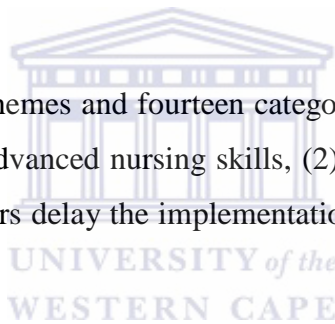
situation in practice. According to the Oxford Concise Dictionary (2010:1006), restrain refers to being prevented from doing something, or to keep under control or within limits.

The roles of pre-occupational specific dispensation APPNs and post-occupational specific dispensation APPNs still remained the same as stated by a participant, *“Like what I was doing before, it is still the same”* (P6).

From the category about unchanged roles / duties, the findings indicate that the role of the advanced practitioner remains the same as that of the general psychiatric nurse and the job description of the advanced practitioner and the general psychiatric nurse is the same, therefore, the failure to conceptualize / clarify advanced nursing role results in unrealistic and / or unmet expectations.

### **3.9 CONCLUSION**

The findings indicate three main themes and fourteen categories. The three main themes are (1) under-utilisation of full scope of advanced nursing skills, (2) role conflict and overload, and (3) organisational and structural barriers delay the implementation and practice of advanced nursing skills.



## CHAPTER 4

### CONCLUSIONS, LIMITATIONS, AND GUIDELINES

#### 4.1 INTRODUCTION

In this research study, a qualitative study was conducted about the experience of APPNs with regard to their practice in an OSD psychiatric hospital setting. The second research question the study required the description of guidelines to support APPNs in practice at an OSD public hospital.

This chapter concludes with the recommendations that are based on the findings. The aim of this chapter is mainly to describe the 2nd objective of the study, that is: To describe guidelines for supporting APPNs in practice at an OSD public hospital. Guidelines

According to (Polit & Beck 2008: 34), guidelines represent an effort to distil a large body of evidence into a manageable format. The guidelines in this study also refer to clinical guidelines that provide explicit recommendations for a clinical situation that include management and education (DePalma 2009: 217 cited in Hamric *et al.* 2009: 217).

*Firstly*, clinical guidelines provide specific practice recommendations and instructions for evidence-based decision making. Their primary intent is to influence what clinicians do (Polit & Beck 2008:34).

*Secondly*, guidelines also attempt to address all the issues that are relevant to a clinical decision, including the balancing of benefits and risks (Polit & Beck 2008: 34).

*Thirdly*, guidelines are necessity driven (Sackett, Straus & Richardson; Rosenberg & Haynes 2000 cited in Polit & Beck 2008:34), meaning that guidelines are developed to inform clinical practice, even when available evidence is limited or of an unexceptional quality.

*Fourthly*, guideline development typically involves the consensus of a group of researchers, experts, and clinicians. Due to the limited scope of the qualification that the researcher was registered for the researcher did not complete this step (Polit & Beck 2008: 34).

**Table 4.1: Outline of guidelines for the APPNs**

Sub-Categories	Guidelines for the advanced practice psychiatric nurse (APPN)
Demands of regular nursing duties / roles limit advanced nursing opportunities	APPNs should be working as advanced practitioners in accordance to their job description.
A specific ward demands / needs to alternately limit or promote the implementation or practice of advanced nursing skills (linked to structural barriers)	Implementation of an advanced practitioner's skills needs to be effected and maintained in all wards.
Lack of resources and opportunities to practice advanced nursing roles, such as research (often results in the feeling that qualification and skills are being wasted)	Equal opportunities are created by implementing rotation of advanced practitioners in wards. Furthermore, resources need to be provided, such as Internet access that will enhance nursing research.
A perceived increase in workplace demands (subsequent to the attainment of advanced qualification)	In order to alleviate their stress, the workload of all APPNs has to be reviewed in terms of their specific job description.
Dual responsibility (arising from regular / existing roles / duties and advanced nursing roles / duties)	In order to prevent burnout of APPNs, diagnoses of the exclusive responsibility and the role of the APPNs have to be scrutinised.
Increased personal and / or organisational expectations	Nursing management expectations of APPNs have to be congruent to the job description of the APPN.
Variations / differences in perceived support and / or lack of support from management / multi-disciplinary team (organisational barrier)	Nursing management is failing to provide support and are not recognising the role of the APPN.

<b>Sub-Categories</b>	<b>Guidelines for the advanced practice psychiatric nurse (APPN)</b>
Lack of guidance and / or supervision (organisational barrier)	Insist on promotion of the guidance and supervision (preceptor) and authoritative debriefing for the APPNs.
Absence of a salary increase despite advanced qualifications and greater responsibility (structural barrier)	After qualification as an APPN, the remuneration of the advanced practitioner needs to be upwardly adjusted.
The presence of hierarchical and / or multi-disciplinary teams and nursing regulations result in role overlap between advanced nursing role/s and specialised roles already carried out by other professionals; e.g. doctors, psychologists, and operational managers; as well as a restriction on duties that may or may not be carried out by a nurse (structural barrier)	Create an opportunity for the APPN skills to be endorsed in the multi-disciplinary team, such as case management and family therapy, and group therapy.
Many nurses with advanced qualifications are levelling the playing field and potentially limiting opportunities to be a specialist, i.e. somewhat of a paradox: if everyone is a specialist then no one is a specialist" (structural barrier)	Reassess the mass placements of APPNs in wards that defeat the purpose of a specialist and reallocate APPNs to wards that do not have qualified APPNs. Redress the over-production of advanced practitioners, since a number of them are close to retirement.
Role uncertainty and / or confusion	Nurse managers need to improve their understanding of the APPNs" function and role.

Sub-Categories	Guidelines for the advanced practice psychiatric nurse (APPN)
Unmet and / or unrealistic expectations	Nurse managers have to ensure that the expectations of the APPNs are met by allowing them to practise their advanced skills instead of performing general professional nursing activities only.
Unchanged roles / duties	Nursing management has to ensure that advanced practitioners' roles are practised ahead of performing professional general nursing roles.

## 4.2 GUIDELINES FOR THE ADVANCED PRACTICE PSYCHIATRIC NURSE

### 4.2.1 Guideline 1: APPNs should be working as advanced practitioners in accordance to their job description.

#### Rationale

The goal of this guideline seeks to ensure that APPNs are working according to their job description as advanced practitioner. It will enable the adoption of advanced skills in practice with the result that APPNs will not merely perform the activities of general professional nurses.

#### Actions

The head of nursing needs to ensure that APPNs are practising as advanced practitioners. Furthermore, the head of nursing needs to initiate in-service training for area managers, operational managers, and advanced practitioners and the purposes of gaining a proper understanding of the job description of an APPN.

Area managers need to understand and assure that APPNs are working in their advanced role.

Operational managers need to warrant an understanding by corroborating with APPNs about the job description of an advanced practitioner.

Advanced practitioners are to familiarise themselves with their job descriptions and to ensure that advanced practice becomes routine and a part of their lifestyle.

#### **4.2.2 Guideline 2: Implementation of an advanced practitioner’s skills needs to be effected and maintained in all wards.**

##### **Rationale**

The purpose for this guideline seeks to ensure that the full capacity of the APPN skills gets utilised. The rationale for this guideline aims at assisting all APPNs to ensure that future APPNs completely utilise their skills.

##### **Action**

The head of nursing, with the cooperation of area managers and operational managers, need to revisit their wards programme to incorporate the utilisation of advanced practice skills.

#### **4.2.3 Guidelines 3: Equal opportunities are created by implementing rotation of advanced practitioners in wards. Furthermore, resources need to be provided, such as Internet access that will enhance nursing research.**

##### **Rationale**

Firstly, the goal of this guideline seeks to encourage the rotation of APPNs in the hospital wards with the purpose of creating equal opportunities for advanced practitioners to practise their skills. The second goal of this guideline is to establish the core functions of nursing research and the provision of resources to energise advanced practitioner research.

##### **Action**

Heads of nursing need to ensure that their health care facility establish a well-functioning research board that consists of relevant role players who hold either a master’s degree or a PhD,

since they will be providing guidance and support to post-graduate nursing students who will be enrolling for a master's degree or a PhD.

**4.2.4 Guideline 4: In order to alleviate their stress, the workload of all APPNs has to be reviewed in terms of their specific job description.**

**Rationale**

This guideline aims at alleviating stress, preventing burnout and adding to the precise responsibilities of APPNs. The operational managers with the support of area managers need to interview all APPNs with the purpose of establishing and monitoring their stress levels that could be linked to workload demands and investigating whether it corresponds with their job descriptions. The results of these interviews must be reported to the head of nursing.

**Action**

Nursing management needs to compile reports about the demands that are placed on the APPNs for presentation to the head of nursing. Nursing management interrogates the job description of APPNs to investigate whether any discrepancies in terms of working practice exist.

**4.2.5 Guideline 5: In order to prevent burnout of APPNs, diagnoses of the exclusive responsibility and the role of the APPNs have to be scrutinised.**

**Rationale**

The goal of this guideline is to assist the APPNs with establishing their responsibilities and roles in the practice setting.

**Action**

Head of nursing, nurse managers, and operational managers continually ensure that the roles and responsibilities of the APPNs are accomplished at an advanced level while performing general nursing roles and responsibilities are monitored.

**4.2.6 Guideline 6: Nursing management expectations of APPNs have to be congruent to the job description of the APPN.**

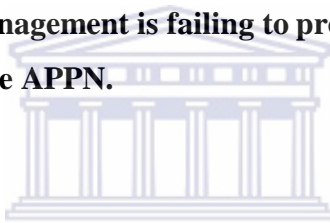
**Rationale**

The goal of this guideline seeks to establish a firm foundation for mitigating the expectations of the APPN's at their place of practice.

**Action**

Heads of nursing need establish whether nurse managers are ensuring that APPNs practise in accordance with their job descriptions. The expectations of nursing management should not be based on personal gain.

**4.2.7 Guideline 7: Nursing management is failing to provide support and is not recognising the role of the APPN.**



**Rationale**

The goal of this guideline desires that APPNs are supported during their practice and that their qualification as advanced practitioners is recognised. Nursing management provides gentle support to advanced practitioners in their working circumstances. The reason for this guideline is to implement a firm line of support by nursing management to APPNs.

**Action**

The head of nursing, with the assistance of nursing management have to establish a supportive team to assist the advanced practitioner without prejudice.

Practising qualified advanced practitioners need to be included in the supportive structure of the newly qualified advanced practitioner.

**4.2.8 Guideline 8: Insist on promotion of the guidance and supervision (preceptor) and authoritative debriefing for the APPNs.**

## **Rationale**

This guideline introduces preceptors to assist the newly appointed APPNs in their practice alleviate their feelings of alienation and neglect in terms of the application of their qualifications. The preceptor is expected to also endorse their job descriptions in their practice setting.

Debriefing allows the advanced practitioner to express their views and feelings without prejudice. As a result, the advanced practitioner experiences relief.

## **Action**

The Chief Executive Officer (CEO) and the head of nursing needs to ensure that advanced practitioners attend preceptorship training in order for them to offer guidance and supervision to the newly appointed APPNs.

The Chief Executive Officer (CEO), the head of nursing, and the head of psychology provide an external psychologist on a voluntary basis to conduct debriefing interventions with advanced practitioners.

### **4.2.9 Guideline 9: After qualification as an APPN, the remuneration of the advanced practitioner needs to be upwardly adjusted.**

## **Rationale**

This guideline aims at ensuring that the advanced practitioner gets recognised in terms of an increase in their salary after qualification commensurate with their new workload.

## **Action**

When an advanced practitioner qualifies, the Department of Health increases the remuneration of the advanced practitioner due to working hours and workload and in spite of receiving the OSD.

**4.2.10 Guideline 10: Create an opportunity for the APPN skills to be endorsed in the multi-disciplinary team, such as case management and family therapy, and group therapy.**

**Rationale**

This guideline encourages the utilisation of APPN skills that have been gained in the discipline of practice.

**Action**

The Head of nursing and the relevant heads of departments that represents the various multi-disciplinary teams“ have to ensure that all wards have a complete functioning multi-disciplinary team which should include the skills of APPN instead of merely expecting of them to provide feedback.

The multi-disciplinary team needs to provide the APPNs with an opportunity with regard to the following, e.g. individual therapy, group therapy, family therapy, and counselling.

**4.2.11 Guideline 11: Reassess the mass placements of APPNs in wards that defeat the purpose of a specialist and reallocate APPNs to wards that do not have qualified APPNs.**

**Rationale**

This guideline seeks to equally distribute APPNs in wards where there are either not enough or no advanced practitioners.

Secondly, it allows for the redistribution of qualified advanced practitioners in wards where unqualified advanced practitioner need assistance.

**Action**

The head of nursing and nursing management need to place qualified APPNs in ward where their skills are utilised. The head of nursing with the assistance of nursing management will have to regularly review their total number of qualified APPN placements.

**4.2.12 Guideline 12: Nursing managers need to improve their understanding of the APPNs' function and role.**

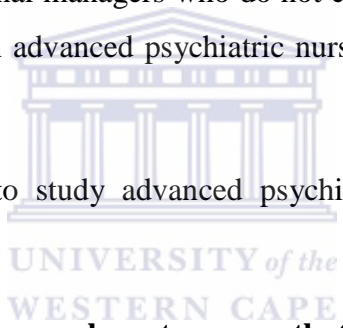
**Rationale**

The goal of this guideline is to assist the nurse managers and operational managers with the complexity of advanced psychiatric nursing, since some nurse managers and operational managers do not fully grasp the role of APPNs because they have not been exposed to advanced psychiatric nursing (APN).

**Action**

The purpose of this guideline requires the head of nursing to implement in-service training for some nurse managers and operational managers who do not comprehensibly understand APPNs. Nurse managers who are versed in advanced psychiatric nursing and nursing education need to conduct the in-service training.

Nursing management will have to study advanced psychiatry nursing in order to gain an understanding of an APPN.



**4.2.13 Guideline 13: Nurse Managers have to ensure that the expectations of the APPNs are met by allowing them to practise their advanced skills instead of performing general professional nursing activities only.**

**Rationale**

The goal of this guideline is to ensure that advanced practitioners utilise their skills and practise their advanced nursing psychiatry knowledge.

**Action**

Head of nursing, nursing management, and operational managers need to ensure that advanced practitioners are practising according to their job descriptions.

#### **4.2.14 Guideline 14: Nursing management have to ensure that advanced practitioners' roles are practised ahead of performing professional general nursing roles.**

##### **Rationale**

The goal of this guideline is to ensure that there is a clear distinction between advanced roles and general roles.

##### **Action**

Head of nursing need to maintain that nurse managers and operational managers validate that APPNs are practising roles that are congruent to their advanced qualifications.

#### **4.3 LIMITATIONS OF THE STUDY**

This study was undertaken at one nursing practice hospital. Some participants felt a sense of loyalty to the health care facility; therefore, they were wary about what and how they communicating. Dependability of the study will require further research with the same or similar participants in advanced psychiatry nursing and other advanced practice; such as advanced midwifery, intensive care units, and nursing paediatrics etc.

#### **4.4 CONCLUSION**

Chapter four concludes by providing guidelines for the head of nursing and nursing management and to the various heads of departments. The findings of the study indicate that there is a need to provide support, supervision, debriefing and rotation for APPNs. The findings indicate that certain demands require APPNs to perform regular duties that are limiting the implementation of their advanced skills. The APPNs function in an environment that lacks resources and opportunities to practise advanced activities in a workplace with its increased demands. The APPNs' need for supervision in the form of preceptors should be recognised. APPNs are facing challenges in relation to their dual role in the context of increased personal and / or organisational expectations. Their challenges highlight the need for organisational support. Guidelines are provided for the practice of the APPNs.

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**APPENDIX A: UNIVERSITY OF THE WESTERN CAPE RESEARCH ETHICS COMMITTEE APPROVAL**



OFFICE OF THE DEAN  
DEPARTMENT OF RESEARCH DEVELOPMENT

17 April 2012

**To Whom It May Concern**

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:  
Mr M Doodhnath (School of Nursing)

Research Project: Experiences of advanced psychiatric nurses on their practice in an occupational specific dispensation hospital setting.

Registration no: 12/3/16

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

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A place of quality,  
a place to grow, from hope  
to action through knowledge

**APPENDIX B:           LENTEGEUR HOSPITAL RESEARCH ETHICS COMMITTEE  
APPROVAL**



Lentegeur Hospital Research  
Ethics Committee

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22 May 2012

Lentegeur Hospital Research Ethics Committee

Lentegeur Hospital  
Highlands Drive  
Mitchells Plain  
7785

To whom it may concern

Re: Research Project - Experiences of advanced psychiatric nurses on their practice in an Occupation Specific Dispensation hospital setting.

Principal Investigator – Mr M Doodhnath

This serves to confirm that the above research project has been granted ethical approval by the hospital Research Ethics Committee.



Yours Faithfully

A handwritten signature in black ink, appearing to be "P. Smith".

Dr P Smith  
Chair – Research Ethics Committee  
Lentegeur Hospital

Highlands Drive, Mitchells Plain, 7785  
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Mitchells Plain, 7785

## **APPENDIX C: INTERVIEW SCHEDULE (ADDITIONAL PROBING)**

How do you practise holistic care in the unit?

How do you form therapeutic partnerships with patients?

How do you experience clinical thinking?

How do you experience skilful performances in practice?

Which diverse approaches to health management do you use in practice?



## APPENDIX D: PARTICIPANTS INFORMATION SHEET



UNIVERSITY OF THE WESTERN CAPE

SCHOOL OF NURSING

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**Title: Experiences of advanced psychiatric nurses about their practice in an Occupation Specific Dispensation hospital setting.**

**What is the study about?**

This is a research project conducted by Manesh Doodhnath at the University of the Western Cape. We are inviting you to participate in this research project because you will be granted an opportunity to describe your experiences as advanced registered professional psychiatric nurses at a psychiatric hospital. The purpose of this study is to describe the experiences of advanced registered professional psychiatric nurses at a psychiatric hospital.

**What will I be asked if I agree to participate?**

You will be asked to attend an interview with the researcher in a quiet office in the ward. This interview will not take more than an hour.

**Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, personal data will be locked in a cabinet. The computer that will be utilised for storing information is password protected. The researcher will use codes instead of names. Codes will be placed on the collected data. By using an identification key, the researcher will be able to link the collected data to your identity. If we write a report or article about this project, your identity will be protected to the maximum extent.

**What are the risks of this research?**

There are no known risks of participating in this research project.

**What are the benefits of this research?**

The research is not designed to benefit you personally, but the results may assist the investigator to learn more about the experiences of advanced registered professional psychiatric nurses. We hope that in future other people might benefit from this study due to an improved understanding of experiences of advanced registered professional psychiatric nurses who are working in specialised psychiatric wards.

**Do I have to be part of this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

**Is there any assistance available if I am negatively affected by participating in this study?**

If a participant feels the need for counselling, it will be the researcher's responsibility to make an appointment with a relevant counsellor for the participant.

## **What happens if I have questions?**

The research is being conducted by Manesh Doodhnath of the School of Nursing at the University of the Western Cape. If you have questions about the research study itself, please contact the researcher, his contact numbers are available on the cover page of this information letter. Should you have any questions about this study and your rights as a research participant or if you wish to report any problems you are experiencing related to the study, please contact:

Dean of the Faculty of Community and Health Sciences:

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



**APPENDIX E: INFORMED CONSENT**



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UNIVERSITY of the  
WESTERN CAPE

**CONSENT FORM**

Title: Experiences of advanced psychiatric nurses about their practice in an Occupation Specific Dispensation hospital setting.

PARTICIPANT'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I, \_\_\_\_\_, the participant have been invited to participate in the above research project / study undertaken by Manesh Doodhnath, a Master's degree student at the University of Western Cape. It has been explained that my identity will not be disclosed, my participation is strictly voluntary, and I have a right to withdraw from the study at any time. Such withdrawal will not have any negative impact on me. All the questions that I had asked were answered. I have been informed that, although the results of the study will be published, I will remain anonymous. Information or results obtained from the study will be confidential but will be submitted for a Master's degree. There is no personal gain, financial or other, to my participation in this study. Interviews will be conducted with me, personal questions will be asked. The interviews will be audio recorded.

I hereby agree voluntarily to participate in the project / study.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

Participant \_\_\_\_\_ Witness \_\_\_\_\_

Statement by / for Researcher

I, \_\_\_\_\_, the undersigned declare that I have explained the content of the document in English / Afrikaans / Xhosa to the Participant, Mr / Mrs / Ms \_\_\_\_\_ and requested him / her to ask questions if uncertainty existed about any aspect of the document.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

Researcher / Researchers representative \_\_\_\_\_ Witness \_\_\_\_\_

## **APPENDIX F: INTERVIEW GUIDES**

1. How do advanced psychiatric nurses experience their practice at an OSD psychiatric public hospital?
2. How are advanced psychiatric nurses supported at an OSD psychiatric public hospital?

