Experiences of advanced psychiatric nurses on their practice in an Occupational Specific Dispensation hospital setting

by

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DECLARATION

I declare that **Experiences of advanced psychiatric nurses on their practice in an Occupational Specific Dispensation hospital setting** is my own work, that it has not been submitted for any degree or examination at any other university, and that all the sources I use or quote have been indicated and acknowledged by means of complete references.

MANESH DOODHNATH November 2013

Signed: ……

KEY WORDS

Experience

Advanced nurse

Psychiatric

Practitioner

Nursing practice

Occupational Specific Dispensation

Job description

Role

Academic hospital

LIST OF ABBREVIATIONS

ANA:	American Nurses Association
CEO:	Chief Executive Officer
OSD:	Occupational Specific Dispensation
APPN:	Advanced Practice Psychiatric Nurse
APRN:	Advanced Practice Registered Nurse
APN:	Advanced Practice Nurse
CNS:	Clinical Nurse Specialist
CRNA:	Certified Registered Nurse Anaesthetist
CNM:	Certified Nurse Midwife
MDT:	Multidisciplinary Team
NP:	Nurse Practitioner
PHS:	Public Health Sector
RN:	Registered Nurse
RPN:	Registered Professional Nurse
SANC:	South African Nursing Council

DEDICATION

I dedicate this work to my Mother and Late Father for all their prayers, love, and support during these trying times.

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ABSTRACT

In South Africa, the Occupational Specific Dispensation (OSD) for professional nurses provides a structure for training and career progression in the Public Health Sector. It necessitates the urgency for professional nurses who are working in specialty units at hospitals, to study further in advanced post-graduate nursing sciences programmes, e.g. advanced psychiatric nursing.

Professional nurses were not informed about the implications of the OSD for practice, prior to implementation. It was unclear how advanced psychiatric nurses were experiencing their practice in an OSD hospital setting. In this study, the experiences of advanced psychiatric nurses who were practising at an OSD psychiatric public hospital led to the description of guidelines for supporting these nurses during their practice in an OSD ward.

A qualitative, exploratory, descriptive and contextual design was followed. The study population consisted of advanced psychiatric nurses (N = 50). Purposive sampling was conducted until data saturation was reached. Eight participants were included in the sample. In-depth unstructured individual interviews were conducted with each of these participants. Field notes were kept and voice recordings of all interview sessions were captured. The researcher conducted a pilot study with one participant in order to detect possible flaws that could occur during the data collection process.

The data analysis where themes were identified was based on Tesch's method of qualitative analysis. A literature control supported the findings of this study. Subsequently, guidelines were described from the findings according to the method of Muller (2001:204-205). Trustworthiness was maintained by using the criteria of Guba's model; that is credibility, transferability, confirmability, and dependability.

The ethical principles of the right to self-determination, withdrawal from the research study, privacy, autonomy and confidentiality, fair treatment, protection from discomfort and harm, and obtaining informed written consent was adhered to.

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 that delayed

the implementation and practice of advanced nursing skills, and failure to conceptualise / clarify advanced nursing role that resulted in unrealistic and / or unmet expectations.

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CHAPTER 1
OVERVIEW

1.1 INTRODUCTION AND BACKGROUND

According to the South African National Department of Health (2007b), the Occupation Specific Dispensation (OSD) informs a revised salary structure that is unique to each identified occupation in the public service. The OSD in South Africa did not facilitate a general salary increase for nurses, but was viewed as a specific occupational dispensation that provided higher salaries and more diverse career opportunities subject to specific provisions and criteria, e.g. nursing staff in psychiatric nursing. However, ODS is also not viewed as a tool for correcting malpractices and misallocation of staff members (Department of Health 2007a). Different nursing specialist wards are part of the OSD that recognises the qualifications of nurses in the different specialties. The term specialist nurse practitioner refers to a registered nurse who holds an additional qualification in a medical–surgical field, and who practices in that particular field at an academic hospital (Bruce & Klopper 2008). Since 2008, professional specialist nurses who are graded into specialty wards for the OSD system have commenced with their training in advanced psychiatric nursing science which is stipulated in the *grandfather clause* (DOH 2007b).

The practice of a specialist and advanced professional nurse could differ in scope. Specialisation involves concentrating on a selected clinical area in the field of nursing (Hamric 2009:75). Advanced practice nursing represents the future developmental phase of nursing practice and professional development. It represents a way of viewing the world that enables questioning of current practices, creating new nursing knowledge, and improving the delivery of nursing and health care services (Patterson & Haddad 1992:18; Davies & Hughes 1995:157; Elliot 1995:633-636, Sutton & Smith 1995:1037-1043 cited in Lukosius, DiCenso, Browne & Pinelli 2004:520).

The meaning of ‘advanced’ implies an improvement or moving forward. Practice is defined as the putting of knowledge to actual use or executing any profession (Dunn 1997: 814). The International Nursing Council (2001) states that an Advanced Practice Nurse is a registered nurse who has acquired an expert knowledge base, complex decision-making skills, and clinical

competencies for expanded practice, of which the characteristics are shaped by the context and / or country in which she / he is credentialed to practise. According to the American Nurses Association (ANA 2004a cited in Lindeke; Fagerlund; Avery & Zwygart-Stauffacher 2010: 11), the nurse practitioners (NPs) are registered nurses who have graduate level nursing preparation as a nurse practitioner at the master's or doctoral level. In 1986, the American Nurses Association Council of Clinical Nurse Specialists delineated the multifaceted dimensions of the APRN role (expert clinical practice, education, consultation, research, and administration). Prepared at the master's or doctorate level, a clinical nurse specialist is an expert clinician in a specialised area of nursing practice. The specialty may be defined by a population (e.g. children or women), a setting (e.g. a critical care unit), a disease or medical subspecialty (e.g. oncology or cardiovascular disease), a type of care (e.g. rehabilitation or psychiatric care), or a type of problem (e.g. wounds or pain) (Sparacino & Cartwright 2009: 351).

Advanced practice nursing (APN) is a dynamic and evolving entity. The alternative term of advanced practice registered nurse or APRN is most commonly used (Hamric 2009:75). The scope of standards practice by the American Nurses Association (ANA 2004b cited in Lindeke; Fagerlund; Avery & Zwygart-Stauffacher 2010:5), defines APN's as having advanced specialised clinical knowledge and skills through master's or doctorate education that prepares them for specialisation, expansion, and advancement of practice. Specialization is concentrating or limiting one's focus to part of the whole field of nursing. Expansion refers to the acquisition of new practice knowledge and skills, including knowledge and skills legitimizing role autonomy within areas of practice that overlap traditional boundaries of medical practice. Advancement involves both specialisation and expansion and is characterized by the integration of theoretical, research based, and practical knowledge that occurs as part of graduate education in nursing. APN is an umbrella term for the four roles; such as clinical nurse specialist (CNS), certified registered nurse anaesthetist (CRNA), certified nurse-midwife (CNM), and nurse practitioner (NP). Each role is distinguishable from the others, but in some respects they overlap (Jansen & Zwygart-Stauffacher 2010:5).

In America, advanced practice has been used as an umbrella term that is signifying nurses who are practising at a higher level than those nurses who have underwent basic training only. Specific roles of advanced practice nurses have been identified as a clinical nurse specialist,

nurse anaesthetist, nurse midwife, and case manager (Bigbee & Amidi-Nouri 2000 cited in Sheer & Wong 2008:204). In Hong Kong, the role of APNs was introduced in 1993 as a clinical nurse specialist (Wong 2000; Wong, Mok, Chan & Tsang 2005; Sheer & Wong 2008:206). In Korea, the titles of community health nurse, nurse anaesthetist and mental health nurse were listed in 2000 as specialist nurses and gathered under one umbrella title, namely advanced practice nurse. This concept had been extended to ten types of advanced practice nurses (Kim 2003 cited in Sheer & Wong, 2008:206). In Singapore, the areas of specialties that advanced practice nurses serve, included acute care, community care, mental health care, and medical / surgical care (Kanusamy 2007 cited in Sheer & Wong 2008:206-207). In 2003, the first group of advanced practice nurses were certified in five areas in Thailand. These areas included medical and surgical, paediatrics, maternal and child, community, as well as psychiatric and mental health nursing. (Payap 2004 cited in Sheer & Wong 2008:207). Training in Switzerland prepares nurses on master's level for advanced practice with a special focus on managing chronic illness (Lindpaintner 2004; Sheer & Wong 2008:207).

Several authors examined advanced practice roles in general terms (Manley & Garbett 2000:347-359; Daly & Carnwell 2003:158 -167; Haugsdal & Scherb 2003:43; Jinks & Chalder 2007:1324).

Daly and Carnwell (2003:158-167), report that the terms clinical nurse specialist, nurse practitioner, advanced nurse practitioner, higher level practitioner and nurse consultant are used in the United Kingdom with little understanding of either the nature, or the differences between these roles. Other authors, who have investigated advanced practice roles in mental health nursing, report similar findings (Paquette 2001: 5-7; Wai-Tong & Wan-Yim 2001:536-555; Cutcliffe, Jones & Jackson 2003: 109-111).

In the past decade, many countries have witnessed unprecedented increases in the number and types of new advanced practice roles (Lukosius, *et al.* 2004), such as the speciality of advanced psychiatric nursing. Practice is not static, since it is affected by the demands and changes that society is initiating (Patterson & Haddad 1992:18-22). In South Africa, the OSD for professional nurses, staff nurses and nursing assistants, provides a structure for career progression in the Public Health Sector (DOH 2007b:3). The OSD focuses on career progression by means of

grade progression at production level. This concept refers to a periodic remuneration system that is based on above-average recorded performance during performance appraisals, qualifications, and experience with the purpose of facilitating progression at the production level that does not necessarily expect of professional nurses to assume supervisory or specialty post on order to qualify for a salary increase. This strategy endeavours to motivate registered nurses (RNs) to improve their performance and discipline in the workplace by accumulating of points (DOH 2007b:3).

The OSD was received in 2007 and was implemented in December 2007 but was backdated to July 2007.This strategy enables professional nurses to progress to higher levels when they are entering specialised fields, with salaries in close remuneration of a general operational manager without moving into management or supervisory positions. This strategy is also influenced by specialty nursing requirements, where professional nurses are remunerated according to qualifications in specialty areas; such as psychiatric nursing, primary health care, or intensive care as a result the OSD focused on dual career paths. This strategy is intended to serve as a means of recruiting and retaining nursing personnel with the purpose of counteracting nurse migration from the Public Health Sector. (DOH 2007b:3).

The implementation of the OSD in 2007 certified nursing units, such as psychiatric units, were graded accordingly to be classified as specialist wards. This led to the urgency of professional nurses and in addition the professional nurse that was close approaching retirement working in specialty units at provincial hospitals such as psychiatric provincial hospitals had to study further in advanced post-graduate studies for example, advanced psychiatric nursing science or a master's degree programme in advanced psychiatric nursing in terms of the "grandfather clause" (DOH 2007b:5).

A literature search has revealed that OSD is only known in the South African context. In the environment of OSD, psychiatric nurses have to complete their qualifications in advanced psychiatric nursing, before mandatory registration at the South African Nursing Council (SANC). Then they are placed back at the provincial psychiatric hospitals in their respective specialist wards to practice as advanced psychiatric nurses.

The objective of the OSD is to introduce an occupational specific remuneration and career progression system for all nursing staff to include career progression, pay progression, grade progression, recognition of appropriate experience, etc. in order to attract and retain nursing professionals in the public sector. The OSD is regarded as neither an incentive, nor as a reward (Department of Health 2007a).

1.2 PROBLEM STATEMENT

Historically, advanced practice psychiatric nurses (APPNs) enthusiastically have been managing challenges and constraints in their practice. They have regularly challenged the limits of their practice situations by improving services for patients and developing theories and models that have guided this practice (Howard & Greiner 1997:198).

Although many had hoped that the OSD for nurses would have addressed chronic low salaries for all nurses in the Public Health Sector (PHS), it favoured certain specialty qualifications (which were based on the description of post-basic courses in R212 and R48 of SANC that were not clearly delineated). In addition, professional nurses were not informed prior to implementation about the meaning and implications of the OSD for practice.

Nursing practice at a provincial psychiatric hospital that was incorporated of the OSD in terms of the "grandfather clause" consisted of practising professional nurses with a one-year diploma in advanced psychiatry, while some nurses were remunerated on the basis of their years of experience.

In this environment, it is unclear how advanced psychiatric nurses experience their role in practice at the OSD provincial hospital. From the problem statement, the following questions are stated:

- How do advanced psychiatric nurses experience their role in practice at an OSD provincial psychiatric hospital?
- How should advance psychiatric nurses be supported in their role at an OSD provincial psychiatric hospital?

1.3 DEFINITION OF CONCEPTS

Advanced psychiatric nursing

It is an enhancement of one's own ambition to develop his / her profession and skills from a registered professional nurse to a specialist in the field of nursing psychiatry (Mosby 2009).

Advanced nurse practitioner

It refers to a nurse practitioner with a qualification at the master's level (Sheer & Wong 2008:207). At the time that OSD was implemented, the majority of professional nurses were qualified with a 4-year diploma or a 4-year degree programme under R425 with the opportunity of studying further.

Occupation Specific Dispensation (OSD)

According to the South African National Department of Health (2007), the OSD is a revised salary structures that addresses each identified occupation in the public service uniquely.

Experience

Experience refers to what a person is living through and how he or she responds or reacts to the lived through events (Concise Oxford School Dictionary 1999:300). For the purpose of this study, experiences refer to the lived experiences of nurses at an OSD psychiatric provincial hospital.

Guidelines

A guideline is a procedure, a criterion, or a principle that provides general or specific guidance or that directs action to any given situation (Concise Oxford Dictionary 1995:604).

1.4 PURPOSE OF THE STUDY

The purpose of the study was to explore the experiences of advanced psychiatric nurses at a provincial psychiatric hospital.

1.5 OBJECTIVES OF THE STUDY

The objectives of this study are to:

- Explore and describe the experiences of advanced psychiatric nurses who are practicing at an OSD public hospital.
- Describe guidelines to support advanced psychiatric nurses in their practice at an OSD public hospital.

1.6 RESEARCH DESIGN

A qualitative, exploratory, descriptive, and contextual design is followed. The aim of qualitative research is not to explain human behaviour in terms of universal laws or generalisation, but to understand and interpret the meaning and intentions that underlie everyday human actions (Denzin & Lincoln 1994:1-17). Qualitative research is any form of data collection that generates narrative or non-numeric information. Qualitative research attempts to gain access to the insider's view of his or her own social world without making any value judgments at the stage when data is being collected. It focuses on the experiences and meanings of individuals or groups (Carter & Henderson 2005:215). A qualitative design was selected rather than a quantitative design that would have been characterised by the prediction of outcomes (Andrews 2009:171-172).

(Bless & Higson-Smith 1995) cited in (Fouché and De Vos 2005:134), state that the purpose of exploratory studies is to gain insight into a situation, phenomenon, or person. This design is used when a researcher is examining a new interest, and the subject of study is relatively new and not researched before. An exploratory design was followed to satisfy the researcher's desire for a better understanding of the practice of nurses in an OSD unit (Rubin & Babbie 2001 cited in Fouché & De Vos 2005:134). The purpose of descriptive studies is to observe, describe, and document aspects of a situation, such as the practice of nurses in an OSD unit as it naturally occurs (Polit & Hungler 2004:197). Context can be defined as the surroundings associated with a phenomenon that assists with clarifying such a phenomenon. Typically, it includes factors that are associated with units of analysis in conjunction with those phenomena specifically under investigation (John 2001:32).

1.7 POPULATION AND SAMPLE

A study population is that aggregation of elements from which the sample is actually selected (Babbie 2007:190). The accessible study population consisted of qualified advanced psychiatric nurses (N = 50) who had completed their diploma in advanced psychiatric nursing science or their master's degree in advanced psychiatric nursing and whom were working at an OSD Provincial Psychiatric Hospital at the time of the study. Purposive sampling is a type of non-probability sampling when the participants to be observed are selected on the basis of the researcher's judgment about the ones who will be the most useful or representative (Babbie 2007:184). Sampling continued until data saturation was reached. Eight participants formed the sample. The inclusion criteria for this study were:

- Registered professional nurses
- Males and females
- Speaking English.

(De Vos, *et al.* 2006:198) outline that purposive sampling is based on the judgment of the researcher who chooses a sample to include elements that are of interest to be studied. Purposive sampling was used and participants interviewed through individual unstructured questioning of the subjects followed until saturation of data is achieved. Saturation occurs when new participants cannot provide any new information and repetition of previously provided information starts occurring.

1.8 DATA COLLECTION

In order to explore the experiences of the participants with regard to their practice in an OSD unit, in-depth unstructured individual interviews were conducted by asking one central open-ended question, *"How is your practice for you?"* This question was followed by probing in order to gain a comprehensive emic view of the phenomenon under study (Polit & Hungler 1997:197).

A voice recorder was utilised for capturing all interviews in order to increase the credibility of the study. In preparation of the study, the researcher conducted a pilot study in order to detect possible flaws that could occur during the data collection process (De Vos, *et al*. 2006:402). This in-depth interview took about 45 minutes and was a structured encounter between the researcher and research participant with the aim of eliciting information. Interviews offer a practical, flexible, and relatively economical way of gathering research data (Carter & Henderson 2005:217).

1.9 DATA ANALYSIS

In this study, data that had been collected from the unstructured face-to-face interviews using a voice recorder were listened to and be transcribed verbatim. Data analysis aims at producing a detailed and systematic record of issues that are addressed during interviews (Burnard 1991:462). The data analysis systematically identified themes that were based on Tesch's method of qualitative analysis (De Vos, *et al*. 2006:343). A literature control followed after the data analysis, since it formed the basis of supporting the findings of this study by addressing research question 1.

Guidelines were described from the findings according to the method of (Muller 2001:204-205) by outlining a rationale and actions for each guideline. After the analysis of the data and the refinement of the guidelines, the guidelines were finalised. This process addressed research question 2 and included the description of guidelines for supporting the advanced psychiatric nurses in an OSD unit.

1.10 TRUSTWORTHINESS OF THE STUDY

Trustworthiness was maintained by using Guba's model criteria (De Vos, *et al.* 2006:346; Babbie & Mouton 2007:276); that is credibility, transferability, confirmability, and dependability. In this study, credibility was ensured by extended engagement during unstructured face-to-face, in-depth interviews. Participants were allowed to describe their experiences with regard to the phenomenon studied until data saturation is reached. The study findings were not generalised (transferability) to all OSD settings, but were limited to the context of the study (De Vos, *et al.* 2006:346). The findings of this research were the product of the inquiry and not the

researcher's biases (confirmability). Confirmability was further ensured by the involvement of an independent coder (Babbie & Mouton 2001:278). The use of a voice recorder supported the unstructured face-to-face, in-depth interviews during which data were collected from the subjects (De Vos, *et al.* 2006:346). Dependability was ensured by a thick description of the research methods.

1.11 ETHICAL CONSIDERATIONS

The following measures were taken to protect the rights of the participants:

- **Right to self-determination:** This is based on the ethical principle of respect for persons. The principle presupposes that human beings are capable of self-determination, therefore, they should be treated as autonomous agents who have freedom in conducting their lives as they choose and without external controls (Burns & Grove 2005:181). The researcher informed the participant about the proposed study, where after they could choose whether they wished to participate or not. The researcher also informed the participants of their right to withdraw from the study at any time whenever they felt uncomfortable. This process was free of any coercion.
- **Right to privacy:** Privacy is the right an individual has to determine the time, extent, and general circumstances under which personal information is shared with, or withheld from, other people. Such information consists of one's beliefs, behaviour, opinions, and records (Burns & Grove 2005:186). During this study, data were not collected from the participants without their consent.
- **Right to autonomy and confidentiality:** On the basis of the right to privacy, the participant has a right to anonymity and the right to assume that the data collected are kept confidential (Burns & Grove 2005:198). During the study, the researcher did not share the participant's private information without the authorisation of the participant. The noted interviews were being kept under lock and key. Only the researcher and supervisors had access to them. The data would be destroyed five years after the publication of the results of this study. To ensure confidentiality, the details of the participants would also remain private and the details that could identify individuals were disclosed to anyone outside the study (Reed 2007:122). All participants were treated with integrity by means of honesty.

- **Right to fair treatment:** The right to fair treatment is based on the ethical principle of justice. It requires that each person should be treated fairly and should receive what she / he is duly owed (Burns & Grove 2005:198). During this study, the researcher ensured that the selection of participants and the way they were treated was fair.
- **Right to protection from discomfort and harm:** This is based on the principle of beneficence: One should do good and, above all, do no harm (Burns & Grove 2005:190). The researcher ensured that he did not ask questions that would have caused discomfort to the participants.
- **Obtaining informed consent:** Obtaining informed consent from human subjects is essential for conducting ethical research (Burns & Grove 2005:193). The researcher, in his capacity as a student of a university, ensured that the Higher Degree and Ethics Committee granted their permission to conduct the study. The researcher also sought permission from the OSD provincial psychiatric hospital where he was conducting the interviews. In addition, he sought permission from the participants to interview them. With the purpose of facilitating consent, the purpose of the study was fully explained to each participant. Subsequently, each participant completed a consent letter. Consent may be continuously negotiated (Reed 2007:122) and the participants may be able to view field notes taken by the researcher.

1.12 CONTRIBUTION OF THE STUDY

The study will provide an insight into the practice of advanced psychiatric nurses in an OSD unit. An original conceptual framework (themes) emerged from the data analysis. This framework prompted the description of guidelines to support advanced psychiatric nurses during their practice in an OSD unit. In the Western Cape, no other study about OSD had previously been conducted.

CHAPTER TWO
METHODOLOGY

2.1 INTRODUCTION

This chapter provides a detailed description of the methodology that includes the setting, research design, population and sample, data collection and analysis, validity and reliability, and ethical principles followed while conducting this study.

2.2 RESEARCH DESIGN

A research design is a blueprint for conducting a study that maximises control over factors that could interfere with the desired outcomes of the study. It directs the selection of a population, procedures for sampling, methods of measurement, and plans for data collection and analysis (Burns & Grove 2007: 38). The purpose of this research design sought to improve the validity of the study while examining the research problem with regard to the experiences of APPNs about their practice in an OSD hospital setting (Burns & Grove 2001:247). A qualitative research design was followed in this study with the purpose of obtaining answers to the questions that were studied (Polit & Beck 2008:66).

The design directed the researcher in planning and implementing the study in a way that was most likely to achieve the intended objectives and subsequent results that were important for the generation of scientific knowledge for nursing practice in the form of guidelines (Burns & Grove 2005:23).

2.2.1 Qualitative research

Qualitative research is a way of gaining insight by discovering meanings and by improving the comprehension of an entire phenomenon within a holistic framework (Burns & Grove 1993:61). Qualitative research is the study of research problems that is interrogating the meaning individuals or groups ascribe to social or human problems (Creswell 2007:37). According to (Strauss & Corbin 1998: 10-11), the term qualitative research is a type of research that produces findings that are not arrived at by statistical procedures or any other means of quantification. It can refer to research about persons' lives, behaviour, emotions, and feelings; as well as about

organisational functioning, social movements, and cultural phenomena. In qualitative studies, researchers may search for explanations about how and why a phenomenon exists (Polit & Beck 2008:21). Qualitative research is conducted with the aim of empowering individuals to share their stories and to hear their voices. It is conducted where a need exists to understand the context or settings in which participants in a study mitigate a problem or issue (Creswell 2007:40). In qualitative studies, the researcher collects primarily qualitative data that is narrative descriptions (Polit & Beck 2008:60) while a quantitative design focuses on collecting numerical data. The qualitative research method, therefore, focuses on understanding people by looking at how they define their own world rather than describing or quantifying the events that are happening to them which makes it differ from a quantitative research method (De Vos, Strydom, Fouché & Delport 2000). In this study, the researcher chose a qualitative research design with the purpose of gaining insight into the experience of the APPNs by means of interviews and understanding their role and function, thus creating clarity in the field.

2.2.2 Exploratory design

The purpose of this study was to explore the experiences of APPNs whom were practising at an OSD provincial psychiatric hospital. Since the implementation of the OSD, nursing specialisation has become the household name among professional nurses in each discipline, including the field of psychiatry. One of the disciplines targeted by professional nurses in the field of psychiatric nursing is advanced psychiatric nursing. The researcher wanted to acquire insight about the role of the APPNs whom were practising at an OSD provincial psychiatric hospital. Exploratory qualitative research is designed to shed light on the various ways in which a phenomenon manifests in relation to the underlying processes (Polit & Beck 2008:21). In this study, exploratory research began with the phenomenon of interest, namely the APPNs in an OSD setting. Instead of simply observing and describing the phenomenon, the exploratory research approach investigated the full nature of the phenomenon, the manner in which it manifested, and the other related factors (Polit & Beck 2008:20).

Qualitative design is especially useful for exploring the full nature of a little understood phenomenon (Polit & Beck 2008:21). This study included an exploratory approach that intended to yield qualitative data in relation to the experiences of APPNs about the practice in an OSD

provincial psychiatric hospital setting (Creswell 2007: 37). The explorative process suggests a situation of investigating events and understanding their meaning and attachments based on how they are experienced (Babbie & Mouton 2002:14). This design typically occurs when a researcher examines a new interest or when the subject of the study is relatively new, such as advanced psychiatric nurses in an OSD provincial psychiatric hospital setting (Babbie 2007:88). Therefore, the aim of this study was to explore and describe the experiences and role of advanced psychiatric nurses who were practising at an OSD provincial psychiatric hospital.

2.2.3 Descriptive design

The design of this research was descriptive, since it sought to provide an accurate description of what was being studied (Burns & Grove 1993:766; Mouton & Marais 1993:44) that related to the experiences and role of APPNs who were practising at an OSD psychiatric provincial psychiatric hospital. Descriptive research presents a picture of specific details about a situation, social setting, or relationship and focuses on "how" and "why" questions (Neuman 2000:22 cited in Fouché & De Vos 2005:106). Therefore, the representation in this study was based on the role of the psychiatric nurse who was practising at an OSD provincial psychiatric hospital.

2.2.4 Contextual design

Qualitative research is conducted in the context or settings where participants in a study mitigate a problem or issue (Creswell 2007:39-40). The context of this study was a provincial public hospital that was one of the four associated psychiatric hospitals in the Western Cape. The hospital under study comprised of various types of psychiatric wards where the APPNs practised (Table 2.1).

Table 2.1: Different wards at the OSD hospital

Forensic wards	Male and female pre-discharge wards
Child and adolescent wards	Long-term wards
Male and female admission wards	Intellectual disability services
Acute services	

The reason why the researcher had selected this context was based on the fact that the clinical setting incorporated the practice of the APPNs.

2.3 POPULATION AND SAMPLING

The study was conducted with APPNs who were working at a provincial psychiatric hospital in the Western Cape. According to (Welman, Kruger & Mitchell 2005:52), a population is the study object and consists of individuals in the context of the events or conditions to which they are exposed. A population consists of all the individuals or objects with commonly defined characteristics (Polit & Beck 2008:67). The population was the entire aggregation of cases in which the researcher was interested (Polit & Beck 2008:337). The research problem in this study related to a specific population, namely the APPNs about whom the researcher wished to make specific conclusions (Welman, *et al*. 2005:52).

The provincial psychiatric hospital under study in the Western Cape is the largest psychiatric hospital in the southern hemisphere and is one of four associated psychiatric hospital.The total population were 497 nurses which included the 2012 community service nurses (Table 2.2). Of the total nursing population, 84 were professional nurses.

Table 2.2: Population of nurses

Position	N
Deputy Manager Nursing Services	01
Assistant Managers	09
Operational Managers Specialty	15
Operational Managers General	06
Clinical Programme Coordinator	01
Professional Nurses	84
Diploma in Advanced Psychiatric Nursing Science*	25

Position	N
Masters in Advanced Psychiatric Nursing*	01
Professional Nurses General	46
Community Professional Nurses	12
Staff Nurses	62
Nursing Assistants	261
Total (n)	497

*All professional nurses with a diploma advanced psychiatric nursing science or master's degrees in advanced psychiatric nursing.

The target population for this study was the professional APPNs (n = 26) who had completed their psychiatric nursing training in advanced psychiatric nursing science, either at diploma level or masters' degree level and whom were practising at the time of the study.

2.3.1 Sampling

Sampling chooses subjects who are judged to be typical of the population in question and who are particularly knowledgeable about and experienced in the issues under study (Mateo & Kirchhoff 2009:78). A sample is a subset of the population that is selected for a particular study and the members of a sample are the subjects. Sampling defines the process of selecting a group of people, events, behaviour, or other elements to include in a study (Burns & Grove 2007:40). A sample comprises elements of the population considered for actual inclusion in the study, or it can be viewed as a subset drawn from a population in which we are interested according to specific criteria (Strydom 2005:194).

2.3.2 Purposive sampling

The concept of purposeful sampling is used in qualitative research. This means that the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in a study (Creswell 2007:125). Purposive sampling was used in this study. It was appropriate to select a sample of the APPNs on the basis

of the researcher's knowledge of the population, its elements, and the purpose of the study. This type of sampling is called purposive sampling or judgmental sampling (Babbie 2007:184). Furthermore, purposive sampling is a based on the belief that the researcher's knowledge about the population can be used to purposively select sample members (Polit & Beck 2008:343). Researchers might decide purposely to select subjects who are judged to be typical of the population or particularly knowledgeable about the issues under study.

Table 2.3: **Types of purposive sampling**

• Maximum variation sampling	• Critical case sampling
• Homogeneous sampling	• Criterion sampling
• Extreme (deviant) case sampling	• Theory-based sampling
• Intensity sampling	• Sampling confirming
• Typical case sampling	• Confirming cases and disconfirming cases

(Adapted from Patton 2002 cited in Polit & Beck 2008:355-356)

Specifying population characteristics are referred to as eligibility criteria or inclusion criteria (Polit & Beck 2008: 338). The criteria for this study, therefore, included all the APPNs who had graduated before / after 2008 with either a master's degree, or a diploma in advanced psychiatric nursing and who were practising as advanced psychiatric nurses in a provincial psychiatric hospital at the time of the study. This type of criterion sampling was applied in order to gain more insight into the practice of the APPNs. The objective of the study could only be achieved by selecting participants who had the greatest insight into the research question and who were experienced enough to provide rich information in order to collect data about diverse perspectives (McSerry, Cash & Ross 2004:934). In this study, participants were chosen according to eligibility criteria.

2.3.3 Eligibility criteria

Eligibility criteria are the criteria that are designating the specific attributes of the target population, which determine whether people are selected for inclusion in a study (Polit & Beck

2008:752). The criteria were as specific as possible with respect to the characteristics of an APPN (Polit & Beck 2008:351-352).

Criteria for selecting APPNs:

- The registered professional nurse (RPN) have completed their R425 at a university or college and further completed their studies in advanced psychiatric nursing science or their Master's degree in advanced psychiatric nursing science.
- They have at least one year or more after qualification.
- They have completed their bridging course at the hospital. A bridging course refers to the R2175 that leads to the qualification of a staff nurse and the R683 that leads to a qualification as a professional nurse.
- They have completed their post basic diploma in psychiatric nursing and have completed their diploma in advanced psychiatric nursing science.

Individual interviews were conducted with n = 8 APPNs before data saturation was reached. These interviews included the pilot study.

2.3.4 Exclusion criteria

These are criteria that specify characteristics that a population does not have (Polit & Beck 2008: 753). APPNs who had worked for less than one year after qualification were excluded from the study.

2.3.5 Data saturation

Data saturation occurs when themes and categories in the data become repetitive and redundant, such that no new information can be obtained by further data collection (Polit & Beck 2008:70-71). In qualitative studies, sample size should be determined based on informational needs. Hence, a guiding principle in sampling is data saturation, that is sampling to the point at which no new information is obtained and redundancy is achieved (Polit & Beck 2008:357).

2.4 UNSTRUCTURED INDIVIDUAL INTERVIEWS

Unstructured interviews can provide a greater understanding of data than focus groups (Fontana & Frey cited in Denzin & Lincoln 2000: 645-646). Furthermore, unstructured interviews encourage respondents to define the important dimensions of a phenomenon (Polit & Beck 2008:392). Eight unstructured one-on-one interviews were conducted to explore the experience of the APPNs who had concluded their master's degree or diploma studies in advanced psychiatric nursing and who were working as APPNs at the time of this study.

The unstructured interview, also sometimes referred to as the in-depth interview, simply extends and formalises conversation (Greeff 2005:292). The rationale of utilising unstructured interviews was to understand the experience of the APPNs in the field of psychiatric nursing practice. (Greeff 2005:292-293) further states that the purpose is not to get answers to questions, nor to test hypotheses and not to evaluate in the usual sense of the term. However, the root of unstructured interviews is an interest in understanding the experience of other people and the meaning they make of that experience. While conducting unstructured interviews, the researcher allowed participants to tell their stories, with little interruption. Unstructured interviews neither contain nor began with a series of prepared questions because the researcher does not know beforehand what to ask or even where to begin (Polit & Beck 2008:392). On the other hand, when focus group interviews are conducted a group of four or more people assemble for discussion (Polit & Beck 2008: 394-395). The researcher dealt with it as an unstructured interview by guiding the discussion with a written set of questions or the topics to be covered.

According to (Greeff 2005:292-293 cited in De Vos, Strydom, Fouché and Delport 2005:292-293) the unstructured interview merely extends and formalises conversation, since it is referred to as a "conversation with a purpose". It comprises an interest in understanding the experience of other people and it focuses and allows the researcher and participant to explore an issue discursively.

2.5 METHOD

2.5.1 Data collection

Data gathering protocols are the formal procedures researchers develop to guide the collection of data in a standardised fashion (Polit & Beck 2008:751). It is further the precise, systematic gathering of information that is relevant to the research purpose of the specific objectives, questions, or hypotheses of a study (Burns & Grove 2007:41). The data of this study were collected during September 2012.

2.5.2 Preparation of the field

A letter of permission to conduct the study was approved by and the Higher Degrees and Research Committee of the University of the Western Cape (Ethical Clearance No. 2413213). Permission to conduct the study had also to be obtained from the ethics and research committee of the Lentegeur Psychiatric Hospital. The researcher contacted participants with advanced nursing psychiatry qualifications with the purpose of inviting them to voluntarily take part in his studies. Participants were contacted telephonically and the rationale of the study was explained verbally to each participant. Before the interviews, an information letter was provided to explain the study. Participants were requested to provide informed consent and they were informed that a voice recorder would be used and field notes would be taken by the researcher during the interview.

Research can be undertaken in a variety of settings (Polit & Beck 2008:57). Setting is the physical location and conditions where data collection takes place in a study (Polit & Beck 2008:766). The collection of data took place in the natural setting where the problem was experienced, i.e. the APPNs in an OSD provincial psychiatric hospital setting setting. Creswell (2007:37) states that collection of data takes place at the site where participants experience the issue or problem under study. The collection of data in a natural setting is sensitive to the people and places under study (Creswell 2007:37). This study was conducted at a provincial psychiatric hospital in the Western Cape. The setting for sessions was carefully selected and it was ideal to have a neutral place. The location was comfortable, not intimidating, accessible, and easy to find. It was acoustically amenable to the audio recording of each interview (Polit & Beck 2008: 395).

The interviews were conducted at venues that suited the individual participants. A suitable time and date for each participant was determined. The location of the venue was easy to find, since it was on the premises of the hospital that was familiar to the participants. The researcher also had to ensure that the participants would be comfortable. The researcher insured that the office and seminar room were free from disturbances and a calming atmosphere was maintained. No discussion took place with regard to the research question with the advanced practitioners before they were interviewed at their work place. Two participants preferred their interviews to be conducted in their wards during their rest periods and the other participants selected for the use of an office where they felt comfortable to express their views. The individual interviews also allowed the researcher to gain insight into the APPNs on a more personal level.

The researcher created a relaxed atmosphere which allowed the participants to be comfortable and used uncomplicated words when he questioned the participants in order for the participants to understand the essence of the questions. The participants preferred speaking English in terms of comfort. Confidentiality was requested at the beginning of each interview. Each interview took around 45 minutes to conduct.

2.5.3 Pilot study

A pilot study is defined as a smaller version of a proposal study and it is conducted to refine the methodology (Burns & Grove 2007:38). A pilot interview was conducted in a similar way as planned for the main study. The participant understood the stated research question, and the interview was successful in addressing the purpose of the study. The findings of the pilot interview were, therefore, included in the main study.

2.5.4 Data analysis

Data analysis is the systematic organisation and synthesis of research data (Polit & Beck 2008:751). Data analysis is conducted to reduce, organise, and give meaning to the data (Burns & Grove 2005 cited in Burns & Grove 2007:41). Data analysis is the organising of raw data and displaying it in a fashion that provides answers to the proposed research question (Brink 2001:178). The process of data analysis is an important step in evaluating the meaning of results (Burns & Grove 2001:625). Data analysis in qualitative research is a continuing, emerging, and

iterative or non-linear process. Before one begins an analysis, data are transcribed; texts from interviews and observational memos are presented in a written format (Henning 2004:127).

2.5.5 Transcripts

According to Henning (2004:76), transcribing a conversation should commence as soon as possible after an interview. It is advisable to transcribe as much of the data as one can oneself. Whatever system one uses, it is important to be consistent and to reflect on the verbatim nature of interview transcripts. A transcript cannot be reified at the expense of transcribing verbatim.

2.5.6 Open coding

Open coding is the part of analysis that pertains specifically to the naming and categorising of phenomena by means of close examination of data (Strydom & Delport cited in De Vos *et al*. 2005 :341).

Coding represents the operations when data are broken down, conceptualised and put back together in new ways (De Vos cited in De Vos, Strydom, Fouché & Delport 2005:340). Furthermore, the purpose of coding is to analyse and to make sense of the data that have been collected (Welman *et al*. 2005:214). Open coding is the first basic analytic step of data interpretation. Open coding is the part of analysis that pertains specifically to concept naming and categorising of phenomena by closely examining the data. It is an analytical process of breaking down, examining, comparing, conceptualising, and categorising data in terms of their properties and dimensions (Strauss & Corbin 1990:61-74).

Tesch's inductive, descriptive coding technique (Creswell 1994:155-156) was applied to eight individual interviews.

The following six steps were followed:

1. The coder obtained a sense of the comprehensive extent by reading through the transcripts independently. Ideas that came to mind were jotted down.
2. The coder then selected one interview and asked: "What is this about?" while considering the underlying meaning of the information.

3. Once the coder had completed this task for several respondents, each interview was coded separately; thereafter a list was made of all the topics. Similar topics were clustered together and formed into columns that were arranged into major topics, unique topics, and peripheral issues.
4. The coder took the list and returned to the data. The coder verified a preliminary organising scheme to establish whether new categories and codes were emerging.
5. The coder found the most descriptive wording for the topics and turned them into categories, then endeavoured to reduce the total list of categories by grouping together topics that related to one another.
6. The data belonging to each category were assembled in one place and a preliminary analysis performed, followed by a consensus discussion between the researcher and the coder.

2.6 TRUSTWORTHINESS

Trustworthiness is the degree of confidence qualitative researchers has in their data by applying the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2008:768). Trustworthiness encompasses several different dimensions:

Table 2.4: Trustworthiness

Credibility	Confirmability
Transferability	Dependability and authenticity

Adapted from (Polit & Beck 2008:196)

2.6.1 Credibility

This refers to the internal validity that seeks to demonstrate that the inquiry is conducted in such a manner to ensure that the topic has been accurately described. Credibility of qualitative research findings comprises the thoroughness of the emerging categories and themes from data and the assurance that no relevant data have been inadvertently excluded or that no irrelevant data have been included (Graneheim & Lundman 2004:105). In this research project, credibility was achieved by means of interviews that enabled themes and categories to develop. The

researcher attempted to enhance credibility by transcribing and continuously listening to the recordings of the interviews. Furthermore, credibility referrers to confidence in the truth of the data and interpretations thereof (Lincoln & Guba 1985:290 cited in De Vos *et al*. 2005:346). The researcher aimed at the research methods engendering confidence in the truth of the data (Polit & Beck 2008: 196).

In this study, the data were sent to a coder who independently developed themes and categories. An independent coder was provided with the research objectives and some of the raw text from which the categories were developed (Thomas 2003:7).

2.6.2 Transferability

Lincoln and Guba (1985 cited in De Vos 2005) propose transferability as the alternative to external validity or generalizability, since the burden of demonstrating the applicability of one set of findings to another context rests more with the interpreter who would make the transfer than with the original investigator. Transferability refers essentially to the generalizability of the data, that is the extent to which the findings can be transferred or applied to other settings or groups (Polit & Beck 2008:539). The findings of this study could be a springboard for further studies in the practice of advanced psychiatry with similar or different respondents. The findings of this study are not linked to all provincial psychiatric hospitals in the Western Cape, since it remains limited to the context of the study.

2.6.3 Dependability

Dependability is the alternative to reliability that requires the researcher to attempt accounting for changing conditions in the phenomenon chosen for study, as well as changes in the design created by an increasingly refined understanding of the setting. Furthermore, dependability refers to consistent and stable evidence (Polit & Beck 2008:196). Moreover, in (Lincoln & Guba 1985 cited in Polit & Beck 2008:539), dependability refers to the stability (reliability) of data independent of time and conditions. Reliability encompasses the consistency and trustworthiness of research findings (Kvale & Brinkmann 2009:245).

2.6.4 Authenticity

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 & Snell1996:138 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 (consulants), 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.

Sub-Categories	Guidelines for the advanced practice psychiatric nurse (APPN)
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

UNIVERSITY *of the*
WESTERN CAPE

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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APPENDIX B: LENTEGEUR HOSPITAL RESEARCH ETHICS COMMITTEE APPROVAL

Lentegeur Hospital Research
Ethics Committee

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

Dr P Smith
Chair – Research Ethics Committee
Lentegeur Hospital

Highlands Drive, Mitchells Plain, 7785
tel: +27 21 370 1111 fax: +27 21 371 7359
Private Bag X4
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

ManeshDoodhnath

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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 you 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:

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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

UNIVERSITY OF THE WESTERN CAPE

SCHOOL OF NURSING

ManeshDoodhnath

Lentegeur Nursing Home

Highlands Drive

Mitchells Plain

7785

0722 87 90 69

maneshdoodhnath@yahoo.com

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?