UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

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DECLARATION

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DEDICATION

I dedicate this work to my mother, Santie, my late father, Paul, and grandmother, ouma Sanna.

No amount of words will be enough to tell you how grateful I am.

I am forever indebted.

ABSTRACT

The revision of the South African nursing qualifications resulted from changes in healthcare delivery, the introduction of the South African Qualifications Authority and the new, 10-level National Qualifications Framework. The Nursing Act (2005) provided the legislative framework for the review of the scopes of practice for different nursing categories to ensure the alignment of nursing and midwifery practice in South Africa to the needs of the healthcare system. Due to these legislative changes, there was a new category of nurse created, the General Nurse. While it is argued that the new General Nurse will assist in alleviating many of the current challenges, very little preparatory work has been done to facilitate the efficient and effective deployment of this new category of nurse in the private healthcare sector. It is against this backdrop of the introduction of a new category of nurse in South Africa that the researcher investigated how best to respond to these changes in the macro-environment that has an impact on the delivery of nursing in the private healthcare setting. This research study examined the opportunities and constraints regarding the deployment of a new category of nurse and recommended how best to integrate the General Nurse into the future workforce in the private healthcare sector.

To achieve the research objectives, there was a multi-method sequential qualitative research design used, with the research study conducted in four phases. Phase one was a scoping review, conducted to explore factors that influence the implementation of new nursing cadre. Phase two consisted of semi-structured interviews to explore the opportunities for, and barriers to, the integration of a new category of nurse within the private healthcare sector. In phase three, a qualitative document analysis determined the role of the General Nurse. Phase four consisted of phases 4A and 4B. In phase 4A, the use of a nominal group was to verify the preliminary populated elements of the logic model and to identify the programme outcomes of successful integration of the General Nurse for the healthcare organisation. A pathway, consisting of a series of steps, was formulated to achieve the identified outcomes and facilitate the successful integration of the General Nurse into already functioning nursing teams of a private healthcare group. In phase 4B, a Modified Delphi Technique was used to review and confirm the pathway as clear, relevant, feasible and acceptable for the integration of the General Nurse. To ensure the validity of this

research study, there was adherence to Lincoln and Guba's model of trustworthiness, which consists of the constructs credibility, transferability, dependability, and confirmability.

The factors most frequently reported in the literature to influence the success of integrating a new nursing role pertain to stakeholders having adequate information on critical details of the new role, the game plan of organisations to harness support for, and negotiate acceptance of, a new role by introducing and managing change. Successful integration of the General Nurse is reliant on a collective understanding and effective communication of the role, a clear scope of practice, equipping the General Nurse with knowledge and skills fit for purpose, and the creation of practice environments that are supportive and ready to embrace and accept the General Nurse. The study revealed the General Nurse would be a patient-focused, clinically orientated independent nursing practitioner, capable of rendering nursing care to patients of any age in a range of clinical settings. The outcomes of successful integration of the General Nurse were efficiency of the General Nurse, realisation of organisational goals and objectives, quality patient care, support and acceptance of the General Nurse, and a sustainable and contented workforce. A pathway, consisting of a series of steps, which are user-friendly and easy to implement, was formulated to achieve the identified outcomes to facilitate the successful integration of the General Nurse into already functioning nursing teams of a private healthcare group. Healthcare organisations, and the nursing profession, will need to rely on the services of the General Nurse to meet the healthcare needs and nursing service demands in the South African healthcare system.

KEY WORDS

General Nurse; Integration; Pathway; New Nursing Cadre; New Category of Nurse; New Nursing Role

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ABBREVIATIONS

APN	Advanced Practice Nurse
CHE	Council on Higher Education
CPD	Continuing Professional Development
DHET	Department of Higher Education and Training
DOH	Department of Health
HEI	Higher Education Institution
MDT	Modified Delphi Technique
NEI	Nursing Education Institution
NGT	Nominal Group Technique
NQF	National Qualifications Framework
OL	Organisational Leadership
PHS	Private Healthcare Sector
QDA	Qualitative Document Analysis
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SOP	Scope of Practice
WHO	World Health Organization

CHAPTER ONE
OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The transformation and scaling up of educational programmes designed for healthcare workers is a global priority. A key consideration is the contribution of the healthcare workforce in delivering a healthcare system that can service the changing healthcare needs of healthcare users. To respond to changing patient and population healthcare demands, workforce development aims to increase the number of healthcare professionals while ensuring that the knowledge and skills of the workforce remain relevant to meet the required competencies for servicing the healthcare needs of healthcare users. The transformative upscaling of the education and training of healthcare workers also necessitates the development of organisational capability to produce and employ the required number and skill mix of health professionals that promote sustainability of the healthcare system (World Health Organization, 2013; Blaauw, Ditlopo and Rispel, 2014; Gilburt, 2016).

South Africa's political transition in 1994 was the stimulus for the introduction of a range of legislative changes aimed at the transformation of the fragmented and unequal distribution of healthcare delivery in the country. Healthcare reform, mainly in the public sector, focused on developing primary healthcare services that were accessible through the district-based healthcare approach (Benatar, 1997). The change to primary healthcare from hospital-based care through the district health system also had an impact on the nursing fraternity, in that nursing education and training had to adapt to the environment in which healthcare delivery took place (Mekwa, 2000). In South Africa, as in many other countries, nurses form the predominant group of healthcare workers in the healthcare system and make a significant contribution towards interventions aimed at healthcare service redress. The transformation agenda and policy reform for nursing education and training encompassed the rationalisation of nursing colleges, redefining the scopes of practice for nursing and midwifery, and restructuring of nursing qualifications (Blaauw, Ditlopo and Rispel, 2014).

The Nursing Act, No. 33 of 2005, initiated the regulatory groundwork which ensured that nursing and midwifery practice aligns with the requirements of the healthcare system and that necessitated the revision and redefining of the scopes of practice for professional nursing categories in South Africa. The Nursing Act, No. 33 of 2005, makes provision for professional registration of nurses in the following categories: Professional Nurse, Midwife, Staff Nurse, Auxiliary Nurse, and Auxiliary Midwife. With respect to the revised scopes of practice for different categories of nurses registered with the South African Nursing Council (SANC), each category of nurse will be able to work autonomously.

The amendment of the nursing qualifications in South Africa resulted from changes in healthcare delivery, the establishment of the South African Qualifications Authority (SAQA) and bringing the new 10-level National Qualifications Framework (NQF) in effect. The NQF is an extensive system that facilitates the allocation, categorisation, and articulation of all qualifications at a national level, and all nursing qualifications in South Africa had to align in order to comply with provisions contained in the acts and policy documents of the Department of Higher Education (Bezuidenhout, Human and Lekhuleni, 2013). The non-aligned nursing qualifications, commonly known as the "legacy nursing qualifications", consisted of four pre-registration programmes:

- A four-year degree or diploma in nursing science (general, psychiatric and community) and midwifery resulting in professional registration as a Registered Nurse and Midwife (SANC, 1985)
- A two-year diploma in general nursing science (bridging programme) resulting in registration as a Registered Nurse (SANC, 1989)
- A two-year certificate programme in general nursing science leading to enrolment as an Enrolled Nurse (SANC, 1993(a))
- A one-year certificate programme in general nursing science leading to enrolment as an Enrolled Nursing Auxiliary (SANC, 1993(b))

The Minister of Higher Education and Training gave notice in July 2016 that the final admission date for first-time entering students for all non-aligned qualifications was 31 December 2019 (Department of Higher Education, 2016). The anticipation was that

the new NQF-aligned nursing qualifications would commence early 2020, which signalled the start of a new dawn for nursing in South Africa. The most significant changes in the new nursing qualifications were the requirement of a Bachelor's degree to register and practice as a Professional Nurse and Midwife, and the new three-year diploma to qualify as a Staff Nurse. A Staff Nurse, educated at a higher academic level, would replace the current mid-level nursing practitioner, known as the Enrolled Nurse. Figure 1 depicts the amendments to the nursing qualifications framework.

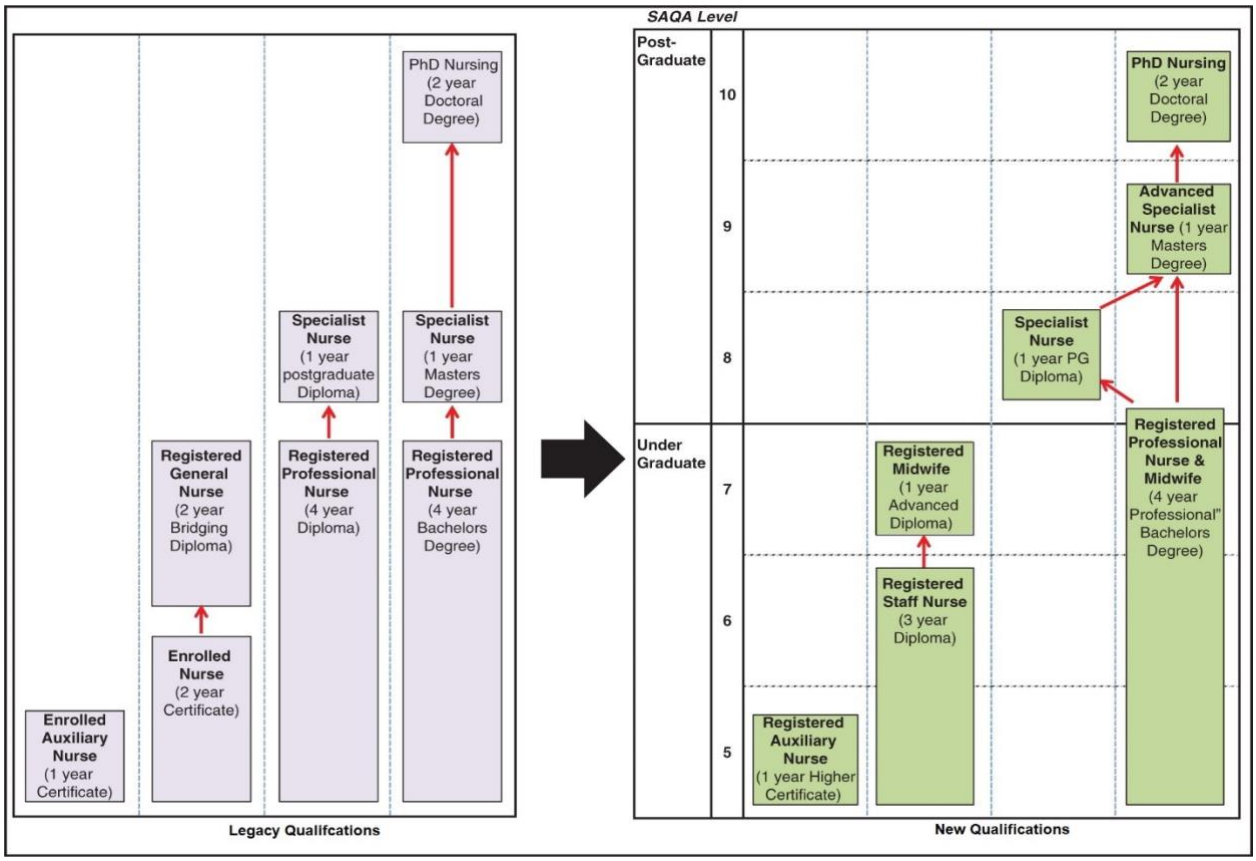

Figure 1. 1 Amended Nursing Qualifications Framework (Source: Blaauw et al., 2014)

In March 2019 however, the Minister of Health, following consultation with the SANC, announced the creation of a new category of professional registration for nurses in respect of section 31(2) of the Nursing Act (2005). The creation of the category General Nurse, for persons registered to practice nursing in South Africa (Department of Health, 2019(a)) replaced the Staff Nurse category listed in section 31(1) of the Nursing Act (2005). The successful completion of a new three-year diploma, at NQF level 6, results in professional registration as a General Nurse. At NQF level 6, the

General Nurse should have detailed knowledge and the ability to apply the theory and practice of nursing, demonstrate problem-solving skills and the ability to gather, process, evaluate and communicate different sources of information. In addition, the General Nurse should be aware of, and understand, the ethical implications of decisions and actions, evaluating his/her performance against criteria, effectively working in a group and be responsible and accountable for his/her own decisions and actions (South African Qualifications Authority, 2012). According to the National Policy on Nursing Education and Training, published in April 2019, the General Nurse will be able "to function as a clinically focused, service-orientated, independent General Nurse who is able to render general nursing care" (Department of Health, 2019(b)).

1.2 PROBLEM STATEMENT

The introduction of the new category of nurse into the nursing workforce, both in the public and private healthcare sector, is likely to occur at the beginning of 2023. The change in the South African nursing qualifications and nursing categories is a significant and rare event that brings uncertainty and fear of what the future is likely to hold. While it is argued that the new General Nurse will assist in alleviating many of the current challenges, such as workforce shortages, disproportionate skills mix, migration, and uneven geographical distribution of healthcare workers (Department of Health, 2013(a)), there has been little preparatory work done to facilitate the efficient and effective deployment of this new category of nurse in the private healthcare sector. The World Health Organization (2010) advocates for efficacious workforce planning, which largely relies on effective deployment and use of the healthcare workforce to ensure safe, competent, and cost-effective delivery of healthcare services. Mitchell (2013) argues that several factors drive changes in healthcare, such as a change in education and training, along with constraining factors, such as a demotivated workforce, lack of communication, inadequately prepared action plans, and bad management practices. The same author explains that in healthcare, planned change, considered an intentional, calculated, and a collective action to facilitate innovative changes, is more challenging than perceived sometimes (Mitchell, 2013).

The existing nursing workforce, which consists of all nurses who obtained professional registration on the legacy qualifications' framework and associated scopes of practice, needs reviewing and redefining to provide for favourable transition to the future nursing

workforce in South Africa. In the private healthcare sector, however, there has been no workforce planning commissioned for the nursing requirements that incorporates the new General Nurse into the workforce strategy. There is also uncertainty in terms of the purpose, practice boundaries and outcomes of the new role, and the way in which to employ the skills of the new category of nurse to achieve sustainable results for nursing practice in private healthcare. It is against this backdrop of the implementation of a new category of nurse in South Africa and the uncertainty of the system-wide implications for a private healthcare group that the researcher intends to investigate how to respond to changes in the macro-environment that have an impact on the delivery of nursing care in the private healthcare setting. This research study examined the opportunities for, and barriers to, the deployment of the General Nurse into an already functioning nursing workforce in the private healthcare sector and recommends how best to integrate the new General Nurse into the future workforce of a private healthcare group.

1.3 RESEARCH PURPOSE, QUESTION AND OBJECTIVES

1.3.1 Purpose of the Study

The purpose of this research study was to explore and describe the integration of a new category of nurse into the existing nursing workforce in the private healthcare sector in South Africa.

1.3.2 Research Question

How can the new General Nurse best be integrated in a private healthcare group in South Africa?

1.3.3 Research Objectives

(a) To explore and describe the existing evidence from international literature on the implementation of new cadres of nurses
(b) To explore and describe the opportunities for, and barriers to, the deployment of a new category of nurse in the private healthcare sector
(c) To determine the role of the General Nurse in the private healthcare context
(d) To formulate a pathway for the integration of the General Nurse into the existing nursing workforce for a private healthcare group

1.4 THEORETICAL FRAMEWORK

Babbie (2016) explains that theories are systematic sets of interrelated statements, fundamental models, or reference frame, intended to plan and arrange our observations and reasoning about the phenomena under study. The theoretical lens, through which this research study was examined, is the general theory of logic modelling. The definition of a logic model is a visual depiction of the theory of action or programme logic of how a programme is going to work and provides a systematic approach for establishing the required research activities and expected outcomes of interventions (Ball, Ball, Leveritt, Ray, Collins, Patterson, Ambrosini, Lee and Chaboyer, 2017). There is consensus amongst authors that the construction of a logic model during the planning stage of an intervention is valuable for justification of the programme logic supporting the intervention, gap analysis of resources and for establishing a collective understanding of the intent of the intervention (Guo, Bain and Willer, 2011; Ball et al., 2017; Kalu and Norman, 2018). Hayes, Parchman and Howard (2011) suggest the following steps for the construction of a logic model: (1) articulate underlying assumptions; (2) identify resources and challenges; (3) establish activities required to meet the outcomes; (4) outline outcomes, i.e., the benefits that will occur because of the activities. Figure 1 presents a representation of the logic model framework and its application in this research study. Assumptions relate and describe the conceptions about how the programme intervention is expected to work based on evidence (Guo, Bain and Willer, 2011; Ball et al., 2017; Kalu and Norman, 2018).

This research study examined the input from all stakeholders who have an informed opinion about the best way to integrate the new category of nurse into the existing nursing workforce in the private healthcare context. The findings contributed to the formulation of a pathway of user-friendly strategies, that are easy to implement, that will facilitate the efficient and effective deployment of the General Nurse to minimise the impact on service delivery during the implementation phase.

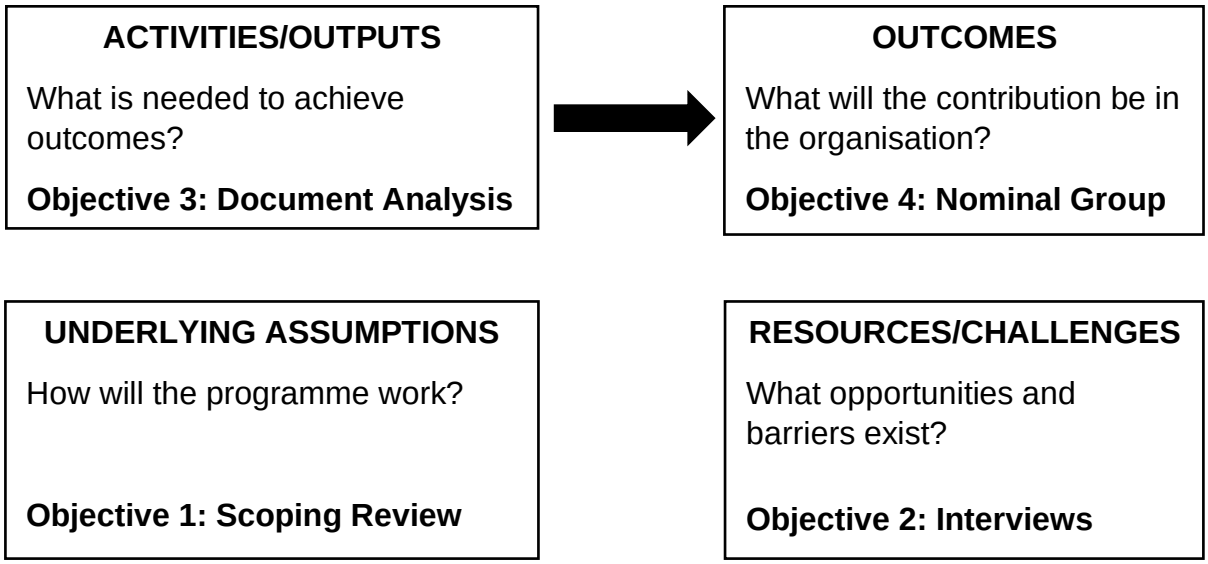

Figure 1. 2 Application of the Logic Model Framework (Based on Hayes et. al., 2011)

1.5 CONTRIBUTION OF THE STUDY

This research study explores the opportunities and barriers to the deployment of the new General Nurse in the private healthcare sector and provides valuable insights into the integration of a new category of nurse into the existing nursing workforce of a private healthcare group in South Africa. The significance of this research study lies in the findings that provide insights into the requirements necessary for organisational change to enable and support the integration of the General Nurse with potential benefits to bridge gaps in service delivery to meet organisational goals and objectives. The findings of this research study will contribute towards role clarity and utilisation of the General Nurse and recommend strategies that promote team cohesion, job satisfaction and wellbeing of the future nursing workforce. The pathway, which consists of a series of steps, developed to achieve specific outcomes, may be implemented in both the private and public healthcare sector to facilitate the efficient and effective deployment of the General Nurse into already functioning nursing teams to minimise disruptions to patient care and service delivery. This research study fills a gap in knowledge by providing insight into the integration process of a new category of nurse into an existing nursing workforce in the South African context.

1.6 CLARIFICATION OF TERMS

1.6.1 General Nurse

The General Nurse is a new category of nurse in the Republic of South Africa introduced in March 2019 following a notice regarding the creation of persons for registration to practice nursing (Department of Health, 2019(c)). In this research study, a General Nurse refers to a person registered to practice in this capacity under section 31 of the Nursing Act, No. 33 of 2005.

1.6.2 Integration

The process of integration refers to bringing people, or groups of people, with certain characteristics or needs into equal participation in a social group or institution (Cambridge Dictionary, 2022). For purposes of this research study, integration relates to the deployment of the General Nurse into the existing nursing workforce of a private healthcare group.

1.6.3 Key Informant

Key informants are individuals with specific knowledge who provide insight on a particular topic, and who contribute a perspective on the research problem or situation that researchers themselves lack (Crossham and Johanson, 2019). For purposes of this research study, a key informant is any person directly or indirectly affected by the introduction of a new category of nurse in the private healthcare sector.

1.6.4 Pathway

A pathway is a series of actions that can be taking to achieve something in a specific situation (Cambridge Dictionary, 2022), and in this study, a pathway refers to a series of steps that a private healthcare group can implement to facilitate the successful integration of the General Nurse into its already functioning nursing teams.

1.6.5 Private Healthcare

Private healthcare refers to establishments not owned or controlled by an organ of the state (Republic of South Africa, 2003), and such establishments are privately owned and independently managed. For this research study, private healthcare refers to one of the privately owned and managed healthcare groups in South Africa.

1.6.6 Role

The position that someone has in a situation, organisation, society, or relationship. Role is the function assumed or part played by a person in a particular situation (Cambridge Dictionary, 2022). In this research study, role relates to the actions and behaviours of the General Nurse, a new cadre of nurse in South Africa, intended to benefit patient care. The terms' role and cadre will be used interchangeability in this research study.

1.6.7 Stakeholder

A stakeholder is "an individual, a group or a legal entity that affects the achievement of an organisation's objectives or who is affected by the achievement of an organisation's objectives" (Benn, Abratt and O'Leary, 2016). In this research study, a stakeholder is any person, group or legal entity without whose continuing participation will have an adverse impact on the desired outcomes of successfully integrating the General Nurse.

1.7 STRUCTURE OF THESIS

This thesis consists of the following chapters:

Chapter One – Overview of the Study
Chapter Two – Research Methodology
Chapter Three – Findings and Discussion: Scoping Review
Chapter Four – Findings and Discussion: Semi-structured Interviews
Chapter Five – Findings and Discussion: Qualitative Document Analysis
Chapter Six – Formulation of the Pathway
Chapter Seven – Summary, Limitations and Recommendations

1.8 CONCLUSION

Chapter One presented an introduction to, and an overview of, of this research study and described the research problem investigated. In the next chapter, the researcher articulates a detailed discussion on the research design and methodology employed for data collection and analysis while conducting this research study.

CHAPTER TWO
RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Chapter Two provides a discussion on the research design and methodology employed during the four phases of this research study to answer the research question, “How can the new General Nurse best be integrated in a Private Healthcare Group in South Africa?”. This chapter further provides an overview of the strategies used to establish and maintain the trustworthiness of the findings of this research study as well as the guiding principles of ethical research considered while conducting the research study.

2.2 RESEARCH DESIGN AND METHODS

The overarching aim of this research study was, “To formulate a pathway for the integration of the General Nurse into the existing nursing workforce of a Private Healthcare Group.” To achieve the research objectives, the research study was conducted in four phases and the researcher selected a multi-method sequential qualitative research design that approached the research problem from several viewpoints to answer the research question. Table 2.1 provides an overview of the methods.

2.2.1 Qualitative Approach

Qualitative research is a term that describes a broader field of research methodologies relating to investigations into meaning, experience, behaviours, and interactions from the perspective of participants in the social environment that it happens (Brink, Van Der Walt, Van Rensburg, 2018). Merriam and Grenier (2019) explain that the intent of qualitative research is to examine how persons interpret and understand their encounters with the world at a particular period in time and within specific circumstances, which relies on in-depth responses from participants to questions about how they understood and interpreted their experience. Owing to the nature of qualitative research, in which real life experiences of people and naturally occurring situations are studied, the researcher, who acts as a research tool, plays a critical role in collecting non-numeric data and interpretation of the phenomena under study (Daniel, 2016). According to Creswell (2014), the qualitative research process

involves emerging questions and procedures in which data collection occurs in the participant's surroundings, and data analysis inductively builds from specific to general themes while the researcher makes interpretations about the meaning of the data. Yin (2016) further explains that the motivation for qualitative researchers is their curiosity to derive meaning from social behaviour and thinking, through existing or emerging concepts, while acknowledging the benefits of using multiple information sources to collect, integrate, and present the data. A qualitative research approach was selected for this research study because of the range of options and opportunities available to investigate the research question. It allowed appropriate emphasis on the different phases of the research process, and it reinforced the understanding and interpretation of meaning from the views, opinions, and practices of different participants.

This research study occurred in four phases and each phase required a different method. In Phase 1, there was a scoping review conducted which explored the factors that influence the implementation of new cadres of nurses. Phase 2 consisted of semi-structured interviews to explore the opportunities for, and barriers to, the integration of a new category of nurse within the study context. In Phase 3, there was a qualitative document analysis conducted to determine the role of the General Nurse, while Phase 4 involved the formulation of the pathway and consisted of Phases 4A and 4B. In Phase 4A, there was a nominal group employed to verify the preliminary populated elements of the logic model for this research study and to identify the outcomes of successful integration of the General Nurse for the healthcare organisation. Participants also generated ideas on how to achieve these outcomes, which the researcher used along with evidence from the literature to develop the pathway. Phase 4B involved the use of a Modified Delphi Technique (MDT) to review and confirm the draft pathway formulated for the integration of the General Nurse into the existing nursing workforce of a private healthcare group (see Table 2.1).

Table 2. 1 Overview of Research Design and Methodology

Phase	Design	Objective	Data Collection	Data Analysis
Phase 1	Qualitative	To explore and describe the existing evidence from international literature on the implementation of new cadres of nurses	Scoping Review Electronic search of 5 databases	Summative Content Analysis - Summary Table Descriptive Narrative
Phase 2	Qualitative	To explore and describe the opportunities for, and barriers to the deployment of a new category of nurse in the private healthcare sector	Semi-structured Interviews using purposive sampling to recruit key informants	Thematic Analysis
Phase 3	Qualitative	To determine the role of the General Nurse in the private healthcare context	Document Analysis using a total sampling technique in searching for policy and industry documents	Thematic Analysis
Phase 4	Qualitative	To formulate a pathway for the integration of the General Nurse into the existing nursing workforce for a private healthcare group	Nominal Group Technique and Modified Delphi Technique using purposive sampling to recruit stakeholders and review panel members	Consensus and Expert Review

2.3 RESEARCH CONTEXT

The research context, or research setting, relates to the specific place or location where data collection occurred for a research study (Brink et al., 2018). This research study was contextual in nature and conducted in a natural, real-life setting, one of the privately owned and independently managed private healthcare groups in South Africa. The private healthcare group's South African operations consist of nine acute care hospitals located in three provinces and a Nursing Education Institution (NEI) that offers formal nursing education programmes.

2.4 PHASE 1: SCOPING REVIEW PROTOCOL

2.4.1 Introduction

During Phase 1 of this research study, the researcher conducted a scoping review of international literature on the implementation of new cadres of nurses. Scoping reviews are gradually becoming accepted in healthcare research as a method to synthesise evidence on a particular topic (Daudt, van Mossel and Scott, 2014; O'Brien, Colquhoun, Levac, Baxter, Tricco, Straus, Wickerson, Nayar, Moher and O'Malley, 2016). A scoping review provides the extent, nature, and scope of existing evidence on a specific topic along with clarity on the volume of literature and the available studies on the subject under investigation (Munn, Peters, Stern, Tufanaru, McArthur and Aromataris, 2018). The scoping review protocol for this research study used the methodological framework, outlined by Arksey and O'Malley (2005), for conducting a scoping review. This framework describes five steps, namely (1) identify the research question, (2) identify relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarising, and reporting the findings (Arksey and O'Malley, 2005).

2.4.2 Identifying the Research Question

The review was guided by the question, "What factors influence the implementation of new nursing roles?".

2.4.3 Research Sample - Identifying Relevant Studies

An extensive search of peer-reviewed published and grey literature was carried out consistent with the search strategy discussed in Chapter Three (see Section 3.2.2) to map existing evidence on factors that have an impact on the introduction of new nursing roles (Arksey and O'Malley, 2005). The literature search was limited to

sources published between 1 January 2005 and 31 January 2020, and only articles that satisfied the eligibility criteria were included in the scoping review. Only articles published in English, providing evidence that investigated or proposed interventions for the implementation of new nursing roles in acute or primary healthcare settings were included in this scoping review.

2.4.4 Data Collection - Study Selection

The scoping review occurred between September 2020 and February 2021. A data-charting table (data extraction) recorded the characteristics of the included studies and key information about the relevance of the evidence to the research objective. Chapter Three presents the relevant literature sources used for data collection during this scoping study (see Table 3.3).

2.4.5 Data Analysis – "Charting the Data"

The researcher analysed and interpreted the data-charting table using a summative content analysis technique. Hsieh and Shannon (2005) describe summative content analysis as a method that features counting and comparisons, typically involving key words or content, along with establishing the underlying meaning of such words or the content. The researcher started data analysis by searching for words, identified in the included articles, which influence the implementation and integration of new nursing roles. Following this was a word frequency count for each word to determine the recurrence of words used to describe the factors that have an impact on introduction of new nursing roles. The researcher used the frequency distribution of words to explore and identify patterns in the data (see Table 3.5) and interpret the context and meaning related to the use of each word (Hsieh and Shannon, 2005).

2.4.6 Collating, Summarising and Reporting the Results

There was extraction and discussion of the most frequently appearing factors on the data-charting table. The researcher had frequent discussions with the two research supervisors of this research study for guidance on the process, also to explore emerging ideas during data analysis. Chapter Three presents the findings and discussion of the scoping review.

2.5 PHASE 2: SEMI-STRUCTURED INTERVIEWS

2.5.1 Introduction

In Phase 2 of this research study, the researcher employed semi-structured interviews as a method for collecting data. The use of such interviews allowed the researcher to explore the thoughts and views of participants on the deployment of the General Nurse in the private healthcare sector (Merriam and Tisdell, 2016). It further permitted the researcher to probe participants with additional questions to elaborate on pertinent information regarding the opportunities for, and the barriers to, the integration of the General Nurse (Patten and Newhart, 2017).

2.5.2 Objective

The research objective for this phase of the research study was "To explore and describe the opportunities for, and barriers to, the deployment of a new category of nurse in the private healthcare sector."

2.5.3 Description of Participants

A purposive sampling strategy was used to recruit participants for this phase of the research study. Taherdoost (2016) explains that purposive sampling allows the researcher to choose settings, persons, or events deliberately to provide specific information related to the research question. Key informants, whom may have been directly or indirectly affected by the introduction of a new category of nurse, were identified to take part in the semi-structured interviews for data collection. Cossham and Johanson (2019) explain that key informants are individuals who have knowledge or insight on a particular topic and who contribute a perspective on the research phenomenon or situation that researchers themselves lack. The sample consisted of a diverse group of participants that included senior and middle managers, clinical facilitators, different categories of current nurses and a trade union representative. The group included one Chief Medical Officer, one Group Nursing Services Manager, one Group Nursing Standards Manager, one Group Human Resources Manager, one Director of Nursing, two Clinical Facilitators, two Registered Nurses, one Enrolled Nurse, one Enrolled Nursing Assistant and one Trade Union Representative.

It was important to include multiple layers of management in this study. Gilburt (2016) emphasises the involvement of management during the integration of new roles by describing such involvement as essential to the formulation of a framework to steer the integration process, the regulation of new ways of working and making sure that a conducive environment and procedures are secured that will facilitate the progression of practice along the required trajectory. Participants were identified based on their area of responsibility, years of experience and their influence on strategic plans, operational decisions and group policies and procedures representing clinical operations, nursing, education and training, and human resources in the organisation. Also recruited were participants from middle management. Middle managers, who are nurses themselves, are frontline managers who direct and oversee the day-to-day nursing operations within the healthcare facilities. The reason for including middle management was due to their centrality in creating a supportive milieu that will facilitate the change to, and acceptance of, a new way of working with the introduction of the General Nurse in a hospital-based setting. Involving clinical facilitators in this study was necessary considering their influence and contribution to the development of clinical nursing practice. Clinical facilitators work closely with nursing staff in the clinical world of nursing, providing assistance and encouragement to individual nurses to realise specific objectives, but also enable functional nursing teams to examine, reflect and adapt their thinking, behaviour, and methods of working (Harvey, Loftus-Hills, Rycroft-Malone, Titchen, Kitson, McCormack and Seers, 2002). In the South Africa context, there is documentation of the role of trade unions in advocating for employee rights. Trade Unions play a central role in negotiating employment conditions for its members to ensure that employees are treated fairly such as working hours, renumeration and general working conditions (Manamela, 2015); therefore, it was important to include a trade union representative to understand both the enabling, as well as the challenging aspects, of integrating the General Nurse into the working environment from an organised labour perspective. Including the views from nurses representing the existing nursing workforce as future team members of the General Nurse was relevant because of their fears related to a perceived threat to job security and being replaced by the new category of nurse.

2.5.4 Data Collection

Participants received an invitation to take part in this research study by email, sent with a summary that details the intent of the study. The researcher attached the following documents to the email: (1) Information Sheet about the study (see Annexure 4), (2) Consent Form to Participate (see Annexure 6), (3) Consent Form for Digital Recording of Interview (see Annexure 8) and (4) Interview Questions (see Annexure 9). The researcher followed up the email by contacting participants telephonically to confirm delivery of the documents and their willingness to partake in the research study. Whenever a participant agreed to be part of the study, a convenient date and time was confirmed for the interview. Semi-structured interviews were conducted with 17 participants. Chapter Four (see Section 4.2) presents the demographic data of participants. Before initiating the interviews, the researcher explained the aims and objectives of the research study and answered any questions from participants pertaining to the research study. All participants had to read and sign the consent form (see Annexure 5) and complete the section on demographic data included on the form, which requested information on age, gender, qualifications, occupation, and experience of participants. The researcher obtained permission to record interviews and participants had to read and sign the consent form for Digital Recording of Interviews (see Annexure 8). On completion of all procedural steps, the researcher engaged with participants to elicit information for the interviews (see Annexure 9). The interviews consisted of broad, open-ended questions to explore the views and opinions of participants related to the barriers and opportunities to the integration of the General Nurse in the private healthcare sector. Interviews were guided by the following questions:

1. What are the barriers to the integration of the General Nurse into the existing nursing workforce?
2. How do we overcome these barriers?
3. What are the opportunities for the integration of the General Nurse into the existing nursing workforce?
4. How do we integrate this new category of nurse into the existing nursing workforce?

The researcher used communication strategies such as probing, paraphrasing and reflection during the interviews to stimulate discussion and gain clarity on the information shared. Interviews lasted 40 minutes on average, and closure of every interview was by thanking the participant for their contribution to the research study. Participants had the opportunity to give concluding comments and were made aware that there would be a transcript of the interview shared with them to validate the information.

2.5.5 Data Analysis

The transcribed text was used as a data set for analysis, and the researcher made use of the six-step thematic analysis method described by Braun and Clarke (2006) to analyse the transcripts in an attempt to uncover and describe the barriers to, and opportunities for, the integration of the General Nurse into the existing nursing workforce. Thematic analysis facilitates the identification, analysis, and interpretation of patterns of meaning, or themes, across a data set through a systematic approach. (Clarke and Braun, 2017). Braun and Clarke (2012) explain that by concentrating on the meaning across a data set using thematic analysis, the researcher is able to recognise and make sense of shared or collective experiences and/or meanings. Thematic analysis is a flexible and practical research tool that produces a complete, yet complex, account of data (Braun and Clarke, 2006).

- ***Step One*** – During step one, the researcher must become acquainted with the data through a process known as “immersion”. Immersion refers to reading the data over and over while making notes of initial ideas about the data (Braun and Clarke, 2006). The researcher transcribed the individual interviews verbatim into written form. After transcribing all the interviews, the completed transcripts were compared to the original audio recordings of the interviews to ensure it was the same as the actual interviews. This helped the researcher to become acquainted with the contents of the data, and after rereading the transcripts several times, the researcher was able to identify and note interesting features about the data. The researcher’s initial ideas and written notes about the data were the point of departure for subsequent steps in the analytic process.

- ***Step Two*** – In the second step of the analytic process, the researcher created a list of basic codes from interesting features about the data (Braun and Clarke, 2006). Codes are regarded as the smallest units of analysis that identify features of the data relevant to the research question and form the building blocks for theme development (Clarke and Braun, 2017). The researcher made notes (in the margin of printed copies of individual interview transcripts) and circled interesting aspects about the data using different coloured pens. The initial codes were then captured in a Microsoft Word document and the corresponding segments of data (extracts) related to each specific code were copied and pasted to the Microsoft Word document. The researcher referenced each extract with the assigned code of the actual interview, for example, SSI 1. The researcher used the Microsoft Word document with the collated list of codes and actual data extracts as the basis for the next step of data analysis.

- ***Step Three*** – The third step involved searching for themes within the collated codes and sorting the relevant coded data according to potential identified themes (Braun and Clarke, 2006). Braun and Clarke (2006) explain that themes are repetitive patterns of meaning that occur in the data pertaining to the research question. In essence, this step is about analysing the list of codes to determine how various codes can be connected to form a broad theme (Braun and Clarke, 2006). To facilitate the grouping of codes into themes, the researcher wrote each code with a brief description on a sticky note and placed it on the wall of the researcher's study room. There was grouping together of codes similar in meaning and initial themes generated. This process allowed the researcher to develop a thematic map that visually represented the codes, the preliminary themes and categories and possible relationships between them (Braun and Clarke, 2006).

- ***Step Four*** – In step four, the researcher reviewed and refined the preliminary themes identified in the previous step of the analysis process in relation to the coded data and the data set in its entirety (Braun and Clarke, 2006). This evaluation process enabled the researcher to collapse or divide some themes while other themes became redundant by using a two-level approach to reviewing and refining of the identified themes (Braun and Clarke, 2006). In the first level, the researcher

read over the coded data extracts again for each theme to determine if they formed a coherent pattern (Braun and Clarke, 2006). The researcher reorganised some coded data extracts to ensure that each theme represented the essence of the coded data extracts. In the second level, the researcher reviewed all the themes in respect to the entire data set to establish if the thematic network explicitly depicts the data (Braun and Clarke, 2006). Concluding step four of the analytic process provided the researcher with a reasonably good understanding of the various themes and how they are connected to provide an accurate account of the data.

- ***Step Five*** – Step five of the analysis involved defining and naming the themes identified in previous steps. The researcher was satisfied that the thematic network developed in the preceding steps of the analytic process was reflective of the data set and could therefore continue analysing the themes and the coded data extracts to refine the overall story the analysis conveys (Braun and Clarke, 2006). During the refinement process, the researcher generated names for the themes and the categories of each theme, and wrote a definition of each theme, describing what each theme was about (Braun and Clarke, 2006). The researcher had frequent discussions with the two research supervisors throughout the analysis of the qualitative interview data for guidance and feedback on data analysis, ideas about the data and theme construction.

- ***Step Six*** – In the final step, the researcher compiled a report by writing up the findings of the analysis. Braun and Clarke (2006) explain this step as telling a compelling story of the data that convinces the reader of the merit and validity of data analysis. In writing the report, the researcher provided evidence, in the form of direct quotations, to support each theme as it related to the overall story of the data set (Braun and Clarke, 2006). The final themes and categories identified in this phase of this research study are presented in Chapter Four as the barriers to, and opportunities for, the deployment of the General Nurse in the private healthcare sector.

2.6 PHASE 3: QUALITATIVE DOCUMENT ANALYSIS

2.6.1 Introduction

In phase three of this research study, the researcher employed a qualitative document analysis (QDA) as a research method to obtain and analyse data. Qualitative document analysis is a valuable technique used for examining source documents to derive meaning and generate knowledge from the text (data) contained in the documents under review (Morgan, 2021). The procedure for conducting a qualitative document analysis requires the researcher to locate and select pre-existing documents for analysis and evaluation to assimilate meaning and interpret the data (Bowen, 2009).

2.6.2 Objective

The research objective that informed this phase of the research study was, “To determine the role of the General Nurse in the private healthcare context”.

2.6.3 Inclusion Criteria for Documents

The researcher only selected policy and industry documents for review and analysis from official government departments that included the SANC as regulatory authority of the nursing profession, the national DOH responsible for healthcare in South Africa and the DHET that oversee the South African post-schooling education system. The types of documents included for analysis consisted of Acts of Parliament, Regulations published in Government Notices, National Policies, Position Statements, Official Press Releases and Circulars. The researcher did not apply a date limitation to the documents analysed considering the extraordinary and significant nature of creating a new category of nurse and providing historical context of the transformation and pace in policy and practice related to nursing education and training in South Africa.

2.6.4 Data Collection

A total sampling technique was used to select documents, from reputable sources, which were relevant to answering the research question and satisfied the eligibility criteria. Total population sampling is described as a sampling method in which the entire population that satisfies the inclusion criteria is selected to take part in a research study (Etikan, Musa and Alkassim, 2016). The researcher did not have to apply the four factors described by Flick (2018), namely authenticity, credibility,

representativeness and meaning, in deciding which documents to select for examination. All documents originated from official government and industry sources as the primary authors.

2.6.5 Data Analysis

Bowen (2009) and Morgan (2021) recommend that researchers utilise thematic analysis when conducting a document analysis. These authors explain that the flexibility of thematic analysis makes it an ideal method for analysing documents to identify meaningful or interesting aspects contained in the contents of each document. The researcher applied the same process for conducting a thematic analysis, as described in Section 2.5.5, to determine the role of the General Nurse in the private healthcare context.

In the first step of analysis, the researcher become acquainted with the data through reading the data more than once while making notes of initial ideas. In step two, the researcher generated initial codes from interesting features of the data and combined data that was relevant to each code. During step three, the researcher looked for themes within the collated codes and gathered relevant data for each theme identified. The researcher used a thematic map to organise and analyse codes, themes, and categories together. Step 4 reviewed the thematic map with themes to check if the identified themes worked with reference to the coded extracts and the entire data set. During step 5, the researcher continued to analyse the themes to refine the overall story the analysis was conveying. It was also during this step that there were clear definitions and names for each theme generated. The final step was to select compelling extracts in relation to the research question and to produce the report on the analysis and findings of the qualitative document analysis. Chapter Five presents the final themes and categories identified in this phase of this research study as the role of the General Nurse in the private healthcare context.

2.7 PHASE 4: FORMULATION OF THE PATHWAY

2.7.1 Introduction

Phase Four involved the formulation of the pathway and consisted of Phases 4A and 4B. In Phase 4A, there was a nominal group employed to verify the preliminary populated elements of the logic model for this research study and to identify and describe what the contribution of successful integration of the General Nurse would be for the healthcare organisation. Prior to the nominal group (Phase 4A), and in order to begin the process of categorising the information, the researcher reviewed and triangulated the data from the previous phases of this research study (details are provided in Chapter Six) by extracting "lessons learned" from the data and developed the tables. This was an iterative process conducted by the researcher and the two research supervisors and done to furnish the nominal group with adequate background information to determine the outcomes of successful integration of the General Nurse in the private healthcare sector, and to generate ideas on how to achieve these outcomes (Section 2.7.3 presents the details of the nominal group). In Phase 4B, the researcher employed a MDT to review and confirm the draft pathway formulated for the integration of the General Nurse into the existing nursing workforce of a private healthcare group (Section 2.7.4. presents the details of the Modified Delphi Technique).

2.7.2 Objective

The research objective that guided this phase of the research study was, "To formulate a pathway for the integration of the General Nurse into the existing nursing workforce for a private healthcare group".

2.7.3 Phase 4A: Nominal Group Technique

In Phase 4A, the researcher used a nominal group technique (NGT), which allowed for a structured face-to-face group discussion that generated ideas and achieved consensus on what the outcomes of successful integration should be and how to achieve those outcomes (McMillan, King and Tully, 2016). The NGT afforded participants an equal opportunity to present their ideas before building on the views of others and reaching consensus on issues related to topic under discussion (Sondergaard, Ertmann, Reventlow and Lykke, 2018). The researcher used the NGT to review and evaluate the preliminary populated elements of the logic model (see

Figure 6.2) and to reach consensus on what the contribution of successful integration of the General Nurse would be for a private healthcare group. The provisional elements of the logic model for this research study contain information that was categorised from themes that appeared two or more times in the triangulated data from Phases 1, 2 and 3 of this research study (see Tables 6.2, 6.3, 6.4, 6.5 and 6.6). The elements are in table form and indicate the lessons learned from the data. This information was generated to furnish the nominal group with adequate background information to determine what the outcomes of successful integration of the General Nurse would be and how best to achieve those outcomes. A detailed discussion on the population of the logic model for this research study and the formulation of the pathway is presented in Chapter Six. The development of the protocol for the NGT used the five steps described by Harvey and Holmes (2012), namely (1) introduction and explanation, (2) silent generation of ideas, (3) sharing of ideas using "round robin" method, (4) group discussion and clarification, and (5) voting and ranking.

2.7.3.1 Sampling

Purposive sampling was employed to recruit participants for this phase of the research study. Selected were representatives from stakeholder groups, known for their broad knowledge and expertise in nursing education and training, and their specific interest in nursing practice. A stakeholder is defined as "an individual, a group or a legal entity that affects the achievement of an organisation's objectives or who is affected by the achievement of an organisation's objectives" (Benn, Abratt and O'Leary, 2016).

2.7.3.2 Description of Participants

While several stakeholders had an interest in the successful integration of the General Nurse, there would have been adverse impact on the desired outcomes without the continuing participation of the following stakeholder groups:

- **South African Nursing Council –** The SANC, as regulator of the nursing profession in South Africa, is responsible for providing a competent nursing workforce that is adaptive and responsive to the healthcare needs of the population by way of enhancing education and nursing practice standards for the delivery of quality patient care. Although stakeholders have minimal influence and control over the performance and outcomes of the SANC, role players are encouraged to

continue lobbying the SANC to influence decisions relating to the education and training of nurses and midwives, and professional nursing practice matters that affect nurses and midwives in the clinical practice environment.

- **Nursing Education Institution –** The Nursing Education Institution (NEI) is responsible for the theoretical and practical preparation of the General Nurse to fulfil the role to meet role expectations in the nursing work environment. The education and training of the General Nurse creates an opportunity to acquire the necessary knowledge and skills required to produce General Nurses that are fit for purpose and able to withstand the demands of real-world nursing at the bedside. The NEI must tailor its nursing curriculums and work-based learning programmes to satisfy the objectives of the organisation, the healthcare needs of the country and the minimum requirements for professional registration with the SANC.

- **Organisational Leadership** – The successful integration of the new category of nurse into the practice environment is reliant on support from management in the form of policy reviews, reallocation of duties, conflict resolution and facilitating positive team relationships. Support from management takes the form of organisational planning and problem solving and ensuring that the new role is clearly defined in relation to the functions and expectations of all members of the nursing team.

- **Existing Nursing Workforce** – The existing nursing workforce will support the integration process through supportive relationships that enable positive interactions between team members and encouragement of the General Nurse. Creating an environment in which everyone fits in and feels valued as a member of the team are important elements to encourage a sense of belonging and transitioning to new ways of working in the clinical practice environment.

The NGT members consisted of one participant representing SANC, one participant representing organisational leadership, two participants representing nursing education and training and two participants representing the existing nursing workforce in the private healthcare sector. The specific constitution of the nominal

group panel enabled the participants to reflect and participate on the content from different perspectives and contribute meaningfully during the evaluative group session.

2.7.3.3 Data Collection and Analysis

Participants received an invitation to take part in this phase of the research study via email, sent with a summary of the aims of the study and details pertaining to the date, time, and venue. The researcher attached the following documents to the email: (1) Information Sheet about the study (see Annexure 5), (2) Consent Form to Participate (see Annexure 7), and (3) Consent Form for Digital Recording (see Annexure 8). The nominal group consisted of six participants. The demographical data of participants is presented in Chapter Six (see Section 6.3.2). Prior to conducting the nominal group, the researcher clarified the aims and objectives of the research study and answered any questions from participants pertaining to the research study. All participants had to read and sign the Consent Form (see Annexure 7) and complete the section on demographical data included on the consent form. The demographical data section explored the age, gender, qualifications, occupation, and experience of participants. There was permission obtained to record the nominal group session, and participants had to read and sign the Consent Form for Digital Recording of Interviews (see Annexure 8). The researcher, assisted by one of the supervisors of the research study, acted as group facilitator. The steps followed in the NGT are discussed in the next section while the results of the NGT are presented in Chapter Six (see Section 6.3.3).

- ***Step One: Introduction and Explanation***

  The researcher provided a brief introduction and overview to the research study. There was clarification of the aim and steps of the NGT, and additional information provided to each participant, such as a hard copy of the preliminary populated elements of the logic model (see Figure 6.2) developed for this research study. Discussed and confirmed were participant consent, privacy, and confidentiality. The venue was large enough to seat participants comfortably at individual tables arranged in a U-shape. The group members sat according to individual choice, which did not influence their participation.

- ***Step 2: Silent Generation of Ideas***

  The researcher provided participants with different coloured index cards, permanent markers, paper, and pens. During the silent generation of ideas, the researcher asked the participants to write down all their ideas on the index cards after giving considering to the following two questions visually presented to them. Firstly, ***"What would successful integration look like for the organisation – What outcomes would indicate that successful integration has been achieved?"*** and secondly, ***"How will we achieve the identified outcomes for the organisation?"*** Participants had to write down one idea on one index card, with no limit to the number of index cards. The researcher allowed 10 minutes per question for silent generation of ideas.

  The group received clarification of the term "outcome" used for the purposes of this research study as follows:

Outcome: Actual change associated with the outputs that occur due to the implementation of the programme.

- ***Step 3: Sharing of Ideas - Round Robin***

  There was an opportunity for participants to share their ideas using a "round robin" technique. Each participant had an opportunity to present an idea (outcome) that they recorded on an index card, with the process continuing until all ideas were shared. The index cards went onto the wall of the venue and while participants shared their thoughts and opinions, corresponding ideas were group and arranged together. The facilitator clarified items in every cluster to ensure the participants agreed on the items that were included.

- ***Step 4: Group Discussion and Clarification of Ideas***

  During this step, participants engaged in a group discussion about each idea and were invited to ask questions for explanations or clarifications about the ideas generated. The facilitator maintained a neutral discussion and all participants had the opportunity to participate. Participants had the opportunity to present, debate, and defend their position until there was consensus reached.

- ***Step 5: Voting and/or Ranking***

  Voting and/or ranking was not required for this nominal group session. Consensus conversations in step 4 concluded that all ideas (outcomes and activities) should be included.

- ***Closure and Adjournment of the Nominal Group Session***

  The conclusion of the nominal group occurred after a final opportunity for participants to elaborate on anything discussed or raise any other item in relation to research questions. The researcher informed the participants that he would circulate the final populated logic model for this research study and the proposed pathway for review and confirmation by email to all group members. The facilitator declared the group session concluded, and the researcher thanked all the participants for their participation. The nominal group lasted for 90 minutes.

2.7.3.4 Consolidation of Nominal Group Information

After the adjournment of the nominal group, the researcher photographed the categorised index cards placed on the wall by the participants. The collected data was written up in table form and presented in Chapter Six (see Table 6.8 and Table 6.9). There was a comparison of the data generated during the NGT to the field notes and digital recordings taken during the NGT to verify that the themes identified were a factually accurate representation of the discussion. Writing up the data occurred within the first week after the conducting of the NGT while the information was still fresh in the researcher's mind. The NGT session integrated data collection and data analysis.

2.7.4 Phase 4B: Modified Delphi Technique

In Phase 4B, the researcher utilised an MDT to review and confirm the pathway formulated for the integration of the General Nurse into already functioning nursing teams of a private healthcare group. The Delphi Technique is a systematic process that makes use of the mutual beliefs of participating members to develop consensus through an iterative process and feedback (Nasa, Jain and Juneja, 2021). Custer, Scarcella and Stewart (1999) explain that although the MDT closely resembles the original Delphi Technique with regard to procedure (multiple rounds of questionnaires with experts) and intent (to reach consensus), the modification allows the process to

be initiated with a set of pre-selected items. The researcher provided the panel members with the draft pathway that was synthesised from the findings from Phase 4A and evidence from the literature for review and confirmation. The benefits of using this adaptation to the Delphi Technique are improvements in the first-round response rate, providing a solid grounding in previously developed work, reducing the effects of bias due to group interaction and maintaining anonymity (Custer, Scarcella and Stewart, 1999).

2.7.4.1 Sampling

The same individuals who took part in Phase 4A of this research study became participating panel members for the MDT employed in Phase 4B, and there is a description of the participants in a preceding section of this chapter (see Section 2.7.3.2). The same sample which generated ideas on how best to integrate the General Nurse was used to achieve agreement on the pathway.

2.7.4.2 Data Collection and Analysis

The researcher sent an email to each panel member and attached the following documents, (1) Participant Information Letter that included a consent form (see Annexure 13), (2) Pathway Review Form (see Annexure 14), (3) Final Populated Elements of the Logic Model (see Figure 6.3), and (4) Draft Pathway (see Section 6.4). For the panel members to review and confirm the pathway the researcher used a self-constructed pathway review form that evaluated the pathway for clarity, relevance, feasibility, and acceptability (see Annexure 14). Panel members had to review the draft pathway, complete the pathway review form, and make recommendations where appropriate. All the panel members provided written feedback, which was considered in finalising the pathway. Only one round of mailings was required to reach consensus. There was integration of data collection and analysis during this phase of the research study. The findings of the MDT used in Phase 4B are presented in Chapter Six (see Section 6.5).

2.8 TRUSTWORTHINESS OF THE STUDY

Research quality is described as a fundamental component of any research study, as it establishes trust in the results of the study and ensures the research outcome is representative of the research problem (Plano Clark and Ivankowa, 2016; Daniel, 2019). Connelly (2016) explains the trustworthiness of a research study as the degree of confidence in the collection, analysis, and interpretation of the data along with the strategies used to ensure the quality of the research study. To establish and maintain the trustworthiness of this research study, the researcher applied the four criteria outlined by Lincoln and Guba (1985), namely credibility, dependability, confirmability, and transferability, which needs considering in a trustworthy research study.

2.8.1 Credibility

Credibility relates to the confidence in the truth of the research findings (Stahl and King, 2020). Korstjens and Moser (2018) explain that credibility establishes whether the results of a research study accurately represent the data collected and the thoughts and opinions of the participants. To ensure credibility of the data, the researcher used prolonged engagement, member checking, peer debriefing and triangulation (Connelly, 2016). Prolonged engagement enabled the researcher to interview participants to the point at which there was no new information raised, known as data saturation. Member checks gave participants the opportunity to verify the findings of the data collected to determine if it was an accurate reflection of their viewpoints. Peer debriefing with the two research supervisors of this research study permitted continuous discussions about the research methodology, data analysis and interpretations throughout the research process. Triangulation allowed the researcher to approach the research question from different perspectives using multiple data sources, methods of data collection and analysis and researchers.

2.8.2 Dependability

Dependability relates to the consistency and stability of the research findings in the course of time (Korstjens and Moser, 2018; Stahl and King, 2020). Lincoln and Guba (1985) argue that no validity can exist without reliability, and therefore, no credibility without dependability. To establish dependability of this research study, the researcher furnished detailed and explicit explanations of the research design and methodology, data collection and analysis, and interpretation of the data to enable

future users to repeat the research study (Connelly, 2016). Peer debriefing with the two research supervisors of this research study assisted the researcher with decisions about data collection and analysis for the research study. The two research supervisors had access to all the data, documents, findings, and interpretations, which were kept for maintaining a record of data management techniques to provide an audit trail of decisions made.

2.8.3 Confirmability

Confirmability relates to the neutrality of the findings and the extent to which the results of a research study can be corroborated by other researchers (Korstjens and Moser, 2018; Stahl and King, 2020). To ensure the confirmability of the findings of this research study, the researcher used the processes of self-reflection and auditability. To minimise the influence of the researcher's subjectivity, self-reflection enabled the researcher to reflect on how his own personal beliefs, values and experiences could affect the research process during data collection and analysis by making notes of the comments of participants and his thoughts during interviews (Hadi and Closs, 2016). To achieve an acceptable level of audibility, the researcher provided rich descriptions of the research steps taken from beginning to end of this research study, including the development and reporting of the research findings (Korstjens and Moser, 2018).

2.8.4 Transferability

Transferability relates to the extent to which the findings of a research study can be applied to other research environments with other participants (Korstjens and Moser, 2018; Stahl and King, 2020). To facilitate the decision about the transferability of the results of this research study, the researcher provided sufficient contextual information regarding the research setting, research methodology and the participants to enable future users to determine how applicable the research findings were to their situation (Connelly, 2016). The two research supervisors of this research study provided an external check of the whole research process from beginning to end of the project.

2.9 ETHICAL CONSIDERATIONS

The importance for researchers to observe sound ethical principles whilst conducting research is equally significant as the selection of the appropriate research methodology and methods (Fleming and Zegwaard, 2018). There was no infringement of rights and safety of participants, and the adherence to the following ethical principles advocated, promoted, and protected these rights while conducting this research study (Akaranga and Makau, 2016).

2.9.1 Institutional Review and Approval

The researcher submitted the research proposal to the Human Research Ethics Committee (HREC) of the University of the Witwatersrand (Wits) prior to conducting the research study for review and approval. Wits HREC approved the research study and granted ethical clearance, clearance certificate number: M200240, in June 2020 (see Annexure 1). Also granted was the researcher's request (see Annexure 2) for permission to conduct the research study within the facilities of a private healthcare group, and the Research Committee of the private healthcare group gave permission for the study to be conducted within their facilities (see Annexure 3).

2.9.2 Respect for Persons

The premise of the ethical principle of respect for persons is that people are autonomous beings who have the right to self-determination (Brink, Van Der Walt and Van Rensburg, 2018); that is, participation must be voluntarily, and based on comprehensive information about the study and a clear understanding of what is involved (Babbie, 2016). The researcher provided all participants with an information sheet describing the purpose and objectives of the research study (see Annexures 4 and 5). The researcher clarified the understanding of participants regarding the research study and informed them of their right to withdraw from the research study at any time without any prejudice or consequences.

2.9.3 Beneficence

The basis of the ethical principle of beneficence is the right of persons to be treated in a manner that keeps them safe from discomfort and harm, while efforts are made to secure their wellbeing (Godwill, 2015). The research question did not relate to any personal characteristics that required personal or sensitive information of participants

and there was no risk of physical harm as no dangerous equipment or medical procedures were involved in data collection. The researcher informed the participants there would be no direct benefit or compensation for partaking in the research study, thus mitigating the risk of exploitation through voluntary participation and informed consent.

2.9.4 Justice

The ethical principle of justice describes the right of participants to fair treatment and their right to privacy (Brink et al., 2018). The researcher selected participants on the basis they had a direct connection to the research problem and participants received assurance that their identities would remain anonymous (Barbie, 2016). There was only information regarded as non-sensitive, such as opinions rather than personal information collected. The researcher assured participants that the data collected from them would remain confidential and stay in a secure location for a period of six years after which it will be destroyed.

2.9.5 Informed Consent

Informed consent refers to the consent process in which persons receive complete information about the study before voluntary participation, and consists of three elements, namely information, comprehension, and voluntariness (Godwill, 2015). The researcher ensured full disclosure by providing participants with adequate information, in the form of an information sheet (see Annexures 4 and 5), about the research study's aims and objectives, research procedure and risks and benefits. The researcher ensured that participants understood the information and allowed questions and clarification about any aspect of the research study before obtaining consent, only after satisfying these requirements was informed consent secured (see Annexures 6 and 7). Participation in this research study was out of free will, without any influence from the researcher (Barbie, 2016).

2.10 CONCLUSION

This chapter presented an overview of the research design and methodology used in this research study. This included a description of the research setting and each of the four phases of the study with regard to sampling and data collection methods, techniques used in data analysis, as well as the steps taken to ensure the quality of

the study and the principles of ethical research considered. The subsequent chapters will discuss in detail the findings of each of the four phases described in this chapter. The next chapter provides the results and discussion of the scoping review.

CHAPTER THREE
FINDINGS AND DISCUSSION: SCOPING REVIEW

3.1 INTRODUCTION

Chapter Three presents the findings from a scoping review conducted to identify factors that have an impact on the introduction of newly established nursing roles in acute or primary healthcare settings. Using a scoping review as a research method enables the researcher to summarise and describe the range of available research evidence on a specific topic or subject area (Levac, Colquhoun and O'Brien, 2010).

3.2 SCOPING REVIEW FRAMEWORK

The basis for the methodology adopted for conducting this scoping review was the framework developed by Arksey and O'Malley (2005). The scoping review incorporated the five steps (see Table 3.1) proposed by the original Arksey and O'Malley framework to identify and map out the research literature available on factors that influence the successful integration of new nursing roles.

Table 3. 1 Steps in Conducting the Scoping Review

Step One	Identify the Research Question
Step Two	Identify Studies Relevant to the Research Question
Step Three	Select Studies to be Included
Step Four	Data Extracting – Charting the Data
Step Five	Collating, Summarising and Reporting the Results

3.2.1 Step One: Identify the Research Question

To delineate the range of a scoping review and create a successful search strategy, Levac et al. (2010) recommend that the research question is well defined and that the subject area, target population and desired results are clear to provide clarity on the area of focus of the enquiry. The research objective for this review was, "To explore and describe the existing evidence from international literature on the implementation of new cadres of nurses". For purposes of this review, the researcher adopted the definition provided by Reid et al. (2001) (cited in Maxwell, 2011) of a new nursing role. These authors describe a new nursing role as, "Positions that have been established

in a healthcare setting in which the post-holder is undertaking clinical work with patients that is beyond his/her acceptable scope of practice OR is undertaking clinical work that is completely new to that professional group in the local context". Although this definition is 20 years old, it is still the most useful explanation of a new nursing role that applies to the integration of the General Nurse into the current nursing workforce within the context of this research study. The intent of conducting this scoping review was to examine available research evidence from international literature to answer the research question, "What factors influence the implementation of new nursing roles?".

3.2.2 Step Two: Identify Studies Relevant to the Research Question

There was an extensive literature search of five electronic databases conducted. The choice of the selected electronic databases, CINAHL, ERIC, ProQuest (Nursing and Allied Health), PubMed and Web of Science, was because of comprehensiveness and wide-ranging coverage of several academic fields of study. The search strategy consisted of two combinations of key words and the use of a Boolean operator for each database to generate articles for title and abstract screening (see Table 3.2). The researcher applied limiters to narrow the search in retrieving full text, peer-reviewed articles published in English between 1 January 2005 and 31 January 2020. The date limitation was to allow for research publications following the inception of the European Working Time Directive in late 1990s and early 2000s. Subsequent to the introduction of this directive, there have been several new nursing roles implemented, while professional boundaries were renegotiated (King's Fund, 2015). In an attempt to avoid exclusion of important information, there was a web-based search for grey literature conducted using Google to identify non-commercial information sources (Khalil, et al., 2016). Considering the time constraints and the high volume of search results produced in this search engine, only the first 20 Google results yielded by each search string were reviewed. The researcher further scanned the reference lists of all retrieved articles to identify any supplementary articles to be included in the review.

Table 3. 2 Identification of Relevant Studies

Database	Search Terms	Titles Screened	Abstracts Read	Duplicates Removed	Full Text Read	Full Text Excluded	Full Text Included
CINAHL	**Implementation AND Nursing roles**	1 580	27	0	20	7	13
	Integration AND Nursing roles	365	19	6	7	1	6
	Total	1 945	46	6	27	8	19
ERIC	**Implementation AND Nursing roles**	2	0	0	0	0	0
	Integration AND Nursing roles	2	0	0	0	0	0
	Total	4	0	0	0	0	0
ProQuest	**Implementation AND Nursing roles**	40 149	26	5	14	5	9
	Integration AND Nursing roles	20 068	17	11	3	3	0
	Total	60 217	43	16	17	8	9
PubMed	**Implementation AND Nursing roles**	3 396	38	12	16	5	11
	Integration AND Nursing roles	4 289	23	11	5	2	3
	Total	7 685	61	23	21	7	14
Web of Science	**Implementation AND Nursing roles**	2 778	27	17	3	2	1
	Integration AND Nursing roles	818	11	5	2	2	0
	Total	3 596	38	22	5	4	1
Google	**Implementation AND Nursing roles**	20	0	2	0	0	0
	Integration AND Nursing roles	20	1	2	1	0	1
	Total	40	1	4	1	0	1
Hand Searched		4	4	0	4	0	4
	Total	4	4	0	4	0	4
TOTAL		**73 491**	**193**	**71**	**75**	**27**	**48**

3.2.3 Step Three: Selection Studies to be Included

There was a two-phased study selection process employed during stage three of the review. Firstly, the electronic search of the five databases generated 73 447 titles that potentially fit the research objective and inclusion criteria. Title and abstract screening for relevance was to exclude any articles that did not broadly relate to the implementation process of a completely new role or an existing role with an expanding scope of practice, function, and/or responsibilities within the context of nursing and healthcare teams. After relevance screening and the removal of duplicate articles, there were 75 full-text articles retrieved for subsequent review, which satisfied the criteria for inclusion; this included five additional articles identified through the Google search and reference lists from included articles. Secondly, all retained full-text articles were considered for analysis using an inclusion-screening tool (see Annexure 11), developed by the researcher to determine which articles satisfied the eligibility criteria for inclusion in the review. After conducting this process, there were 48 full-text articles selected for inclusion based on the eligibility criteria for this scoping review. Twenty-seven articles were excluded (see Annexure 12) due to not meeting the research objective, in that no factors/interventions were identified or proposed that influence integration (n=22), wrong research setting (n=2) and a mixed research population (n=3). The study's two research supervisors independently assessed all articles selected for inclusion in this review. Figure 3.1 provides an outline of the search strategy and the outcomes that enabled the identification and selection of studies relevant to this review. The researcher made use of an online reference management programme, Mendeley, to assist with organising and managing information sources and to identify and remove duplicate articles before charting the data.

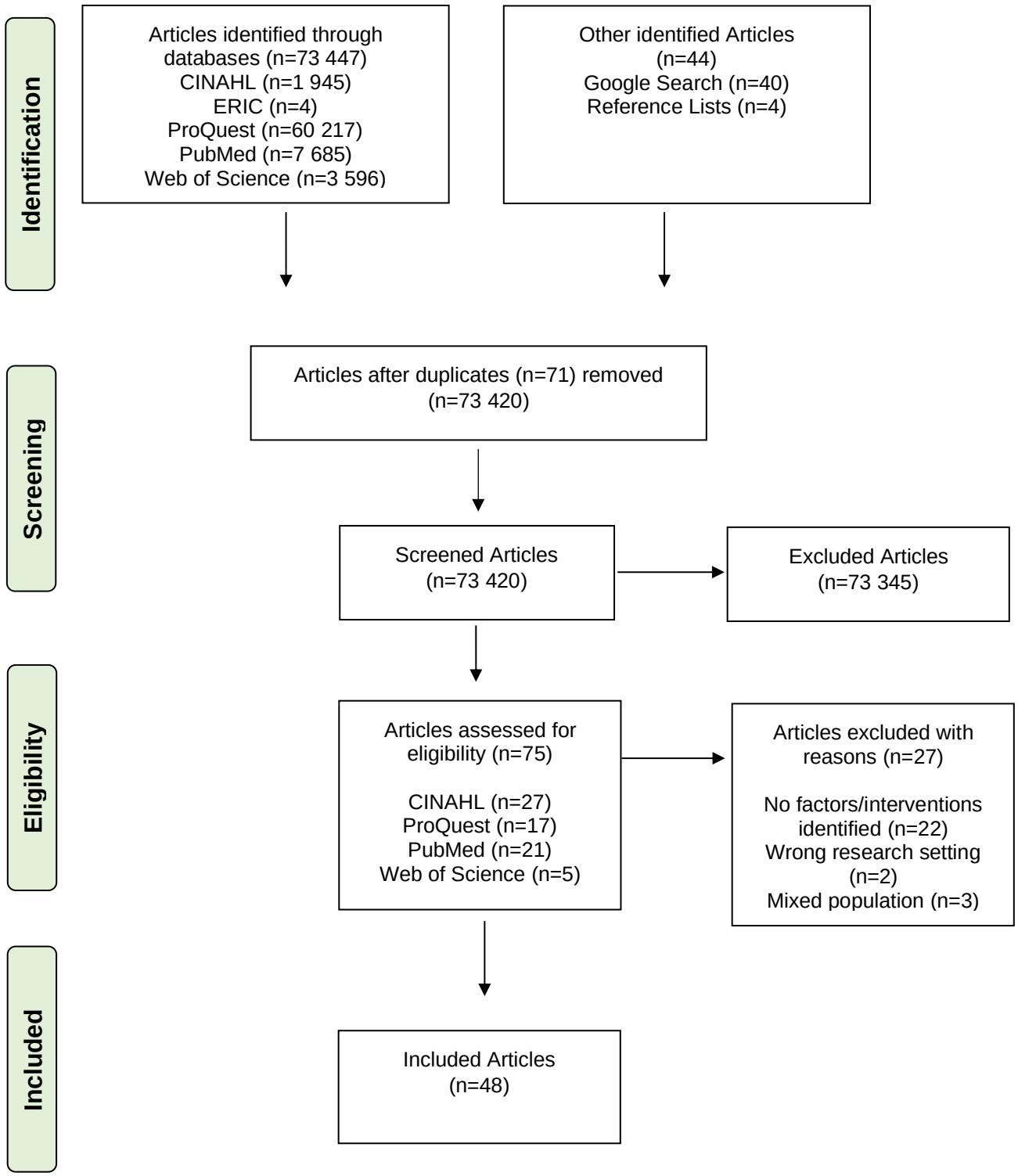

Figure 3. 1 Study Selection Flowchart

3.2.4 Step Four: Data Extracting – Charting the Data

During step four of the review, there was a logical and descriptive summary of the results provided in relation to the research objective. This process of extracting and sorting data from included sources is charting (Duadt, et al., 2013). Akrsey and O'Mally (2005) recommend that researchers devise a data-charting table to record pertinent information from each article relevant to the research question. The following information was charted for the data extracted from each of the included research articles (see Table 3.3):

- Author(s)
- Year of publication
- Country of origin
- Aims/purpose of the study
- Study population and sample (where applicable)
- Methodology/methods
- Interventions/factors that had an impact on integration/implementation of new nursing roles

Table 3. 3 Data Charting Table

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
1	Charters, Knight, Currie, Davies-Gray, Ainsworth-Smith, Smith and Crouch, 2005 (United Kingdom)	To elicit information regarding level of preparation for the consultant nurse role, the use of formal competency frameworks, current clinical scope of practice and perspectives on future preparation for the role	Emergency Care Consultant Nurses (25)	Qualitative Survey	Role Clarity Isolation Supervision and Mentorship Competency Framework Educational Preparation Professional Support Planning
2	Rutherford, Leigh, Monk and Murray, 2005 (United Kingdom)	To offer a framework that will promote effective organisational infrastructure when developing and supporting new nursing roles	N/A	Qualitative Literature review	Planning Job Descriptions Career Progression Lines of Authority Role of Management Human Resources Management Training and Development Supervision and Mentorship Organisation Culture Clinical Governance Acceptance
3	Jones, 2005 (United Kingdom)	To identify barriers and facilitators to role development and/or effective practice in specialist and advanced	N/A	Qualitative Systematic Review	Personal Attributes Regulatory Issues Career Progression

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
		nursing roles in acute hospital settings			Educational Preparation Orientation Role models Training and Development Supervision Evaluation and Feedback Organisational Culture Role Clarity Relationships Support Resistance Isolation Stakeholder Involvement
4	Booth, Hutchison, Beech and Robertson, 2006 (United Kingdom)	To describe career pathways of consultant nurses/midwives and identify postholders' views on key factors in role initiation, development and progression	Consultant Nurses/Midwives (16)	Qualitative Survey	Supervision and Mentorship Evaluation and Feedback Support Role clarity Job Description Planning Resistance Scope of Practice Isolation

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
					Remuneration Career Progression Lines of Authority
5	McKenna, Richey, Keeney, Hasson, Sinclair and Poulton, 2006 (United Kingdom)	To explore issues in relation to the introduction of innovative nursing and midwifery roles from the perspective of healthcare managers	Healthcare managers (26)	Qualitative Semi-structured interviews	Professional Identity Isolation Support Supervision Stakeholder Involvement
6	Main, Dunn and Kendall, 2007 (United Kingdom)	To explore how health professionals perceive the current and potential role of nurse practitioners in primary care	Nurse Practitioners General Practitioners Practice Nurses and Managers (21)	Qualitative Semi-structured Interviews	Educational Preparation Regulatory Issues Professional Jealousy Resistance
7	Thrasher and Purc-Stephenson, 2007 (Canada)	To identify the facilitators and barriers associated with integrating nurse practitioners (NP's) into Canadian emergency departments (ED's)	ED Managers (18) ED staff – nurses (24)	Qualitative Semi-structured interviews	Role clarity Job Description Educational Preparation Lack of Knowledge Support Mentorship
8	DiCenso, Auffrey, Bryant-Lukosius, Donald, Martin-	To summarise the facilitators and barriers to Nurse Practitioner role	N/A	Qualitative Literature Review	Skill and Knowledge Limitations Scope of Practice Awareness of the Role

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
	Misener, Matthew and Opsteen, 2007 (Canada)	implementation in primary healthcare delivery			Resistance Relationships
9	Willard and Luker, 2007 (United Kingdom)	To describe strategies used by cancer nurse specialists in the United Kingdom (UK) to implement their role within the multidisciplinary team	Cancer nurse specialists (29)	Qualitative Semi-structured interviews Observation	Resistance Acceptance Relationships Change Management. Role Clarity Role Models Inter-professional Collaboration
10	McKenna, Keeney and Hasson, 2009 (United Kingdom)	To explore new nursing and midwifery roles and associated levels of practice from the healthcare manager's perspective	Healthcare managers (18)	Qualitative Interviews	Support Role Clarity Evaluation Isolation Professional Identity
11	Spilsbury, Stuttard, Adamson, Atkin, Borglin, McCaughan, McKenna, Wakefield and Carr-Hill, 2009 (United Kingdom)	To describe current or planned introduction of assistant practitioner role in English National Health Service Acute Hospital Trusts	Directors of Nursing (143)	Qualitative Survey	Skill Mix Role Clarity Educational Preparation Acceptance

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
12	Carter, Martin-Misener, Killpatrick, Kaasalainen, Donald, Bryant-Lukosius, Harbman, Bourgeault and DiCenso, 2010 (Canada)	To describe and explore organisational leadership in planning and implementing advanced practice nursing roles	Key informants (81)	Qualitative Scoping review Interviews Focus groups	Role of Management Planning Adoption Toolkits Stakeholder Involvement Job Descriptions Awareness of the Role Mentorship
13	DiCenso, Byrant-Lukosius, Martin-Misener, Donald, Abelson, Bourgeault, Kilpatrick, 2010 (Canada)	To identify factors that enable role development and implementation	Key informants (81)	Qualitative Scoping review Interviews Focus groups	Regulatory Issues Educational Preparation Planning Stakeholder Involvement Remuneration Relationships Support Role Clarity Inter-professional Collaboration Acceptance
14	Donald, Bryant-Lukosius, Martin-Misener, Kaasalainen, Killpatrick, Carter,	To develop a better understanding of advanced practice roles and the factors that influence their effective development and integration in the Canadian healthcare system	Key informants (81)	Qualitative Scoping review Interviews Focus groups	Role Clarity Awareness

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
	Harbman, Bourgeault and DiCenso, 2010 (Canada)				
15	Kilpatrick, Harbman, Carter, Martin-Misener, Bryant-Lukosius, Donald, Kaasalainen, Bourgeault, 2010 (Canada)	To describe the current status of acute care nurse practitioner roles in Canada	Key Informants (81)	Qualitative Scoping review Interviews Focus groups	Stakeholder Involvement Scope of Practice Resistance Role Clarity
16	Llahana and Hamric, 2011 (United Kingdom)	To explore experiences engendered during role development and factors influencing the process	Diabetic Specialist Nurses (653)	Mixed Methods	Support Induction Mentorship Understanding of the Role Feedback Personal Attributes Isolation Role Clarity Orientation Role Models

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
17	Wintle, Newsome and Livingston, 2011 (Australia)	To describe the development of a framework to implement and sustain the NP role within one health service	N/A	Qualitative Discussion paper	Stakeholder Involvement Role of Management Educational Preparation Awareness of the Role Role Clarity
18	Sangster-Gormley, Martin-Misener, Downe-Wamboldt and DiCenso, 2011 (Canada)	To review the literature about the Canadian experience with NP role implementation and identify influencing factors	N/A	Qualitative Literature review	Regulatory Issues Job Descriptions Resistance Planning Mentorship Stakeholder Involvement Understanding of the Role Support Acceptance Role Clarity Role of Management Inter-professional Collaboration Educational Preparation Policies and Procedures
19	Spilsbury, Adamson, Atkin, Bloor, Carr-Hill, McCaughan,	To understand the challenges and opportunities associated with the introduction of assistant practitioner	Assistant Practitioners Registered Nurses Healthcare Assistants	Qualitative Case Studies Interviews	Communication Job Description Regulatory Issues

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
	McKenna and Wakefield, 2011 (United Kingdom	roles supporting the work of ward-based registered nurses	Nurse Managers (136)	Focus Groups	Role Clarity Relationships
20	Allen, McAleavy and Wright, 2012 (United Kingdom)	To determine whether the assistant practitioner role has fulfilled the expectations of the original implementation plan	Assistant Practitioners Registered Nurses (67)	Qualitative Survey Interviews	Role Clarity Skill Mix Career Progression Clinical Location
21	Desborough, 2012 (Australia)	To examine how NP's construct and implement their roles	NP's (12)	Qualitative Interviews Focus group	Relationships Support Stakeholder Involvement Resistance
22	Hourahane, West, Barnes, Rees, Bower, Dundon and Allen, 2012 (United Kingdom)	To synthesise the evidence on the experiences of UK consultant nurses in implementing a new role in order to identify inhibitors and facilitators of role development	N/A	Qualitative Systematic Review	Core Functions of Role Leadership Organisational Structure Relationships Support Role Clarity Policies and Procedures Educational Preparation Planning Resistance Personal Attributes

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
					Workload Status
23	Crew, 2013 (United Kingdom)	To investigate the introduction of the assistant practitioner role into the established nursing teams within the acute NHS Trust	Assistant Practitioners Mentors Line Managers Matrons Head of Nursing	Qualitative Literature Review Interviews	Regulatory Issues Job Descriptions Change Management Role of Management Role Clarity
24	Sangster-Gormley, Martin-Misener and Burge, 2013 (Canada)	To explain the process of nurse practitioner role implementation and to identify factors that could enhance the implementation process	Care Centre Managers Physicians Registered Nurses Nurse Practitioners (16)	Qualitative Case Studies Interviews	Planning Stakeholder Involvement Role of Management Role Clarity Acceptance Relationships
25	Lowe, Plummer and Boyd, 2013 (Australia)	To explore NP's managers and nurse policymakers' perceptions of the role and to discuss barriers to full integration and development of NPs	NPs Nurse managers Nurse policymakers (172)	Quantitative Survey	Role Clarity Role of Management
26	Brault, Kilpatrick, D'Amour, Contandriopoulos, Chouinard, Dubois,	To outline processes for clarifying professional roles when a new role is introduced into clinical teams	Nurse Managers Physicians Nurses	Qualitative Interviews	Role Clarity Role of Management

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
	Perroux and beaulieu, 2014 (Canada)		Inter-professional Team Members (34)		
27	Krista, Kaisa, Riitta and Anna-Maija, 2014 (Finland)	To explore and describe experts' views on the introduction of advanced practice nursing roles into Finland	Nursing experts (25)	Qualitative Survey	Role of Management Stakeholder Involvement Planning Support Evaluation Awareness of the Role
28	Duffy, Blair, Colthart and Whyte, 2014 (United Kingdom)	To explore enablers and barriers to proposed workforce changes and the education and learning considerations required for role development	N/A	Qualitative Literature review	Role of Management Role Clarity Change Management Support Educational Preparation Personal Attributes Organisational Culture Planning Stakeholder Involvement Supervision Support Standardisation

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
29	Wisur-Hokkanen, Glasberg, Makela and Fagerstrom, 2015 (Finland)	To explore advanced practice nurses' experiences of the content of their nursing care and to describe promoting or inhibiting factors for working with a full scope of advanced nursing practice	Advanced practice nurses' (30)	Qualitative Focus groups	Support Supervision Understanding of the Role Planning
30	Contandriopoulos, Brousselle, Dubois, Perroux, Beaulieu, Brault, Kilpatrick, D'Amour and Sangster-Gormley, 2015 (Canada)	To provide evidence-based, practical advice to support the effective integration of primary care nurse practitioners into care delivery systems	Clinical Teams (34)	Qualitative Case Studies Literature Review Interviews	Planning Role Clarity Inter-professional Collaboration Support
31	Andregard and Jangland, 2015 (Sweden)	To explore the obstacles to and the opportunities for achieving optimal Inter-professional team collaboration with the introduction of the NP	N/A	Qualitative Meta-synthesis	Acceptance Resistance Inter-professional Collaboration Supervision and Mentorship Change Management Stakeholder Involvement Understanding the Role Support

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
32	Jackson, Bungay, Smyth, Lord, 2015 (United Kingdom)	To explore the perceptions of senior managers on the impact of the assistant practitioner role, scope for further implementation and to determine the perceived barriers to assistant practitioners use in the workforce	Directors of Nursing (18)	Qualitative Interviews	Regulatory Issues Championing the Role Role of Management Resistance Skill Mix Change Management Career Progression Competency Framework Job Grading
33	Jokiniemi, Haatainen and Pietila, 2015 (Finland)	To describe the factors hindering and facilitating the implementation of the advanced practice registered nurses' role at Finnish University Hospitals	Advanced Practice Registered Nurses (11)	Qualitative Interviews	Isolation Role Models Role Clarity Feedback Support Policies and Procedures Job Descriptions Inter-professional Collaboration
34	Doetzel, Rankin, Then, 2016 (Canada)	To provide greater understanding of the Nurse Practitioner role in Canada to elucidate current barriers and facilitators to having NP's practice in the Emergency Department setting	N/A	Qualitative Literature Review	Role Clarity Scope of Practice Planning Competencies

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
35	McInroe, 2016 (New Zealand)	To uncover the challenges nurse practitioners face in performing their role in health services around the world	N/A	Qualitative Literature Review	Role Clarity Scope of Practice Lack of Knowledge about Role Relationships Acceptance Understanding the Role Support
36	Simone, McComiskey and Anderson, 2016 (United States of America)	To describe key strategic planning for new roles, two training programmes and other strategies that have resulted in successful NP's	N/A	Qualitative Literature review	Planning Educational Preparation Competency-based Orientation Scope of Practice Evaluation and Feedback Mentorship Job Description Relationships
37	Schober, Gerrish and McDonnell, 2016 (Singapore)	To examine policy development for advanced practice nursing from intent of policy to realisation in practice	Key Policymakers Nursing Managers Medical Directors (23)	Qualitative Document Review Interviews Observation	Role Clarity Stakeholder Involvement Job Descriptions Scope of Practice Reporting Structure Communication Evaluation

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
					Resistance
38	Fernandez, Sheppard-Law and Manning, 2017 (Australia)	To identify the key drivers and mitigating factors that impact the role of Australian nurse and/or midwife consultants	Nurse and/or Midwife Consultants (122)	Quantitative Survey	Understanding of the Role Organisational Culture Support Relationships
39	Lowe, Plummer and Boyd, 2017 (Australia)	To investigate and describe the application of a change management theoretical framework in relation to NP role integration	NPs Nurse managers (171)	Mixed methods Survey	Change Management Organisational culture Role Clarity Role of Management Policies and Procedures
40	Bittner, 2018 (United States of America)	To explore current practices that support effective inter-professional teams	N/A	Qualitative Literature Review	Role Clarity Scope of Practice
41	Fealy, Casey, O'Leary, McNamara, O'Brien, O'Connor, Smith and Stokes, 2018 (Ireland)	To collate, synthesise and discuss published evidence and expert professional opinion on enablers and barriers to the development and sustainability of specialist and advanced practice roles in nursing and midwifery	N/A	Qualitative Literature Review	Role Clarity Educational Preparation Support
42	Lowe, Plummer and Boyd, 2018	To explore perceptions of organisational change related to the	Key nursing stakeholders	Mixed methods Interviews	Planning Support

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
	(Australia)	integration of NP's from key nursing stakeholders	(18)		Acceptance Role of Management Policies and Procedures
43	Halse, 2018 (United Kingdom)	To describe the introduction of new roles in healthcare using lessons learned from the past to provide guidance to leaders and workforce planners	N/A	Qualitative Literature review	Planning Scope of practice Stakeholder Involvement Role of Management Educational Preparation Supervision Change Methodology
44	Henshall, Doherty, Green, Westcott and Aveyard, 2018 (United Kingdom)	To explore the role of the assistant practitioner from the perspective of both assistant practitioners and registered nurses	Assistant Practitioners Registered Nurses (19)	Qualitative Focus groups	Role Clarity Relationships Supervision Competencies Professional Identity
45	Casey, O'Connor, Cashin, Fealy, Smith, O'Brien, Stokes, McNamara, O'Leary and Glasow, 2019 (United Kingdom)	To describe the enablers and challenges to the development and implementation of advanced nursing and midwifery practice roles in Ireland	Nurses and midwives (15)	Qualitative Semi-structured interviews	Support Relationships Role Clarity Understanding of the Role Job Description

Item No	Author & Year (Country of Origin)	Aims/Purpose	Study Population and Sample	Methodology /Methods	Interventions/Factors Influencing Implementation
46	Boman, Egilsdottir, Levy-Malmberg and Fagerstrom, 2019 (Norway)	To explore registered nurses' understanding of how the nurse practitioner role could contribute to patient care and nurses' perceptions about the implementation process	Registered Nurses (70	Qualitative Interviews	Role Clarity Organisational Structure Resistance Stakeholder Involvement Change Management
47	Jean, Guerra, Contandriopoulos, Perroux, Kilpatrick and Zabalegui, 2019 (Canada)	To integrate results and develop a comprehensive understanding of the contextual factors that influence the development and implementation of advanced practice nursing in two countries	Registered Nurses Nurse Managers (95)	Qualitative Interviews Focus groups	Acceptance Role Clarity Policies and Procedures Understanding of the Role Role of Management Change Management
48	Higgins, Murphy, Downes, Varley, Begley and Elliot, 2020 (Ireland)	To describe the enabling and inhibiting factors to the implementation of the Epilepsy Specialist Nurse role in the Republic of Ireland	Key Stakeholders (71)	Qualitative Interviews Observation	Policies and Procedure Support Role of Management Supervision and Mentorship Educational Preparation

3.2.5 Step Five: Collating, Summarising and Reporting the Results

Step five of the review presents a summary of the research literature that describes factors that have shown to influence the integration of a new nursing role rather than a synthesis of research evidence from different scholarly studies (Aromataris and Munn, 2017).

3.2.5.1 Study Characteristics

The publication date of the majority of articles included in the review were between 2015 and 2019 (n=19), followed by the period 2010 to 2014 (n=17). The predominant representation of evidence was in studies conducted in the United Kingdom (40%), Canada (25%) and Australia (13%), with others conducted in Finland, Ireland, United States of America, New Zealand, Norway, Singapore and Sweden. The majority of articles were qualitative (n=43) in nature, employing a variety of methods for data collection, two were quantitative, and three were mixed methods. Participants comprised of assistant nursing practitioners, registered nurses, consultant nurses, nurse practitioners, advanced practice nurses, general practitioners, physicians, nursing and healthcare managers and policymakers. The included articles focused on establishing and integrating a new nurse role and identified factors that had an impact on the implementation of new nursing roles into existing nursing teams.

Table 3. 4 Characteristics of Included Studies

Characteristic	Number	Percentage (%)
Year of Publication		
2005 – 2009	11	23%
2010 – 2014	17	35%
2015 – 2019	19	40%
2020	01	2%
Country of Origin		
Australia	06	13%
Canada	12	25%
Finland	03	6%
Ireland	02	4%
New Zealand	01	2%
Norway	01	2%
Singapore	01	2%
Sweden	01	2%
United Kingdom	19	40%
United States of America	02	4%
Methodology		
Qualitative	43	90%
Quantitative	02	4%
Mixed Methods	03	6%

The data-charting table (see Table 3.3) was analysed using a summative content analysis approach (see Section 2.5.5) and the researcher reported on factors that repeatedly appeared in the evidence (see Table 3.5). Table 3.5 represents the factors most frequently identified and described in the evidence to have a facilitatory or inhibitory effect on the successful integration of new nursing roles into already functioning nursing teams.

Table 3. 5 Factors having an impact on the Integration of New Nursing Roles

Factors Identified	Related Articles (Item number)
Role Clarity	1, 3, 4, 7, 9, 10, 11, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26, 28, 30, 33, 34, 35, 37, 39, 40, 41, 44, 45, 46, 47
Awareness, Understanding and Acceptance of the Role	1, 2, 8, 9, 11, 12, 13, 14, 17, 18, 24, 27, 29, 31, 35, 38, 39, 45, 47
Support	1, 3, 4, 5, 7, 10, 12, 13, 16, 18, 21, 22, 27, 28, 29, 30, 31, 33, 35, 38, 41, 42, 45, 46
Change Management and Resistance	3, 4, 6, 8, 9, 15, 18, 21, 22, 23, 28, 31, 32, 37, 39, 43, 46, 47
Scope of Practice and Job Descriptions	2, 4, 7, 8, 12, 18, 19, 23, 33, 34, 35, 36, 37, 40, 43, 45
Supervision, Feedback and Mentorship	1, 2, 3, 4, 5, 7, 10, 16, 18, 27, 28, 29, 31, 33, 36, 37, 43, 44, 48
Role of Management	2, 12, 17, 18, 23, 24, 25, 26, 27, 28, 29, 39, 43, 47, 48
Planning for the Role	1, 2, 4, 11, 13, 18, 20, 22, 24, 27, 28, 29, 30, 32, 34, 36, 42, 43
Educational Preparation	1, 2, 3, 6, 7, 8, 13, 17, 18, 22, 28, 32, 34, 36, 41, 43, 44, 48, 49
Stakeholder Involvement	3, 5, 12, 13, 15, 16, 17, 18, 21, 24, 27, 28, 29, 37, 43, 46
Relationships	3, 4, 8, 9, 18, 19, 21, 22, 24, 30, 31, 33, 35, 36, 38, 45

Figure 3.2 visually illustrates the frequency distribution of each of the factors identified from the evidence.

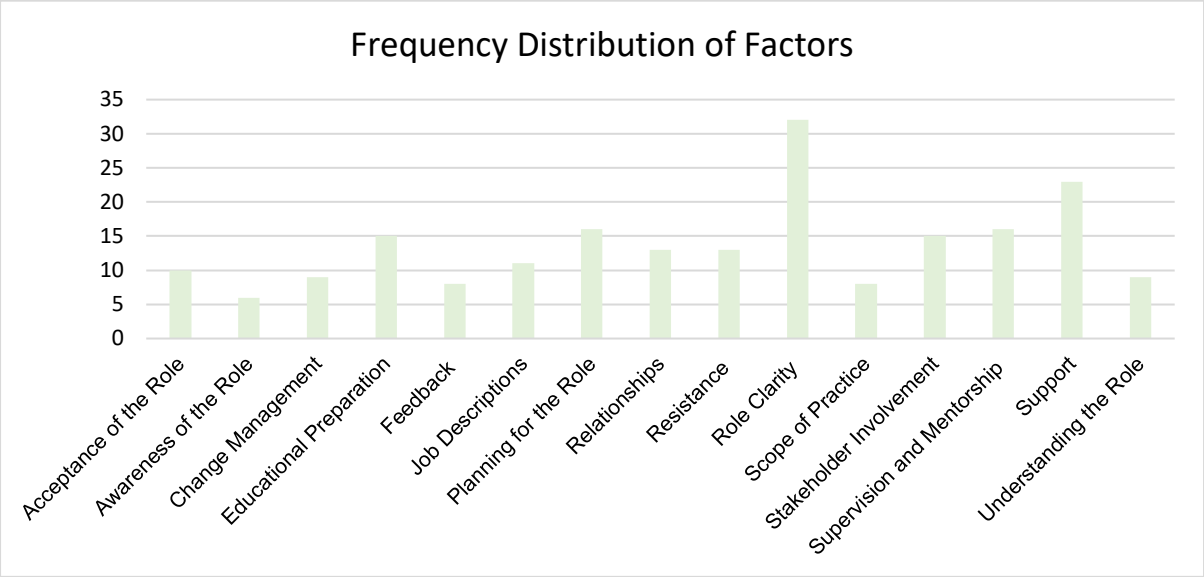

Figure 3. 2 Frequency Distribution of Factors

3.3 DISCUSSION OF FACTORS EXTRACTED FROM THE EVIDENCE

There have been several factors identified that influence the success of the integration process following the implementation of a new nursing role into functional healthcare teams. Successful workforce integration of a new cadre of nurse is reliant on roles developed to enhance organisational efficiency and effectiveness, increase employee satisfaction and wellbeing, and contribute towards better clinical outcomes for healthcare users. Incorporating the duties and responsibilities associated with a new role into the existing workforce of an organisation is a complex undertaking, and this section will discuss each of the factors identified as being important for implementation and integration of a new role into an existing workforce that is functional.

3.3.1 Role Clarity

Role clarity is a prime enabler for a favourable outcome when new nursing roles are introduced, and the influence of role clarity on the functioning of role holders and healthcare teams in the clinical world of working is consistently reported in the evidence (Jones, 2005; Booth et al., 2006; Thrasher and Purc-Stephenson, 2007; Donald et al., 2010; Llahana and Hamric, 2011; Wintle, et al., 2011; Hourahane et al., 2012, Crew, 2013; Duffy et al., 2014, Contandriopoulus et al., 2015; Casey et al.,

2019). Several authors attest that a lack of clearly defined roles and responsibilities constrain the integration of a new team member, which is considered the most significant barrier to effective deployment of the role (Willard and Luker, 2007; McKenna et al., 2009; DiCenso et al., 2010; Wintle et al., 2011; Sangster-Gormley et al., 2011; Allen et al., 2012; Sangster-Gormley et al., 2013; Lowe et al., 2013; Duffy et al., 2014; Brault et al., 2014; Doetzel et al., 2016; McInroe, 2016; Schober et al., 2016; Lowe et al., 2017; Boman et al., 2019). Role ambiguity transpires when team members are uncertain about the purpose, practice boundaries and outcomes of the role, thereby giving rise to inconsistent role expectations, blurring of responsibilities and overlapping of roles (Charters et al., 2005; Jones, 2005; Booth et al., 2006; Thrasher and Purc-Stephenson, 2007; Willard and Luker, 2007; Spilsbury et al., 2009; Donald et al., 2010; Wintle et al., 2011; Lowe et al., 2013; Brault et al., 2014; Duffy et al., 2014; Jokiniemi et al., 2015; Doetzel et al., 2016; Bittner, 2018; Fealy et al., 2018; Casey et al., 2019; Jean et al., 2019). Vague practice boundaries create uncertainty about the role's interface with other team members, which adversely affects communication within the team, team performance, and retention of team members (Donald et al., 2010; Allen et al., 2012; Henshall et al., 2018). In addition, roles that are inadequately defined could intensify role conflict and tensions (McInroe, 2016), feelings of isolation (Charters et al., 2005), fears of de-skilling (McKenna et al., 2009), as well as resistance from the existing healthcare workforce (Sangster-Gormley et al., 2011) and potential turf wars amongst team members (Duffy et al., 2014). The evidence suggests that if there is to be successful integration of a new role into the clinical practice environment, there needs to be a well-articulated scope of practice and a detailed job description communicated to team members to promote better understanding of the new role which, in turn, promotes greater acceptance of such a role.

3.3.2 Awareness, Understanding and Acceptance of the Role

The successful introduction of a new role is dependent on sufficient awareness about the role and a lack of knowledge among healthcare teams and stakeholders regarding a new role is reportedly a constraining factor in the implementation process of new roles (DiCenso et al., 2007; Carter et al., 2010; Andregard and Jangland, 2015; Casey et al., 2019). The research literature emphasises that any new role must be purposefully promoted within the organisation to facilitate greater awareness and

understanding about the purpose and function of the role and its associated scope of practice, competencies and capabilities in the practice environment (Charters et al., 2005; Carter et al., 2010; Wintle et al., 2011; Sangster-Gormley et al., 2011; Krista et al., 2014; Wisur-Hokkanen, 2015; Andregard and Jangland, 2015; McInroe, 2016; Jean et al., 2019). Fernandez et al. (2017) argue that understanding one's own role within the healthcare team is equally important to ensure role expectations and responsibilities are satisfied to meet both, team and organisational goals. If team members and other healthcare workers fail to understand the practice parameters of a new role, it may lead to role confusion, turf protection, isolation, and antagonistic dynamics within the healthcare team (Donald et al., 2010; Llahana and Hamric, 2011). A prerequisite for acceptance following new role implementation is a clear understanding on how such a role will interface with other roles in the multidisciplinary team in the clinical practice environment (Wintle et al., 2011; Sangster-Gormley et al., 2011; Jean et al., 2019).

The evidence describes acceptance of the role as one of the critical success factors required to facilitate a seamless integration of a new cadre of nurse (Willard and Luker, 2007; Spilsbury, et al., 2009; DiCenso et al., 2010; Llahana and Hamric, 2011; Sangster-Gormley et al., 2011; Andregard and Jangland, 2015; McInroe, 2016). The degree of involvement during the implementation process and having adequate knowledge about the lines of responsibility, accountability and role expectations determines the extent to which members of healthcare teams will accept a new team member (Rutherford et al., 2005; Sangster-Gormley et al., 2011; Sangster-Gormley et al., 2013). Willard and Luker (2007) concur that role ambiguity constrains acceptance and may exacerbate conflict and concerns about the competence of the new team member. There have been several strategies reported to promote acceptance, which include stakeholder inclusion and involvement, creating a collective vision within the organisation for the role, education about the benefits of the role, establishing role boundaries and effective relationships, advocating the role to the broader healthcare spectrum, and committing organisations to the implementation process (Willard and Luker, 2007; Sangster-Gormley et al., 2011; Krista et al., 2014; McInroe, 2016).

3.3.3 Support

The influence of developing formal support structures when organisations are establishing new roles is well documented in the literature. Proper support from various sources within and outside the organisation for a new role has been described as facilitatory in relation to the implementation process (Jones, 2005; Booth et al., 2006; Llahana and Hamric, 2011; Sangster-Gormley et al., 2011; Desborough, 2012; Hourahane et al., 2012; Contandriopoulos et al., 2015; Jokiniemi et al., 2015; Fernandez et al., 2017; Higgins et al., 2020). By contrast, the failure of organisations to provide appropriate support systems is explained as having an inhibitory effect on successful integration of new nursing roles (Jones, 2005; Thrasher and Purc-Stephenson, 2007; Llahana and Hamric, 2011; Sangster-Gormley et al., 2011; Duffy et al., 2014; Fealy et al., 2018). A meticulous plan for different sources of support for new role holders is an important consideration for organisations prior to the initiation of the role (McKenna et al., 2006, DiCenso et al., 2010; Krista et al., 2014; Andregard and Jangland, 2015, McInroe, 2016; Fernandez et al., 2017). Lowe et al. (2018) advocate for the implementation of a multi-dimensional support structure, which includes clinical, operational, administrative, and infrastructural support that has a positive influence on the care of patients and the way in which nursing is practiced. The negative consequences of insufficient and/or inadequate support in the clinical world of working is associated with decreased job satisfaction (Charters et al., 2005), demotivation of nursing practitioners (Jones, 2005; Wisur-Hokkamen et al., 2015) and isolation of new role holders (Jones, 2005; McKenna et al., 2006; McKenna et al., 2009; Llahana and Hamric, 2011).

3.3.4 Change Management and Resistance

The evidence suggests that the integration of a new nursing role into an organisation's existing processes, structures and systems requires organisations to adopt an effective change management strategy (Crew, 2013; Andregard and Jangland, 2015; Jackson et al., 2015: Lowe et al., 2017, Halse, 2018; Bosman et al., 2019; Jean et al., 2019). The evidence reports the failure of organisations to strategically approach the implementation of a new role as a limiting factor, which results in resistance from members of the multidisciplinary team to adapt to changes in the style and method of working (Jones, 2005; DiCenso et al., 2007; Willard and Luker, 2007; Sangster-Gormley et al., 2011; Desborough, 2012; Jackson et al., 2015). Resistance from team

members impedes new role integration, as tensions arise from a sense of ownership around professional knowledge (Duffy et al., 2014; Andregard and Jangland, 2015; Jackson et al., 2015), territoriality of the clinical practice environment (Booth et al., 2006; Main et al., 2007; Kilpatrick et al., 2010, Schober et al., 2016) as well as a perceived threat to job security (Main et al., 2007; Kilpatrick et al., 2010; Crew, 2013; Jackson et al., 2015; Bosman et al., 2019). Kilpatrick et al. (2010) report an uneasiness with the increasing hierarchy within nursing structures when there are new roles introduced, while Jackson et al. (2015) argue that professional identities, hierarchies, and customary power relationships have a significant influence on the efforts of healthcare organisations to successfully manage change. Lowe et al. (2017) agree that deep-rooted organisational practices often bring about resistance to change when organisations are introducing new roles, and Hourahane et al. (2012) emphasise the need for organisations to have strategies set up to deal with unsupportive team members who are deliberately interfering with the progress of integrating a new role into organisational processes, structures, and systems.

3.3.5 Scope of Practice and Job Descriptions

The development of a detailed scope of practice and written job descriptions prior to operationalisation of a new role facilitates the integration of the role in the clinical practice environment (Rutherford et al., 2005; Booth et al., 2006; Thrasher and Purc-Stephenson, 2007; Carter et al., 2010; Spilsbury et al., 2011; McInroe, 2016; Schober et al., 2016; Casey et al., 2019). A well-designed scope of practice enables the demarcation of role boundaries and accountability, the identification of potential or actual risks to patients and the establishment of governance and reporting structures (Doetzel et al., 2016; Halse, 2018). Understanding the scope of practice of every member of the multidisciplinary team ensures that each member in the team practices to full potential and to the highest level legally permitted for safe and competent patient care (Simone et al., 2016; Bittner, 2018). A well-articulated job description contributes to role clarification of a new role by outlining the areas of responsibility and accountability and how the role is expected to function in relation to other roles within the team (Booth et al., 2006; Sangster-Gormley et al., 2011; Spilsbury et al., 2011; Jokiniemi et al., 2015; Simone et al., 2016). The available research evidence describes the beneficial effects of a well-designed scope of practice that limits role confusion and a written job description that mitigates blurring of responsibilities while

contributing to the recognisability of the role as fundamental to the success of the integration process (Crew, 2013; Jokiniemi et al., 2015; Simone et al., 2016).

3.3.6 Supervision, Feedback and Mentorship

Structured professional support for role holders of new nursing roles within the framework of clinical supervision and mentorship has been explained as an enabler for successful integration in the clinical practice environment (Charters et al., 2005; Rutherford et al., 2005; Jones, 2005; Booth et al., 2005; McKenna et al., 2006; Sangster-Gormley et al., 2011; Wisur-Hokkanen et al., 2015; Andregard and Jangland, 2015; Simone et al., 2016; Higgens et al., 2019). A lack of adequate clinical supervision and mentoring programmes for new role holders were identified as factors that slow down the progress of new role implementation (Thrasher and Purc-Stephenson, 2007; Llahana and Hamric, 2011). Halse (2018) emphasises the need for organisations to make concerted efforts to developed robust plans to ensure that adequate supervision is available at the bedside for new role holders, while Henshall et al. (2018) caution against inconsistent levels of supervision that may result in new role holders practicing outside their scope of practice. The literature further refers to direct and indirect supervision of nursing students during clinical placements (Duffy, et al., 2014) and the importance of clinical educators having a thorough understanding of the new role and its associated practice parameters to assist and help nursing students during work-based learning (Halse, 2018). Appropriate feedback from more experienced team members and supervisors in the clinical workplace promotes role development and is seen as a facilitator to new role implementation (Jones, 2005; Booth et al., 2006; Llahana and Hamric, 2011; Jokiniemi et al., 2015). In addition to providing feedback to role holders, the evidence explains that is important for organisations to assess the efficiency and effectiveness of new roles in actual practice (McKenna et al., 2009; Krista et al., 2014; Schober et al., 2016).

3.3.7 Role of Management

The literature describes strong organisational leadership as indispensable to the integration process of a new role (Wintle et al., 2011; Sangster-Gormley et al., 2013; Lowe et al., 2013; Lowe et al., 2018; Halse, 2018; Jean et al., 2019; Higgins et al., 2020), in particular, the fundamental role of nursing leadership during the implementation of a new role (Rutherford et al., 2005; Carter et al., 2010; Brault et al.,

2014; Krista et al., 2014; Duffy et al., 2014). Nursing managers are instrumental in designing job descriptions that support role holders and promote the role with the intention to complement existing nursing roles in the clinical practice environment (Rutherford et al., 2005; Carter et al., 2010). The evidence further explains that nursing leadership is entrusted with communicating a clear vision for the role (Rutherford et al., 2005; Carter et al., 2010; Jean et al., 2019), developing a common understanding of the role (Wisur-Hokkanen, 2015), providing direction on the reallocation of tasks (Carter et al., 2010; Sangster-Gormley et al., 2013; Duffy et al., 2014; Lowe et al., 2017), managing altered working relationships (Carter et al., 2010; Sangster-Gormley et al., 2011) and developing strategies that facilitate the change management process (Lowe et al., 2013; Lowe et al., 2018).

3.3.8 Planning for the Role

The benefits of proper planning prior to role implementation are well recognised in the evidence (Rutherford et al., 2005; Booth et al., 2006; DiCenso et al., 2010; Sangster-Gormley et al., 2011; Hourahane et al., 2012; Sangster-Gormley et al., 2013; Krista et al., 2014; Duffy et al., 2014; Contandriopoulos et al., 2015; Simone et al., 2016; Halse, 2018) and the failure of organisations to adequately prepare for the integration of a new role is described as a barrier to successful integration (Charters et al., 2005; Booth et al., 2006; Carter et al., 2010; Krista et al., 2014; Wisur-Hokkanen et al., 2015; Lowe et al., 2018). Being properly prepared for the implementation of a new role, which includes reaching consensus on role definition and role expectations, SOP, duties and responsibilities, competencies and positioning of the new role within existing organisational processes, structures and systems, is a critical success factor for organisations that strive towards efficient deployment of new team members (Rutherford et al., 2005; Carter et al., 2010; Duffy et al., 2014; Krista et al., 2014; Doetzel et al., 2016; Simone et al., 2016; Halse, 2018). Krista et al. (2014) and Contandriopoulos et al. (2015) support the formulation of a guiding policy to facilitate role implementation and argue that new roles and labour divisions need planning in collaboration with stakeholders, and that healthcare teams receive information about the new role. Reviewing skills mix as part of workforce planning is central to creating a supportive environment that facilitates role implementation and ensures adequate supervision and support for new role holders (Spilsbury et al., 2009; Allen et al., 2012; Jackson et al., 2015). Halse (2018) warns that the ramifications of poor workforce

planning could potentially lead to underutilisation of new roles, reducing the skill level of existing roles and/or increase the financial costs related to managing healthcare organisations.

3.3.9 Educational Preparation

The educational preparation of the person working within the role is identified as an enabler to the integration process and overall success of the role in the clinical practice environment (Charters et al., 2005; Rutherford et al., 2005; Jones, 2005; Thrasher and Purc-Stephenson, 2007; DiCenso et al., 2010; Sangster-Gormley et al., 2011; Hourahane et al., 2012; Duffy et al., 2014; Simone et al., 2016; Halse, 2018; Fealy et al., 2018; Higgins et al., 2020). The evidence emphasises the importance of formal knowledge and skills acquisition through an accredited educational programme to meet the expectations of the role and proposes the development of competency frameworks, which include the core functions of the role to guide clinical practice (Charters et al., 2005; DiCenso et al., 2077; Wintle et al., 2011; Doetzel et al., 2016; Henshall et al., 2018). Jackson et al. (2015) further describe the utilisation of competency frameworks to formulate and structure job descriptions that can evaluate the clinical practice of role holders to secure clinical competence in the clinical world of working. To develop and maintain the clinical and professional competence of new role holders, the evidence suggests that role holders engage and participate in continuing educational activities and receive role-specific training related to the area of practice in nursing (Jones, 2005; DiCenso et al., 2007; Fealy et al., 2018). A few studies reported on the negative effects of inadequate educational preparation for the role, which mainly manifested in role holders lacking confidence in their ability and competence to fulfil role expectations (DiCenso et al., 2007; Jackson et al., 2015; Doetzel et al., 2016).

3.3.10 Stakeholder Involvement

A key factor in the success of the integration process of any new nursing role is involving all relevant stakeholders from beginning to end (Carter et al., 2010; DiCenso et al., 2010; Wintle et al., 2011; Sangster-Gormley et al., 2013; Krista et al., 2014; Duffy et al., 2014; Boman et al., 2019). Early stakeholder participation in planning and implementing a new role fosters commitment and support for the introduction of the role, which is imperative for acceptance of the role in the clinical practice environment

(Carter et al., 2010; Krista et al., 2014; Halse, 2018; Boman et al., 2019). Extensive engagement with diverse stakeholder groups, which includes the existing nursing workforce, medical practitioners and specialists, managers, and members of other professional groups, is essential to define and clarify the new role and discuss how the role will function in the clinical practice environment (Jones, 2005; Carter et al., 2010; Sangster-Gormley et al., 2013; Krista et al., 2014, Duffy et al., 2014; Halse, 2018). The literature suggests that when organisations implement a new role, the role, duties and responsibilities of the role is communicated, and that ongoing discussions take place between stakeholders to facilitate better insight into the purpose of the role and the potential value add of the role in the context of holistic patient care (Jones, 2005; McKenna et al., 2006; Kilpatrick et al., 2012; Llahana and Hamric, 2011; Sangster-Gormley et al., 2011; Desborough, 2012; Krista et al., 2014; Duffy et al., 2014). Establishing the right information pathways to communicate the introduction of a new role to team members and stakeholders may be challenging (Wisur-Hokkanen et al., 2015), but organisations must adapt its message about the new role to accommodate and meet the information needs of different role-players inside and outside the organisation (Kilpatrick et al., 2010).

3.3.11 Relationships

The importance of building effective working relationships in the clinical workplace has been highlighted in the literature as a facilitator that harnesses support for the integration of a new role (Jones, 2005; DiCenso et al., 2007; Willard and Luker, 2007; DiCenso et al., 2010; Spilsbury et al., 2011; Desborough, 2012; Hourahane et al., 2012; Andregard and Jangland, 2015; Jokiniemi et al., 2015; McInroe, 2016; Fernandez et al., 2017; Casey et al., 2019). Creating successful working relationships in healthcare teams is instrumental in adjusting power imbalances between team members (Willard and Luker, 2007), resolving conflict (Jones, 2005; Contandriopoulos et al., 2015; Fernandez et al., 2017), facilitating insight into the functioning of the role (Sangster-Gormley et al., 2011) and establishing credibility for the role holder (Desborough, 2012; Sangster-Gormley et al., 2013). Collaborative working relationships among team members promote a positive practice environment (Contantriopoulos et al., 2015; Jokiniemi et al., 2015; Fernandez et al., 2017) through communication, trust, and respect as prerequisites for working together (Simone et al., 2016; Fernandez et al., 2017).

3.4 CONCLUSION

This chapter presented the protocol implemented for conducting the scoping review and discussed the findings from the evidence that have a significant impact on the success of integrating a new nursing role into already functioning healthcare teams in the clinical practice environment. The factors most frequently reported in the literature pertain to stakeholders having adequate information on critical details of the new role and the game plan of organisations to harness support for, and negotiate acceptance of, a new role in the clinical workplace by introducing and managing change.

The next chapter presents the findings and discussion of the semi-structured interviews to identify the opportunities for, and barriers to the deployment of the General Nurse in the private healthcare sector.

CHAPTER FOUR
FINDINGS AND DISCUSSION: SEMI-STRUCTURED INTERVIEWS

4.1 INTRODUCTION

This chapter presents the analysis and findings of the semi-structured interviews. Semi-structured interviews permit the researcher to ask open-ended questions to which participants can express their opinions and views in their own words (Merriam and Tisdell, 2016), and in doing so, the researcher gathers relevant information to answer the research question. The research objective that informed this part of the research study was "To explore and describe the opportunities for, and barriers to, the deployment of a new category of nurse in the private healthcare sector." Participants were recruited from key stakeholder groups who may be directly or indirectly affected by the deployment of a new category of nurse. All interviews underwent transcription, and data analysis was by means of a thematic analysis.

4.2 PARTICIPANTS

Seventeen interviews (n=17) were conducted from June 2020 to September 2020 at a time convenient for each participant. The sample was described in Chapter Two (see Section 2.5.3), and included participants from a variety of professional disciplines, job titles, work experience and academic qualifications within healthcare. Table 4.1 provides details of the demographic data of the participants.

Table 4. 1 Participants Demographic Data

Age	Gender	Highest Qualification	Years of Experience
44	Female	PhD	23
45	Male	Bachelor	22
63	Male	Masters	43
51	Female	Bachelor	30
44	Female	Honours	15
33	Female	Certificate	4
46	Female	Diploma	23
51	Male	Masters	28
46	Female	Bachelor	23
51	Female	Diploma	30
38	Female	Diploma	12
44	Female	Diploma	20
62	Female	Bachelor	45
44	Female	Bachelor	22
31	Female	Diploma	10
42	Female	Certificate	20
52	Male	PhD	30

The average length of experience amongst participants was 23.5 years. The average age of the group was 46.3 years. Seventy-six percent (76%) of the participants were female and 24% were male. Two (n=2) of the participants held a PhD qualification as a highest qualification, two (n=2) had a Master's degree, one (n=1) an Honour's degree, five (n=5) a Bachelor's degree, five (n=5) a Diploma and two (n=2) participants had Certificates.

4.3 FINDINGS

The researcher employed a thematic analysis (see Section 2.5.5) on the transcribed text obtained from the semi-structured interviews to identify themes and categories. Described are three themes that represent the opinions of participants, namely (1) Barriers to Integration, (2) Preparation for the New Role and (3) Support of the New General Nurse. See Table 4.2 for an outline of the identified themes and associated categories.

Table 4. 2 Outline of Themes and Categories

Themes	Categories
Barriers to Integration	Poor Communication and Information Lack of Role Clarity Perceived Threats of Existing Workforce Capacity of General Nurse
Preparation for the New Role	Job Grading and Remuneration Policies and Procedures Education and Training Clinical Placement
Support of the New General Nurse	Organisational Leadership Emotional Support Professional Development

4.4 THEME ONE: BARRIERS TO INTEGRATION

The barriers to integration refer to limiting factors identified in relation to the integration of the General Nurse into the clinical workplace. These factors include poor communication and a lack of available information, lack of role clarity, perceived threats of the existing nursing workforce as well as the capacity of the General Nurse to render much needed services in the private healthcare sector. Table 4.3 outlines the categories of Theme One.

Table 4. 3 Categories of Theme One

Theme	Category
Barriers to Integration	Poor Communication and Information Lack of Role Clarity Perceived Threats of Existing Workforce Capacity of General Nurse

4.4.1 Poor Communication and Information

The successful integration of the General Nurse into the clinical practice environment is reliant on a clear understanding of the scope and benefits of the new nursing role. A consistent view amongst participants was the lack of available information and poor communication related to the 3-year diploma trained General Nurse that presents as a barrier to effective implementation of the role in the clinical practice environment. The following quotation from one of the participants illustrates the importance of understanding the programme:

"It's important that we all have, um, a thorough understanding of the programme, we understand the benefits and we start, ah, engaging with relevant stakeholders early enough into the programme, um, so that we can ensure that we see the integration into our hospital environment" [SSI 5].

Further evidence that highlights the need for improved communication is evident in the comments of the following participants:

"*I foresee a big problem for the new staff (General Nurses) that is coming in, just because of the communication that was not, um, communicated properly, you know, the information that wasn't communicated properly to all of us as nurses" [SSI 12].*

And

"I am also not sure because there is not a lot of information that I could get regarding these nurses (General Nurses) and the programmes that they going to follow and their curriculum and all of that" [SSI 11].

Reflecting on her own experience, one participant reported the following:

"A few years ago, we had that division when we had the D4's versus the normal diploma people, you know, in, in my environment, there was a distinct barrier of communication and (lack of) team cohesion between members that did a D4 and people that did the normal diploma course to become a Registered Nurse" [SSI 4].

Some participants criticised the SANC, as regulatory authority, for not providing sufficient direction in relation to the implementation process of the new category of nurse and for failing to provide stakeholders with guidelines to direct the introduction of the new nursing role. One participant stated:

"I think it's not so clear for me, I don't think that SANC has actually rolled out proper guidelines" [SSI 14].

Another participant commented that the SANC has not communicated a finalised scope of practice (SOP) for the General Nurse:

"I don't think the scope of practice has been promulgated yet, um, by the South African Nursing Council, I am not sure" [SSI 3].

Insufficient information also negatively impacted on the Nursing Education Institutions' ability to plan, as evident by the comment of the following participant:

"From a Nursing Education Institution's point of view, there's not enough information to actually do appropriate planning" [SSI 1].

Some participants highlighted the lack of understanding and clarity amongst managers regarding the changes in nursing education and training. One participant had the following to say:

"I think that part of it is a lack of clarity and consistency in terms of how healthcare managers understand both the current and the new nursing qualification frameworks" [SSI 8].

One participant shared her anxiety regarding inaccurate information circulated on social media:

"There was this, um, memo that was circulating on Facebook that we are going to be downgraded from-from RN's to staff nurses, those of us with diploma" [SSI 15].

There were several references made to the need for improved communication to promote understanding and acceptance of the General Nurse in the clinical workplace. This was expressed in many ways, including “awareness,” “communication” and “education”. One of the participants indicated:

“Listening and communicating is one of the, is two of the most important things that I think that goes with that understanding and acceptance” [SSI 9].

While drawing from his own experience, one participant suggested there is sharing of information with all nurses:

“There must be engagement with the nurses in the real ward environment, you know, so that they understand what the expectations are, ah, otherwise there will be a lot of challenges and animosity, you remember when-when, the four-year programme started, there was a lot of challenges and people calling each other names, the bar ones and so on” [SSI 17].

Another participant commented:

“Awareness programmes so we can introduce this new category of nurses” [SSI 6].

Participants raised the importance of ensuring that stakeholders, especially doctors, are educated and informed about the new category of nurse in order to manage expectations and establish practice boundaries. One of the participants suggested:

“Education of the doctors because the doctors will need to know, what is the difference between these (new) 3-year RN’s and the-the-the old RN course that we know of” [SSI 10].

Another participant commented:

“Communication is also very important especially to the stakeholders, the doctors, the outside sources, because they’ll be expecting that these nurses (General Nurses), they know more than they should know more than they are, eh, allocated to do” [SSI 7].

4.4.2 Lack of Role Clarity

The lack of role clarity of the General Nurse was a barrier to the successful integration into existing nursing structures within the clinical workplace. The delay in finalisation of the SOP for the new category was the main contributory factor for not understanding how the role would interface in relation to the roles and responsibilities of the current nursing workforce. Participants were uncertain about how the new role would function, where the new role fits, and which regulations would be applicable to the General Nurse. One participant stated:

"We don't have a scope of practice for them (General Nurses) as yet, I think when we get the scope of practice, we will know about their job description and also where they will fit in, but that's something that we don't have" [SSI 10].

Another participant said:

"There's no specific scope for them (General Nurses), um, we don't know where or what their scope of practice is, and what their acts and omissions is, and what regulations is going to control them" [SSI 11].

Participants had difficulty in understanding what the differences would be with respect to the new and current scopes of practice in the clinical working environment and emphasised that it would be problematic to make an objective comparison between the roles and responsibilities of the various categories in the clinical workplace. One of the participants stated:

"A conflicting situation in terms of trying to understand what the scope of practice is for this new qualification versus the traditional nurses that have come through the system" [SSI 5].

In addition to the lack of understanding amongst participants regarding the SOP of the new role, participants expressed concern about role ambiguity and the understanding of the existing nursing workforce about the new role being introduced. One of the participants reported:

"Current nurses will, might not understand the new role and what the limitations might be for this new cadre that is deployed" [SSI 2].

While another participant verbalised the following:

"And then also, are our roles going to be conflicting, um, my concern about that is, if we going to have conflicting roles, then where do, where do I stand then as an RN, a current RN" [SSI 10].

There was a question raised regarding how the SOP for the General Nurse would be operationalised in the private healthcare sector, and how the General Nurse would integrate given the current nursing categories and the existing scopes of practice. One of the participants commented as follows:

"And how the scope of practice (of the General Nurse) in the private sector will look like, and more importantly, how it will integrate within a unit of staff that are from the old qualifications framework" [SSI 8].

Participants cautioned that if the new role had no clear definition, and team members did not understand their role in relation to that of the General Nurse, role conflict and animosity could arise in the workplace. As one of the participants commented:

"Insecurities like this in a workforce environment will present with squabbling, you know, disagreement, insubordination especially if that person (General Nurse) comes in" [SSI 4].

Another participant commented:

"The unit managers are going to have a riot on their hands because now the staff (Existing Workforce) might sit back and say, you know what, um, you've got these new Registered Nurses, what is my role here now" [SSI 12].

A critical success factor for a favourable outcome in the integration of the General Nurse into the clinical world of nursing is a clear understanding of the practice boundaries amongst all members of the nursing team. One participant suggested:

"If everybody knows where they are, where they fit in and what the expectations are, um, you can overcome a lot of, ah, conflict and barriers that way" [SSI 1].

4.4.3 Perceived Threats of Existing Workforce

Participants stated the attitude and uncertainties that exist amongst the current nursing workforce related to the new nursing category as a barrier to the effective deployment of the General Nurse. Participants cautioned that failure to develop a positive and receptive attitude towards the introduction of a new team member could result in a lack of cooperation and a reluctance to accept the General Nurse. One participant described this as follows:

"The attitudes, um, of the current sort of Registered Nurses, on the old register, is going determine the success and failure of integrating these people (General Nurses) because there's a risk that if they feel that they are not being recognised, um, that they won't make it work" [SSI 8].

Another participant commented in the following manner:

"Um, they (Existing Workforce) going to have the, the sense of, we don't want you (General Nurses) here, you think you better than us, you know that kind of mentality of the nurses that is already in the units" [SSI 11].

Participants also commented on the deep-rooted nursing culture that would make it difficult for traditional nursing teams to establish new ways of working. One of the participants stated:

"I think, ah, bringing all that together, is going to cause, it's going to be difficult for these nurses (General Nurses) to enter into a profession that hasn't shrug off, um, a lot of the, the issues that we've had in the past" [SSI 3].

Several participants reported concerns around the professional standing of the existing nursing workforce in the clinical world of working in relation to the General Nurse. A description of the concept of "fitting in" by one of the participants was as follows:

"If this person (General Nurse) is qualified and is going to work as a RN, where is the old RN's gonna, gonna fit in?" [SSI 16].

Participants reported that the current nursing workforce experience insecurities regarding their position of influence and raised concerns around authority and reporting structure in the relation to the General Nurse. Evidence of such concerns are in the following two comments:

"Are they (General Nurses) going to have more authority than me and who do they, what is the reporting structure going to be?" [SSI 11].

And

"Are they (General Nurses) going to be above the current RN's or below, so the, the reporting structure for me is where there will be a difficulty" [SSI 10].

Participants also mentioned the perceived threat to the job security and professional advancement of the current nursing workforce, which could have a negative impact on the integration of the General Nurse into the clinical working environment. One participant described this as follows:

"Are you (General Nurse) coming here to take my job, you know, um, are you a higher qualification than me, am I degraded to a staff nurse now because you are, um, are one of the new Registered Nurses" [SSI 12].

While one concerned nurse said:

"I am one of those nurses that doesn't have a degree, I've got a diploma in General Nursing, are they (General Nurses) going to be paid more than me, even though I have been a Registered Nurse for 10 years plus?" [SSI 11].

Another element to this barrier is the perceived increase in the workload, expressed in various ways, of the existing nursing workforce after the introduction of the General Nurse. One participant stated the following:

I think it will be too much workload for, for us that are already qualified, because now we have to teach them (General Nurses)" [SSI 15].

4.4.4 Capacity of General Nurse

Several participants expressed concerns, in a variety of ways, about the capacity of the General Nurse to function and render the needed services to satisfy operational demands in the private healthcare sector. The uncertainty that exists amongst participants, regarding their understanding of the perceived professional constraints of the General Nurse, poses a barrier to the successful introduction of this category into the clinical working environment. An example of this is in the following quotation:

"It is not the same like we did, it is not comprehensive, it's only focusing on having, just being a General Nurse, their knowledge will be limited, so the sharing of responsibility will be a challenge for the person who's already existing in the profession 'cause they won't know what must they actually give this person" [SSI 7].

Another participant described this barrier in the following comment:

"We are not sure what their, their skills and capabilities will be" [SSI 2].

There was also a belief by some participants that the General Nurse would not have the capacity to alleviate the current operational challenges, as there is a growing need for nurses in specialist areas. One participant described this as follows:

"We know that our biggest need currently is not, ah, for General Registered Nurses, our biggest need is in the specialist areas, we need Critical Care Nurses, Trauma Nurses, Operating Room Nurses" [SSI 1].

One participant referred to the possible limitations of utilising the General Nurse in the Intensive Care Unit (ICU) and reported the following:

"Setting up an inotropic infusion in an ICU, will a Registered General Nurse be able to do that, or does it have to be a Professional Nurse?" [SSI 8].

Another participant questioned the capacity of the General Nurse to meet the health needs of pregnant women and was unsure about the practice limitations of the General Nurse in relation to carrying out obstetric responsibilities given the inclusion of

maternal and child healthcare in the training of General Nurses. The participant described it as follows:

"They've got basic maternal care, the question is, how far do they go with maternal care, can they work in a maternity unit, for instance" [SSI 14].

There were also concerns about the General Nurse's ability to fulfil management responsibilities mentioned. This is evident in the following quotations:

"Is she (General Nurse), um, in a position to immediately start running a department" [SSI 4].

And

"Can they (General Nurses) just jump to be a unit manager, um, because they have a higher qualification" [SSI 12].

Another participant highlighted the potential negative impact on the healthcare organisation if there is a lack in capacity to meet the service needs of the organisation. The following quotation illustrates this:

"We might have to reduce the number of beds, we might, there might be services that we were rendering in the past that we could, cannot continue with because there is a lack of nurses that can, that can nurse those patients and I'm particularly referring to the critical care nurses" [SSI 3].

Despite the overwhelmingly negative perception of the General Nurse's capacity to function within the expectations of the role, some participants acknowledged the opportunities the introduction of this category of nurse will bring, as illustrated in the following examples:

"Because everybody will have been trained to do everything and there won't be a time where you say again the patient hasn't had medication because the sister was not in the ward, she went somewhere to do something else, they will all be, there will be RN's in the ward sharing the responsibility" [SSI 13].

Another participant had a similar comment:

"This new General Nurse, because of the extended scope of practice, she or he will be able to resolve a number of problems that were having like staff nurses performing outside their scope of practice" [SSI 17].

Some participants also stated that the General Nurse should have the opportunity to demonstrate their competence and "prove" themselves in the working environment.

"That they (General Nurses) start from the bottom, and they need to work themselves up and show that they are competent in what they do, that they've got the knowledge" [SSI 11].

A similar comment by another participant:

"So, we need to give them (General Nurses) a chance to show how far they've been trained and what their abilities are and how far they, they skilled" [SSI 16].

4.5 THEME TWO: PREPARATION FOR THE NEW ROLE

Preparation for the new role describes organisational planning to accommodate the new role along with the educational preparation of the General Nurse to fulfil the role. Organisational planning relates to the redesign of institutional policies and procedures to integrate the General Nurse into the daily running of the healthcare organisation while the educational preparation of the General Nurse refers to the optimisation of theory-practice integration during the training of the new category of nurse. Table 4.4 outlines the categories of Theme Two.

Table 4. 4 Categories of Theme Two

Theme	Category
Preparation for the New Role	Job Grading and Remuneration Policies and Procedures Education and Training Clinical Placement

4.5.1 Job Grade and Remuneration

Participants expressed a need for a structured outline of the purpose, requirements, and performance parameters of the new role. Participants emphasised that the delineation of the specific knowledge, practical skills, and nursing tasks of the General Nurse against the current organisational structure, by means of job profiling, presents an opportunity to ensure the success for the new role in the clinical workplace. One of the participants reported the following:

"To prepare sufficient and adequate role profiles as well as understand the clear differences of the scopes of practice within the new program versus, um, the old program" [SSI 5].

Emanating from the need for a well-defined job profile for the General Nurse, participants suggested participation from Human Resources (HR) departments to establish and assign the appropriate job grade for the new General Nurse position within the organisational structure. The job grade of the General Nurse was described in relation to current job grades for existing nurses, and how the job grading of the General Nurse would compare to that of the existing nursing workforce. The following quotation of one of the participants highlights this:

"There's also a need to clarify, um, in terms of a HR grading perspective how this would work relative to where we are, can the, can they (General Nurses) be integrated into the current grades or should they be made to be different" [SSI 8].

Of note, is the continued assistance from HR in securing success for the General Nurse in the workplace. Participants described the contribution and role of HR in determining the remuneration, or salary scale, of the General Nurse as an important consideration for successful integration of the new category of nurse. One of the participants explained this as follows:

"I'm looking at salary as well, because how is HR going to categorise who's who in the zoo. So, for me salary scale is also an issue, because how do you pay them, in conjunction or in comparison with all the other ranks that are there?" [SSI 14].

Several participants believed the remuneration of the General Nurse is a complicated subject, taking into consideration the anomaly that exists in the current nursing workforce. Participants explained that currently the nursing workforce consists of Registered Nurses who are on the same job grade, salary scale and practicing under the same scope of practice despite their qualifications and ranking on the NQF. Determining the salary scale of the General Nurse in relation to the current nursing workforce is a fundamental aspect of successfully integrating the new category of nurse into the workplace. The following quotation from one of the participants illustrates this as:

"Now the biggest question that we are still working on is, ah, this General Nurse with an extended scope of practice, will he or she be remunerated at the same level as the General Nurse from bridging or as a Professional Nurse with, um, midwifery as is the case of R425" [SSI 17].

The assignment of the appropriate job grade and the associated salary scale for the General Nurse is more than simply good labour practices. The influential link between equitable remuneration, intentions to stay and motivation of the General Nurse is an important consideration for the integration of the General Nurse into the practice environment. One participant explained this as follows:

"To be able to pay and translate them (General Nurses) to the good, to the proper (job) grades on time because they, when they are properly translated, they become motivated to stay in the employ and, and they don't get discouraged' [SSI 2].

4.5.2 Policies and Procedures

There was consensus amongst participants that a key facilitator to the successful integration of the General Nurse into an already functioning team is policy reform. Policy reform is a complete overhaul of business processes that involve every part of the institution to accommodate the new category of nurse in the daily operations of the healthcare organisation. An example is as follows:

"We must, we must also be ready in structuring all, ah, the hospital structure and the objectives, the procedures and all the policies that we are having we, we have to restructure" [SSI 7].

Some of participants described this opportunity of restructuring and reorganisation of hospital operations as a favourable time to establish new work behaviours and patterns in the clinical working environment. One of the participants made the following statement:

"This gives us an opportunity to re-engineer the way in which we do things and the way we work" [SSI 1].

Despite the overwhelming support for changes to current organisational policies and procedures, participants argued there was minimal preparatory work done by hospitals to ensure the General Nurse successfully integrates into the organisation. One of the participants described this as follows:

"I'm not sure that hospitals are prepared, you know that there's something coming but you're not so sure...I'm not sure if we, we're ready, whether we like it or not, it's something that's going to come, it's not up to us, the ball is already, the ball is already rolling" [SSI 14].

Participants further expressed the opinion that existing nursing policies and procedures that inform and govern the practice of nurses currently in the clinical setting need reviewing and amending to make provisions for the General Nurse. The implementation of new nursing roles in the clinical working environment warrants the development of policy documents that delineate the nature and extent of functioning of each role. The following quotation from one of the participants highlights this:

"It's almost as if we write current policies and procedures, ah, they're written for certain levels of staff, each and every one of those are going to have to be relooked, and say, okay where does the, ah, Registered General Nurse fit in? Where does the Professional Nurse fit in?" [SSI 8].

Participants explained that the development and implementation of policies and procedures that are aligned to the new nursing structure would give assurance that hospitals understand the scope, capabilities, and limitations of the General Nurse in the clinical working environment. One of participants made the following statement:

"So that services (hospitals) understand what the expectations are for the General Nurse" [SSI 17].

In explaining policy reviews, participants highlighted the crucial role of well-articulated HR policies and practices to ensure effective utilisation of the General Nurse in the clinical working environment. One of the participants reported the following:

"From a HR perspective it's, um, very important that we're very clear in terms of our policies and processes" [SSI 5].

A clear and detailed job description for the General Nurse was of particular interest to participants. Understanding the duties, tasks, and responsibilities of the General Nurse in clinical working environment is an enabler for the integration of the new category of nurse. Equally important to participants was how the job specifications of the General Nurse would interface with current nursing categories in the practice environment. As evidence of this, the following were extracts from participant interviews:

"Then also their job description, how are, what are we expecting of them (General Nurses), um, are they going to do more or the same as the current RN's, so for me a job description is also very important" [SSI 10].

And

"Um, well, to make it, the transition easier, is maybe to integrate job descriptions to see where they (General Nurses) fit in, where we (current nursing workforce) fit in" [SSI 16].

Career progression, a key HR process, of the General Nurse was highlighted, in that some of the participants believed the new category of nurse would have limited opportunities for professional advancement due to the lack of having a midwifery qualification. One of the participants reported the following:

"*Because I don't see professional growth happening for them (General Nurses)" [SSI 4].*

The perception of limited career prospects for the General Nurse stemmed from the "Education and Training Guidelines for Postgraduate Diploma Programmes" published by the regulatory body, SANC, on requirements for obtaining any post-basic nursing qualifications in South Africa (South African Nursing Council, 2020(d)). According to

these guidelines, all nurses wanting to obtain a post-basic qualification in a specialist nursing discipline must have obtained a midwifery qualification and at least two years practical experience following completion of the qualification. Participants explained that the time it would take the General Nurse to complete a post-basic qualification, would aggravate the mounting shortage of nurses, in particular specialist nurses in the private healthcare sector. The following quotation illustrates this:

"And the issue that I have with midwifery is that we are not training enough numbers so that, that feeds into the, the post-graduate programmes to make sure we have enough nurses, particularly, in the specialist areas" [SSI 3].

4.5.3 Education and Training

Whilst discussing the education and training of the new category of nurse, participants raised more generalised issues relating to the changes in the nursing education system that have facilitated the introduction of this new category of nurse in South Africa. The most reported change was the alignment of all nursing qualifications to the Higher Education Qualifications Sub-Framework (HEQSF). The alignment of qualifications to the HEQSF resulted in national recognition of all nursing qualifications and for the first time, nursing education and training formed part of the post-schooling education system. The new nursing qualifications initiated the creation of new nursing categories for South Africa and the elimination of nurses qualifying with qualifications of different NQF levels under the same nursing regulations. The following quotation describes this:

"Alignment of nursing education to the higher education qualifications sub framework will make it easier to do away with the current anomaly, ah, which is where you find, you have got a Professional Nurse from bridging, a Professional Nurse from diploma, a Professional nurse from BTECH and a Professional Nurse from a degree under the same, under the same regulation" [SSI 17].

Several participants agreed that the change in the system of nursing education along with the nursing categories in South Africa presents an opportunity to improve service delivery across the entire spectrum of healthcare and was a long-awaited endeavour.

One of the participants made the following comment:

"I just want to say I think it's, it's probably long time overdue, ah, that we, we sort of, look at the, the nursing education and the nursing categories in South Africa" [SSI 1].

Participants highlighted the need for the development of a nursing curriculum that was context-relevant and would provide nursing students with the necessary theoretical and practical basis to interpret the realities of the clinical working environment. One participant stated:

"So, it is important that what they are taught in the college, prepares them for what happens in the hospital or clinic" [SSI 14].

Notwithstanding the relevance of the new nursing curricula, some of the participants seemed doubtful about the end goal of training the General Nurse. The following quotation described this:

"Is the new qualification going to better prepare people for sort of district health or private healthcare, um, or is in going to be the same" [SSI 5].

Participants explained that the incorporation of technology into the educational experience of the General Nurse while still in training, presents an opportunity to enhance learning, stimulate critical thinking and improve nursing competence.

"I think also there is huge opportunity to use technology in education and training, too, for instance, to influence the competence and the skill of these student nurses" [SSI 3].

Moreover, participants expressed the opinion that technological devices and programmes drove the practice environment, and that nurses should be ready for real-world scenarios where the expectation is they will function and deliver on patient and organisational goals making use of technology.

The following quotation highlighted this as follows:

"The use of technology, so the incorporation of the 4th industrial revolution as it were, because I think, we are going to have, the new people (General Nurses) who are more techno savvy and they, they want to use technology to be able to, to achieve their, their objectives in the workplace" [SSI 2].

Despite the positivity around the change in nursing qualifications described by participants, the pace and process for obtaining accreditation to start teaching the new qualifications have been criticised. The delay in the accreditation process of nursing schools and therefore, of the nursing curricula, negatively impacted the ability of nursing schools to prepare and start with the HEQSF-aligned qualifications. There had also been an effect on the intake of new nursing students for training. The following quotation supports this as follows:

"The Nursing Council, um, changed the old way which, um, nursing schools were regulated and managed, ah, and that created a huge hu-ha, which meant that the-the, although the new framework was promulgated or finalised probably 2013/14/15, the first batch of training people only started this year (2020)" [SSI 8].

4.5.4 Clinical Placement

Several participants mentioned the clinical placement of the General Nurse while in training as an opportunity to facilitate the integration of this new category of nurse into the clinical working environment. One of the participants explained this as follows:

"Working around that clinical placement and integrating them (General Nurses) from that, right from the start, that's going to be a very, very important step, in securing their success in the workplace" [SSI 1].

Participants suggested that "early exposure" of nurses whilst in training to the reality of the clinical world of nursing is an enabler to the professional socialisation of the General Nurse that will have a positive impact on the integration of the new category of nurse on completion of training. One of the participants reported the following:

"I think earlier exposure. They (students) must be exposed to the working environment early on so that the, um, level of comfort to a different system is created early on" [SSI 3].

Another participant had a similar comment:

"So, bringing them (students) earlier on into the hospital environment, exposing them to the type of, um, situations that they might encounter, might assist us in having a smoother transition" [SSI 4].

Participants explained that effective clinical placement of the General Nurse while in training would ensure proper theory-practice integration, which would ultimately contribute to the successful integration of the General Nurse into the clinical working environment. One of the participants reported the following:

"If we want to integrate them (General Nurses) into the system, you know, we need to marry the two basically, the practical and the theory" [SSI 12].

To ensure that theory-practice integration takes place in the clinical workplace, many participants highlighted the need to have clinical facilitators available and present in the clinical learning environment. One of the participants suggested the following:

"And then also your clinical facilitator, having her there or him there with them (student nurses)" [SSI 10].

Participants described the significant role of clinical facilitators in developing the knowledge, skills and attitudes of nursing students which are necessary for effective functioning in the clinical world of nursing. The following statement illustrates this:

"And the clinical facilitators is going to be able to spend more quality time with the student and install the knowledge, the skills, um, into that student" [SSI 9].

Despite the positive role that clinical placement and facilitation of students play in the integration of the General Nurse, some participants expressed concern with respect to the lack of clinical education and training departments in some healthcare facilities and the concurrent shortage of clinical facilitators in the clinical setting.

One participant expressed this concern in the following comment:

"But I must mention that we don't have clinical facilitators in all facilities…But there is an opportunity to strengthen our clinical teaching departments by ensuring that we have adequate staffing in that place" [SSI 2].

4.6 THEME THREE: SUPPORT OF THE NEW GENERAL NURSE

Support of the new General Nurse refers to opportunities identified from a variety of sources to assist and secure the success of the new category of nurse in clinical practice environment. The interplay between support from leadership, providing emotional support and enhancing the competence of the General Nurse constitutes a multi-level approach to ensure adequate support during the implementation of the new nursing role. See Table 4.5 for an outline of the categories of Theme Three.

Table 4. 5 Categories of Theme Three

Theme	Categories
Support of the New General Nurse	Organisational Leadership Emotional Support Professional Development

4.6.1 Organisational Leadership

Participants emphasised the need for organisations to create safe working environments that support the understanding and acceptance of a new member of the multidisciplinary team. Participants explained that successful integration of the General Nurse is dependent on the ability of organisations to establish a positive and receptive outlook towards the deployment of the General Nurse. The following quotation highlights this:

"The big challenge for the hospitals is going to be to actually prepare the staff before these, these new staff members are going to come in because if the old staff is prepared, then there is not going to be such, um, then these staff (General Nurses) is not going to feel unwelcome because we need to make them feel welcome" [SSI 12].

Participants provided descriptions of the crucial role of organisational leadership in facilitating a successful outcome for the deployment of the General Nurse. A number of participants described support from management in terms of organisational planning, problem solving, and to make certain that the new role has been clearly defined in relation to the functions and expectations of all members of the team. A comment of one of the participants on the support from management is as follows:

"Strong leadership structure to support and to help out when there is a problem, you know, for people understanding what their jobs entail and what they are, what is expected of them" [SSI 10].

Participants described the need for support from management throughout the integration process of the General Nurse into the clinical working environment. The expression of such support was in terms of the reassignment and distribution of tasks, activities, and duties among team members, getting involved and resolving conflict that may arise and participating in activities that facilitate and strengthen positive team relationships. Supporting evidence for these findings are in the following quotations extracted from participant interviews.

On the reallocation of duties and responsibilities in the clinical working environment, one of the participants made the following statement:

"Proper delegation, daily delegation of duties because everybody will be working according to the same scope of practice, so you'll have to delegate effectively for all the activities in the ward to be covered" [SSI 13].

On the supportive role of management in the resolution of conflict between team members in the workplace, one participant described it as follows:

"And if there's any conflict, to work it out between the unit managers and us, to not, to not make conflict but to sort it out nicely" [SSI 16].

To foster good working relationships amongst team members and to ensure that the General Nurse is accepted and integrated in the clinical working environment, one participant suggested that management enables team interactions as follows:

"Have team building programmes, so that, so that we can built unity or a good team" [SSI 6].

Some of the participants expressed the opportunity for management to continuously assess and evaluate the effectiveness of the integration process, as well as the functioning of the General Nurse in real-time. Monitoring and evaluation of the General Nurse in the clinical working environment would enable nursing leaders to identify areas requiring refinement to strengthen the development and integration of the General Nurse. An example of this is in the following quotation:

"And the manager is always available in the ward to review the whole thing, if this person (General Nurse), is there any growth and if there isn't any growth, that she can replan" [SSI 7].

Some participants expressed the idea of effectively managing organisational change, while others believed the development of an effective change management strategy was an essential part of creating a supportive environment for the General Nurse. Participants described the implementation of a new category of nurse and new ways of working as a stressful and complex undertaking that requires a systematic approach to manage the effect of the introduction of the General Nurse on the organisation. One of the participants reported the following:

"Ensuring that we have a proper change management system in place for the staff that is actually on-site and the staff (General Nurses) that is coming on into the environment" [SSI 4].

4.6.2 Emotional Support

There were several references regarding the need for emotional support for the General Nurse during the integration process to allay anxieties and stress. Participants explained that adequate emotional support would enable the General Nurse to deal and cope with changes in the working environment during the early stages of the integration process.

One of the participants described this as follows:

"But also, support, you know, psychosocial support might be necessary to adjust and adapt, it is very important for me to apply as one of the strategies" [SSI 2].

Participants described emotional support, a key component of the successful integration of the General Nurse, in a variety of ways. Participants explained emotional support in relation to the needs of the General Nurse for reassurance in the clinical working environment. The need for positive interactions between team members and the environment are important elements to encourage a sense of belonging and acceptance of the new member of the multidisciplinary team.

This following comment of one participant highlights this:

"Emotional support to ensure that they (General Nurses) belong within the institution, the acceptance that we can give them, um, not treat them like strangers" [SSI 9].

The idea of a sense of belonging for the General Nurse was recurring in the conversations with participants and the concept of "feeling at home" was reported as an essential constituent of the psychological wellbeing of the General Nurse. One of the participants made the following statement:

"Make them (General Nurses) feel part of the hospital you know" [SSI 12].

Furthermore, participants suggested a calm and tolerant atmosphere in the clinical setting to strengthen efforts to assist and support the General Nurse while adjusting to a new environment with new demands and professional responsibilities. One of the participants stated the following:

"So that they (General Nurses) can become more familiar with what is going on in the hospital" [SSI 11].

An effective orientation programme for the General Nurse to become acquainted with the environment, while gaining knowledge on the demands and expectations of the new role, has been expressed by a few of the participants. Providing structured

orientation will ensure the General Nurse integrates into the clinical practice environment with ease. One of the participants explained this as follows:

"We must also have a good orientation that can, for the hospital and individual units, that can integrate, that can make this person (General Nurse) feel at home and feel that she fits in that unit" [SSI 7].

A number of the participants explained the significance of listening and allowing the General Nurse to ask questions in the practice environment as an element of providing emotional support. Being patient and accessible to connect with the General Nurse by answering questions will open communication and assist in creating an environment in which everyone feels valued as a member of the team. One participant described this as follows:

"To assist them (General Nurses) and then help them through, and then we become open to them when they come for questions…we must be open and be given, be supportive to them" [SSI 13].

The provision of an environment that promotes the psychological safety of the General Nurse has been well-described. However, some of the participants alluded to the negative impact that an unsupportive environment has on the emotional well-being of an individual. One of the participants alluded to the emotional turmoil of name-calling, humiliation, and a culture of blaming, that prevails in the clinical working environment and cautioned that it could have undesirable consequences on the efforts to integrate the General Nurse. The following statement is an extract from that interview:

"And when they (General Nurses) don't perform, we accuse them of not being good enough or not paying attention or they had bad education, um, and there's always someone else to blame" [SSI 1].

Further evidence describes how experienced nurses often intimidate or disrespect new nurses in the practice environment. One of the participants reported the following:

"You know, there is a saying in nursing that says, we eat our young" [SSI 3].

4.6.3 Professional Development

Despite many descriptions of how the professional socialisation into clinical working environment can support the General Nurse, participants described the need for an approach that would promote the development and professional growth of the General Nurse in practice. Participants believed the General Nurse represents the future of nursing in South Africa and organisations are compelled to contribute to the advancement of the nursing profession. One of the participants described this as follows:

"Investing in these employees (General Nurses) and creating that pipeline of talent of our future nurses and leaders within the, ah, nursing profession" [SSI 5].

A few participants acknowledged that effective role modelling by experienced nurses in the clinical field could positively influence the development of the General Nurse. Working alongside a role model will provide the General Nurse with an opportunity to observe and learn the professional behaviours associated with the practice environment. One of the participants described this as follows:

"Like getting them (General Nurses) to shadow the older nurses that have been here" [SSI 15].

However, participants cautioned that role models must be equipped with the required knowledge and skills to make a meaningful contribution to the development of the General Nurse. One of the participants reported the following:

"You can only be taught the skills that you need effectively if you have got effective role, or, properly prepared role models" [SSI 4].

As part of enhancing the clinical competence of the General Nurse, one of the participants highlighted the importance of developing the ability of the General Nurse to respond, manage and express emotions effectively by enhancing the affective skills of the General Nurse in the clinical workplace.

The following quotation highlights this:

"The last is to give them (General Nurses) the affective skills that they need, to, to be a nurse and by that, I mean, it completes the art and science of nursing" [SSI 3].

Another opportunity to provide the General Nurse with guidance and support to grow and gain experience in the clinical working environment is by implementing effective mentorship programmes. The use of mentors will enhance the clinical competency of the General Nurse by improving their knowledge and skills while adapting to a new role and responsibilities in the clinical working environment. One of the participants described this as follows:

"Where they (General Nurses) actually get the proper guidance from a good mentor to perform that will give them the confidence and the experience and the knowledge they need to be effective in the workplace" [SSI 1].

Participants suggested the identification of mentors among several sources in the practice environment. One participant described this as follows:

"I would say mentorship, um, and the mentorship will be from the RN's, the clinical facilitators, the nursing managers, to start with mentoring these people (General Nurses)" [SSI 10].

The general view of participants on the importance of professional support for the General Nurse was expressed by the term "confidence." Participants believed that by providing adequate support and guidance, the General Nurse would be equipped to fulfil role expectations and ensure successful integration of the new category of nurse into the existing nursing workforce. The following quotation illustrates this:

"Making sure that we give them the confidence to be able to, um, fit into the workforce to be there and to ensure them that they are welcome and that they are part of the workforce" [SSI 9].

Despite overwhelming evidence for adequate professional support for the General Nurse, as part of the implementation process, one of the participants expressed concern about the availability of such support in the clinical practice environment. This was described as a lack of supervision of the General Nurse due to the current human

resource constraints in the practice environment. The following quotation highlights this:

"The biggest challenge is currently the shortage of nurses in the field, often these new cadre, nurses, is deployed in practice, um, without proper supervision and they, we expect them to work without familiarising them with the new environment" [SSI 2].

4.7 DISCUSSION ON FINDINGS

The aim of this phase of the study, discussed in this chapter, was to identify factors described by participants as barriers or opportunities to the integration of the General Nurse into existing nursing structures in the clinical working environment. This section presents a discussion of the key findings of this phase related to the barriers and opportunities to integration.

4.7.1 Barriers to Integration

The successful integration of the General Nurse into the clinical working environment is reliant on all stakeholders having adequate information about the new role and the purpose of the new team member (Carter et al., 2010; Krista et al., 2014). This study identified a lack in communication of relevant information on the implementation of the new role as a barrier to the successful integration of the General Nurse; how it would function, the expectations for the new category of nurse. This finding is congruent with the findings of Andregard and Jangland (2015), who reported on the ramifications of insufficient awareness on the integration of new roles. These authors highlighted the difficulties of finding the right information pathways for introducing a new role along with the difficulties to inform members of the multidisciplinary team about a new role of which none have previous knowledge or experience. The regulatory body, the SANC, is a key contributor to the poor communication of information related to the education and training, utilisation, and introduction of the General Nurse. The lack of communication from the SANC resulted in insufficient information for NEIs to properly plan for the academic requirements of training the new category of nurse. Participants identified that healthcare managers are not clear on the expectations of the General Nurse in the clinical workplace and considered the lack in understanding from a group responsible for implementing the new category of nurse a limiting factor. A similar result has been reported by Wisur-Hokkanen et al. (2015), who stated that

organisational leaders lacked knowledge about the new role and the benefits to the organisation's healthcare services, which had a detrimental impact on the preparatory phase for role implementation. Participants highlighted the need for engagement and consultation with all role players, including the multidisciplinary team, to ensure the effective deployment of this new cadre of nurse in the clinical setting. Sangster-Gormley et al. (2011) argue that it is essential for key stakeholders to have adequate information about the new role, so that role players understand and comprehend role expectations, competencies, capabilities, and the SOP associated with the role. As part of the change management process, to help the existing nursing workforce to embrace and adapt to new ways of working, the participants proposed more information and education about the General Nurse. This recommendation has support from available evidence that describes the need for organisations to promote new roles actively in the clinical working environment to create awareness, promote acceptance and ensure support of the role within the multidisciplinary team (Wintle et al., 2011; Halse, 2018).

At the time of data collection, there was no promulgation of the SOP for the new category of nurse in South Africa, and stakeholders were uncertain about the duties, responsibilities, and limitations of the new three-year, diploma trained General Nurse. Halse (2018) argues that a well-defined SOP provides boundaries and responsibilities for a new role, to mitigate possible risks to patient safety and permits the establishment of governance structures. The lack of role clarity for the General Nurse in relation to existing nursing categories is a barrier to the successful integration of the new category of nurse in the clinical workplace. This finding is congruent with literature that describes the lack of role clarity as a major barrier to the successful integration of a new role (Booth et al., 2006; DiCenso et al., 2007; Doetzel et al., 2016; Bittner, 2018). The absence of a SOP and associated regulations to govern the practice of the General Nurse raised concerns of perceived role conflict, duplication, and possible role overlap, compounded by the lack of understanding of the existing nursing workforce on the capabilities and limitations of the General Nurse and how the SOP of current nurses will compare to that of the General Nurse. An interesting finding in this study was the concern about how the implementation of the SOP of the General Nurse would occur in the private healthcare sector.

A lack of understanding on how the General Nurse would fit into current nursing structures were identified and participants perceived the implementation of a new category of nurse into the practice environment as a loss of power and status within the multidisciplinary team that threatened the job security of the existing nursing workforce. Andregard and Jangland (2015) reported similar findings of nurses who felt their own identities and roles on the team threatened by the introduction of a new role. The lack of information on role interface and expectations in the clinical setting, raised concerns around reporting structure, altered power dynamics and conflict between the current and the new nursing categories. These findings are in line with existing evidence that describes the impact of professional identities, hierarchal structures, and power relationships on the integration of new nursing roles into existing nursing teams (Main et al., 2007; Kilpatrick et al., 2010; Schober et al., 2016).

Participants believed the General Nurse would not be able to fill the urgent nursing positions to address the widening skills gap, which could have major implications for the private healthcare sector. This finding relates to the current need for specialist nurses in specialised nursing units and not for that of General Nurses. Subsequent to data collection, the SANC released a position statement in May 2021 to clarity the allocation and utilisation of nurses without a specialist nursing qualification in specialised nursing units (South African Nursing Council, 2021). In this position statement, the SANC prescribes the allocation of only Professional Nurses as primary healthcare providers and all other categories of nurses must work under the supervision of a Registered Nurse Specialist. This position statement further stipulates that Registered Nurse Specialist must manage all specialised nursing units and every nursing shift should have a qualified Nurse Specialist as a shift leader. Participants described the capacity of the General Nurse to meet operational requirements as a limiting factor to the integration of the new category of nurse into the private healthcare sector. While this finding is not explicitly described in the literature, several studies reported on the disparity between the knowledge, skills, and competence of nurse practitioners (NP) and how best to use these capabilities in the clinical setting (DiCenso et al., 2007; Sangster-Gormley et al., 2013; Jackson et al., 2015). Sangster-Gormley, et al. (2013) found that this mismatch is a result of organisations not being familiar with the new role, how it would function, what patients the NPs would care for and how the new role would interface with other roles in the

clinical working environment. Participants were concerned that this could result in hospitals having to reduce the number of beds because of a lack of nursing staff to care for patients, particularly in the specialised units. Despite the overwhelmingly negative perception of the capacity of the General Nurse, participants explained the potential benefits for practice with the introduction of the General Nurse. One such benefit was the extended SOP for the new category of nurse, which would eliminate the risk of nurses working outside of their scope of practice. To appreciate the value-add of the General Nurse to nursing practice, participants stated that the new General Nurses must have the opportunity to prove themselves in the clinical working environment.

4.7.2 Preparation for the New Role

Participants explained that the successful deployment of the General Nurse in the clinical working environment revolves around the groundwork done by organisations to accommodate the General Nurse in the daily operations of the hospital through the articulation of policies, processes, and systems. This finding is consistent with literature that describes prior planning for the introduction of new roles as a critical success factor for the implementation process (Krista et al., 2014; Contandriopoulos et al., 2015: Halse, 2018). Participants identified opportunities relating to the preparation for the role of the General Nurse in the private healthcare context for both, the organisation, and the individual. From an organisational perspective, participants identified the need for a methodical job profile that outlines the duties and responsibilities of the General Nurse, which will enable the organisation to assign the appropriate job grade to the new position in comparison to existing nursing positions. Participants alluded to the current anomaly in the nursing workforce in which Registered Nurses, despite their qualifications or ranking on the NQF, are on the same salary scale, and practicing under the same scope of practice. This anomaly is an opportunity to establish fair and equitable remuneration for the General Nurse based on the requirements and expectations of the role in the clinical working environment. Some of the participants explained the relationship between an equitable pay structure and the intention to stay, motivation and recognition of the General Nurse. Similar findings on the correlation between compensation and work motivation and intent to stay have been documented in the evidence (Muthmainnah et al., 2019: Fauzi and Adi, 2020). Interestingly in this study, participants emphasised the importance of

collaboration between the nursing and HR department and described it as an enabler for the successful integration of the General Nurse into the existing nursing workforce. At the time of data collection, there was no job profile, job grade or salary range established for the new category of nurse in the private healthcare sector.

Preparing the organisation for a new role requires a systematic approach that will ensure there is adequate provision for the General Nurse in all aspects of daily operations. Participants described there would have to be an overhaul of all policies and procedure manuals to accommodate the General Nurse in the clinical working environment if there are to be new work behaviours and patterns established. Hourahane et al. (2012) support this finding, and emphasise the need for appropriate structures, policies and procedures when implementing new nursing roles, describing this as a fundamental step in securing success for the new role in the clinical practice setting. Participants explained that effective utilisation of the new category of nurse in the private healthcare sector is reliant on a clear understanding of how the role will interface with existing nursing categories and agreed there has been minimal preparatory work done for the deployment of the General Nurse into the clinical setting. In this study, participants explained the need for a clear and well-written job description to facilitate role interface and to demarcate the duties and responsibilities of the General Nurse distinctly. Literature documents the significance of a detailed written job description to facilitate an understanding of role expectations and promote role clarity (Carter et al., 2010; Jokiniemi et al., 2015; Casey et al., 2019). At the time of data collection, there has been no job description for the General Nurse developed in the private healthcare sector, and participants were uncertain about the nature and extent of how the General Nurse would be utilised in that context. Participants highlighted that preparing the practice environment in which the role is to function is critical in supporting and facilitating acceptance of the new role. Participants in this study expressed concern about the perceived limitations on the professional advancement and career prospects of the General Nurse in the private healthcare industry. This concern was in relation to the midwifery requirement, stipulated by the SANC, for entry into all post-graduate nursing qualifications. Participants believed that the time delay for General Nurses to obtain a midwifery qualification before completing a post-graduate nursing qualifications in a nursing speciality, will aggravate the already strained nursing working workforce and further negatively impact the shortage of

nurses in specialised nursing units. Participants explained that this could have a detrimental effect on private hospitals, in that the organisation may have to reduce bed capacity in certain areas because there will not be enough nurses to provide nursing services in the affected nursing units.

The educational preparation of the new category of nurse was an opportunity to ensure the seamless integration of the General Nurse into the clinical working environment from the onset. Literature confirms the need to prepare nurses adequately for new roles through recognised education and training programmes (Jones, 2005; Main et al., 2007; Hourahane et al., 2012; Duffy et al., 2014; Simone et al., 2016). Although most participants agreed that the changes in nursing education and training are beneficial to the profession, some criticised the slow pace of the accreditation process for nursing colleges to offer the new qualifications, which in turn, negatively impacted the intake and training of new nurses. Blaauw et al. (2014) found that contributing factors for the delay in transformation in the education and training of nurses in South Africa is poor administration, execution, and leadership at government level for the rollout of the new nursing qualifications. In this study, participants advocated for a nursing curriculum that reflects the complexity of healthcare needs of patients, but more importantly, to equip the General Nurse with the necessary knowledge and skills to render safe and competent nursing care. Participants explained the progressive use of technology in the clinical working environment and highlighted the relevance of having nurses who are comfortable with the use of technology to attain individual and organisational goals. There is substantial documentation on the incorporation of technology in the educational preparation of the General Nurse. Harerimana and Mtshali (2019) found the incorporation and use of technology in the nursing curriculum essential in preparing student nurses for work in a technology-driven healthcare environment, which demands a paradigm shift in the training and preparation of nursing students to function in the real-world of nursing.

Participants described the clinical placement of the General Nurse while in training as an opportunity to ensure the integration of the role in the clinical working environment from the onset. An explanation of this finding is the “early exposure” of student nurses to the realities of the practice environment and the benefits to establishing meaningful relationships during the socialisation process. Duffy et al. (2014) support the notion

of work-based learning and advocate for supernumerary status and effective supervision of students to ensure that learning and development meet the needs of the individual and the organisation. Furthermore, participants emphasised that early clinical placement would facilitate effective theory-integration, which will enhance the clinical competency of the General Nurse in the clinical workplace. In their study on the theory-practice gap of student nurses, Kerthu and Nuuyoma (2019) found one of the main reasons for preventing students from integrating theory with practice is limited exposure and inadequate time allocation to the clinical working environment. To strengthen the positive influence of appropriate clinical placement of student nurses, participants described the need for skilled clinical facilitators in the practice environment to reinforce learning and provide quality work-based learning experiences for student nurses. Muthathi et al. (2017) advocate for a team approach, involving professional nurses, nurse educators and clinical facilitators, to secure support for student nurses in the clinical working environment, improve student-to-facilitator ratios and promote theory-practice integration during education and training. This study identified the role of clinical facilitators as an enabler to the successful integration of the General Nurse into the clinical working environment. Some participants, however, have reported that not all healthcare facilities have clinical education and training departments, and together with the shortage of clinical facilitators in the private healthcare sector, this could hinder the development and introduction of the General Nurse in the clinical working environment.

4.7.3 Support of the New General Nurse

A supportive environment, described in a variety of ways, is a critical success factor for the effective deployment of the General Nurse in the clinical working environment. Numerous studies report on the importance of support, or the lack thereof, on the successful integration of a new role into the clinical working environment (Lowe et al., 2013; Contandriopoulos et al., 2015; Fernandez et al., 2017). In this study, support for the General Nurse constitutes support from organisational leadership, emotional support, and professional development of the General Nurse. Participants described the support from management as an essential element in creating an environment that safeguards the General Nurse from adversity in the workplace. Lowe et al. (2018) describe this as providing an enabling environment and confirm that the support from managers is essential for the integration of new nursing roles. In this study,

participants identified a number of supportive measures that organisational leadership could implement to secure success for the General Nurse in the clinical working environment. Participants explained that during the integration phase, it is the responsibility of management to deal with insecurities and uncertainty to facilitate an understanding and acceptance of the new category of nurse as a new member of the healthcare team. Furthermore, participants identified the reallocation of duties, responsibilities and tasks of the new team, the resolution of conflict amongst team members and arranging team building activities to promote unity as supportive management practices to ensure successful integration of the General Nurse. Schober et al. (2016) found a similar outcome and described that task re-allocation, managing altered working relationships and ongoing management of the nursing team in changing circumstances as the major challenges for organisational leadership when there are new roles introduced. To strengthen the support for the General Nurse, participants suggested that the performance of the General Nurse had continuous assessment and evaluation against agreed standards and feedback given to improve functioning in the new role. Participants highlighted that on-going feedback for all members of the team presented an opportunity for organisations to ensure the successful deployment of the General Nurse in the clinical working environment. Kilpatrick et al. (2010) state that ongoing discussions between healthcare managers and team members promote a greater understanding of the role and help team members to develop clear expectations about the role. To facilitate acceptance of the new category of nurse in the clinical working environment, participants in this study identified the need for organisations to prepare and develop change strategies to deal with the transition to a new way of working. Crew (2013) argues that the successful implementation of planned change is reliant on effective communication with all stakeholders and explains that a lack in communicating the vision for change resulted in role confusion, hesitancy to implement the role, fear of job losses and safety issues related to quality of care. Participants highlighted the importance of managing change effectively to minimise disruption during the implementation of the new member of the healthcare team and explained that the involvement and participation of the existing nursing workforce are prerequisites for creating buy-in, understanding and acceptance of the role in the clinical working environment. In their study, Boman et al. (2019) recommend the involvement of Registered Nurses to a greater degree in the change process, as stakeholder participation from the start is critical for ensuring commitment

to and providing support for planned change. Participants in this study identified meaningful inter-professional relationships that support team dynamics and communication as an essential element for the successful integration of the General Nurse. This finding is congruent with evidence in the literature that affirm the importance of collaborative relationships amongst team members to facilitate the successful integration of a new role (Mcinroe, 2016; Fernandez et al., 2017; Casey et al., 2019). Establishing effective relationships provided emotional support to the General Nurse to adapt and adjust to the responsibilities and expectations as the first cohort of nurses in the new role as General Nurses. Available evidence refers to meaningful relationships as the cornerstone of establishing credibility for a new role and describes the beneficial effects of good working relationships on team dynamics and trust (Spilsbury et al., 2011; Desborough, 2012; Hourahane et al., 2012). Participants referenced a "feeling of belonging" and "feel at home" to explain the nature and outcome of emotional support for the General Nurse during familiarisation with a new working environment and new professional demands. The explanation from Boman et al. (2019) is the psychological ownership of the work environment plays an important role in the owner's identity, offering "having a place" in the greater whole. Participants suggested an effective orientation programme for the General Nurse to facilitate the integration of the new category of nurse and to ensure the psychological well-being of the General Nurse, whilst building working relationships and establishing trust with members of the multidisciplinary team. Similar reports are found in the literature that support a structured orientation plan that allows time to become accustomed to the role itself, the organisational structure and policies and procedures in clinical working environment (Jones, 2005; Llahana and Hamric, 2011; Simone et al., 2016). Some participants described the importance of listening and allowing the General Nurse to ask questions in the quest for new knowledge and understanding their role in relation to that of team members. Participants in this study described the reality of the practice environment and cautioned against the negative effects of bullying and the deep-rooted culture of nursing that poses a risk to the emotional well-being of the General Nurse. Edmonson and Zelonka (2019) reported a similar situation and described nurse bullying as a universal, inescapable problem ingrained in the nursing culture. In their study on the integration of NPs into the Australian healthcare system, Lowe et al. (2018) concluded that the preservation of dominance

and hierarchy in organisational cultures are detrimental to the successful integration of a new nursing role.

Participants in the present study recognised that the General Nurse would account for the majority of the nursing workforce in the future and explained the significance of adequate professional support in securing success for the first group of General Nurses entering the clinical setting. Earlier evidence on the implementation of new nursing roles (Booth et al., 2006; McKenna et al., 2006) described this as professional isolation and the risk associated with newly developed roles. Professional support for the General Nurse in the current study was explained as factors that encourage professional development and clinical competency, and in doing so, enable the professional socialisation of the General Nurse. Participants described role modelling by experienced nurses at the bedside, as an opportunity for the General Nurse to observe and learn professional behaviour from real-time examples in the clinical setting. Llahana and Hamric (2011) found that the absence of role models in the clinical setting had a negative impact on role implementation, while Willard and Luker (2007) reported that new nurse practitioners struggled with understanding their role and practice boundaries due to a lack of role models in the practice environment. Interesting to note in this study, is the explicit description of providing the General Nurse with opportunities to develop the affective skills that are necessary for meaningful connections with patients to complement the scientific knowledge that guides nursing practice. Developing competencies associated with the affective domain with the assistance of properly prepared role models in the clinical workplace, is the embodiment of the "art and science of nursing." Vega and Hayes (2019) argue that once nurses understand and master the compelling combination of the art and the science of nursing that comes with time and experience, patients receive optimal care. Mentorship is another approach identified by participants in this study to support the integration of the General Nurse into the clinical working environment. The use of experienced mentors will enable the General Nurse to build effective inter-professional relationships and receive guidance and feedback from senior practicing nurses while developing the professional skills sets required, with the necessary safety nets in place. Simone et al. (2016) describe effective mentorship as the critical thread in the professional development of nurse practitioners to ensure that novice nurses have access to support and guidance when learning new skills and to foster independence

and autonomy as they establish competency. The end result of providing the General Nurse with opportunities to gain knowledge and experience in the clinical workplace has been described by participants as giving this cadre of nurse the “confidence” to perform and excel as a valuable member of the multidisciplinary team. Jones (2005) reports that confidence facilitates effective working and highlights that a lack of confidence is a probable cause of isolation and stress, which is a constraint to optimal role development. Despite the overwhelmingly positive descriptions of opportunities to assist and develop the technical knowledge and clinical abilities of the General Nurse, there was a belief that the current nursing shortage of qualified nurses in the clinical workplace will lead to a lack of supervision of the General Nurse, and that the new category of nurse will be deployed without the necessary support and guidance in the workplace. This finding is supported by available evidence that suggests that clinical oversight facilitates role integration by providing opportunities for growth and development but more importantly, making sure that all team members function within their scopes of practice to render safe and competent nursing care (Willard and Luker, 2007; Allen, McAleavy and Wright, 2012; Henshall et al., 2018).

4.8 CONCLUSION

The findings reported in this chapter presented responses of participants about their views on the integration of the General Nurse into the clinical world of nursing. The evidence illustrates that the introduction of a new nursing role in the clinical setting represent a complex undertaking and each participant offered insight into the opportunities and barriers to the deployment of the General Nurse in the private healthcare context.

There have been several examples of faciliatory, and inhibitory factors identified for the integration process of the General Nursing into the practice environment. The successful integration of the General Nurse is reliant on a collective understanding and effective communication of the role to various stakeholder groups, a clear scope of practice that demarcate role boundaries for the new role, equipping nurses with knowledge and skills that are fit for purpose and the creation of practice environments that are supportive and ready to embrace and accept the General Nurse as a new member of the multidisciplinary team.

Chapter Five provides an overview of the analysis and findings of the qualitative document review to determine the role of the General Nurse in the private healthcare context.

CHAPTER FIVE
ANALYSIS AND DISCUSSION: QUALITATIVE DOCUMENT ANALYSIS

5.1 INTRODUCTION

Chapter Five presents the analysis and discussion of the findings of the qualitative document analysis. Document analysis is a methodological approach in which the researcher reviews and evaluates written documents as data sources and interprets such documents to gain insight, derive meaning and develop knowledge (Bowen, 2009). The research objective that informed this part of the research study was "To determine the role of the General Nurse in the private healthcare context." The documents analysed included Acts, Regulations, Position Statements, Press Releases and Circulars collected in the public domain in an attempt to provide clarification on the role of the General Nurse in the private healthcare sector.

5.2 DOCUMENTS REVIEWED

In total, there were 38 (n=38) documents selected, reviewed, and analysed to determine the role of the new General Nurse in the clinical practice environment. The literature reviewed suggested that only a limited amount of information is accessible in the public domain on this new category of nurse in South Africa. The majority of documents reviewed and analysed were published between 1978 and 2022 (n=36) with two documents (n=2) published with no information pertaining to the date of publication. Table 5.1 provides an outline of the documents reviewed during the process of data collection and analysis for this phase of the research study.

Table 5. 1 Documents Reviewed

Item	Document Name	Publication Date	Regulation/Act Number	Reference
D1	Registered Qualification: Diploma in Nursing SAQA Qual ID: 22899	No Date	_	South African Qualifications Authority (n.d.)
D2	SANC The relationship between the scopes of practice, practice standards and competencies	No Date	_	South African Nursing Council (n.d.)
D3	Nursing Act	1978	Act 50 of 1978	Republic of South Africa, 1978
D4	Rules Setting Out the Acts or Omissions in Respect of Which the Council May Take Disciplinary Steps	1985	R. 387	South African Nursing Council, 1985
D5	Higher Education Act	1997	Act 101 of 1997	Republic of South Africa, 1997
D6	SANC Charter of Nursing Practice Draft 1	2004	_	South African Nursing Council, 2004
D7	Nursing Act	2005	Act 33 of 2005	Republic of South Africa, 2005
D8	SANC Circular 3/2007: Proclamation of commencement of sections of the Nursing Act (Act 33 of 2005)	2007	_	Subedar, 2007
D9	Regulations relating to the particulars to be furnished to the Council for keeping of the register for nursing practitioners, the manner of effecting alterations to the register and certificates that may be issued by the Council	2008	R. 195	Department of Health, 2008
D10	National Qualifications Framework Act	2008	Act 67 of 2008	Republic of South Africa, 2008
D11	SANC Circular 3/2010: Updating on the status of offering of legacy nursing qualifications and implementation of the new nursing qualifications	2010	_	Mchunu, 2010
D12	Level descriptors for the South African National Qualifications Framework	2012	_	South African Qualifications Authority, 2012
D13	SANC Position Statement on Advanced Practice Nursing	2012	_	South African Nursing Council, 2012

D14	Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the category staff nurse	2013	R. 171	South African Nursing Council, 2013(a)
D15	Regulations relating to the particulars to be furnished to the Council for keeping of the register for nursing practitioners, the manner of effecting alterations to the register and certificates that may be issued by the Council – As amended	2013	R. 175	Department of Health, 2013(a)
D16	Regulations relating to the accreditation of institutions as nursing education institutions	2013	R. 173	Department of Health, 2013(b)
D17	Code of Ethics for Nursing Practitioners in South Africa	2013	_	South African Nursing Council, 2013(b)
D18	Regulations Regarding the Scope of Practice of Nurses and Midwives	2013	R. 786	Department of Health, 2013(c)
D19	Notice Relating to the Creation of Categories of Practitioners in terms of Section 31(2) of the Nursing Act, 2005	2014	No. 368	South African Nursing Council, 2014(a)
D20	SANC Diploma in Nursing: Staff Nurse Qualification Framework	2014	_	South African Nursing Council, 2014(b)
D21	Regulations setting out the acts and omissions in respect of which the Council may take disciplinary steps	2014	R. 767	Department of Health, 2014
D22	Department of Higher Education and Training: Policy on Higher Education Qualifications Sub-Framework (HEQSF)	2014	No. 819	Department of Higher Education, 2014
D23	Notice of last enrolment date for first time entering students into non-HEQSF aligned programmes	2016	No. 801	Department of Higher Education, 2016
D24	SANC Circular 7/2016: Information regarding the phasing-out of legacy nursing qualifications and implementation of nursing qualifications aligned to the higher education qualifications framework (HEQSF)	2016	_	Mchunu, 2016
D25	SANC Circular 3/2018: Continuing Professional Development	2018	_	Mchunu, 2018
D26	Department of Health: National Policy on Nursing Education and Training	2019	No. 544	Department of Health, 2019(a)
D27	Notice regarding the creation of categories of practitioners in terms of the Nursing Act, 2005	2019	No. 939	Department of Health, 2019(b)
D28	Rules for Continuing Professional Development and Renewal of Registration	2019	No. 1569	Department of Health, 2019(c)

D29	SANC Press Release: Factual information on R425 Registered Nurse, R174 Professional Nurse and Midwife, and R171 General Nurse	2020	_	Mchunu, 2020
D30	Regulations regarding the scope of practice for nurses and midwives	2020	R. 521	Department of Health, 2020(a)
D31	Press Release 4/2020: Incorrect published regulations regarding scope of practice for nurses and midwives	2020	_	Maja, 2020
D32	Regulations regarding the scope of practice for nurses and midwives	2020	R. 744	Department of Health, 2020(b)
D33	SANC Advanced Diploma in Midwifery Qualifications Framework	2020	_	South African Nursing Council, 2020(a)
D34	SANC Postgraduate Diploma Qualifications Framework	2020	_	South African Nursing Council, 2020(b)
D35	SANC Education and Training Guidelines for Advanced Diploma in Midwifery	2020	_	South African Nursing Council, 2020(c)
D36	SANC Education and Training Guidelines for Postgraduate Diploma Programmes	2020	_	South African Nursing Council, 2020(d)
D37	SANC Position statement on the allocation of non-specialised nurses in specialised units	2021	_	Mchunu, 2021
D38	SANC Circular 3/2022: Articulation from the legacy to the HEQSF-aligned qualifications	2022	_	Mchunu, 2022

5.3 FINDINGS

The researcher employed a thematic analysis (see Section 2.6.5) to identify themes and categories. Three themes, namely (1) Preparation for the Role, (2) Deployment of Role and (3) Support for the Role will be described (See Table 5.2 for an outline of the identified themes and associated categories).

Table 5. 2 Outline of Themes and Categories

Themes	Categories
Preparation for the Role	Establishment of the Role
	Education and Training
	Clinical Preparation
Deployment of the Role	Clinical Capacity
	Affective Skills
	Collaborative Practice
	Leadership Capacity
	Research and Teaching Capability
Support for the Role	Transitional Support
	Career Progression
	Continuing Professional Development

5.4 THEME ONE: PREPARATION FOR THE ROLE

The preparation for the role refers to the creation of a new category of nurse in South Africa, and how the General Nurse will be ready for role taking in a hospital-based setting. It explains the development of the General Nurse role and discusses the academic education and clinical training of the General Nurse (See Table 5.3 for an outline of the categories of theme one).

Table 5. 3 Categories of Theme One

Theme	Categories
Preparation for the Role	Establishment of the Role
	Education and Training
	Clinical Preparation

5.4.1 Establishment of the Role

The publishing of the new Nursing Act, No. 33 of 2005 (Republic of South Africa, 2005) occurred in May 2006, and listed the following recognised categories of nurses eligible to be registered and practice nursing in South Africa:

- Professional Nurse
- Midwife
- Staff Nurse
- Auxiliary Nurse
- Auxiliary Midwife

Although preliminary work was undertaken at the time to align nursing categories to nursing qualifications in relation to the NQF as an element of the post-1994 transformation agenda, these categories and the regulations that will govern their education and training and professional practice, have not been formally created or published until 2013. Nevertheless, the Nursing Act, No. 33 of 2005 (Republic of South Africa, 2005), made provisions referred to as transitional provisions, to facilitate the change from the old Nursing Act, No. 50 of 1978, to full enactment of all sections of the new Nursing Act, No. 33 of 2005. According to these provisions, all conditions and requirements pronounced under the old Nursing Act (1978) are relevant and applicable as if announced under the new Nursing Act (2005), unless such stipulations are inconsistent with any provisions of the new Nursing Act (2005). The following quotation explains this finding:

"Any proclamation, notice, regulation, authorisation or order issued, made or granted, any registration or enrolment, any removal from a register or roll or any appointment or any other thing done in terms of a provision of any law repealed by section 60(1) is, unless inconsistent with any provision of this Act, deemed to have been issued, made, granted or done under the corresponding provision of this Act" [D7].

Despite these transitional provisions in the new Nursing Act (2005), the title and category, Staff Nurse, created confusion in respect of the current practice, as the Enrolled Nurse is commonly referred to as Staff Nurse in the clinical practice environment. The use of this terminology resulted in the misunderstanding that the new Diploma in Nursing is a replacement for the Enrolled Nurse programme, while it is a completely new, upgraded qualification preparing a new category of nurse for the healthcare system in South Africa. With the focus of shedding light on matters

surrounding the creation of the new nursing categories and the implications of the new scopes of practice associated with such categories, the SANC released the following press statement in 2007:

"The implementation of Section 30 pertaining to the scope of profession and practice of nursing and Section 31 pertaining to registration as a prerequisite to practise is dependent on the publications of new Regulations. It is important to note that until new Regulations are passed to replace the existing Regulations, the scope of practice, categories and titles of nurses, and the registration of nurses will continue to be regulated by existing Regulations" [D8].

This infers that Registered and Enrolled Nurses, preceding the promulgation of the new Nursing Act (2005), continued to practice in the capacity for which they were registered or enrolled to practice in the repealed Nursing Act (1978), as amended. Furthermore, the existing nursing titles continued to be used, the SOP for current nursing categories was not changed at the time, and all qualifying nurses were registered or enrolled as per the requirements of existing Regulations.

In 2013, there was the publishing of the Regulations relating to the approval of and the minimum requirements for the education and training of learners leading to registration in the categories set out in the Nursing Act (2005). Regulation R. 171 prescribes the requirements for learners that will lead to professional registration in the category Staff Nurse (South African Nursing Council, 2013(a)). At the same time, Regulation R. 175 (Department of Health, 2013(a)) amended an earlier Regulation, R. 195 (Department of Health, 2008), which related to Regulations pertaining to the keeping of the register for nursing practitioners and the manner in which the SANC must implement alterations to the register.

In 2019, the Minister of Health officially established the category, Registered General Nurse:

"In terms of section 31(2) of the Nursing Act, 2005, after consultation with the South African Nursing Council, I create the category of Registered Nurse as a category of persons to be registered to practice nursing, (a) Enrolled Nurse; and (b) General Nurse" [D27].

The SANC explained that the category, Staff Nurse, prescribed by section 31(1)(c) of the Nursing Act (2005), will be renamed, General Nurse, as a new mid-level category had to be created to comply with the NQF structure. The SANC explains this as follows:

"Following various changes in legislation, particularly the National Qualifications Framework Act, it became necessary that the nursing qualifications fit within the country's qualification framework and as a result, the category, General Nurse, was created." [D29].

The SANC, as the regulatory body, has a duty to determine and uphold the SOP for each category of nurse along with the practice standards and professional competencies associated with the different level of nurses (South African Nursing Council, n.d.). Sections 3 and 4 of the Nursing Act, 2005, describe this as follows:

"The objects of the Council are to maintain professional conduct and professional standards for practitioners in the ambit of any applicable law" [D7].

And

"The Council must determine the scope of practice for nurses and the requirements for any nurse to remain competent in the manner prescribed" [D7].

The SOP prescribes to what level nurses are authorised to perform nursing duties based on their level of education and it is essential to understand the specific SOP, practice boundaries and likely role overlap of every level of nursing. The SOP implies the range, responsibilities and functions that describe the practice of nursing with reference to the knowledge and principles associated with the role. To this effect, the DOH published "Regulations Regarding the Scope of Practice for Nurses and Midwives" on 12 May 2020 (Department of Health, 2020(a)). Shortly after this publication, on 27 May 2020, the DOH issued a press release to retract these regulations:

"The National Department of Health published the above Regulations in Government Gazette No. 43305 published on 12 May 2020 for public comments for a period of one month. It was discovered after publication that an incorrect version of the Regulations was published. The National Department

of Health regrets this error. The correct version of the Regulations will be published in due course to enable the public to comment" [D31].

Subsequently, the corrected version of the draft SOP for nurses and midwives was published for public comment on the proposed amendments on 3 July 2020 in the Government Gazette (Department of Health, 2020(b)). At the time of writing this chapter, the draft SOP for nurses and midwives was not finalised and no timeframe had been communicated. The General Nurse will have a licence to practice in this new role based on documented completion of an accredited three-year diploma in nursing programme. The Nursing Act (2005), section 31(1) stipulates that professional registration is a prerequisite to practice, and policy and regulatory changes have been a national focus to support full practice authority for the General Nurse. The General Nurse will be authorised to practice general nursing in different healthcare environments to the levels prescribed by the relevant scope of practice. The SANC explains this as follows:

"The practice of this nurse is focused on quality service delivery within a broad spectrum of health services and in a variety of settings" [D19].

The General Nurse will be an independent nursing practitioner who will be held to account for his/her own acts and omissions in the provision of nursing care. This is a significant difference from the current Enrolled Nurses. Currently, Enrolled Nurses practice under the direct and indirect supervision of a Registered Nurse and is not independent practitioner. The following two quotations provide the basis for this finding:

"Nursing practitioners will be personally accountable for all actions and omissions while carrying out their responsibilities in their profession and must always be able to justify all decisions taken and carried out" [D17].

And

"The acts or omissions set out in this chapter are deemed to be acts or omissions in respect of which the Council can take disciplinary steps against a practitioner registered in terms of the Nursing Act, 2005" [D21].

5.4.2 Education and Training

The General Nurse will be prepared to enter the nursing profession in a pre-licensure, three-year diploma in nursing programme at NQF level 6. This is a new three-year qualification regulated by the provisions contained in the "Regulations relating to the approval of, and the minimum requirements for, the education and training of a learner leading to registration in the category, Staff Nurse," published in Government Notice No. R171, 8 March 2013 (South African Nursing Council, 2013(a)). It should be pointed out that this qualification does not, and is not, replaced by any other qualification. The following extract from a press release published by the SANC in 2020 supports this finding:

"The programme (Diploma in Nursing) will have a duration of three years and is not a replacement of any other qualification" [D29].

The promulgation of the National Qualifications Framework Act, No. 67 of 2008 (Republic of South Africa, 2008), brought about significant changes for nursing education and training in South Africa. The National Qualifications Framework Act (2008) introduced a new 10-level NQF, and most of the NQF-registered nursing qualifications did not, at the time, conform to this new framework in terms of credit value and NQF levels (Mchunu, 2010). Subsequently, all nursing qualifications had to align to this new National Qualifications Framework. To satisfy the requirements of this new 10-level NQF in terms of level, qualification and credit value, the new nursing qualifications framework (see Table 5.4) was developed that reflect the following nursing qualifications: (1) a higher certificate in nursing, (2) a diploma in nursing, (3) a bachelor degree of nursing (4) an advanced diploma in midwifery, (5) a postgraduate diploma in nursing, (6) a Master's degree in nursing, and (7) a doctoral degree in nursing. Table 5.4 outlines the changes brought to the NQF level, credit allocation and professional registration with the SANC upon successful completion of each qualification following the proclamation of the National Qualifications Act, 2008 (Republic of South Africa, 2008).

Table 5. 4 Nursing Qualifications Framework

Qualification	NQF Level	Total Credits	Nursing Category
Higher Certificate	5	120	Registered Auxiliary Nurse
Diploma	6	360	Registered General Nurse
Advanced Diploma	7	120	Registered Midwife
Bachelor of Nursing	8	480	Registered Professional Nurse and Midwife
Postgraduate Diploma	8	120	Nurse Specialist
Master's Degree – Professional	9	180	Advanced Nurse/Midwife Specialist
Master's Degree – Research	9	180	No Registration
Doctoral Degree	10	360	No Registration

(Adapted from Department of Higher Education and Training, 2014; Bezuidenhout, Human and Lekhuleni, 2013).

The SANC released a position paper in 2012 on Advanced Practice Nursing in which the SANC recognises the need for an Advanced Practice Nurse (APN). Although the APN role requires a Master's degree in nursing, the qualification does not lead to professional registration in a category of nursing, but is an additional qualification with the SANC. The following extract provides clarity on the APN in South Africa:

"The Advanced Nurse Specialist, in addition to in-depth clinical specialisation knowledge has to acquire broader field dynamics at master's level e.g., strategic leadership, health service management, research and policy making. The qualification will yield no professional registration but can be logged as an additional qualification with the Council" [D13].

In addition to creating a new 10-level, single integrated NQF framework which "classifies, registers, publishes and articulates quality-assured national qualifications," the Act prescribes that the NQF comprises of three coordinated qualifications sub-frameworks (Republic of South Africa, 2008), namely:

- General and Further Education and Training Sub-Framework (GFETQSF)
- Higher Education Sub-Framework (HEQSF)
- Trades and Occupations Sub-Framework (OQSF)

A Quality Council (QC) manages each of the sub-frameworks, and accepts responsibility for the following assignments that include, but are not limited, to:

- Develop and manage qualifications or part qualifications and recommend such qualifications or part qualifications to SAQA for registration
- Develop and implement policies related to assessment, credit accumulation and transfer, and recognition of prior learning
- Quality assurance and quality promotion of qualifications

The National Qualifications Framework Act 2008 (Republic of South Africa, 2008), further stipulates that there are only three Quality Councils, which are responsible for each sub-framework as follows:

- Umalusi, the QC for General and Further Education and Training qualifications, NQF levels 1 to 4
- The Council on Higher Education (CHE), the QC for Higher Education qualifications, NQF levels 5 to 10
- Quality Council of Trades and Occupations (QCTO), the QC for Trades and Occupations qualifications, NQF levels 1 to 8

Amidst the move of nursing education and training to the Higher Education and Training band (NQF levels 5 to 10), it had significant implications for the accreditation of NEIs planning to present programmes for nursing and midwifery education and training in South Africa. Higher Education and Training in South Africa falls under the auspices of the Higher Education Act, 101 of 1997 (Republic of South Africa, 1997), and is regulated through the functions of the Council on Higher Education (CHE). For nursing education and training this meant that the Department of Higher Education

and Training (DHET), the Council on Higher Education and the SANC are jointly responsible for providing accreditation to NEIs to offer nursing qualifications aligned to the new NQF and meet the requirements of Higher Education. The role of the SANC, as accrediting body, is set out in the Nursing Act, No. 33 of 2005 (Republic of South Africa), which requires NEIs to register with the SANC to facilitate quality assurance of the content of nursing and midwifery education and training programmes in line with the prescribed standards and conditions of the SANC to register and practice as a nurse in South Africa. The National Policy on Nursing Education and Training (Department of Health, 2019(a)) reiterates that the presentation of the new nursing qualification programmes will only be by NEIs who are registered and accredited by the DHET, SANC and the CHE. The objective of accrediting NEIs is to enhance the standards of education and training of nurses and midwives nationally to ensure safe and competent nursing practitioners. The "Regulations Relating to the Accreditation of Institutions as Nursing Education Institutions" describes this as follows:

"Accreditation means the certification of an institution, for a specific period, recognising it as a nursing education institution with the capacity to offer a prescribed nursing programme, upon compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training" [D16].

The new three-year Diploma in Nursing is categorised as an entry-level professional nursing qualification that will enable generalist nurse practitioners, who are educated and qualified, to deliver comprehensive and competent nursing care in various healthcare settings. The SAQA describes the purpose and rationale of the Diploma in Nursing as follows:

"To supply beginning professional nursing practitioners and generalist nurse clinicians who can render a professional service, that is, who have the necessary knowledge, skills, professional thinking, behaviour and attitudes to pursue their profession as nurses and managers of healthcare in all the spheres of healthcare" [D1].

There is further evidence found in the Qualification Framework for the Diploma in Nursing from the SANC:

"A generalist nurse who will be able to meet the service delivery needs of the country" [D20].

The "National Policy on Nursing Education and Training" provided a more detailed explanation:

"This three-year diploma will enable the nurse to function as a clinically focused, service orientated, independent registered general nurse who is able to render general nursing care as determined by the appropriate legislative framework" [D26].

The "Regulations relating to the approval of, and the minimum requirements for, the education and training of a learner leading to registration in the category, Staff Nurse" (South African Nursing Council, 2013(a)) prescribe that all learners must "receive integrated education and training to achieve both theoretical and clinical outcomes." Recent research (Khampirat and McRae, 2016) describes an integrated education and training programme as a teaching philosophy in which students assimilate learning between the educational institution and the clinical world of working through an assortment of placements in the clinical workplace. This implies the General Nurse will develop the practical application of critical thinking, clinical reasoning and clinical judgement underpinned by theoretical knowledge that translates into the readiness for role taking in the real-world of nursing. The nationally accredited three-year programme will prepare the General Nurse with core competencies related to the role for effective utilisation of knowledge and skills in the practice of nursing. The SANC provides the following definition of competencies for clarity:

"Competencies are a combination of knowledge, skills, judgement, attitudes, values, capacity and abilities that underpin effective performance in a profession" [D2].

The SANC further explains that competencies are the must-haves for nursing practitioners to be deemed competent in the clinical working environment, and such competencies form the starting point from which nursing is developed in the clinical practice environment (SANC, n.d.). In order to register as a General Nurse, it is required by nursing and education Regulations that the learner must have satisfied all

programme requisites and demonstrates competence in all exit level outcomes of an accredited nursing qualification. The following extract illustrates this:

"Learners are required to achieve all exit level outcomes of the qualification" [D14].

5.4.3 Clinical Preparation

The clinical preparation of the General Nurse for role taking will take place in clinical locations that are conducive to the clinical learning experience of students which create adequate opportunities to develop the clinical capabilities of learners. The SANC refers to "approved" facilities and stipulates the following:

"Clinical education and training must only be provided in clinical facilities that are approved in terms of the accreditation of the programme" [D14].

In the preceding section (section 5.4.1.2), reference was made to the accreditation process of NEIs as a prerequisite to offer nursing programmes. A necessary condition for such accreditation is evidence of clinical learning environments that contribute towards achieving all exit level outcomes of the qualification and contribute towards "integrated education and training". A quotation from the "Regulations Relating to the Accreditation of Nursing Education Institutions" stipulates the following:

"Access to sufficient clinical facilities that are appropriate for the achievement of the outcomes of the programme" [D16].

There is significant focus placed on exposure and opportunities that will enrich the clinical capabilities of the General Nurse during training. To ensure the General Nurse develops the competencies required to function in everyday nursing practice, more than half of the academic programme is allocated to clinical education and training. Evidence of this finding is in the following extract from rules of the qualification:

"A total of 360 credits of which 197 credits must be acquired in appropriate and accredited clinical facilities" [D20].

The General Nurse will be “clinically focused” and able to practice nursing in different working environments because of the programme requirements that stipulate the clinical exposure of learners to different health establishments and clinical settings to promote the application of knowledge and the opportunity to acquire the necessary clinical skills. The following statement confirms:

“Clinical learning must take place in a range of clinical settings and other learning sites that will facilitate the achievement of the programme outcomes” [D14].

In keeping with the focus on strengthening the clinical capabilities of the General Nurse to be able to provide safe and competent nursing care, learning objectives and competencies that will guide teaching and evaluation in the clinical learning environment must be developed and be compatible with the theoretical area of study in the programme. The following statement explains this:

“The Nursing Education Institution must set clinical learning outcomes for each of the learning areas in the programme” [D14].

To facilitate the socialisation process into the profession and provide the necessary support in the clinical practice environment for the achievement of clinical learning objectives and enhance the clinical performance of learners, the SANC has placed the responsibility of effective clinical accompaniment and supervision of learners in the clinical setting with the training institution. A further observation of the evidence that speaks to the focus of producing a General Nurse, who is equipped with the skills to function as an independent nursing practitioner, is that 70% of clinical credits obtained in the programme need supervision and mentoring. Evidence that supports these findings is in the following two quotations:

“The Nursing Education Institution is accountable for clinical accompaniment and clinical supervision”. [D14].

And

“70% of clinical acquired credits must be supervised and mentored” [D20].

The clinical education and training of the General Nurse will instil confidence and provide the learner with the opportunity to become familiar with the expectations of the clinical working environment. To support the clinical development of the General Nurse whilst in training, the SANC prescribed that 60% of formative clinical assessments need to be in real-life situations (South African Nursing Council, 2013(a)). To ensure the clinical learning outcomes of learners are met in a manner that supports the integration of both the theoretical and practical components of the learning programme, NEIs must review all components of the clinical education and training of learners to ensure clinical facilities adhere to the requirements of the nursing programme. The following statement explains this:

"Evidence of quality control mechanisms over clinical education and training" [D16].

Only on fulfilling all clinical education and training requirements will the General Nurse have a license to practice. The following extract provides support for this finding:

"A learner shall comply with all clinical placement requirements of the programme" [D14].

5.5 THEME TWO: DEPLOYMENT OF THE ROLE

The deployment of the role describes the General Nurse's capabilities, and the way this category of nurse will be utilised in the clinical practice environment in reference to the draft scope of practice (only document available at the time) published for nurses and midwives in 2020 (Department of Health, 2020(b)). The discussion of the deployment of the General Nurse is in relation to the clinical practice of the nurse, the emotional skills, and collaboration with members of the healthcare team. It further elaborates on the leadership role of the General Nurse and the ability of this category of nurse to incorporate research findings and patient education into the practice of nursing (See Table 5.4 for an outline of the categories of Theme Two).

Table 5. 5 Categories of Theme Two

Theme	Categories
Deployment of the Role	Clinical Capacity
	Affective Skills
	Collaborative Practice
	Leadership Capacity
	Research and Teaching Capabilities

5.5.1 Clinical Capacity

Considerable effort is necessary to translate the clinical role and responsibilities of the General Nurse based on the understanding and interpretation of the educational preparation and scope of practice of this new category of nurse. The General Nurse will be educated and licensed to identify, to educate, to prevent and to treat disease or injury at any stage of patient's natural life. The General Nurse will be able to adapt the practice of nursing for diverse clinical practice environments and patient needs. The following statement describes this as follows:

"Preventative, promotive, curative, and rehabilitative nursing care is provided to different age groups in various healthcare settings" [D20].

The General Nurse will provide comprehensive, patient-centred care founded on scientific knowledge and understanding of human anatomy and physiology and how these structures, systems and functions relate to and affect one another. The SANC affirms this finding in the following extract:

"Apply knowledge of natural, biological and psychosocial sciences in the practice of nursing" [D14].

Expanding on the idea of comprehensive, patient-centred care, several references are made to using the scientific nursing process to determine and address the healthcare complaints and/or conditions of a healthcare user, a family, or a community. Yildirim and Ozkahraman (2011) explain the nursing process as an analytical problem-solving methodology employed by nurses to identify and manage actual or potential healthcare user needs consisting of five steps, namely assessment, diagnosis, planning, implementation, and evaluation. The researcher will discuss the steps of the

nursing process in accordance with the competencies for clinical nursing practice (South African Nursing Council, 2004) as it relates to how the General Nurse is required and expected to function in the clinical setting.

The General Nurse will be able to perform a systematic and comprehensive nursing assessment to gather and organise patient information related to a health condition or problem. This is the first step in the nursing process to recognise health needs and the draft SOP (only available document at the time) for the General Nurse permits this as follows:

"Assess healthcare needs of individuals or groups" [D32].

The formulation of a nursing diagnosis is the second step in the application of the nursing process. The General Nurse will demonstrate the ability to analyse and interpret patient information obtained from the nursing assessment to identify and diagnose healthcare complaints or conditions. The following extract explains this:

"Diagnose and prioritise individual health and nursing care needs, based on comprehensive analysis and the interpretation of data" [D32].

An accurate nursing diagnosis is the foundation for the third step in the nursing process, an effective nursing care plan. The General Nurse will display competency in applying clinical judgement in prioritising health goals while identifying interventions for care aimed at preventing, improving, or resolving health complaints or conditions. The draft SOP (only document available at the time) states that the General Nurse will have authority to:

"Develop a general nursing care plan for the promotion of activities of daily living, self-care, treatment and rehabilitation of healthcare users, taking cognisance of natural, biological and psychosocial sciences" [D32].

The draft SOP (only document available at the time) places responsibility on the General Nurse for patient assessment, diagnosis, and the planning of nursing care activities, whereas the implementation of nursing care is by all categories of nurses

with oversight from the General Nurse. The following statement provides evidence for this finding:

"Provide direction for the implementation of the nursing care plan" [D32].

The General Nurse will assume control and provide direction for delivering nursing care that is safe, competent, and effective during the implementation of planned care interventions to attain health outcomes for healthcare users, described as follows:

"Ensure the safe implementation of nursing care and the execution of treatment" [D32].

There are several references concerning the role and responsibilities of the General Nurse in relation to managing, controlling, and administering of medication in the clinical practice environment. The SANC stipulate in the qualification framework for the Diploma in Nursing that the General Nurse will demonstrate detailed knowledge of pharmacodynamics and pharmacokinetics and the application thereof to the practice of nursing (SANC, 2014(b)). The same framework suggests the General Nurse will be skilled in the application of the principles that govern the medication management process as follows:

"Medications are prescribed, controlled, dispensed and administered in various healthcare settings within legislative requirements" [D20].

The draft SOP (only document available at the time) of the General Nurse further provides evidence that medication must be given accurately and safely and highlights that it should only be administered by a licenced practitioner. This finding is supported by the following quotation:

"Ensure safe administration of medication prescribed by an authorised registered person" [D32].

The final step in using the nursing process to address the health needs of healthcare users, is the evaluation of the degree to which health goals are fulfilled in response to the nursing care and treatment provided. The General Nurse will be capable of judging the clinical effectiveness of care interventions and will be able to adapt or cancel the

care plan in keeping with the outcome of the evaluation process. An extract from the draft SOP (only document available at the time) explains this as follows:

"Evaluate a healthcare user's progress towards expected outcomes and revise nursing care plan in accordance with evaluation" [D32].

The General Nurse will have the knowledge and capability to recognise and identify patients that need immediate care to avert death or severe damage or loss. The following statement explains this:

"Provide emergency care" [D32].

When care interventions no longer provide curative treatment and patients are approaching the end of their life, the General Nurse will be capable of delivering quality care, support, and treatment during the time of death and dying to individuals and their families. Evidence for this finding is in the following quotation:

"Provide end of life care within the context of care" [D32].

An important finding in relation to the provision of care is that the General Nurse will be in control and assume responsibility for the delivery and management of nursing care that satisfy accepted nursing practice standards. The following statement provides support for this finding:

"Manage nursing care of individuals, groups and communities" [D32].

5.5.2 Affective Skills

The General Nurse will be skilled in communication and building relationships. To facilitate the recognition and diagnosis of health needs and achievement of health goals of healthcare users, the General Nurse will ensure that safe, interactive engagements form the foundation for sharing information and knowledge in the nurse-patient relationship. The following statement provides support for this finding:

"Initiate and maintain a therapeutic relationship with healthcare users" [D32].

The SANC (2014(b)) elaborates on the use of psychosocial skills by the General Nurse in the delivery of nursing care, described in terms of the knowledge, and the application thereof, to integrate elements of psychology, sociology, human behaviour, and psychological development while providing nursing care that supports the mental well-being of patients. The same author further explains that the General Nurse will enable such care through the implementation and provision of “social and diversity-sensitive" nursing care (South African Nursing Council, 2014(b)). The draft SOP (only document available at the time) of the General Nurse describes this finding as:

“Integrate psychosocial care in the management of individuals, groups and communities” [D32].

Another important element for the General Nurse in the provision of care along the continuum of healthcare is incorporating “supportive” nursing care practices into the care and management plan for healthcare users. The following quotation refers to this responsibility of the General Nurse:

“Prepare and provide supportive nursing care to a patient throughout the diagnostic, surgical and therapeutic acts” [D32].

The DOH (2020(b)) states that supportive care consists of all supplementary services made available to a healthcare user during the time of identification, planning and treating health complaints or conditions. These care practices aim to promote holistic patient care and improve the quality of overall care delivered. The following definition from the DOH explains this:

“Supportive care means all services which enhance the other elements of care essential to individualised care, including health education, advocacy and counselling” [D32].

The General Nurse will have the knowledge and skills to assess and treat a healthcare user confronted with extreme distress. This competency is described as:

“A range of psychological emergency situations are identified and managed accordingly” [D20].

The General Nurse will be equipped to deal and manage emotions, including conflict, brought about in everyday nursing practice in a health way. The SANC states this as follows:

"Emotional demands of nursing practice are dealt with effectively" [D20].

5.5.3 Collaborative Practice

The General Nurse will apply clinical judgment when consulting and collaborating with members of the healthcare team regarding the health needs of healthcare users. The General Nurse will demonstrate insight into the role function and expectations of every member of the healthcare team to ensure the best possible clinical outcomes for healthcare users. The following extract explains this:

"Refer a healthcare user timeously and appropriately to other members of the multidisciplinary team" [D32].

The knowledge of the General Nurse related to the healthcare system and its processes, as well as an understanding of the practice boundaries, will inform the decision to refer a healthcare user for further management and care. The following quotation provides evidence of this finding:

"Understand the referral system in place for anything outside of the scope of practice" [D20].

The draft Charter of Nursing Practice (South African Nursing Council, 2004), explains this finding as follows:

"Consults with other healthcare professionals and relevant organisations when the needs of healthcare users fall outside the scope of nursing practice" [D20].

The General Nurse will have the knowledge and skills to establish and maintain meaningful relationships with patients, families, colleagues, and members of the healthcare team to promote collaborative and holistic management of individual healthcare complaints or conditions. The following statement explains this:

"Facilitate the continuity of care in collaboration with relevant members of the healthcare team" [D32].

The General Nurse will act as the link between patients and other members of the healthcare team. Communicating the healthcare needs of patients to members of the healthcare team implies that the General Nurse will be efficient in building relationships with all members of the healthcare team, explained as follows:

"A nurse practitioner has to be an advocate for those in his/her care and this calls for an ability to work effectively within a multidisciplinary team" [D17].

To facilitate inter-professional collaboration, the General Nurse will utilise and apply the knowledge and skills necessary to be an effective communicator in creating and sharing information. The following extract describes this:

"Competence in written and oral communication" [D20].

The creation and access to accurate patient information is the foundation of effective interdisciplinary collaboration. The starting point for the General Nurse will be documenting and reporting patient information obtained while carrying out nursing duties in line with the scientific nursing process. The General Nurse will be able to document information accurately to enable improved quality of care and patient outcomes. The draft scope of practice clarifies this responsibility as follows:

"Create and maintain complete and accurate nursing record for individual healthcare users" [D32].

5.5.4 Leadership Capacity

The professional practice of the General Nurse will be guided by the ethical principles, values and standards contained in the "Code of Ethics for Nursing Practitioners in South Africa," prescribed and published by the SANC (South African Nursing Council, 2013(b)). The following statement supports this finding:

"The General Nurse must practice in terms of the code of ethics for nurses" [D32].

The SANC explains that ethical practice forms the cornerstone for sound nursing practice and the integrity of the profession at large (South African Nursing Council, 2013(b)). The SANC further explains that ethical values and principles to "protect, promote and restore health, to prevent illness, preserve life and alleviate suffering"

underpin the role of the General Nurse. The following extraction summarises this as follows:

"The Code of Ethics is premised on the principles of respect for life, human dignity and the rights of other persons" [D17].

The General Nurse will practice within an ethical framework that will direct behaviour and guide decisions about what is right and wrong during the provision of nursing care. The General Nurse will display an understanding of the ethical implications of nursing actions and take responsibility for such actions. An extract from the qualification framework for the Diploma in Nursing provides the following support for this finding:

"Equip diplomates with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner, irrespective of their chosen workplace" [D20].

The General Nurse will demonstrate competence in the understanding and application of management principles in the operational management of a nursing unit. The description of the management process is in terms of four functions, namely planning, organising, leading, and controlling, which are integrated in the daily running of a healthcare organisation (Patarru, Weu, Handine and Heryyanoor, 2019). This implies that the General Nurse will positively contribute to the short-term efficiency and effectiveness of business practices and processes that drive organisational success. Support for this finding is as follows:

"Implement the management process in managing a healthcare unit" [D20].

In addition to the ability to apply management principles in daily routine, the General Nurse will have the knowledge and skills to engage in project management activities from initiation to close of the project outcomes. Evidence for this finding is as follows:

"Ability to plan, implement and manage projects of a varied nature" [D20].

The General Nurse will be able to evaluate policies and procedures critically to ensure the rendering of nursing practice in a safe and competent manner within a framework that conforms to legal requirements. An explanation of this finding is as follows:

"Capacity to assess and implement health and other policies" [D20].

Another leadership skill the General Nurse will have authority to perform is the assignment of tasks and/or activities of patient care to other members in the team. This finding appears in the draft SOP as follows:

"Delegate nursing care, ensuring that nursing care is only delegated to competent persons" [D32].

The General Nurse will also assume a leadership role in the oversight of patient care by providing direction and guidance during the implementation of the plan of care. This implies the General Nurse will assume responsibility for the overall quality of care by ensuring the adherence to standards of care.

Evidence for this finding is in the following two extracts:

"Provide supervision for nursing care and execution of treatment" [D32].

And

"Manage and coordinate nursing care within a unit" [D32].

Another dimension of the leadership role of the General Nurse is identifying and mitigating risks in the workplace. This risk management role of the General Nurse extends beyond only the patient care environment and includes the health and safety of any individual entering and leaving the healthcare facility. The General Nurse will have the knowledge and skills to prevent and/or reduce accidents and injuries because of an unsafe working environment.

Evidence for this finding is in the following two statements:

"Facilitate the establishment and maintenance of an environment in which healthcare can be provided safely and optimally" [D32].

And

"Utilises quality assurance and risk management strategies to create and maintain a safe environment for health delivery" [D20].

Further evidence on the safety orientation of the General Nurse that will facilitate decision-making during a major health and safety incident, is the knowledge and skills to ensure the required safety measures are in place to safeguard persons in the health facility, as well as the ability to evacuate persons to a place of safety during an emergency. The following statement describes this finding as follows:

"Plan, prepare for, and execute a unit evacuation plan" [D32].

5.5.5 Research and Teaching Capabilities

The General Nurse will be capable of locating, interpreting, and applying evidence from research findings to everyday nursing practice. The SANC (2004) stipulated in the Charter of Nursing Practice that a key competency for quality improvement in patient care and clinical practice is the ability of nursing practitioners to conduct and/or engage in research activities that will enable them to apply research skills and integrate research findings in the practice of nursing. An explanation of this finding is as follows:

"Collaborate with other members of the healthcare team to identify actual and potential areas for nursing and health research in order to improve or maintain quality care" [D6].

In keeping with the finding on the ability of the General Nurse to integrate research findings into nursing practice, the literature refers to the "incorporation of the best available evidence" into the care and management of healthcare users to promote quality of care and ensure good clinical outcomes. Evidence-based practice will be

an important element of the everyday practice of the General Nurse and the following quotation provides support for this finding:

"Apply evidence-based nursing practice which is based on research or established practices that have proven to be effective both nationally and internationally within the profession" [D20].

Further evidence reveals that the General Nurse should be capable of analysing and applying best practices to solve problems, make decisions, and inform interventions in the clinical setting to improve health outcomes. The following two quotations provide support for this finding:

"Review the nursing care plans continuously against professional standards and relevant context" [D32].

And

"Implement relevant nursing protocols and guidelines" [D32].

The General Nurse should have the necessary clinical research skills to create and document information, organise, analyse, and evaluate such information to make decisions aimed at improving nursing practice and the health outcomes of healthcare users. The draft SOP for the General Nurse (Department of Health, 2020(b)) stipulates that this category of nurse must participate in quality improvement activities aimed at developing and improving the standards of care in the clinical practice environment. The following extract provides evidence for this finding:

"The General Nurse must implement and manage a quality improvement plan for own context of practice" [D32].

The General Nurse will have the skills to incorporate and use technology in his/her daily nursing practice. The SANC refers to the use of technology to capture and process health data of healthcare users. The following statement refers this as follows:

"Use and maintain healthcare information systems for nursing practice" [D20].

In addition to research skills, the General Nurse will be capable of determining the level of knowledge and understanding of healthcare users in relation to health complaints or conditions. This will enable the General Nurse to provide the correct information to the correct patient for the correct health complaint or condition. The following statement explains this as:

"Assess the healthcare information needs, and plan and respond accordingly" [D32].

The General Nurse will enable healthcare users to make informed health decisions to achieve individual health goals by using patient education and teaching as a tool during the delivery of nursing care to ensure that patients become active participants in the decision-making process about their health and wellbeing. The following quotation explains this is as follows:

"Promote and empower healthcare users through health counselling and education to participate in healthcare to achieve self-reliance" [D32].

The teaching capacity of the General Nurse will include the training and development of nursing practitioners in the clinical practice environment using coaching and mentoring skills to support the professional enhancement of team members. The following statement explains this finding:

"Contributes to the education and professional development of students and colleagues" [D6].

5.6 THEME THREE: SUPPORT FOR THE ROLE

Support for the role refers to factors that enable the successful integration of the new role into the profession. It describes the transitional arrangements in terms of the existing nursing workforce, outlines the advancement of the General Nurse in the profession, and maintaining professional competence after registration to practice as a General Nurse. (See Table 5.4 for an outline of the categories of Theme Three).

Table 5. 6 Categories of Theme Three

Theme	Categories
Support for the Role	Transitional Support
	Career Progression
	Continuing Professional Development

5.6.1 Transitional Support

The change in nursing qualifications and nursing categories in South Africa is a significant event. To facilitate the period of transition in establishing the role of the General Nurse in the clinical practice environment, there have been transitional support measures identified and described to secure success for the integration of this new nursing role into the profession and existing organisational structures, processes, and systems. The aim of these transitional support measures for the nursing profession during the changeover period is twofold. Firstly, it provides clarity and validation for nursing students and graduates currently enrolled for a legacy nursing qualification. Secondly, it provides guidance and reassurance to the existing nursing categories in terms of what the future holds for their respective nursing roles.

In 2015, the gradual process of bringing the legacy (current) nursing qualification to an end started and this facilitated the implementation of the new HEQSF-aligned nursing qualifications.

"The South African Nursing Council has begun the process of phasing out legacy nursing qualifications in preparation for the phasing in of the nursing qualifications that are aligned to the HEQSF. The phasing out of Legacy nursing qualifications is a gradual process" [D24].

The date for the last intake for the current R. 425 programmes that produce Registered Nurses resulting in professional registration as a Nurse (General, Psychiatric, and Community) and Midwife was 2019. The Minister of Higher Education and Training gave effect to this after publication in the Government Gazette as follows:

"The last enrolment date for first time entering students enrolling in academic programmes that are not aligned to the Higher Education Qualifications Sub-Framework (HEQSF) is 31 December 2019" [D23].

Although in effect this meant there would be no new learners registered for any legacy nursing qualification after 31 December 2019, the qualification would continue running to allow current learners to complete the programme during a teach-out period. A press release by the SANC confirmed this in the following statement:

"This programme (R. 425) will for some years run concurrently with the new programmes. These qualifications are mutually exclusive qualifications, and none is a replacement of the other" [D29].

The phasing-in of the new nursing qualifications and nursing categories would not have any negative influence on status of the pipeline of Registered Nurses currently completing the R. 425 programme. When the SANC became aware of misinformation circulating in the public domain on the future of Registered Nurses qualifying from this qualification, it released a press release with the following quotation:

"Any person that completed the R. 425 programme leading to Registration with the SANC as a Nurse (General, Psychiatric, Community) and Midwife shall retain this title and qualification and shall not be degraded or demoted in any way" [D29].

Further evidence was that the transition to the new nursing qualifications would not adversely affect newly qualified Registered Nurses from the legacy nursing qualifications. The following statement explains this as follows:

"Any person who, following the commencement of the Act, completes the education and training prescribed by the regulations published under Government Notice No. R. 425 of 22 February 1985 must be registered in the category Professional Nurse and in the category Midwife" [D15].

Transitional support, in the form of legislative changes, for repositioning the existing nursing roles in the healthcare system subsequent to the creation of new nursing categories is set out in the nursing regulations. For the purposes of this research study, there will only be an outline of the changes to the existing Registered Nurse role. The assumption is that once the SANC affects these changes, the nurse will subscribe to the professional expectations, practice standards and scope of practice for the category registered for in the register for nursing practitioners. There is, however, no timeframe stipulated for the implementation and finalisation of these amendments to the register for nursing practitioners. The legislative changes to the current Registered Nurse role are explained in the following extractions from the "Regulations Relating to the Particulars to be Furnished to the Council for Keeping of the Register for Nursing Practitioners, the Manner of Effecting Alternations to the Register, and Certificates that may be Issued by the Council", R. 195 of 19 February 2008 as amended by R. 175 of 8 March 2013. The transfer of the current Registered Nurses, irrespective of academic programme followed, shall be as follows:

A Registered Nurse (General, Psychiatry, Community):

"A person who prior to the commencement of the Act was registered or eligible to be registered as Nurse (General, Psychiatric and Community) must be transferred to the category Professional Nurse in the register for nursing practitioners" [D15].

A Registered Nurse and Psychiatric Nurse:

"*A person who prior to the commencement of the Act was registered or eligible to be registered as both General Nurse and Psychiatric Nurse must be transferred to the category Professional Nurse in the register for nursing practitioners" [D15].*

A Registered Nurse and Midwife:

"A person who prior to the commencement of the Act was registered or eligible to be registered as both General Nurse and Midwife must be transferred to the category Professional Nurse in the register for nursing practitioners" [D15].

A Registered Nurse not transferred in the terms of the preceding paragraphs:

"A person who prior to the commencement of the Act was registered or eligible to be registered as General Nurse and who has not been transferred to the category Professional Nurse in terms of this sub-regulation paragraphs, must be transferred to the category Professional Nurse (general nursing) in the register for nursing practitioners" [D15].

5.6.2 Career Progression

The career trajectory for the General Nurse in the private healthcare sector is optimistic and the accomplishment of advancement opportunities will be through the progression along three main pathways, namely clinical, professional, and academic progression (see Table 5.6). The first path, clinical progression, represents the progressive continuation of responsibilities associated with direct interaction with patients in a clinical role. In the hospital-based setting, the General Nurse can render nursing care in general nursing units or work under supervision of a registered Nurse/Midwife Specialist in specialised nursing units. Moving along this path, the General Nurse can develop clinical capabilities and competencies in midwifery to render comprehensive maternity care. The following extract supports this finding:

"To be admitted to the Advanced Diploma in Midwifery, a person must have proof of current registration as a General Nurse" [D33].

The General Nurse and Midwife can advance to a Nurse/Midwife Specialist in one of the clinical or non-clinical nursing specialisations approved by the SANC, as confirmed by the following quotation:

"To be admitted to the Postgraduate Diploma programme, the Diploma in Nursing: General Nurse (R. 171) with Advanced Diploma in Midwifery (R. 1497) must have been achieved." [D34].

Progression along the clinical path for the General Nurse terminates with the Advanced Nurse Specialist role (see Table 5.6). This role is characterised by expert knowledge, skills, and competencies in a specific field of practice. The following extract supports this finding:

"This level (Advanced Nurse Specialist) requires registration with the Council as Nurse Specialist as an entry requirement" [D13].

The second path, professional progression, refers to the advancement of the General Nurse in organisational position, that is, be promoted to a higher rank or role (see Table 5.6), such as the position of Unit Manager for a general nursing ward within the healthcare facility. The following extract from the draft "Regulations regarding the scope of practice for nurses and midwives" (Department of Health, 2020(b)) describes this finding:

"Effectively manage a unit within a facility" [D32].

The General Nurse, without a postgraduate diploma, will however not be legally permitted to manage any specialised nursing unit, as the SANC published a position statement in 2021 prescribing that all specialised nursing units must be managed by a Registered Nurse Specialist. A Nurse Specialist is defined as a nurse who has met the advanced academic and nursing practice requirements in a certain clinical area of practice and who registered with the SANC as a Nurse Specialist (Mchunu, 2021). The following quotation explains this as follows:

"*All specialised units must be managed by a qualified Nurse Specialist" [D37].*

For the General Nurse with aspirations of reaching higher levels of management beyond the level of Unit Manager, a postgraduate diploma in Health Services Management would be required, as the draft regulations regarding the SOP for nurses and midwives (only document available at the time) prohibits the General Nurse from assuming responsibility and accountability for the management of a health facility's overall nursing care.

The draft regulations regarding the SOP for the General Nurse provide the following statement:

"A General Nurse may not take responsibility and accountability for managing overall nursing care in a health establishment" [D32].

To secure opportunities for promotion along the professional progression path, the General Nurse must proceed to the advanced diploma in midwifery and receive professional registration as a midwife. After obtaining registration as a Midwife, the General Nurse (and Midwife) can access a postgraduate diploma in one of the approved clinical or non-clinical nursing specialities. On successful completion of a postgraduate diploma, the nurse will be registered as a qualified Nurse/Midwife Specialist with the SANC (Department of Health, 2019(a)). At this level, the General Nurse, now also a Nurse/Midwife Specialist can have promotion to the position of Unit Manager of a specialised nursing unit. The eligibility of the General Nurse for promotion into supportive nursing roles, such as clinical facilitation, infection prevention and control and occupational health and safety, will be dependent on the field of specialisation associated with the registration of an additional qualification following completion of a postgraduate diploma. The following extract provides support for this finding:

"Registration in the category of Nurse/Midwife Specialist will allow the graduate of the postgraduate programme to practice in the respective area of specialisation" [D36].

An important finding in respect of the promotion opportunities of the General Nurse to the position of Deputy Nursing Manager and ultimately, Nursing Manager of a healthcare facility, is the exit level outcomes applicable to the postgraduate diploma in Health Services Management. The General Nurse and Midwife, who holds a postgraduate diploma in Health Services Management will be able to assume responsibility and accountability for the overall nursing services of a healthcare establishment based on the exit level outcomes of the programme.

The following two extracts from the Postgraduate Diploma Qualifications Framework provide evidence for this finding:

"Manages resources for the effectiveness and efficiency of a healthcare facility" [D34].

And

"Facilitates internal and external measurement of performance or accreditation of the health facility" [D34].

The third path, academic progression, relates to advancement through academic articulation of formal qualifications that will enable the General Nurse to reach higher educational levels in the nursing profession. The General Nurse holding a three-year diploma in nursing at NQF level 6 can proceed to the advanced diploma at NQF level 7 and receive professional registration as a midwife. The following extraction from the "National Policy on Nursing Education and Training" states:

"A nurse holding a diploma qualification at NQF Level 6 can progress to an advanced diploma at NQF Level 7 (midwifery) leading to professional registration as a midwife" [D26].

After successful completion of an advanced diploma at NQF level 7, the General Nurse and Midwife can move to a NQF level 8 qualification that is represented by the postgraduate diploma. From a NQF level 8 qualification, the General Nurse can move to a Master's degree at NQF level 9 and finally to a doctoral degree at NQF level 10 (see Tables 5.4 and 5.6).

Table 5. 7 Career Pathways of the General Nurse

Clinical Progression	Professional Progression	Academic Progression
General Nurse	General Nurse	Diploma in Nursing NQF 6
	Unit Manager – General	
Midwife	Midwife	Advanced Diploma: Midwifery NQF 7
Nurse/Midwife Specialist	Nurse Specialist	Postgraduate Diploma NQF 8
Advanced Nurse/Midwife Specialist	IPC/OHS/CF	
	Unit Manager – Specialised	
	Deputy Nursing Manager	
	Nursing Manager	
		Master's Degree NQF 9
		Doctoral Degree NQF 10

5.6.3 Continuing Professional Development

The General Nurse will be required to take part in continuing professional development (CPD) activities to maintain and improve professional competence and professional registration with the SANC to practice nursing in South Africa. CPD is a goal-directed, legislated process through which nursing practitioners who are registered with SANC take part in educational activities to improve and maintain their knowledge, skills, attitudes, and professional integrity to keep abreast with new developments in healthcare to ensure that nursing practitioners are safe and competent (Department of Health, 2019(c)). The Nursing Act (2005) explains this finding as follows:

"*The Council* may determine *conditions relating to continuing professional development to be undergone by practitioners in order to retain such registration" [D7].*

The purpose of engaging and participating in CPD activities is to assist the General Nurse to take ownership for their own learning and development to enhance professional knowledge and skills, improve clinical nursing practice standards and

ensure continuous growth throughout his/her career. The following statement explains this:

"Participate in self-directed learning activities aimed at broadening knowledge base for professional practice and assume responsibility for lifelong learning and maintenance of competence" [D6].

The SANC proposes that the General Nurse must accumulate 15 CPD points annually to be entitled to a renewal of the practice licence for the following year. The CPD framework developed by the SANC uses a points-based system that awards a nursing practitioner a certain number of CPD points depending on the CPD activity undertaken. The below statement explains this finding:

"It is proposed that each practitioner will be required to accrue a minimum of fifteen (15) CPD points over a twelve (12) month period that will eventually be linked to the renewal of the Annual Practice Certificate (APC)" [D25].

To illustrate the breakdown of the CPD themes and the associated CPD points' allocation, the SANC devised a CPD grid (see Table 5.7). The General Nurse will have to engage with CPD activities that develop professional competencies in specific nursing topics that link with professional ethics, relevant area of practice, leadership development, education and training, and research related activities (Mchunu, 2018). The greater part of CPD activities required by the General Nurse will relate to the development of knowledge and skills in clinical nursing practice followed by professional ethical practice, leadership and management, teaching, and research (see Table 5.7).

Table 5. 8 Continuing Professional Development Grid

CONTINUING PROFESSIONAL DEVELOPMENT GRID						
NURSING CATEGORY	THEMES FOR DELIVERY AND REQUIRED CPD POINTS					
	Ethical and Legal domains	Area of Practice	Leadership and Management	Teaching	Research	Total CPD Points
Registered/Professional Nurse	4	6	3	1	1	15
Midwife	4	6	3	1	1	15
General Nurse	**4**	**6**	**3**	**1**	**1**	**15**
Enrolled Nurse	3	9	1	2	Nil	15
Auxiliary Nurse	3	10	1	1	Nil	15

(Source: Mchunu, 2018)

To ensure that the General Nurse participates in CPD activities, formal or informal, that meet the content and quality requirements set out by the SANC, all institutions that present CPD learning opportunities must have approval from the SANC as a provider of such activities. The following extraction provides support for this finding:

"The Council may determine the criteria for recognition by the Council of continuing professional development activities and accredited institutions offering such activities" [D28].

5.7 DISCUSSION ON FINDINGS

The purpose of this phase of the research study, as discussed in this chapter, was to determine the role of the General Nurse in the private healthcare context. This section presents a discussion on the main findings of the qualitative document analysis in relation to the implications that the developments in nursing and midwifery education and training have for nurses, the profession, and healthcare facilities.

A nationally accredited NEI and clinical facilities that support and contribute to the clinical learning outcomes and effective functioning of the General Nurse in the clinical practice environment will prepare and educate the General Nurse for the role. The new three-year diploma in Nursing at NQF level 6 is a patient-focused nursing programme with a strong clinical orientation that places significant emphasis on clinical placement and work-integrated learning during the education and training of the

General Nurse. A cornerstone of the NQF is “applied competence,” signifying that the General Nurse will be capable of integrating and applying the theoretical knowledge of nursing to the practical requirements necessary to nurse patients in the real-world. The General Nurse will be equipped to render comprehensive, general nursing care that addresses the biological, physiological, and psychosocial health concerns of healthcare users.

The General Nurse will be utilised in diverse clinical working environments and will be capable of coordinating and managing the care of healthcare users of any age, independently or as part of a team. The General Nurse, in the practice of nursing, will display professionalism and integrity underpinned by the Code of Ethics for Nursing in South Africa. By applying the ethical values of justice, non-maleficence and beneficence, the General Nurse will advocate for patients’ rights to ensure appropriate and effective care and treatment and optimal health outcomes for healthcare users. Related to the advocacy role of the General nurse is the provision of a safe environment and the establishment of an interactive relationship with healthcare users and their loved ones. The General Nurse will make use of the information gained from performing relevant risk assessments to implement and communicate suitable risk management plans to mitigate actual or potential risks in the clinical practice environment. Effective communication, verbal, non-verbal and written, will be the instrument used by the General Nurse to connect, understand, and convey pertinent information between the patient, their families, members of the multidisciplinary team and the healthcare system. As a relationship builder, the General Nurse will demonstrate an awareness of the impact of psychosocial stressors on the health and wellbeing of healthcare users and families and will incorporate empathy and the use of affective skills into the care and management of individual healthcare users, families, or groups of people. The General Nurse will utilise the knowledge and teaching skills acquired whilst in training, to educate patients, families, or groups of people about health matters that facilitate the realisation of preventative, promotive, curative, or rehabilitative health goals. In a leadership role, the General Nurse will provide direction and oversight to a team of nurses who are responsible for the delivery of quality nursing care.

The General Nurse should be able to function and work well under pressure and apply problem-solving skills to find solutions for day-to-day matters associated with resource allocation, staffing, safety of patients and care at the bedside. The ability of the General Nurse to find, analyse and evaluate information will assist healthcare facilities to identify opportunities for improvement and in doing so, act as a change agent that influences the development of clinical practice and quality patient outcomes. As a decision-maker, the General Nurse will apply a patient-centred approach to clinical decision-making that is informed by comprehensive knowledge of the fundamental requirements related to the scientific nursing process. Through the application of the nursing process, the General Nurse will continuously analyse and interpret data to effectively diagnose and manage the health complaints or conditions of healthcare users to secure optimal health outcomes for those entrusted into his/her care. The clinical decision to refer the care of a healthcare user for appropriate management will be supported by an awareness of the General Nurse about the limitations of his/her own scope of practice and that of other members of the multidisciplinary team. It is important to note that the limitations of the General Nurse, compared to a Professional Nurse, are that they may not take responsibility and accountability for the overall management of nursing care in a healthcare facility, and they may not set up or conduct a private practice. Moreover, the General Nurse will rely on the understanding of the practice boundaries of team members when delegating nursing activities to nurses during the implementation and execution of nursing interventions to ensure safe and competent nursing care. The General Nurse is responsible and accountable for any and every decision taken during the practice of nursing in the clinical working environment.

Continuing Professional Development, prescribed by the Nursing Act (2005), will cultivate lifelong learning for the General Nurse, which will facilitate the advancement of personal and professional knowledge, skills, and growth objectives. Against the backdrop of CPD, the General Nurse will contribute to the on-going professional enrichment of team members in the clinical setting by extension and integration of the teaching role into the professional practice of nursing, which includes acting as a mentor for nursing colleagues and students in training. There have been several transitional provisions described to facilitate the changeover of existing nursing categories to a new way of working with new categories of nurses practicing under

new scopes of practice. The General Nurse will not be able to register in the category, Professional Nurse, irrespective of obtaining a midwifery qualification and registration as a Midwife. The General Nurse with midwifery will be referred to as a General Nurse and Midwife until such time of obtaining a postgraduate diploma in a nursing specialisation leading to professional registration in the category, Nurse/Midwife Specialist.

The legislative changes implemented in the education and health sectors over the past two decades, most notably the proclamation of the Higher Education Act (1997), the Nursing Act (2005) and the National Qualifications Framework Act (2008), have triggered a series of transformative policy amendments for nursing and midwifery practice, education, and training in South Africa. The first series of changes stem from the fundamental difference between the repealed Nursing Act (50 of 1978) and the new Nursing Act (33 of 2005), is the provisions for professional registration in nursing categories that enable the practice of nursing in South Africa. Even though the new Nursing Act (33 of 2005) was only partly promulgated in 2005, it prescribed new nursing categories to be licensed by the SANC to practice as Professional Nurses, Midwives, Staff Nurses, Auxiliary Nurses, and Auxiliary Midwives, and at the same time provided the catalyst for the revision of scopes of practice for various nursing categories to ensure that nursing and midwifery practice is aligned to the needs of the healthcare system in South Africa (Department of Health, 2012).

The terminology used to describe the category, Staff Nurse, created widespread confusion in the profession, as it was an established and accepted practice to refer to the Enrolled Nurse, a category of nurse created under the repealed Nursing Act (1978), as Staff Nurse. The impression that emanated was that the Staff Nurse, with an extended SOP, would be a substitute for the Enrolled Nurse while in actual fact, the Staff Nurse was an entirely new category of nurse with a distinctly different SOP. In response to changes in the legislative landscape and NQF requirements, the category General Nurse was created in 2019 as a level of nursing for professional registration upon successful completion of the new, three-year Diploma in Nursing. The SOP for the new nursing categories and midwives, in particular the General Nurse, has not been finalised even though there have been new nursing curricula developed, and the education and training of the General Nurse has commenced in

South Africa. The publishing of the initial draft regulations relating to the SOP of nurses and midwives was in October 2013 (Department of Health, 2013(c)), and in 2020 attracted attention when the incorrect version of these regulations was published and retracted shortly thereafter. The delay in finalisation of the scope of practice has serious implications for the establishment and understanding of the role dimensions, role function and practice boundaries of General Nurse. In 2012, Duma (2012) highlighted that it would be extremely challenging, in the absence of a new scope of practice, to manage the "grey areas" between the SOP of nurses and other healthcare professionals. The scope of practice delineates the boundaries of the nurse which highlight the overlaps with the scopes of practice of other healthcare workers.

The second series of changes arose through the relocation of nursing education and training to the DHET and the implications of the National Qualifications Framework Act (2008) on the education and training of nurses and midwives in South Africa. The shift to the DHET required that nursing education institutions (previously known as nursing colleges), in both the public and private sector, register as higher education institutions to offer nursing qualifications on the higher education band. The National Qualifications Framework Act (2008) introduced a 10-level NQF and what followed was a tedious accreditation process for NEIs to offer nursing and midwifery programmes aligned to the stipulations of the NQF. The accreditation process involved compliance to the requirements of three accrediting bodies, namely the SANC, the CHE and the DHET. The process for accreditation of NEIs to offer HEQSF-aligned nursing and midwifery programmes entailed NEIs and its clinical facilities securing an endorsement letter from the SANC, approval from CHE and registration from DHET to offer such programmes. Until late 2019, only private NEIs were accredited as higher education institutions and in October 2019, the Minister of Higher Education, Science and Technology, recognised public nursing colleges as designated to offer HEQSF-aligned nursing qualifications (Department of Higher Education and Training, 2019). The delays caused by the accreditation process, as a result of the changes in nursing and midwifery education and training requirements, impacted negatively on the training capacity of NEIs which, in turn, has influenced the production and supply of sufficient numbers of nurses to meet the healthcare and service delivery needs of South Africa. The phasing out of the current, non-aligned nursing qualifications, commonly referred to as "legacy" qualifications, compounded

the problem. The last intake of students for any of the legacy programmes was 31 December 2019 (Department of Higher Education and Training, 2016). The impact of the new 10-level Nursing Qualifications Framework on nursing and midwifery education and training in South Africa included the development and phasing in of nursing qualifications that were HEQSF-aligned while phasing out the legacy programmes. Important changes to nursing qualifications on the new NQF consist of (1) professional registration in the category Professional Nurse requires a Bachelor's degree at NQF level 8, (2) a three-year diploma in nursing at NQF level 6 leads to professional registration in the category General Nurse, and (3) nursing specialisation programmes, clinical or non-clinical, are postgraduate diplomas at NQF level 8. As a result, there was a repealing of both the two-year diploma (from the bridging programme) and the four-year diploma (from a nursing college) in nursing, which effectively created a single qualification path for registration as a Professional Nurse. Also repealed was the two-year certificate that led to registration as an Enrolled Nurse.

The new postgraduate diploma for nursing specialisation programmes pegged at NQF level 8 has serious ramifications not only for the academic articulation of current and future nurses but also for the production and supply of Nurse Specialists required by healthcare facilities to render much needed services. The implication for current Registered Nurses from the legacy programmes (four-year diploma, R. 425 and two-year diploma from bridging programme, R. 683) who want to pursue a nursing specialisation programme, either clinical or non-clinical, may not meet the admission requirements for the new postgraduate diploma. In March 2022, the SANC acknowledged that, although in discussions with the Council on Higher Education, no articulation pathway for these nurses presently exists (Mchunu, 2022). For the General Nurse, prerequisites for progression to Nurse Specialist status, is an advanced diploma at NQF level 7 and a minimum of two years' experience following registration as a General Nurse and Midwife. A further contributory factor, with adverse consequences for the profession and healthcare facilities, was the delay in publication of the training regulations that govern the education and training of the Nurse Specialist/Midwife; the promulgation of these new regulations was only in June 2020 (Department of Health, 2020(c)). The slow progress of accrediting NEIs, public and private, as Higher Education Institutions and the subsequent accreditation of NEIs to present HEQSF-aligned nursing qualifications draws attention to a significant

shortage in the production and supply of the various categories of nurses in the near future. Armstrong, Geyer and Bell (2019) argue that South Africa cannot afford a drop in the numbers of nurses being trained, and that every effort should be made to increase the training capacity of NEIs to avert a crisis in healthcare resulting from a shortage of nurses. Table 5.8 provides the profile of accredited NEI's in South Africa to present the new HEQSF-aligned nursing and midwifery programmes at time of writing this chapter.

Table 5. 9 Accredited Nursing Education Institutions

	Number	Higher Certificate	Diploma in Nursing	Advanced Diploma	Bachelor of Nursing	Postgraduate Diploma
Private NEI's	24	24	19	_	_	_
Public Nursing Colleges	63	37	63	32	1	5
Universities	19	_	1	_	19	8
Total	106	61	83	32	20	13

(Source: Nxumalo, 2022)

The findings suggest that healthcare facilities can expect the General Nurse to be an autonomous and independent nursing practitioner who will contribute to safe and competent patient care founded on detailed knowledge of the theory and practice of nursing. Notwithstanding this finding, recent research (Rabie, Rabie, Dinkelmann, 2020) found that newly graduated Registered Nurses require supervision and mentorship when they enter the clinical practice environment because of a lack of specific knowledge, skills, and attitude competencies, which is often aggravated by transitioning problems, workloads, lack of confidence and independence. Healthcare facilities will have to consider the deployment of the General Nurse in relation to appropriate skill mix combinations, taking into account the individual competencies, professional experience and actual number of the various categories of nurses. Skills mix plays an important role in nursing acuity and nursing norms and ensures

appropriate utilisation of the knowledge and skills of each team member. Martin and Weeres (2016) explain that if nursing leadership fails to define the appropriate use of all categories of nurses clearly and distinctively, underutilisation or misallocation of nurses, gaps in care or role conflict can manifest with serious implications for patient safety and quality of care. In view of the policy changes and progress of the education and training of nurses and midwives to date, it is safe to infer that healthcare facilities, and the nursing profession at large, will rely on the General Nurse to meet the nursing service demands of the healthcare system in the country.

5.8 CONCLUSION

The findings reported in this chapter represent the implications of the regulatory changes on the education and training of nurses in South Africa and the impact that these changes have for nurses, the profession and healthcare facilities. The evidence illustrates that the General Nurse will be a patient-focused, clinically orientated nursing practitioner capable of rendering comprehensive, general nursing care to patients of any age in a range of clinical settings. There are several articulation pathways available for the General Nurse to progress professionally and improve his/her professional registration status. Transitional provisions exist for existing nursing categories to facilitate the changeover to a new way of working and incorporating the General Nurse into organisational structures, processes, and systems. There is however uncertainty regarding the academic and professional articulation of existing nursing categories that may not meet the admission requirements of the new HEQSF-aligned nursing qualifications. Healthcare facilities and the nursing profession will rely on the services of the General Nurse to meet the healthcare needs and nursing service demands in the South African healthcare system.

Chapter Six will provide an overview of the findings and discussion of the nominal group technique used to determine what the outcomes of successful integration of the General Nurse should be for a private healthcare group. The chapter will further discuss the development of the pathway for the integration of the General Nurse into the private healthcare sector in South Africa.

CHAPTER SIX
DEVELOPMENT OF THE PATHWAY

6.1 INTRODUCTION

Chapter Six will discuss the development of the pathway, through the theoretical lens of the general theory of logic modelling, to facilitate the integration of the General Nurse into an already functioning nursing workforce. Logic models are visual illustrations of the theory of action or programme logic on how programmes are going to work and provide practical approaches to decision-making about programme activities, expected outcomes and interventions (Ball, Ball, Leveritt, Ray, Collins, Patterson, Ambrosini, Lee and Chaboyer, 2017). The research objective that guided this phase of the research study was, "To formulate a pathway for the integration of the General Nurse into the existing nursing workforce for a private healthcare group".

6.2 CONSTRUCTION OF THE LOGIC MODEL

The five stages of developing a logic model, described by McLaughlin and Jordan (2015), guided the formulation of the pathway. Table 6.1 provides an outline of the five stages for development of a logic model.

Table 6. 1 Stages of Logic Model Development

Stages	Description
Stage One	Collect Relevant Information
Stage Two	Define the Problem
Stage Three	Define the Elements of the Model
Stage Four	Draw the Model
Stage Five	Verify the Model

6.2.1 Stage One: Collect Relevant Information

McLaughlin and Jordan (2015) explain that when designing a programme, using the theory of logic modelling, it is crucial that relevant information pertaining to the programme comes from various sources before the logic model is constructed. The researcher conducted a scoping review on international literature to achieve an understanding on what factors have shown to influence the implementation of new

nursing roles, as described in Chapter Three. Semi-structured interviews, described in Chapter Four, were conducted with key informants who were directly or indirectly affected by the introduction of a new category of nurse. This was to identify the opportunities for, and barriers to, the integration of the General Nurse into the private healthcare sector in South Africa. Chapter Five describes the findings of a qualitative document analysis done to determine the role of the General Nurse in the South African private healthcare sector. Triangulation of the data from these three phases through an iterative process, together with the researcher's two supervisors, made it possible for the researcher to develop greater insight into the problem that needed to be addressed.

6.2.2 Stage Two: Define the Problem

Stage two in the process is concerned with clearly establishing the reason(s) for the programme, which represents the starting point for the construction of the logic model and the understanding of the problem, which drives the need for the programme, and must be clearly described (McLaughlin and Jordan, 2015). When the researcher commenced this research study, the problem statement was, "The introduction of a new category of nurse into the nursing workforce, both in the public and private healthcare sector, is likely to occur at the beginning of 2023. The change in the South African nursing qualifications and nursing categories is a significant and rare event that brings uncertainty and fear of what the future is likely to hold. While it is argued that the new General Nurse will assist in alleviating many of the current challenges, such as, lack of manpower, skill mix imbalances, uneven geographical distribution, and migration of healthcare workers (Department of Health, 2013(a)), there has been little preparatory work done to facilitate the efficient and effective deployment of this new category of nurse in the South African private healthcare sector. The existing nursing workforce, which consists of all nurses who obtained professional registration on the legacy qualifications' framework and its associated scopes of practice, needs reviewing to provide for a favourable transition to the future nursing workforce. However, no such commissioning of workforce planning on the nursing requirements that incorporates the new General Nurse into the workforce strategy has occurred in the private healthcare sector. There is also uncertainty in terms of the role and the way to employ the skills of the new category of nurse to achieve sustainable results in the practice of nursing in private healthcare. It is against the backdrop of the

introduction of a new category of nurse in South Africa and the uncertainty of the systemwide implications for private healthcare that the researcher intended to investigate how to respond to changes in the environment that impacts on the delivery of nursing in the private healthcare setting, and how best to integrate the new General Nurse into the future workforce of the private healthcare sector".

Having reviewed the literature in the scoping review, interviewed key informants and conducted a document review, the consolidation of the problem statement was to guide the development of the logic model for this research study. Although the researcher initially understood and described the problem to be associated with poor organisational planning, related to the integration of the General Nurse into the day-to-day operations of the private healthcare group, new insights into the problem have emerged after analysing the data. The barriers to integration, identified from the semi-structured interviews, are far greater than anticipated initially. The lack in communication of pertinent information, relating to the implementation of the new role, has resulted in stakeholders not understanding how the General Nurse is to function, and what the expectations are for this new category of nurse. The lack of knowledge displayed by organisational leaders about the value and benefits of the General Nurse to the organisation's healthcare services aggravated this problem, which contributed towards the slow pace of preparing for role implementation. The lack of role clarity for the General Nurse in relation to existing nursing categories raised concerns about the capabilities and limitations of the General Nurse in the clinical workplace, and the way in which the SOP of current nurses would compare to that of the General Nurse. The lack of understanding around role interface and expectations in the clinical setting caused an uneasiness about reporting structures, altered power dynamics and possible conflict between the current and the new nursing categories. It further became evident from the literature reviewed, the data gathered from the semi-structured interviews and the findings from the document analysis that the General Nurse, once qualified, would require different types of support from a variety of sources as part of the integration process, to allow them to become acquainted with the demands and expectations of the clinical practice environment while building confidence to render safe and competent bedside nursing as an independent nursing practitioner. To support the complex process of integrating a new category of nurse into an existing nursing workforce, the researcher aimed to formulate a pathway,

based on the evidence derived from the findings of the three phases of this research study, to facilitate the efficient and effective deployment of the General Nurse in the private healthcare sector.

6.2.3 Stage Three: Define the Elements of the Model

In this stage of constructing the logic model, the information that has been collected must be categorised into “bins”, which is depicted in table format as the assumptions, resources and challenges, activities, outputs, and outcomes in the programme logic model (McLaughlin and Jordan, 2015). These authors explain that not every detail of the programme needs identifying and categorising, just the elements that are key to enhancing the understanding of how the programme is intended to work. To begin this process of categorising the information, the researcher reviewed the triangulated data from the previous phases of this research study (see Figure 6.1) and developed the Tables (see Tables 6.2, 6.3, 6.4, 6.5 and 6.6), indicating the lessons learned from the data. The generation of this information was to provide the nominal group with adequate background information to determine the outcomes of successful integration of the General Nurse in the private healthcare sector, and to generate ideas on how to achieve these outcomes.

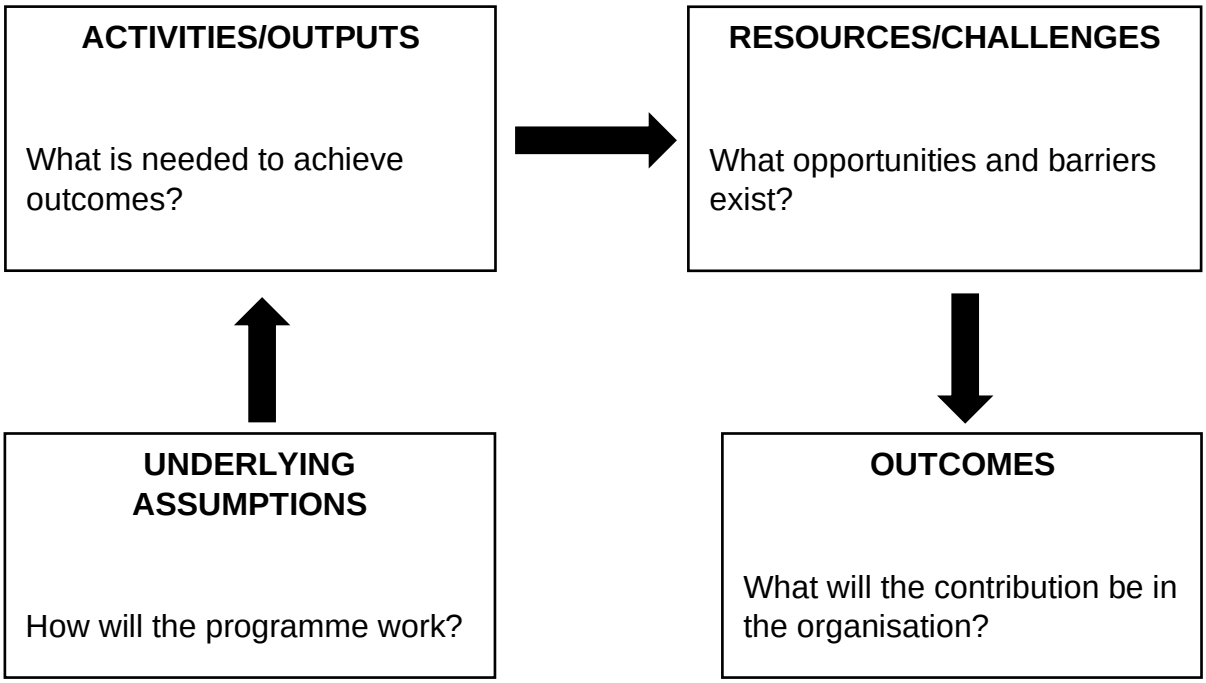

Figure 6. 1 Application of Logic Model Framework

6.2.3.1 Assumptions

Assumptions relate to the beliefs about the programme and the people involved (situation, resources, environment, participants), which are defined as elements that are assumed to be in place and necessary for the success of the programme (Ball, Ball, Leveritt, Ray, Collins, Patterson, Ambrosini, Lee and Chaboyer, 2017). Table 6.2 provides the underlying assumptions identified for the logic model for this research study.

Table 6. 2 Underlying Assumptions

Underlying Assumptions	Related Data Source
1. Role Clarity **Definition:** Role clarity is the degree to which the purpose, duties, responsibilities, SOP, and outcomes of a role is understood by the role holder and other members of the team. **Assumptions** • Role clarity is the premise of professional nursing practice that defines, develops, and supports how nursing care is delivered. • Role clarity demarcates the practice boundaries of a role.	**Chapter Three – Scoping Review** Charters, et al., 2005; Jones, 2005; Booth, et al., 2006; Thrasher and Purc-Stephenson, 2007; Willard and Luker, 2007; McKenna, et al., 2009; Spilsbury, et al., 2009; DiCenso, et al., 2010; Donald, et al., 2010; Llahana and Hamric, 2011; Wintle, Newsome and Livingston, 2011; Sangster-Gormley, et al., 2011; Allen, McAleavy and Wright, 2012; Hourahane, et al., 2012; Crew, 2013; Sangster-Gormley, Martin-Misener and Burge, 2013; Lowe, Plummer and Boyd, 2013; Brault, et al., 2014; Duffy, et al., 2014; Contandriopoulos, et al., 2015; Jokiniemi, Haatainen and Pietila, 2015; Doetzel, Rankin, Then, 2016; McInroe, 2016; Schober, Gerrish and McDonnell, 2016; Lowe, Plummer and Boyd, 2017; Bittner, 2018; Fealy, et al., 2018; Henshall, et al., 2018; Casey, et al., 2019; Boman, et al., 2019; Jean, et al., 2019

• Role clarity makes it easier for the role holder and the multidisciplinary team to acquaint themselves with the contribution of the role in the hospital-based setting. • Role clarity is the application of the SOP to the delivery of nursing care in the clinical workplace. • Poorly defined roles result in role confusion and role conflict among team members which reduce the effectiveness of nursing care.	**Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 4; SSI 5; SSI 7; SSI 8; SSI 9; SSI 10; SSI 11; SSI 14; SSI 15; SSI 16; SSI 17 **Chapter Five – Document Analysis** D2; D6; D25; D28; D31
2. Stakeholder Involvement **Definition:** Stakeholder involvement refer to the participation of any person, group, organisation, or community that has an interest in, or may be affected by, the outcome of a decision. **Assumptions** • Relevant stakeholders are part of the process from beginning to end. • Stakeholder participation in planning and implementing a new role fosters commitment and support for the introduction of the role. • Organisations communicate the introduction of a new role along with the duties and responsibilities of the role.	**Chapter Three – Scoping Review** Jones, 2005; McKenna, et al., 2006; Carter, et al., 2010; DiCenso, et al., 2010; Kilpatrick, et a., 2010; Llahana and Hamric, 2011; Wintle, Newsome and Livingston, 2011; Sangster-Gormley, et al., 2011; Desborough, 2012; Sangster-Gormley, Martin-Misener and Burge, 2013; Krista, Kaisa, Riitta and Anna-Maija, 2014; Duffy, Blair, Colthart and Whyte, 2014; Wisur-Hokkanen, et al., 2015; Schober, Gerrish and McDonnell, 2016; Halse, 2018; Boman, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 4; SSI 5; SSI 6; SSI 8; SSI 10; SSI 11; SSI 12; SSI 14; SSI 16; SSI 17 **Chapter Five – Document Analysis** D8; D11; D22; D23; D24; D25; D28; D31; D37

• Ongoing discussions need to take place between stakeholders to facilitate better insight into the purpose of the role and the potential value add of the role in the clinical practice environment. • Creating awareness about the benefits and value of a new role stimulates engagement and buy-in from relevant stakeholders. • Stakeholder involvement and buy-in establishes an enabling environment that improves the understanding and acceptance of a new role.	
3. Supportive Relationships **Definition:** Supportive relationships are based respect and trust and provide emotional support to reduce stress and help cope with anxiety which improves the physical and mental wellbeing of individuals. **Assumptions** • Effective working relationships in the clinical workplace harness support for the integrating of a new role and the role holder. • Positive working relationships are essential for adjusting power imbalances between team members and resolving conflict. • Supportive relationships facilitate insight into the functioning of the role and establishes credibility for the role holder.	**Chapter Three – Scoping Review** Jones, 2005; Booth, et al., 2006; DiCenso, et al., 2007; Willard and Luker, 2007; Sangster-Gormley, et al., 2011; Spilsbury, et al., 2011; Desborough, 2012; Hourahane, et al., 2012; Sangster-Gormley, Martin-Misener and Burge, 2013; Contandriopoulos, et al., 2015; Andregard and Jangland, 2015; Jokiniemi, Haatainen and Pietila, 2015; McInroe, 2016; Simone, McComiskey and Anderson, 2016; Fernandez, Sheppard-Law and Manning, 2017; Casey, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 3; SSI 4; SSI 7; SSI 8; SSI 9; SSI 11; SSI 12; SSI 13; SSI 15; SSI 16 **Chapter Five – Document Analysis** D6; D17; D31

• Collaborative working relationships among team members promote a positive practice environment. • Meaningful interprofessional relationships support team dynamics and communication. • A positive and receptive attitude from team members towards the deployment of a new role reduces conflict and resistance in the workplace.	
4. Managing Resistance **Definition:** Resistance refers to a situation in which an individual or group refuse to accept or oppose something. **Assumptions** • Change will encounter resistance. • Resistance arises from a sense of ownership around professional knowledge. • Territoriality of the clinical practice environment contributes to uncooperativeness of team members. • The increasing hierarchy within nursing structures results in an uneasiness amongst team members.	**Chapter Three – Scoping Review** Jones, 2005; Booth, et al., 2006; Main, Dunn and Kendall, 2007; DiCenso, et al., 2007; Willard and Luker, 2007; Kilpatrick, et al., 2010; Sangster-Gormley, et al., 2011; Desborough, 2012; Hourahane, et al., 2012; Crew, 2013; Duffy, et al., 2014; Andregard and Jangland, 2015; Jackson, et al., 2015; Schober, Gerrish and McDonnell, 2016; Lowe, Plummer and Boyd, 2017; Halse, 2018 Boman, et al., 2019; Jean, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 4; SSI 7; SSI 8; SSI 10; SSI 11; SSI 12; SSI 16

• Deep-rooted organisational practices and nursing cultures bring about resistance to change. • Experienced nurses often intimidate or disrespect new nurses when new ways of working are introduced. • A plan of action to deal with, and manage, negative and obstructive behaviour is an essential component of the change process.	

6.2.3.2 Resources and Challenges

Resources and challenges refer to the inputs that will influence the success of the programme (Ball, et al., 2017). Table 6.3 presents an outline of the resources and Table 6.4 outlines the challenges identified for the logic model for this research study.

Table 6. 3 Identified Resources

Identified Resources	Related Data Source
1. Organisational Leadership **Definition:** Organisational Leadership (OL) refers to the management structures of an organisation that is responsible for setting goals while motivating the workforce to achieve such goals.	**Chapter Three – Scoping Review** Rutherford, et al., 2005; Carter, et al., 2010; Wintle, Newsome and Livingston, 2011; Sangster-Gormley, et al., 2011; Crew, 2013; Sangster-Gormley, Martin-Misener and Burge, 2013; Lowe, Plummer and Boyd, 2013; Brault, et al., 2014; Krista, et al., 2014; Duffy, et al., 2014; Wisur-Hokkanen, et al., 2015; Lowe, Plummer and Boyd, 2017; Halse, 2018; Jean, et al., 2019; Higgins, et al., 2020

Assumptions • OL is responsible for creating a safe working environment through alignment of operational policies, processes, and systems that recognises the new member of the multidisciplinary team. • OL must establish a positive and receptive outlook towards the deployment of the General Nurse that supports the understanding and acceptance of the new member of the multidisciplinary team. • OL must ensure the new role has been clearly defined in relation to the functions and expectations of all members of the team. • OL is responsible for the reassignment and distribution of tasks, activities, and duties among team members. • OL must get involved and resolve conflict that may arise. • OL must organise and participate in activities that facilitate and strengthen positive team relationships.	**Chapter Four – Semi-Structured Interviews** SSI 1; SSI 4; SSI 6; SSI 7; SSI 8; SSI 9; SSI 10; SSI 11; SSI 12; SSI 13, SSI 14, SSI 16
2. Effective Change Management **Definition:** Effective change management is a systematic approach across the organisation to lead the workforce towards a desired outcome.	**Chapter Three – Scoping Review** Jones, 2005; Booth, et al., 2006; Main, Dunn and Kendall, 2007; DiCenso, et al., 2007; Willard and Luker, 2007; Kilpatrick, et al., 2010; Sangster-Gormley, et al., 2011; Desborough, 2012; Hourahane, et al., 2012; Crew, 2013; Duffy, et al., 2014; Andregard and Jangland, 2015; Jackson, et al., 2015; Schober, Gerrish and McDonnell, 2016; Lowe, Plummer and Boyd, 2017; Halse, 2018 Boman, et al., 2019; Jean, et al., 2019

Assumptions	Chapter Four – Semi-Structured Interviews SSI 1; SSI 4; SSI 5; SSI 7; SSI 8; SSI 10; SSI 12; SSI 14 Chapter Five – Document Analysis D15; D28; D37
• Effectively managing organisational change is a crucial step in establishing a supportive milieu for the General Nurse. • Implementation of a new category of nurse and adapting to new ways of working is a stressful and complex undertaking that requires a systematic approach to minimise disruptions in service delivery and promote acceptance of the role. • Effective change management includes clearly defining the change (what, why, when, who) and align it to the goals of the organisation. • Effective change management warrants an effective communication and information strategy for stakeholders to understand the change and gain their buy-in.	

Table 6. 4 Identified Challenges

Identified Challenges	Related Data Source
1. Poor Communication and Information **Definition:** Poor communication and information refers to the lack of sharing pertinent information with stakeholders.	**Chapter Three – Scoping Review** DiCenso, et al., 2007; Carter, et al., 2010; Donald, et al., 2010; Kilpatrick, et al., 2010; Wintle, Newsome and Livingston, 2011; Sangster-Gormley, et al., 2011; Krista, et al., 2014; Wisur-Hokkanen, et al., 2015; Andregard and Jangland, 2015; McInroe, 2016; Fernandez, et al., 2017; Casey, et al., 2019, Jean, et al., 2019

Assumptions • The lack of sufficient communication and information about a new role is detrimental to the success of the integration process. • The lack of available information and poor communication related to the 3-year diploma-trained General Nurse has resulted in confusion and a lack of knowledge among healthcare teams and stakeholders regarding the role of the General Nurse. • There is confusion about the purpose and function of the role and its associated SOP, competencies, and capabilities. • Poor direction and the lack of guidelines from the regulatory body and management in terms of the implementation plan to integrate the General Nurse had a negative impact on the preparatory work done to accommodate the new category of nurse in the clinical working environment.	**Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 4; SSI 6; SSI 11; SSI 12; SSI 14; SSI 15 **Chapter Five – Document Analysis** D28; D30
2. Perceived Threats to Existing Nursing Workforce **Definition:** Perceived threats to the existing nursing workforce refers to perceptions of the existing nursing workforce related to job security and job satisfaction.	**Chapter Three – Scoping Review** Main, Dunn and Kendall, 2007; Crew, 2013; Andregard and Jangland, 2015; Jackson, et al., 2015; Schober, Gerrish and McDonnell, 2016; Boman, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 4; SSI 10; SSI 11; SSI 12; SSI 15, SSI 16

Assumptions • The reluctance of the existing nursing workforce to accept the General Nurse is associated with the perceived threat to their professional status in that there is a belief that the professional registration of current categories will be downgraded. • The existing nursing workforce experience job insecurity and believe there will be limited professional advancement opportunities for existing nursing categories. • The introduction of the General Nurse will increase the workload for the existing nursing workforce. • There will be no recognition of the contribution of the existing nursing workforce once the General Nurse is introduced. • The General Nurse will receive a higher salary than the current Registered Nurse.	**Chapter Five – Document Analysis** D28
3. Capacity Concerns of General Nurse **Definition:** Capacity concerns of the General Nurse relates to existing perceptions that the General Nurse will be unable to contribute towards the critical service needs of the organisation to fulfil its purpose.	**Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 5; SSI 8; SSI 11; SSI 12; SSI 14 **Chapter Five – Document Analysis** D14; D31; D36

Assumptions • The General Nurse will be unable to satisfy operational demands in the private healthcare environment. • Uncertainty exists about the capacity of the General Nurse to function and render services in specialised nursing units. • The perceived professional constraints (knowledge and skills) of the General Nurse are a barrier to successful implementation of the same.	

6.2.3.3 Activities and Outputs

Activities relate to the interventions that occur during the programme to produce the outputs while outputs refer to the actual deliverables of the programme (Ball, et al., 2017). Table 6.5 outlines the activities and Table 6.6 the outputs identified for the logic model for this research study.

Table 6. 5 List of Activities

Activities and Outputs	Related Data Source
1. Job Grading and Remuneration Structure **Definition:** Job grading refers to the value that an organisation assigns to a position for compensation purposes in relation to other positions in the organisation.	**Chapter Three – Scoping Review** Booth, et al., 2006; DiCenso, et al., 2010 **Chapter Four – Semi-Structured Interviews** SSI 2; SSI 5; SSI 8; SSI 11; SSI 12; SSI 14; SSI 17

Assumptions • A structured outline of the purpose, requirements, and performance parameters of the new role that delineate the scientific knowledge, clinical skills, and nursing tasks of the General Nurse against the current organisational positions must be developed. • Evaluation and assignment of the appropriate job grade for the General Nurse within the organisational structure in relation to current job grades for the existing nursing workforce must be established. • Remuneration, or salary scales, for the General Nurse must be determined in relation to the salary scales of the current nursing workforce.	
2. Written Job Description **Definition:** A written job description relates to a formal document that provides detail about the duties and responsibilities of a job which includes reporting structure and conditions of employment. **Assumptions** • A well-designed job description is imperative to secure success for the General Nurse in the clinical practice environment.	**Chapter Three – Scoping Review** Ruhterford, et al., 2005; Booth, et al., 2006; Thrasher and Purc-Stephenson, 2007; Carter, et al., 2010; Sangster-Gormley, et al., 2011; Spilsbury, et al., 2011; Crew, 2013; Jokiniemi, Haatainen and Pietila, 2015; Simone, McComiskey and Anderson, 2016; Schober, Gerrish and McDonnell, 2016; Casey, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 5; SSI 6; SSI 8; SSI 10; SSI 16

• A clear and detailed job description for the General Nurse that describes the duties, tasks, and responsibilities of the General Nurse in a hospital-based setting must be developed. • Equally important when drafting the job description is how the job specifications of the General Nurse will interface with current nursing categories in the clinical practice environment.	
3. Policies and Procedures **Definition:** Policies and procedures refer to the rules and methods related to work activities, actions and decisions with which employees must comply. **Assumptions** • Successful integration of the General Nurse into an already functioning team is dependent on policy reform. • A complete overhaul of business policies, processes and systems that involve every part of the institution to accommodate the new category of nurse in the daily operations of the healthcare facility is required. • Policy reform presents an opportunity to restructure and reorganise hospital operations to establish new work behaviours and patterns in the clinical working environment.	**Chapter Three – Scoping Review** Sangster-Gormley, et al., 2011; Hourahane, et al., 2012; Jokiniemi, Haatainen and Pietila, 2015; McInroe, 2016; Jean, et al., 2019; Higgens, et al., 2020 **Chapter Four – Semi-Structured Interviews** SSI 5; SSI 7; SSI 8; SSI 17

4. Education and Training **Definition:** Education and Training relates to the process of acquiring knowledge and skills to function in the workplace. **Assumptions** • There is a need for the development of a contextually relevant nursing curriculum to provide nursing students with the necessary theoretical and practical basis to interpret the realities of the clinical workplace. • Incorporating the use of technology into the educational experience of the General Nurse will improve quality of care, patient safety and build confidence. • Early exposure to the clinical practice environment during clinical placements will stimulate critical thinking, improve nursing competence, and contribute to theory-practice integration of the General nurse whilst in training. • Clinical Placement of nursing students to be in accordance with the stipulations of the SANC.	**Chapter Three – Scoping Review** Charters, et al., 2005; Rutherford, et al., 2005; Jones, 2005; Main, Dunn and Kendall, 2007; Thrasher and Purc-Stephenson, 2007; DiCenso, et al., 2007; DiCenso, et al., 2010; Wintle, Newsome and Livingston, 2011; Sangster-Gormley, et al., 2011; Hourahane, et al., 2012; Duffy, et al., 2014; Simone, McComiskey and Anderson, 2016; Fealy, et al., 2018; Halse, 2018; **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 5; SSI 7; SSI 8; SSI 10; SSI 11; SSI 12; SSI 13; SSI 14; SSI 17 **Chapter Five – Document Analysis** D1; D2; D7; D9; D14; D15; D16; D19; D25

5. Supervision, Evaluation and Feedback **Definition:** Supervision, Evaluation and Feedback refers to the process of providing direction, guidance and control over work activities, actions and decisions while giving timely feedback to improve performance. **Assumptions** • A concerted effort must be made by the organisation to provide adequate supervision for the General Nurse at the bedside to ensure patient safety and good clinical outcomes. • The organisation must evaluate the efficiency and effectiveness of the new role in actual practice. • Timely and appropriate feedback from more experienced team members and supervisors in the clinical practice environment promote role development.	**Chapter Three – Scoping Review** Charters, et al., 2005; Rutherford, et al., 2005; Jones, 2005; Booth, et al., 2006; McKenna, et al., 2006; McKenna, Keeney and Hasson, 2009; Llahana and Hamric, 2011; Krista, et al., 2014; Duffy, et al., 2014; Wisur-Hokkanen, et al., 2015; Andregard and Jangland, 2015, Jokiniemi, Haatainen and Pietila, 2015; Simone, McComiskey and Anderson, 2016; Schober, Gerrish and McDonnell, 2016; Halse, 2018; Henshall, et al., 2018; Higgins, et al., 2020 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 7; SSI 9; SSI 11; SSI 13; **Chapter Five – Document Analysis** D6; D31; D36
6. Emotional and Professional Support **Definition:** Emotional and Professional Support relates to activities or initiatives that are aimed at maintaining and promoting the psychological wellbeing and professional development of the current and future	**Chapter Three – Scoping Review** Charters, et al., 2005; Jones, 2005; Booth, et al., 2006; McKenna, et al., 2006; Trasher and Purc-Stephenson, 2007; Mckenna, Keeney and Hasson, 2009; Carter, et al., 2010; DiCenso, et al., 2010; Llahana and Hamric, 2011; Sangster-Gormley, et al., 2011; Desborough, 2012; Hourahane, et al., 2012; Krista, et al., 2014; Duffy, et al., 2014; Wisur-Hokkanen, et al., 2015; Contandriopoulos,

workforce during the early stages of integrating the General Nurse into the clinical practice environment. **Assumptions** • Different types of support, from various sources, for the current and future nursing workforce are necessary to facilitate the integration of the General Nurse. • Adequate emotional support for the General Nurse during the integration process to allay anxieties and stress will enable the General Nurse to deal and cope with changes in the working environment during the early stages of the integration process. • Support for professional growth and development, as part of the professional socialisation of General Nurse into the clinical working environment, is essential to secure success for the new category of nurse. • Transitional support needs to be provided for the current nursing workforce.	et al., 2015; Andregard and Jangland, 2015; Jokiniemi, Haatainen and Pietlia, 2015; McInroe, 2016; Fernandez, et al., 2017; Fealy, et al., 2018; Lowe, Plummer and Boyd, 2018; Halse, 2018; Casey, et al., 2019; Boman, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 4; SSI 5; SSI 6; SSI 7; SSI 9; SSI 10; SSI 11; SSI 13 **Chapter Five – Document Analysis** D6; D7; D14; D24

7. Career Progression **Definition:** Career progression refers to the process of moving forward or making progress in one's career. **Assumptions** • Career progression pathways for the General Nurse have been established. • Advancement opportunities will be accomplished through progression along three main pathways, namely clinical, professional, and academic progression.	**Chapter Three – Scoping Review** Jones, 2005; Spilsbury, et al., 2009 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 3; SSI 4; SSI 7; SSI 10; SSI 11; SSI 12; SSI 17 **Chapter Five – Document Analysis** D9; D10; D15; D21; D25; D32; D33; D34; D35; D37

Table 6. 6 List of Outputs

Outputs	Related Data Source
1. Preparation for the Role **Definition:** Preparation for the new role refers to organisational planning to accommodate the new role, which relates to the redesign of institutional policies and procedures to integrate the General Nurse into the daily running of the hospital.	**Chapter Three – Scoping Review** Charters, et al., 2005; Rutherford, et al., 2005; Booth, et al., 2006; Spilsbury, et al., 2009; DiCenso, et al., 2010; Sangster-Gormley, et al., 2011; Allen, McAleavy and Wright, 2012; Hourahane, et al., 2012; Sangster-Gormley, Martin-Misener and Burge, 2013; Krista, et al., 2014; Duffy, et al., 2014; Wisur-Hokkanen, et al., 2015; Contandriopoulos, et al., 2015; Jackson, et al., 2015; Doetzel, Rankin, Then, 2016; Simone, McComiskey and Anderson, 2016; Lowe, Plummer and Boyd, 2018; Halse, 2018

Assumptions • Successful deployment of the General Nurse in the clinical working environment hinges on the groundwork done by organisations to accommodate the General Nurse in the day-to-day functioning of the hospital through the articulation of policies, processes, and systems.	**Chapter Four – Semi-Structured Interviews** SSI 1; SSI 3; SSI 4; SSI 5; SSI 7; SSI 8; SSI 9; SSI 10; SSI 11; SSI 12; SSI 14; SSI 17
2. Deployment the Role **Definition:** The deployment of the role refers to the capabilities of the General Nurse and how this category of nurse will be utilised in the clinical practice environment. **Assumptions** • The deployment of the General Nurse needs to be in accordance with the educational preparation and capabilities of the General Nurse which will ensure that the knowledge and skills of such nurse is best utilised to render safe and competent nursing care. • The deployment of the General Nurse in the clinical practice environment will include the use of affective skills and collaboration with members of the multi-disciplinary team.	**Chapter Five – Document Analysis** D1; D2; D3; D4; D6; D7; D9; D14; D15; D16; D17; D19; D20; D21; D24; D25; D27; D31; D36

• The General Nurse should be capable of displaying leadership skills in managing nursing care of a patient and will be able to manage a nursing unit within a healthcare facility. • The General Nurse should be capable of participating in research activities to improve the standard of care. • The General Nurse should be able to educate patients and other members of the healthcare team by applying sound teaching skills.	
3. Support for the Role **Definition:** Support for the role refers to opportunities that have been identified from a variety of sources to assist and secure the success of the new category of nurse in the clinical practice environment. **Assumptions** • A supportive environment is a critical success factor for the effective deployment of the General Nurse in the clinical working environment. • A multi-layer approach to providing adequate support, both emotional and professional, to existing and future nurses is pivotal to the success of integrating the General Nurse into the clinical practice environment.	**Chapter Three – Scoping Review** Charters, et al., 2005; Jones, 2005; Booth, et al., 2006; McKenna, et al., 2006; Trasher and Purc-Stephenson, 2007; Mckenna, Keeney and Hasson, 2009; Carter, et al., 2010; DiCenso, et al., 2010; Llahana and Hamric, 2011; Sangster-Gormley, et al., 2011; Desborough, 2012; Hourahane, et al., 2012; Krista, et al., 2014; Duffy, et al., 2014; Wisur-Hokkanen, et al., 2015; Contandriopoulos, et al., 2015; Andregard and Jangland, 2015; Jokiniemi, Haatainen and Pietlia, 2015; McInroe, 2016; Fernandez, et al., 2017; Fealy, et al., 2018; Lowe, Plummer and Boyd, 2018; Halse, 2018; Casey, et al., 2019; Boman, et al., 2019 **Chapter Four – Semi-Structured Interviews** SSI 1; SSI 2; SSI 3; SSI 4; SSI 5; SSI 6; SSI 7; SSI 9; SSI 10; SSI 11; SSI 13 **Chapter Five – Document Analysis** D6; D7; D14; D24

6.2.3.4 Outcomes

The outcomes of the programme in logic modelling describe the actual change that is associated with the outputs that occur because of the programme (Ball, et al., 2017). The outcomes for the logic model in this research study are the short- and long-term benefits of successful integration of the General Nurse into the existing nursing workforce for a private healthcare group in South Africa. The employment of a nominal group technique was to determine what these outcomes should be and what the contribution would be in the healthcare organisation, based on the other elements defined and described in the preceding sections (see Section 6.3).

6.2.4 Stage Four: Draw the Logic Model

McLaughlin and Jordan (2015) explain that a logic model depicts a road map of connections that exist to reveal the assumed theory of change for a programme. Using the defined elements from the tables (see Tables 6.2, 6.3, 6.4, 6.5 and 6.6), the actual logic model consolidates the information to enable the reader to better understand and evaluate the relationships between elements. After defining and describing the elements of the logic model for this research study, the researcher populated the elements for the logic model. The logic model is a simplified visual representation of the process involved and reads from left to right, illustrating the relationship between the elements of the model obtained from the evidence collected and analysed during the three phases of this research study (see Figure 6.2). The goal of using logic modelling was to formulate a pathway of strategies, taking into account the outcomes of the programme, that are user-friendly and easy to implement, which will facilitate the efficient and effective deployment of the General Nurse in the private healthcare sector.

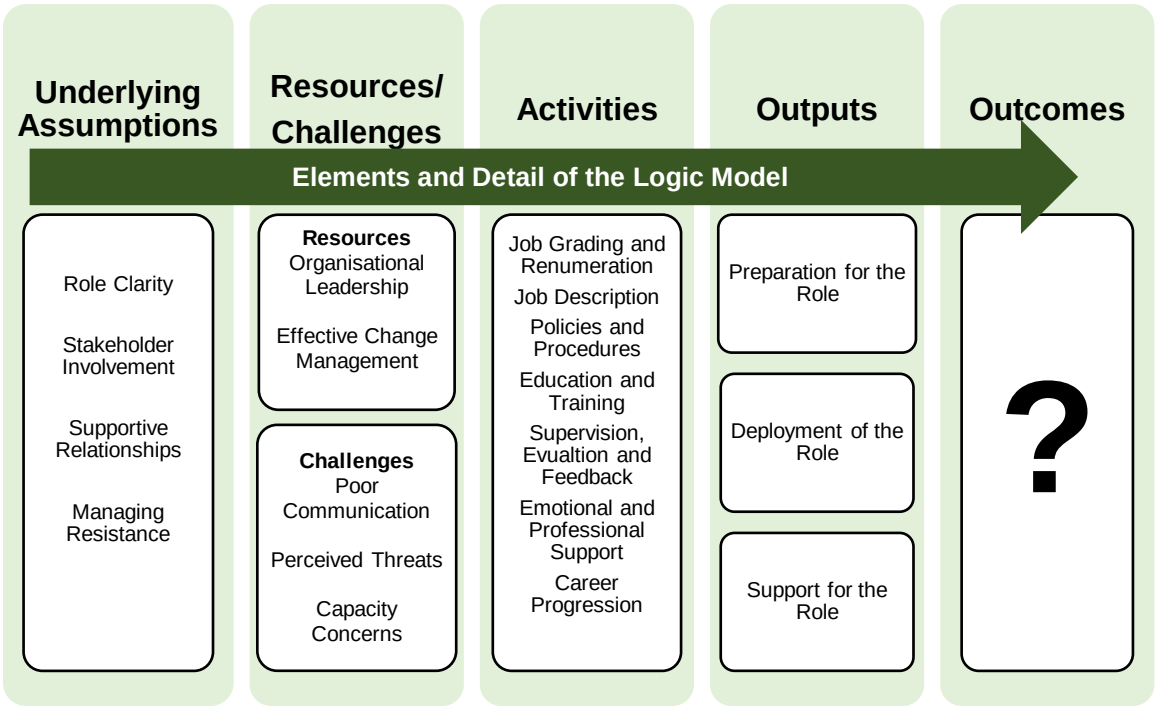

Figure 6. 2 Preliminary Populated Elements of the Logic Model

6.2.5 Stage Five: Verification of the Logic Model

The final stage of developing a logic model involves making use of stakeholders to evaluate the model in respect of its intent and purpose that reflects the programme logic and how it will work under certain conditions to achieve its goals (McLaughlin and Jordan, 2015). The verification process of the preliminary populated elements of the logic model for this research study (see Figure 6.2) was achieved through consultation with a nominal group, conducted with primary stakeholders, to evaluate the preliminary populated elements of the logic model and to reach consensus as to which outcomes to aim for.

The formulation of the pathway which, represents Phase Four of this research study, consists of Phases 4A and 4B. Phase 4A, verified the preliminary populated elements of the logic model for this research study, identified outcomes, and generated ideas on how to achieve the identified outcomes. The data from Phase 4A along with evidence from supporting literature, was used to formulate a pathway of strategies to facilitate the integration of the General Nurse, and in Phase 4B, a review panel reviewed and confirmed the formulated pathway. The following sections present the details of Phases 4A and 4B.

6.3 PHASE 4A: VERIFICATION OF THE PRELIMINARY POPULATED ELEMENTS OF THE LOGIC MODEL AND IDENTIFICATION OF PROGRAMME OUTCOMES

6.3.1 Introduction

A nominal group technique (NGT) was used to evaluate the components of the preliminary populated logic model for this research study and to reach consensus on what the outcomes of successful integration of the General Nurse should be for a private healthcare group (see Section 2.7). The NGT enabled a structured face-to-face group discussion to generate ideas and achieve consensus on the programme outcomes based on the theory of logic modelling (McMillan, King and Tully, 2016). The participants of the NGT also generated ideas on how to achieve these identified programme outcomes in the South African private healthcare sector.

6.3.2 Participants

A nominal group session consisting of six (n=6) participants was conducted in July 2022. The sample was described in Chapter Two (see Section 2.7.3), and included participants who represented the primary stakeholders, identified for this study, to be involved in the integration of the General Nurse. Table 6.7 provides details of the demographic data of the participants.

Table 6. 7 Participants Demographic Data

Age	Gender	Highest Qualification	Years of Experience
52	Female	Masters	34
46	Female	PhD	20
64	Female	Masters	44
30	Male	Diploma	6
50	Female	Bachelor	17
69	Female	PhD	47

The average length of experience amongst participants was 28 years. The average age of the group was 51.8 years. Eighty-three percent (83%) of the participants were female and 17% were male. Two (n=2) of the participants held a PhD qualification as a highest qualification, two (n=2) participants a Master's degree, one (n=1) participant a Bachelor's degree and one (n=1) participant a Diploma.

6.3.3 Findings

As indicated above, the purpose of the nominal group was to review and evaluate the preliminary populated elements of the logic model and to determine what the outcomes of successful integration of the General Nurse should be for a private healthcare group. The participants also generated ideas on to how to achieve these outcomes. The nominal group first had to identify the outcomes for the healthcare organisation of successful integration of the General Nurse into the existing nursing workforce, and then suggest a way to achieve the identified outcomes in the private healthcare sector. This information was necessary to enable the researcher to formulate the pathway that represents a series of steps that would facilitate the seamless integration of the General Nurse. The nominal group reached consensus on broad outcomes that represented all their individual ideas. All the ideas that were expressed during this process, relating to issues that would need to be addressed to achieve the outcomes, were written on different colour index cards, and categorised under the relevant outcomes through discussion and consensus decision-making. Table 6.8 provides an outline of the outcomes generated by the nominal group.

Table 6. 8 Outline of Identified Outcomes

Outcomes Identified
1. The integration of the General Nurse provides for efficiency and the realisation of organisational goals and objectives.
2. The General Nurse is part of an integrated healthcare team that contributes to the quality and safety of patient care within the clinical practice environment.
3. The introduction of the General Nurse is accepted, and willingly supported, by all stakeholders in the healthcare organisation.
4. The integration of the General Nurse into the functional staffing structures of the healthcare organisation results in a sustainable and contented nursing workforce.

During this phase of the research study, the researcher used the nominal group to assess and review the elements of the preliminary populated logic model for this research study. Although the elements of the logic model determined what components were necessary to bring about change, and what results to expect, it was important to determine how to achieve each identified outcome. Once the agreed upon outcomes were established, the participants generated ideas that gave context

to each outcome and on how to go about achieving such outcomes. Table 6.9 outlines the main points generated by the nominal group associated with each identified outcome.

Table 6. 9 Summary of Ideas to Achieve Identified Outcomes

The integration of the General Nurse provides for efficiency and the realisation of organisational goals and objectives	The General Nurse is part of an integrated healthcare team that contributes to the quality and safety of patient care within the clinical practice environment	The introduction of the General Nurse is accepted, and willingly supported, by all stakeholders in the healthcare organisation	The integration of the General Nurse into the functional staffing structures of the healthcare organisation results in a sustainable and contented nursing workforce
• Ensure productivity of the General Nurse in the workplace • Use of the General Nurse as "actual" workforce, not just as backup staff • Optimal utilisation of the General Nurse in the practice environment • A practitioner (General Nurse) that could "hit" the ground running • Role Orientation (clarity) of the General Nurse • General Nurse to work and function on his/her own and as part of a team – team player • Skilled General Nurse to fill the gap (staff shortage) in the clinical practice environment • Ongoing identification of problems and solutions in the context of work	• Integration of knowledge and skills - Clinical Competence • Focus on clinical competencies of the General Nurse in the clinical practice environment • All nursing categories to collaborate to achieve one goal – quality patient care • General Nurse to lead practice development in clinical area of deployment • General Nurse to have a clear understanding of research and best practice implementation • Well-developed General Nurse to implement and carry out the nursing process • General Nurse must contribute to improved patient outcomes • General Nurse with a vision to uplift and enhance the profession	• Bridge the gap (understanding) between the old and new nursing staff to find the new "normal" in the clinical practice environment • Create buy-in from doctors to help with acceptance of the General Nurse • Involve non-nursing personnel, e.g., pharmacy, physios, during the introduction of the General Nurse • Create opportunities for stakeholders to voice concerns, give input and/or feedback about the integration process • Address anxieties of old (existing) nursing staff – they fear the unknown • Value the old (existing) staff so that they can develop the new staff (General Nurse) • Use clinical facilitators as change champions on the floor	• Prioritise sustainable staff establishments for the organisation – nursing skill mix • Ensure transparency in determining salary scales for the existing nursing staff and the General Nurse • Establish career progression paths for the existing staff and the General Nurse • Provide professional development and upskilling opportunities for old and new nursing staff • Retention of the existing nurses • Create a safe working space that promotes the psychological safety of all staff

The researcher used the data generated by the nominal group contained in Tables 6.8 and 6.9 to formulate the pathway of strategies for the integration of the General Nurse into the existing nursing workforce of a private healthcare group. The outcomes and activities that were generated by the nominal group were the basis for the development of the pathway in conjunction with the literature used to support the ideas of the nominal group.

6.4 DRAFT PATHWAY

A pathway is a series of actions to achieve something in a specific situation (Cambridge Dictionary, 2022); in this study, a pathway refers to a series of steps a private healthcare group can take to facilitate the successful integration of the General Nurse into its already functioning nursing teams. The researcher used the data generated in Phase 4A of this research study, with supporting evidence from literature, to formulate the draft pathway through an iterative process with the two research supervisors of this research study.

6.4.1 Prerequisites for the Pathway to be Successful

6.4.1.1 Role Clarity

Role clarity is one of the cornerstones of professional nursing practice, which defines and supports the delivery of nursing care in the nursing workplace. A clearly defined role explicitly demarcates the purpose, practice boundaries and the outcomes of the role, which makes it easier for the role holder and the multidisciplinary team to acquaint themselves with the contribution of the role in relation to the associated duties, functions, and responsibilities. The application and fulfilment of every team member's scope of practice in the clinical practice environment will reduce role conflict, prevent role duplication, and/or overlap to ensure safe and competent nursing care while allowing all member of the team to practice to their full potential within the parameters of what is legally permitted. Martin and Weeres (2016) state that if healthcare organisations fail to appropriately utilise all categories of nurses, the result may be underutilisation or misallocation of certain categories of nurses, gaps in nursing and/or patient care and role conflict, which has serious implications for patient safety and job satisfaction for nurses. Healthcare organisations and NEIs can use interprofessional education as a tool in the classroom or clinical setting to educate team members on the various roles in the healthcare team, and what is expected of each role, while

cultivating trust and respect for the unique contribution of every healthcare role in the healthcare system.

6.4.1.2 Effective Communication

Transparency in communicating clear and reliable information to all stakeholders participating in the introduction of the General Nurse into organisational processes, structures and systems is indisputable to the success of the integration process. Creating awareness about the benefits and value add of the General Nurse in the organisation, and patient care, will stimulate engagement and buy-in from all relevant stakeholders while establishing an atmosphere conducive for the introduction of the General Nurse. Andregard and Jangland (2015) reported on the ramifications of insufficient information on the integration of new roles, and highlighted the difficulties in finding the right communication pathways for introducing a new role along with the difficulties of informing members of the multidisciplinary team about a new role of which none have previous knowledge or experience. Face-to-face meetings, electronic platforms, team meetings, workshops, forums and/or town hall presentations are avenues the healthcare organisation can employ to facilitate robust dialogue to improve insight into, and understanding of, the role expectations and interface, education and training, the competencies, and capabilities of the General Nurse. Underpinning the effective communication of the planned change and acceptance of the General Nurse is an understanding of how the role will function within an already functioning multi-disciplinary team.

6.4.1.3 Support from Management

The support from management is invaluable to the successful integration of the General Nurse. Management must create and communicate a shared vision for the new role and facilitate better insight and knowledge about the role at all levels of management to harness support for the General Nurse throughout the organisation. More importantly, management must support the integration of the General Nurse by managing the insecurities and uncertainty of the existing nursing workforce in the organisation. An essential step to integrate the General Nurse into the existing nursing workforce is the reallocation of duties, responsibilities, and tasks of the new team and management is instrumental in designing job descriptions that support role holders

and promote the role with the intention to complement existing nursing roles in the clinical practice environment (Carter, et al., 2010).

6.4.2 Pathway of Strategies Associated with Each Identified Outcome

In applying the theory of logic modelling, outcomes are the actual changes expected to occur due to the implementation of the programme (Ball, et al., 2017). The outcomes and activities generated by the nominal group, supported by the evidence in literature, was used to formulate the following series of steps to facilitate the efficient and effective deployment of the General Nurse in the private healthcare sector.

6.4.2.1 The integration of the General Nurse provides for efficiency and the realisation of organisational goals and objectives

The concept efficiency is explained as a feature of a productive organisation, which indicates, "how efficiently inputs are transformed into outputs" (Kamarainen, Peltokorpi, Tokki and Tallbacka, 2016). In healthcare, productivity is calculated by dividing the total amount of healthcare output (patient care) produced to the total amount of input (costs, staff, resources) used to produce the healthcare for these patients (Castelli, Street, Verzulli and Ward, 2015). For purposes of this study, efficiency and the realisation of organisational goals and objectives refer to the deployment of the knowledge, skills, and experience of the General Nurse in a healthcare facility to produce cost-effective healthcare.

To achieve this outcome, the recommendations are:

1. Nursing Education Institutions (NEI's) develop contextually relevant nursing curriculums that will prepare the General Nurse, to be fit for purpose and to render nursing care in a dynamic and complex healthcare environment that is responsive to changes in the demands and needs of healthcare users and the healthcare system. Brownie, Docherty, Al-Yateem, Gadallah and Rossiter (2018) explain that an essential element of preparing graduates best suited to function and practice in local environments, is designing curriculums that are reflective of specific local population health needs and health systems challenges. Academic programmes must deliver a theoretical foundation that produces a General Nurse who is able to recognise and interpret the realities of working in a hospital-based setting. The use of technology is a critical component of nursing practice and needs

incorporating into nursing curriculums and the educational experience of the General Nurse whilst in training. Harerimana and Mtshali (2019) argue that the use of technology in nursing education is essential in preparing nursing students for work in a technology-driven healthcare environment, and that this demands a paradigm shift in the training and preparation of student nurses to function in the "real world".

2. NEIs and healthcare organisations must develop and implement strategies that cultivate workplace competencies of the General Nurse, such as time management, prioritisation of care and delegation skills, necessary to succeed in the clinical practice environment. Effective time management, as an element of adjusting to the clinical practice environment, is essential to successfully execute nursing care activities, adapt to changing priorities during the shift, getting more work done and producing high quality nursing care. The prioritisation of patient care is vital and demands a lot of attention, for which the General Nurse will have to find tools and resources to manage time and patient care demands appropriately. An important consideration for effective time management and prioritisation of care is delegation. The General Nurse will have to become accustomed to practice parameters of the different nursing team members in the clinical practice environment if delegation is to be effective. Delegation is a skill the General Nurse will have to learn to ensure all members of the nursing team spend time in the most productive manner. Nursing care consists of a number of time-consuming activities, which may be executed successfully if there is sharing of the workload, in line with the scopes of practice, amongst the entire team. Nayak (2018) argues that good time management practices of nurses benefit the organisation in several ways including greater productivity, less stress, improved efficiency, more opportunities for professional advancement and greater opportunities to achieve career and life goals.

3. Healthcare organisations must proactively review all policies and procedures to make "space" and incorporate the General Nurse into the daily operations of the organisation. Updated policies and procedures to guide the General Nurse in decision-making and explaining the "how to" for completing tasks will streamline clinical practice and accomplish better understanding of the scope, capabilities,

and limitations of the General Nurse in the clinical working environment. Hourahane, et al. (2012) emphasise the need for appropriate structures, policies and procedures when implementing new nursing roles, and describe this as a fundamental step in securing success for the new role in the clinical practice setting. A key factor relating to appropriate organisational policies and procedures is a well-defined job description for the General Nurse. A clearly defined job description that details the job requirements and the main tasks, duties, functions, and responsibilities for the General Nurse, in relation to the goals and objectives of the organisation, is essential for integrating the position into the organisation. Articulating the duties and responsibilities of the General Nurse within the organisation will avoid time being wasted through role ambiguity, role duplication or overlap and will contribute to efficient delivery of nursing care in the clinical practice environment. Jokiniemi, et al. (2015) highlighted that clear job descriptions increase the recognition and integration of new nursing roles in the clinical practice environment.

4. Healthcare leaders must optimise the division of work in the clinical workplace, as this contributes towards the productivity and efficiency of nurses through optimal distribution of tasks, duties, and responsibilities to different members of the nursing team. It is important to determine which patient care activities are necessary, at what intervals, and which category of nurse is best qualified to execute such nursing activities (Lavander, Meriläinen and Turkki, 2016). The total number of nurses in relation to the activities assigned to every team member for total patient care is an important determinant of nursing workload and the organisation will have to find the right balance between cost-effective nurse-patient ratios, patient outcomes and employee well-being. An important consideration for the division of work is that the General Nurse may experience feelings of being overwhelmed and unprepared to function independently at the beginning of the professional journey as a qualified nurse and will, therefore, require time to practice nursing skills and to socialise, not just into the new role, but the nursing profession generally. Healthcare leaders must look at progressively increasing the responsibility, accountability, and workload of the General Nurse in the clinical workplace, which will facilitate a productive start and smooth integration into practice for the General Nurse.

5. Healthcare organisations must implement evaluation and feedback strategies to strengthen the impact and value-add of the General Nurse at the bedside. Healthcare managers and experienced team members must continuously assess and evaluate the performance of the General Nurse against agreed standards and provide constructive feedback to improve the functioning of the new role in the clinical practice environment. Simone, et al. (2016) found that evaluation of clinical performance and regular feedback ensured the achievement of basic goals and provided opportunities for continued professional growth. Peer evaluation and ongoing discussions between the General Nurse and nursing team members will promote a greater understanding of the role and will help team members develop clear performance expectations about the role in the clinical practice environment.

6. Healthcare organisations must implement mechanisms for ongoing identification of problems and solutions during the integration process of the General Nurse in the context of work. Krista, et al (2014) found that the identification of possible distractions and/or risk factors for the performance of new role holders as having a significant impact on securing success for new role and state that such risk factors need recongnising and responding to for early intervention. Problem identification, such as, task redistribution, managing altered working relationships, conflict resolution and ongoing supervision of nursing teams in changing circumstances, is a major challenge for nursing management when new roles are integrated into the clinical practice environment (Schober, et al., 2016).

6.4.2.2 The General Nurse is part of an integrated healthcare team that contributes to the quality and safety of patient care within the clinical practice environment

The WHO (2020) describes quality patient care as the degree to which healthcare organisations deliver safe and effective care that is mindful of the needs and preferences of persons to achieve the desired health outcomes for healthcare users. In this study, the definition of quality patient care is patient-centred care informed by evidence-based nursing practice in a supportive environment that promotes the health and safety of healthcare users.

To achieve this outcome, the recommendations are:

1. NEIs must ensure early exposure of the General Nurse, whilst in training, to the clinical learning environment to assist nursing students with familiarisation of the clinical workplace and its demands, improve clinical and practical skills, develop communication and problem-solving skills, and enhance the overall confidence of nursing students. Early exposure of nursing students to a hospital-based setting will help with establishing meaningful relationships, developing the professional identity of the General Nurse and expand the clinical capabilities of this category of nurse to render nursing care to healthcare users of any age in various healthcare settings. It is worth noting that students should have sufficient time allocated for work-based learning and clinical exposure to the hospital environment to satisfy the clinical learning requirements of the programme. Duffy, et al. (2014) support the notion of work-based learning and advocate for supernumerary status and effective supervision of student nurses to facilitate teaching and learning to satisfy the needs of the individual and the organisation.

2. NEIs must ensure the narrowing of the theory-practice gap. Students must have opportunities in which learned knowledge can translate into practice to enable the General Nurse, once qualified, to be an autonomous practitioner capable of providing good quality patient care. The use of simulation laboratories to practice clinical skills and competencies in a safe environment to build confidence, clinical placement of students to be aligned with expected learning outcomes of theoretical content of the curriculum, avoiding short clinical rotations to allow adequate exposure to clinical cases and prevention of overcrowding in clinical facilities with a large number of students to avert competition between students for clinical learning opportunities and clinical procedures, are important considerations for the NEI to facilitate the integration of the General Nurse, whilst in training, into the nursing profession. Kerthu and Nuuyoma (2019) found one of the main reasons for preventing students from integrating theory with practice was limited exposure and inadequate time allocation to the clinical working environment. Involving real patients in teaching at the bedside is invaluable to the practical workplace training and skills development of student nurses. Interacting with patients in the hospital setting provides student nurses with valuable encounters to practice clinical reasoning and decision-making abilities along with

critical thinking skills required for effective functioning in their current and future role. Clinical facilities used for clinical placement of nursing students should have well established clinical training and education units, with suitably qualified clinical facilitators to optimise the clinical learning experience by assisting students with the integration of theory into practice and the acquisition of the needed clinical skills to be a successful nursing practitioner. Additionally, the development of a clinical preceptorship programme and preparation of clinical preceptors can provide nursing students with guidance and supervision during work-based learning that will facilitate socialisation into the profession. Muthathi, et al. (2017) advocate for a team approach, involving professional nurses, nurse educators and clinical facilitators, to clinical facilitation to secure support for student nurses in the clinical working environment, improve student to facilitator ratios and promote theory-practice integration during education and training.

3. Healthcare organisations must create and provide practice development opportunities for the General Nurse to improve the effectiveness of nursing care to secure improved health outcomes for healthcare users. The term, practice development, describes proactive methods aimed at addressing the quality of nursing care and advance healthcare practices (Heyns, Botma and Van Rensburg, 2017). The General Nurse needs exposure to the use of resources in the clinical practice environment to generate information that can be analysed to produce knowledge which in turn, will improve the quality of patient care. Generating evidence from the clinical practice environment, for quality improvement, will enable the General Nurse to make changes to daily practice and in doing so, facilitate the delivery of nursing care that is patient-centred and based on evidence from research activities. An important element of nursing practice for the General Nurse will be to ensure the highest quality of patient care through the incorporation of the latest research findings and best practices into the delivery of nursing care. When utilising the best available evidence to inform decision-making at the bedside, the General Nurse contributes towards improving patient safety, reducing healthcare costs, and limiting variation in health outcomes. Bradd, Travaglia and Hayen (2017) explain that practice development enhances clinical services, such as to increase the quality and safety of healthcare, to develop core principles and

a common culture towards patient care as well as to improve sharing of information amongst team members.

4. Healthcare leaders must design and implement a competency-based orientation programme for the General Nurse. A competency-based orientation programme will allow the General Nurse to become familiar with the clinical working environment while promoting the delivery of safe and competent nursing care which is critical to the success of the General Nurse at the beginning of his/her professional career. A competency-based orientation programme will strengthen the abilities of the General Nurse to function safely and competently at the bedside, while permitting him/her to become acquainted with organisational expectations, policies, and procedures. Simone, et al. (2016) explain the basis of competencies should be on the scope of practice for specific patient populations and tailored to the needs of the organisation and nursing units. The clinical competence of the General Nurse is essential to providing safe and effective nursing care, demonstrated by the ability to apply specific knowledge, attitudes and skills related to direct patient care activities. The General Nurse must utilise the steps of the nursing process, namely assessment, nursing diagnosis, planning, implementation, and evaluation, as a problem-solving approach to address and resolve the health complaints and/or conditions of individual and/or groups of healthcare users.

5. Healthcare leaders must develop and implement structured clinical supervision for the General Nurse in which the improvement of nursing practice and overall effectiveness of nursing care delivered is a shared responsibility between the existing nursing workforce and the General Nurse. It will establish a safe environment in which more experienced nurses' act as a clinical resource that monitors the General Nurse and provides guidance and feedback on personal and professional development, within the limits of work and patient care, with the goal of enhancing the knowledge, attitude, and skills of the General Nurse in a hospital-based setting. Rothwell, Kehoe, Farook and Illing (2021) argue that healthcare organisations are responsible for making sure that supervision takes place and described the beneficial effects of clinical supervision, in those who received it, being better able to deal and manage the demands of the job, increased resilience

and job satisfaction, reduced stress and anxiety, and improved quality of care all of which contributes towards a positive working environment.

6. Healthcare organisations must promote collaborative practice. Working together and learning to respect the perspectives of other healthcare professionals within and outside the nursing team will enable the General Nurse to learn and develop as a member of a team that identifies and manages healthcare user complaints and/or conditions collectively, making use of the knowledge, skills, and resources of all members. To improve health outcomes for healthcare users through collaborative practice, the General Nurse will apply interpersonal skills and ensure there is communication, and accurate reflections, of all pertinent aspects and information of patient care. Ansa, Zechariah, Gates, Johnson, Heboyan and De Leo (2020) explain that collaborative practice promotes effective healthcare, increases the ability to identify and analyse problems, improves the chances of better health outcomes while developing clinical reasoning skills of healthcare workers.

6.4.2.3 The introduction of the General Nurse is accepted, and willingly supported by all stakeholders in the healthcare organisation

Employee attitudes toward change have a considerable impact on the ability of organisations to successfully initiate and manage change initiatives and the literature suggests that effective change management is dependent on the degree to which employees embrace innovative work procedures and business methods by changing the manner in which they think, feel, and behave (Albrecht, Connaughton, Foster, Furlong and Yeow, 2020). The same authors explain this is because a prerequisite for ongoing successful change management is employees who are ready and prepared to experiment with something new whilst feeling energised by new initiatives and who actively supports adoption of innovation through attitudinal and behavioural changes. Within the limits of this research study, acceptance of the General Nurse refers to a receptive attitude towards the General Nurse from all stakeholders, which results in supportive relationships during the transition to innovative approaches towards work methods, patterns, and procedures.

To achieve this outcome, the recommendations are:

1. Healthcare leaders must actively promote the new role in the organisation so that there is an increase in the awareness of the new role amongst the existing nursing workforce and other healthcare providers. There is a need for greater awareness about the education and training, scope of practice and practice boundaries of the General Nurse, along with how the role will interface with existing nursing roles. A prerequisite for acceptance of the General Nurse is an understanding of what the purpose, function, duties, and responsibilities of the new role is in relation to that of current nursing roles in the clinical setting. Donald, et al. (2010) reported that inadequate professional awareness of new nursing roles created ambiguous role expectations within healthcare teams, which has the potential to lead to turf protection and ultimately, influence their level of acceptance of the new role.

2. Healthcare leaders must involve all relevant stakeholders from the onset. Stakeholder involvement and consultation, including members of the multidisciplinary team, is crucial in preparing the clinical practice environment for the introduction of a new nursing role. Stakeholders must have adequate information about the new role to facilitate understanding of role expectations, competencies, capabilities, and the scope of practice associated with the new role. To ensure efficient and effective deployment of the General Nurse in the clinical practice environment, improved communication, and education of important role-players, within and outside the organisation, about the role is necessary. Although effective communication is vital throughout the entire integration process, the availability of relevant information cannot be overemphasised. Boman, et al. (2019) recommend that healthcare organisations involve the existing nursing workforce to a greater degree in the change process and highlight that stakeholder participation from the start is critical for ensuring commitment to and providing support for the planned change.

3. Healthcare organisations must plan, prepare, and implement change management strategies to deal with the transition to a new way of working and to facilitate acceptance of the General Nurse in the clinical working environment. Any change implemented requires that employees move away from old behaviours and habits, acquire new behaviours, and adapt and adopt new

processes or workflows as the new “normal”. Effective change management during the integration of the General Nurse into existing organisational processes, structures and systems will mitigate disruption to the operational management of the organisation during the implementation of the new role and will secure buy-in, understanding and acceptance of the role in the clinical working environment. Lowe, et al. (2017) argue that a successful change strategy requires healthcare leaders to look at the divisions of work and allocation of duties and responsibilities and consider empowerment of human resources to achieve organisational goals while tackling sensitive issues and negotiation between competing stakeholder interests. Crew (2013) emphasised that effective communication with all stakeholders is key to successfully managing change and explains that a lack in communicating the vision for the planned change could result in role confusion, hesitancy to implement the role, fear of job losses and safety issues related to quality of care.

4. Healthcare organisations must develop and utilise clinical facilitators as change champions to facilitate the integration of the General Nurse into the clinical practice environment. Although clinical facilitators act as role models while teaching clinical nursing skills, which contributes to the professional socialisation of new nurses, an alternative for organisations is to use clinical facilitators to address important issues in the change management process to improve the success rate of integrating the General Nurse. Warrick (2009) defines a change champion as any person in the organisation who understands how to initiate, facilitate, and implement change and states that developing change champions throughout the organisation, who can effectively champion organisational change, can be influential in creating a supportive atmosphere and offers considerable potential for addressing issues for both the current and the new nursing workforce.

5. Healthcare organisations must develop and implement a formalised mentorship programme. The nursing profession is notorious for “eating their young” and connecting experienced nurses from the existing nursing workforce with the General Nurse will facilitate a smoother adjustment to a new working environment, social culture of the profession and organisation along with supporting the General Nurse at the bedside. A formalised mentorship programme that uses mentors to

enhance the clinical competency of the General Nurse, by improving their knowledge and skills and being available to listen and respond to questions, will positively influence the growth and development of the General Nurse in the nursing work environment. Simone, et al. (2016) describe effective mentorship as the critical thread in workplace training and career growth of nurse practitioners, to ensure that novice nurses have access to support and guidance when learning new skills and to foster independence and autonomy as they establish competence. Working alongside experienced nurses in the field, who act as role models for the General Nurse, will provide the General Nurse with an opportunity to observe and learn the professional behaviours associated with working in a hospital-based setting and to promote safe and effective patient care.

6. Healthcare leaders must ensure there is ongoing engagement and feedback opportunities for the nursing workforce after the introduction of the General Nurse. Employee engagement and feedback allows organisations to listen to how employees are feeling and accelerates the learning process when the organisation is going through change. It is important that organisational leadership understand how the introduction of the General Nurse and change in ways of working are affecting the morale, productivity, and performance of the nursing workforce. George and Massey (2020) acknowledged that employee engagement is a challenge for most healthcare organisations but highlighted that when nursing teams have opportunities to engage with healthcare leaders, it stimulates creative solutions to establish a positive working milieu, which leads to happy and contented employees that in turn leads to better health outcomes for patients and an overall improvement in meeting patient expectations. It is important that healthcare leaders recognise that both management and the nursing workforce play important roles in organisational efforts aimed at integrating the General Nurse.

6.4.2.4 The integration of the General Nurse into the functional staffing structures of the healthcare organisation results in a sustainable and contented nursing workforce

Sustainability in healthcare relates to a healthcare organisation's ability to ensure constant access to cost-effective quality care that brings about good health outcomes (Onnis, 2016). The same author explains that "workforce sustainability" involves an uninterrupted supply of competent healthcare workers who provide healthcare services relevant to the local environment which contributes to the realisation of healthcare goals of patients. In the context of this study, a sustainable nursing workforce relates to a long-term, integrated nursing workforce that is competent and contributes to organisational success and the wellbeing of nurses.

To achieve this outcome, the recommendations are:

1. Healthcare leaders must determine the appropriate nursing skill mix before deployment of the General Nurse into the existing nursing workforce, as the integration of the General Nurse will require a change in the grouping and skill mix of the nursing team. To maintain and improve on the effectiveness and quality of nursing care, the right "mix" of nursing practitioners with different qualifications and varying levels of knowledge, skills and experience must be determined. Martin and Weeres (2016) explain that if nursing leadership fails to define the appropriate use of all categories of nurses clearly and distinctively, underutilisation or misallocation of nurses, gaps in care or role conflict can manifest with serious implications for patient safety and quality of care. A nursing skill mix, consisting of a higher component of qualified, skilled nursing employees, is associated with quality patient outcomes and has an impact on the effectiveness of clinical supervision at the bedside.

2. Healthcare organisations must determine the appropriate job grade for the General Nurse, taking into account the required knowledge and skills as well as the level of decision-making and complexity involved in performing the job. Translating the General Nurse to the proper job grade will ensure the compensation and reward structure for the new role aligns with its value in relation to existing nursing jobs across the organisation. Determining the pay structure and salary range for the General Nurse, based on the job grade assigned to the

position, will ensure that nursing employees receive fair and equal remuneration for the work they perform based on the job requirements, experience, and contribution of the job to organisational goals and objectives. Transparency in this process is crucial for retaining current nursing employees and attracting future nursing employees. Muthmainnah, et al. (2019) found a significant relationship between an equitable pay structure, the intention to stay and work motivation of nurses working in a hospital setting. Standardised pay and salary structures will further assist with the financial planning and budgeting for General Nurse positions once there is a conclusion of the decisions around the division of work and skill mix.

3. Healthcare organisations must create “safe spaces”, which prioritise the psychological safety of nurses. Grailey, Murray, Reader and Brett (2021) explain that environments considered “psychologically safe”, grants individuals the right to be their “true selves” and is characterised by enhancing the voice of nurses which gives individual nursing employees the freedom to express concerns, report near miss incidents and address difficult issues to reduce the prevalence of medical errors. An environment in which team members feel free to share their thoughts and feelings is a requirement for effective teamwork and collaboration. Creating psychologically safe work environments which help new team members feel welcomed, require team members to be empathetic and supportive when new team members ask questions and report errors and/or incidents (Lyman, Gunn and Mendon, 2020).

4. Healthcare leaders and healthcare teams must promote supportive relationships during the integration of the General Nurse. Meaningful interprofessional relationships support team dynamics and communication, while a positive and receptive attitude towards the deployment of the General Nurse, as a valued member of the healthcare team, minimises conflict and resistance in the clinical practice environment. Supportive relationships provide emotional support while adapting and adjusting to the responsibilities and expectations of the role as the first cohort of nurses in the new role as General Nurses. Ebrahimi, Hassankhani, Negarandeh, Gillespie and Azizi (2016) explain that consistent and reliable emotional support for new nurses is paramount to helping them reduce their stress

and anxiety, increase their self-confidence, and in forming healthy working relationships between more senior and novice nurses.

5. Healthcare organisations must establish avenues for career progression for both the existing nursing workforce and the General Nurse. Streamlining the career advancement pathways for short and long-term career goals of nursing employees, which allows for planning, mapping out and moving forward along a chosen career path, will fulfil personal and professional goals and promote the retention of experienced nursing employees. Pertiwi and Hariyati (2019) argue that providing effective career paths increase opportunities for recruitment and retention of experienced nursing staff, develops professionalism, and creates a reward system to improve and strengthen nursing practice and performance. Gaining experience and acquiring new knowledge and skills will open career opportunities for both the existing nursing workforce and the General Nurse. Investing in the career development of the nursing workforce is an effective way of building and sustaining the future nursing workforce.

6. Healthcare leaders must provide opportunities for development of the nursing workforce. Staying abreast with the latest developments in nursing practice and research as well as maintaining professional nursing competence indicates that nursing employees must engage in learning opportunities that will improve and enhance their professional knowledge and clinical expertise to remain relevant and maintain effective and safe nursing practice in an ever-changing environment. While participating in continuing professional development (CPD) activities will contribute to maintaining professional competence, and other opportunities for development, for example, task rotation, representation on groups/committees, work shadowing and secondments. Learning new skills will better equip nursing employees for their current roles and/or prepare them for their next role. Jantzen (2019) recommends that organisations invest in the development of nursing capabilities and workplace learning, as these investments contribute to improved patient care, a feeling of workplace camaraderie and highly functional workplace teams.

6.5 PHASE 4B: REVIEW AND CONFIRMATION OF THE PATHWAY

6.5.1 Introduction

In Phase 4B, for the review of the final populated elements of the logic model for this research study and to confirm the formulated pathway for the integration of the General Nurse into the existing nursing workforce of a private healthcare group, the researcher used the Modified Delphi Technique (MDT). The MDT closely resembles the standard Delphi Technique as far as procedure (multiple rounds of questionnaires with experts) and intent (to reach consensus) but allows for modification in which the process is started with a set of pre-selected items (Custer, Scarcella and Stewart, 1999). The researcher provided the review panel members with a copy of the draft pathway synthesised from findings in Phase 4A and evidence from the literature for review and confirmation. Chapter Two (see Section 2.7.4) discusses the details of the Modified Delphi Technique.

6.5.2 Participants

The review panel members (n=6) consisted of the same individuals who participated in the NGT during Phase 4A and included two (n=2) nursing education specialists, one (n=1) nursing management consultant, one (n=1) representative of the SANC and two (n=2) Registered Nurses representing the existing nursing workforce. Section 6.3.2 describes the academic qualifications and professional experience of each member of the review panel.

6.5.3 Findings

Written feedback was received from all six review panel members (n=6), so that participants in the review process and the feedback were considered in finalising the pathway. The presentation of the comments and/or recommendations from the six panel members is according to the headings used in the pathway review form.

6.5.3.1 Clarity of the Pathway

All six panel members (n=6) who reviewed the pathway confirmed it was clear. Of the six panel members, five (n=5) accepted the pathway without making any recommendations, the remaining one member (n=1) made the following recommendation to improve the clarity of the pathway:

"It would be very helpful if the points raised as part of the pathway could be presented diagrammatically to help the reader keep track of the pathway process" [Reviewer 2].

The researcher developed a summary document that provides an outline of the recommended steps to achieve each outcome and is included as an annexure (see Annexure 15).

6.5.3.2 Relevance of the Pathway

All six panel members (n=6) who reviewed the pathway confirmed it was relevant and made no recommendations to improve the relevance.

6.5.3.3 Feasibility of the Pathway

All six panel members (n=6) who reviewed the pathway confirmed it was feasible. Of the six panel members, four (n=4) accepted the pathway without making any recommendations, the remaining two members (n=2) had the following recommendations to improve the feasibility of the pathway:

"It would be great if this pathway forms part of a standardised, documented guidelines for NEI's and Nurse Managers – like a, how to guide, which is a definite need in nursing practice" [Reviewer 2].

And

"Will it be possible to indicate timelines to ensure the implementation of the pathway" [Reviewer 3].

Owing to the scope of this research study, there was no piloting of the pathway amongst the target users; therefore, implementation strategies need developing to improve the usability of this pathway in practice.

6.5.3.4 Acceptability of the Pathway

All six panel members (n=6) who reviewed the pathway confirmed it was acceptable and made no recommendations to improve the acceptability.

6.5.4.5 Additional Comments by Reviewers

The panel members provided the following general comments:

Reviewer 1

- Whilst working through the content again, I am convinced that I cannot add anything more to this pathway and that you have included all our discussions.

Reviewer 2

- I think the pathway will evolve as the new category of nurse is integrated and lessons are learnt.

Reviewer 3

- It took a while to really determine whether there is anything to add to the pathway, a very thorough description.

Reviewer 4

- Involving the current nurses in the integration of the new General Nurse will help with making the old workforce still feel valued and will help with role clarity of the old and the new workforce when all involved understand each other's function in the hospital.

Reviewer 5

- You have managed to take all our ideas and make it part of the pathway, the pathway is easy to understand, user-friendly and fairly cost-effective to implement.

Reviewer 6

- For now, it is all abstract and theoretical, but as we start "walking the talk" next year when we incorporate the General Nurse, we will have additional matters coming to the fore that should be considered. The buy-in of management, and all other

stakeholders like the doctors and the current staff is essential. Management should take the lead in this regard to set the scene for incorporating and accepting this new nursing category.

- It talks to the challenges that might be expected with the incorporation of the General Nurse into clinical practice. Anecdotally educators have indicated and said that these students have been a pleasure to teach, so we sincerely hope that the pathway will make a contribution to the incorporation of the new nurse.
- The pathway is based on a variety of input into the development of the pathway, including the experiences of other countries from which we could learn some lessons.
- In a certain sense, time will tell, but I do think that enough research and information gathering have gone into the development of the pathway to make it acceptable.

The review panel confirmed that the pathway is clear, relevant, feasible and acceptable. The researcher considered the recommendations received from all members of the review panel and provided justification for not incorporating the recommendations into the final pathway where appropriate. Figure 6.3 illusttrates the final populated elements of the logic model for this research study, which includes the identified outcomes.

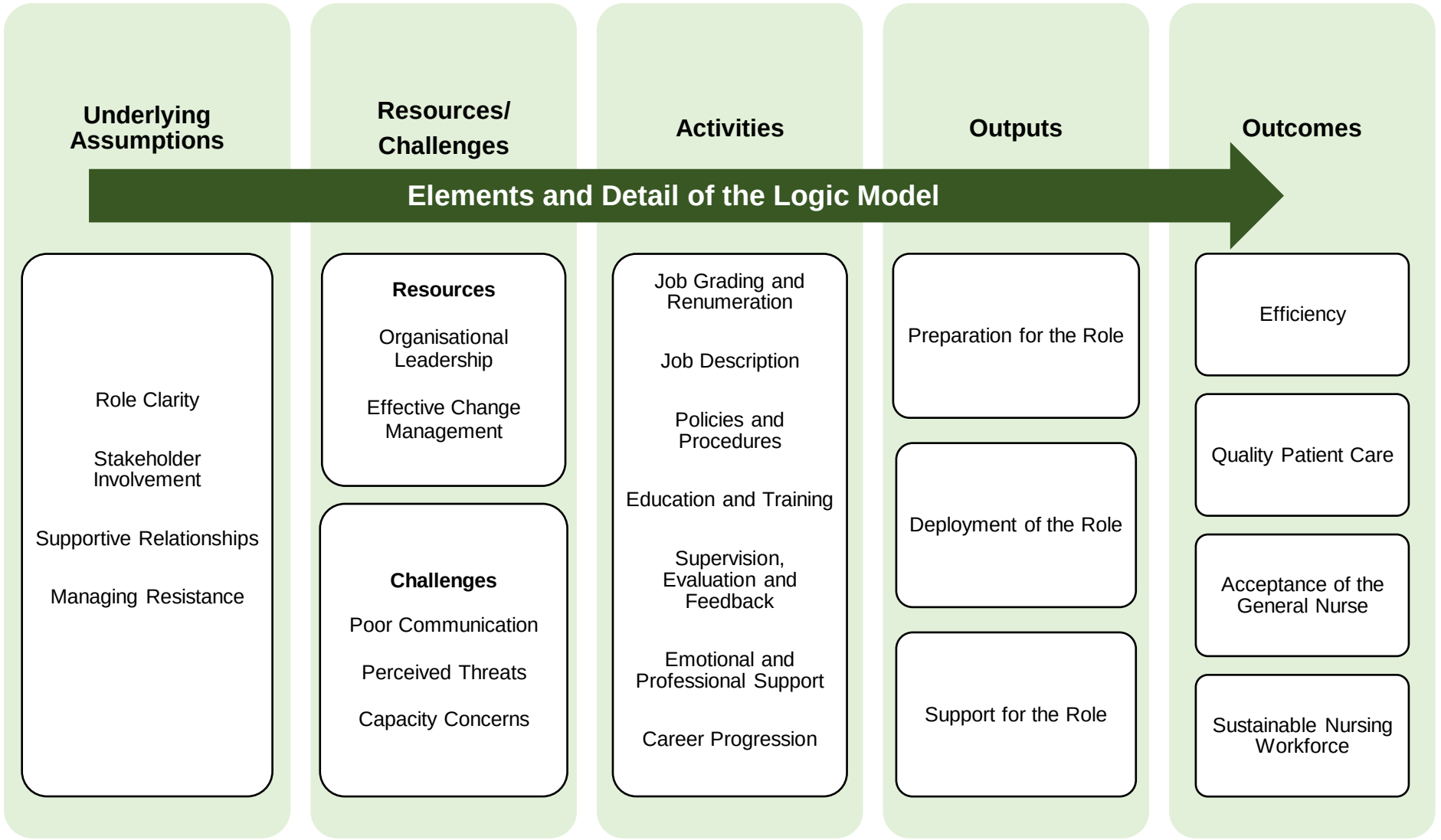

Figure 6. 3 Final Populated Elements of the Logic Model

6.6 CONCLUSION

This chapter discussed the integration of the findings of all four phases of this research study. It described the development of the elements of the logic model for this research study and the formulation of a pathway, consisting of a series of steps, to achieve the identified outcomes and ensure successful integration of the General Nurse. The review panel reviewed and confirmed the pathway, and accepted the pathway as clear, relevant, feasible and acceptable.

The next chapter presents the conclusions of this research study and describes the limitations and recommendations related to this study.

CHAPTER SEVEN
SUMMARY, RECOMMENDATIONS AND LIMITATIONS

7.1 INTRODUCTION

Chapter seven presents the conclusions, recommendations and limitations of this research study and serves to answer the research question, “How can the General Nurse best be integrated in a private healthcare group in South Africa?”.

The purpose of this research study was to explore and describe the integration of a new category of nurse into the existing nursing workforce of a private healthcare group and was carried out in four phases. To achieve the research objectives, the researcher selected a qualitative research design, which approaches the research problem from several viewpoints, using multiple methods of inquiry to produce a comprehensive account of the nature and extent of the research problem (see Chapter Two, Table 2.1). In Phase One, there was a scoping review conducted, which explored the factors that influence the implementation of a new cadre of nurse was explored. Phase Two consisted of semi-structured interviews to explore and describe the opportunities for, and barriers to, the integration of a new category of nurse in the private healthcare sector. In Phase Three, a qualitative document analysis determined the role of the General Nurse, and Phase Four consisted of phases A and B. Phase 4A used a nominal group to identify the outcomes of successful integration of the General Nurse into the healthcare organisation and in Phase 4B, there was a pathway formulated to facilitate the integration of the General Nurse into the existing nursing workforce of a private healthcare group.

7.2 SUMMARY OF FINDINGS

The findings of this research study are presented according to the research objectives indicated in Chapter One (see Section 1.3.3).

Objective One: To explore and describe the existing evidence from international literature on the implementation of new cadres of nurses

The factors most frequently reported in international literature pertain to all stakeholders having adequate information on critical details of the new role and the

game plan of organisations to harness support and negotiate acceptance of a new role in the clinical practice environment by introducing and managing change. The educational preparation of future role holders for new nursing roles has also been described as an important consideration for efficient and effective deployment of such roles at the bedside. The findings of this phase were detailed in Chapter Three of this thesis.

Objective Two: To explore and describe the opportunities for, and barriers to, the deployment of a new category of nurse in the private healthcare sector

Themes were identified and described as a facilitatory and/or a constraining factor to the integration process of the General Nursing into the clinical practice environment of a private healthcare group. Successful integration of the General Nurse is reliant on a collective understanding and effective communication of the role, a clear scope of practice that demarcates role boundaries, equipping the General Nurse with knowledge and skills that are fit for purpose and the creation of practice environments that are supportive and ready to embrace and accept the General Nurse as a new member of the healthcare team. Chapter Four detailed the findings of this phase.

Objective Three: To determine the role of the General Nurse in the private healthcare context

Phase Three identified and discussed the themes as the implications of the regulatory changes on the education and training of nurses in South Africa and the impact these changes have for nurses, the profession and healthcare organisations. The General Nurse should be a patient-focused, clinically orientated independent nursing practitioner capable of rendering comprehensive, general nursing care to patients of any age in a range of clinical settings. Several articulation pathways should be available for the General Nurse to progress professionally and improve his/her professional standing within the nursing profession. While there are transitional arrangements in place for existing nursing categories to facilitate the changeover process in terms of the new nursing categories, uncertainty exists about the academic articulation of the existing nursing categories to meet the need for specialist nurses in the country. Healthcare organisations, and the nursing profession, will need to rely on

the services of the General Nurse to meet the healthcare needs and nursing service demands in the healthcare system in South Africa.

Objective Four: To develop a pathway for the integration of the General Nurse into the existing nursing workforce for a private healthcare group

Phase Four integrated the findings of the preceding phases of this research study to develop and populate the elements of the logic model for this research study. It established the outcomes of successful integration of the General Nurse, which included (1) efficiency of the General Nurse and realisation of organisational goals and objectives, (2) quality patient care, (3) support and acceptance of the General Nurse and (4) a sustainable and contented workforce. A pathway, consisting of a series of steps, was formulated to achieve the identified outcomes and facilitate the successful integration of the General Nurse into already functioning nursing teams of a private healthcare group. The pathway was reviewed and confirmed as clear, relevant, feasible and acceptable for the integration of the General Nurse.

7.3 RECOMMENDATIONS

Recommendations for this research study are presented for nursing practice, nursing education and nursing research.

7.3.1 Recommendations for Nursing Practice

The remuneration structure and salary scale of the General Nurse must be determined with urgency as this cadre of nurse is expected to enter the workforce in 2023. The recommendation is for healthcare organisations to implement standardised pay structures, based on the value of the role in relation to other roles within the organisation. Standardised salary structures will assist the organisation with financial planning and budgeting once decisions around the division of work and skill mix are concluded.

Given the complexity of integrating the General Nurse into already functioning nursing teams, the recommendation is that healthcare organisations, and in particular, nursing management, develop and implement strategies to deal with, and manage, anxiety,

stress, and potential conflict due to the reallocation of nursing activities and tasks, power imbalances and altered working relationships.

Based on the need for a multi-layered approach to support for the General Nurse during the early phases of the integration process reported in this research study, it is recommended that healthcare organisations create opportunities in which the delivery of nursing care is a shared responsibility between the existing nursing workforce and the General Nurse with the goal of enhancing knowledge, attitude, and skills in the form of mentorship programmes and /or “buddy” systems.

The pathway developed for this research study was not implemented for use amongst the target users as it did not form part of the scope of this research study. It is recommended that the pathway be implemented in the private healthcare sector to facilitate the integration of the General Nurse. Based on the implementation outcomes and/or challenges, refinement of the pathway can be considered.

7.3.2 Recommendations for Nursing Education

In view of the lack of knowledge that exists in nursing practice regarding role function and expectations, practice boundaries and role interface of the General Nurse, it is recommended that Nursing Education Institutions and nursing educators play a greater role in communicating and providing information to healthcare organisations and its employees, about the academic preparation and clinical capabilities of the General Nurse to create awareness and offer education to all relevant stakeholders.

The emphasis on the clinical component of preparing and educating the General Nurse for nursing practice, requires early exposure to the clinical practice environment. It is recommended that Nursing Education Institutions intentionally focus on early exposure of student nurses to the clinical setting in which they are expected to function. Being able to deal and cope with the realities of nursing practice, while establishing meaningful relationships and developing the professional identity of the General Nurse, is critical to the success of this new role.

The findings of this research study have important implications for Nursing Education Institutions related to the design and development of educational programmes. The recommendation is that nursing educators, nursing managers and representatives

from clinical practice collaborate during curriculum review to ensure that student nurses receive the necessary theoretical and practical foundation that is relevant to the context, mirror patient needs and reflect the scope of practice that promotes theory-practice integration and facilitates effective functioning as future practitioners. Curriculum review should be preceded by an assessment to determine how well the students cope when entering nursing practice as a qualified General Nurse through collaborative discussions between practice and NEIs.

7.3.3 Recommendations for Nursing Research

This research study took place in only one of the private healthcare providers operating in South Africa; therefore, the recommendation is to replicate this research study be replicated in other private healthcare groups or public healthcare institutions, as it would be interesting to compare the findings between different research contexts, organisational cultures and/or geographical locations.

Implementation of the pathway to facilitate the integration of the General Nurse into an existing nursing workforce could be evaluated in a longitudinal study to determine to what extent the pathway impacted the successful integration of the General Nurse into the clinical practice environment. It would be valuable to identify and report the unique perspectives of healthcare leaders, nursing teams and General Nurses on significant issues faced during the integration process.

7.4 LIMITATIONS

As only one of the private healthcare groups in South Africa was included in this research study, as opposed to the entire private healthcare sector, the formulation of the aim and objectives of this research study presents a limitation. The findings are therefore not representative of the entire private healthcare sector in South Africa as the situations, conditions and interactions during data collection cannot be generalised to a wider context than the one studied, as each of the nine provinces and private healthcare providers in South Africa have a unique context and organisational culture which might influence the views and perceptions of stakeholders functioning in those geographical and organisational environments.

Data collection for the semi-structured interviews occurred during a period of strict lockdown regulations in South Africa because of the Covid-19 pandemic. The initial planned face-to-face interviews were not possible due to restricted travelling and prohibition on social gatherings; therefore, the researcher opted for electronic interviews, and although all interviews were recorded, this online platform could have had an influence on the richness and quality of the data.

The researcher conducted two focus groups, one in Gauteng and one in Kwazulu-Natal, to determine, at grass roots level, what the role of the General Nurse would be in the private healthcare context. Due to a lack of knowledge amongst participants about the General Nurse, poor quality data resulted, therefore, the researcher had to employ a qualitative document analysis to achieve this objective.

There was a lack of previous research into implementing a new cadre of nurse in the South African context and researcher relied on international experiences to assist in understanding and addressing the research problem.

The small sample sizes of the semi-structured interviews and the nominal group is not representative of the views and perceptions of all stakeholders affected by the introduction of the General Nurse into the clinical practice environment; therefore, the findings of this research study cannot be generalised to the entire study population.

The researcher, a novice to the process, conducted the data collection; thus, the researcher's presence during data collection may have had an influence on the quality of the data. There may also have been social desirability bias on the part of participants, who might have responded with what they believed the researcher wanted to hear during the process of data collection.

7.5 DISSEMINATION OF FINDINGS

Finding appropriate platforms to disseminate research findings are critical in narrowing the gap between research and policy to influence changes in decision-making, policy, and practice (Tripathy, Bhatnagar, Shewade, Kumar, Zachariah and Harrier, 2017). There was a presentation of the results of one of the phases of this research study at an academic symposium, hosted by the University of the Witwatersrand, in the form

of an oral presentation. The researcher also participated in a panel discussion, on who the General Nurse is, at a nursing conference held in South Africa. The researcher intends to write three articles for publication in accredited journals as follows: (1) an article on the scoping review describing the factors that influence the implementation of a new nursing cadre, (2) an article on the opportunities for, and barriers to, the integration of the General Nurse into a private healthcare group and (3) an article to publish the details of the pathway. The results will be available to stakeholders in nursing education and practice to support the integration of the General Nurse.

7.6 CONCLUDING REMARKS

It is evident from the findings of this research study that successful integration of the General Nurse, into already functioning nursing teams, is a complex undertaking that requires a collective approach, adequate planning, and a range of resources. Although this research study reported many positive findings, there were significant barriers to the integration of the General Nurse identified. The importance of organisational leadership in creating supportive working environments that are ready to accept the General Nurse as a new member of the multidisciplinary team has been highlighted. A multi-level approach to support for the General Nurse during the integration process is critical in securing success for the new role in the clinical practice environment.

This research study has succeeded in the development of a pathway of steps for use by the private healthcare sector to facilitate the efficient and effective deployment of the General Nurse in private hospitals. Through the achievement of this research study's purpose and objectives, there has been a unique contribution made to nursing practice, nursing research and the body of knowledge.

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ANNEXURES

ANNEXURE 1: ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Mr Ryno Van Jaarsveld

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M200240

NAME: (Principal Investigator)	Mr Ryno Van Jaarsveld
DEPARTMENT:	Nursing Education Lenmed Hospitals
PROJECT TITLE:	Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa
DATE CONSIDERED:	28/02/2020
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr S. Armstrong and Dr N. Geyer
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	01/06/2020

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the Third Floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions.Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.** The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **February** and will therefore be due in the month of **February** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

ANNEXURE 2: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Mr. Ryno van Jaarsveld
P.O. Box 7226
Bonaero Park
1622

08 April 2020

The Research Committee
Lenmed Group
2ND Floor, Building 9
Weltevredenpark
Roodepoort
1709

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am registered with the University of the Witwatersrand for a PhD degree. The title of my research study is: "***Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa"***. As part of this research I would like to interview key informants and conduct focus groups to examine, understand and describe the integration of a new category of nurse in the private healthcare context.

I would like to interview group executives, nursing and unit managers as well as registered and enrolled nurses working in your organisation to explore and describe the opportunities and barriers to the deployment of the new general nurse in the private healthcare sector. I am hoping to interview about 8 participants. After contacting the participants' and getting their permission to participate, we will set up a mutually convenient time, outside normal working hours for them to be interviewed. Interviews are expected to last 30 minutes.

I would also like to conduct focus groups in two provinces where your organisation is operational, namely Gauteng and Kwa-Zulu Natal. The purpose of the focus groups is to determine the role of the general nurse in the private healthcare setting and I

hope to recruit nursing managers and clinical facilitators to partake in the focus groups. Focus groups are not expected to last more than 90 minutes.

The data will be kept confidential and will be anonymously processed into the research report. On completion of the research study, a copy of the research report will be submitted to your organisation. Should you have any questions or concerns about any aspects of this study, please call my supervisor, Dr Sue Armstrong. The contact details are listed below:

Dr Sue Armstrong (Supervisor)
Department of Nursing Education, School of Therapeutic Sciences Faculty of Health Sciences, University of the Witwatersrand
7 York Road, Parktown, 2050
Johannesburg, South Africa
sue.armstrong@wits.ac.za
Tel: +27(0)114883094

I would be grateful for your permission to do this.

.....
Ryno van Jaarsveld
Researcher

ANNEXURE 3: PERMISSION TO CONDUCT RESEARCH

lenmed
Embrace every day

28 April 2020

Ryno van Jaarsveld
P.O. Box 7226
Bonaero Park
1622

Permission to conduct research in Lenmed Health

Permission is hereby granted to conduct research in the Lenmed Hospitals.

The title of your research project is: "Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa". If this should change for any reason, please inform this office.

You are requested to present your results to the Lenmed Executive Management once it is ready. You are obliged to donate a hard and electronic copy of your thesis to the library of the Lenmed College of Learning.

I wish you all the best for this very important task that you are undertaking.

Best Regards,

Fasie Smith
Group Nursing Manager

Lenmed Health (Pty) Ltd
2nd Floor, Fountain View House, Constantia Office Park, Cnr 14th Avenue and Hendrik Potgieter Road, Constantia Kloof, Johannesburg, 1709
PO Box 855, Lenasia, 1820 | Tel +27 87 087 0600 | Reg 2005/022423/07 | Director P Devchand, A Devchand, V Pirmen
www.lenmed.com

ANNEXURE 4: INFORMATION SHEET: SEMI-STRUCTURED INTERVIEWS

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

INFORMATION SHEET: SEMI-STRUCTED INTERVIEW

Good day,

My name is Ryno van Jaarsveld and I am a PhD student at the Department of Nursing Education of the University of Witwatersrand (Wits). I am undertaking a research study entitled, ***"Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa".*** I would like to invite you to participate in a semi-structured, one-on-one interview for the research study. Before agreeing to participate, it is important that you read and understand the following information about the purpose of the study, the study procedures and your right to withdraw from the study at any time.

The main aims of the study are to examine the opportunities and constraints to the deployment of a new category of nurse within the private healthcare sector, and to formulate a pathway that will facilitate the integration of the new general nurse within the private healthcare context. The objective of the interview is to identify the opportunities and barriers that presently exist for the integration of a new category of nurse into the existing nursing workforce in the private healthcare setting. Before the start of the interview the researcher will ask for your permission to audio-record the interview, which will later be transcribed as text data. The interview is expected to last 30 minutes.

Recorded information will be securely stored by the researcher on a password protected computer and hard copies of the transcribed data will be kept in a locked cabinet in the Department of Nursing Education at the University of the Witwatersrand. Data, including recordings, will be stored for a minimum of two years after publication, or six years in the absence of a publication. After the retention period, recorded

information will be permanently deleted from the computer and hard copies of the data will be shredded. The results of the research study will be confidential. No names will be used during the interviews, and each transcript will be assigned a code using a coded-numbering system that will only be known to the researcher and research supervisors. Your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Should quotations of your input be utilised in the report, in any publication or conference proceedings, these will be designated a code number and you will be referred to in this way in the data.

Participation will not be of any direct benefit to you personally but may benefit nurses and the nursing profession in the future. You may withdraw your participation from the study at any time without any prejudice to yourself or any negative consequences. Should you have any questions about your rights as a study participant or questions or concerns about any aspects of this study, please call the Ethics Department of the University of the Witwatersrand on +27 11 717 1234 or my supervisor, Dr Sue Armstrong. The contact details are listed below:

Dr Sue Armstrong (Supervisor)
Department of Nursing Education, School of Therapeutic Sciences
Faculty of Health Sciences, University of the Witwatersrand
7 York Road, Parktown 2050, Johannesburg, South Africa
sue.armstrong@wits.ac.za
Tel: +27(0)114883094

Professor C. Penny (Chairperson, HREC Medical)
Tel: +27(0)117172301
Clement.penny@wits.ac.za

Thank you for your consideration.

……

Ryno van Jaarsveld
Cell: 062 042 5529
Email: rynovj@live.com

ANNEXURE 5: INFORMATION SHEET: NOMINAL GROUP

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

INFORMATION SHEET: NOMINAL GROUP

Good day,

My name is Ryno van Jaarsveld and I am a PhD student at the Department of Nursing Education of the University of Witwatersrand (Wits). I am undertaking a research study entitled, ***"Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa".*** I would like to invite you to participate in a nominal group for the research study. The nominal group technique is a structured group discussion to achieve consensus on a specific topic. Before agreeing to participate, it is important that you read and understand the following information about the purpose of the study, the study procedures and your right to withdraw from the study at any time. This information sheet is to help you decide if you would like to participate.

The main aims of the study are to examine the opportunities and constraints to the deployment of a new category of nurse within the private healthcare sector, and to formulate a pathway to facilitate the integration of the new general nurse within the private healthcare context. The objective of the nominal group is to identify what the outcomes of a successfully integrated workforce will be for the organisation and to validate and reach consensus on the content to be included in the pathway to facilitate the integration of the new general nurse in the private healthcare sector. Before the start of the nominal group, the researcher will ask for your permission to audio-record the group discussion which will later be transcribed as text data. The group session is expected to last 90 minutes.

While every effort will be made by the researcher to ensure that you will not be connected to the information that you share during the nominal group discussion, I cannot guarantee that other participants in the group will treat information

confidentially. I shall, however, remind all participants to do so and require participants to sign a non-disclosure statement when giving permission to participate in the nominal group. For this reason, I advise you not to disclose personally sensitive information during the group interaction.

Recorded information will be securely stored by the researcher on a password protected computer and hard copies of the transcribed data will be kept in a locked cabinet in the Department of Nursing Education at the University of the Witwatersrand. Data, including recordings, will be stored for a minimum of two years after publication, or six years in the absence of a publication. After the retention period, recorded information will be permanently deleted from the computer and hard copies of the data will be shredded. The results of the research study will be confidential. No names will be used during the interviews, and each transcript will be assigned a code using a coded-numbering system that will only be known to the researcher and research supervisors. Your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Should quotations of your input be utilised in the report, in any publication or conference proceedings, these will be designated a code number and you will be referred to in this way in the data.

Participation will not be of any direct benefit to you personally but may benefit nurses in the future. You may withdraw your participation from the study at any time without any prejudice to yourself or negative consequences. Should you have any questions about your rights as a study participant or questions or concerns about any aspects of this study, please call the Ethics Department of the University of the Witwatersrand on +27 11 717 1234 or my supervisor, Dr Sue Armstrong. The contact details are listed below:

Dr Sue Armstrong (Supervisor)
Department of Nursing Education, School of Therapeutic Sciences Faculty of Health Sciences, University of the Witwatersrand
7 York Road, Parktown, 2050
Johannesburg, South Africa
sue.armstrong@wits.ac.za
Tel: +27(0)114883094

Professor C. Penny (Chairperson, HREC Medical)
Tel: +27(0)117172301
Clement.penny@wits.ac.za

Thank you for your consideration.

.....
Ryno van Jaarsveld
Cell: 062 042 5529
Email: rynovj@live.com

ANNEXURE 6: CONSENT FORM: SEMI-STRUCTURED INTERVIES

Unique Participant Code

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

CONSENT FORM: SEMI-STRUCTED INTERVIEW

I hereby confirm that I have been informed by the researcher, Ryno van Jaarsveld, about the nature of his study entitled:

"Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa"

I have received, read and understood the written information sheet regarding the study.

I am aware that the results of the study will be anonymously processed into a study report, or a publication or for conference proceedings and all information will remain confidential.

I may, at any stage, without prejudice, withdraw consent and participation in the study.

I have had sufficient opportunity to ask questions and of my free will, declare myself prepared to participate in the study.

Demographical Data	
Age	
Gender	
Highest Qualification e.g. diploma, PhD	
Occupation e.g. unit manager, lecturer	
Years of Experience	

…….…….. ……..……

Signature Date

ANNEXURE 7: CONSENT FORM: NOMINAL GROUP

Unique Participant Code

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

CONSENT FORM: NOMINAL GROUP

I hereby confirm that I have been informed by the researcher, Ryno van Jaarsveld, about the nature of his study entitled:

"Development of a pathway for the integration of a new category of nurse into the private healthcare sector in South Africa"

I have received, read and understood the written information sheet regarding the study.

I am aware that the results of the study will be anonymously processed into a study report, or a publication or for conference proceedings and all information will remain confidential.

I may, at any stage, without prejudice, withdraw consent and participation in the study.

I have had sufficient opportunity to ask questions and of my free will, declare myself prepared to participate in the study.

Non-disclosure Statement: I agree to maintain the confidentiality of the information discussed during the Nominal Group discussion.

Demographical Data	
Age	
Gender	
Highest Qualification e.g. diploma, PhD	
Occupation e.g. unit manager, lecturer	
Years of Experience	

…….…….. ……

Signature Date

ANNEXURE 8: CONSENT FORM: DIGITAL RECORDING OF INTERVIEWS

THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

Participant Consent to digital recording

I ……, consent to be interviewed and I understand that this interview will be recorded for the sake of accuracy and reliability. I understand that the consent is voluntary and that once these records are completed for its use towards this research, they shall be destroyed. I further understand that if any of my comments made during the interview are used in the research report, the quote will be anonymous.

Participant Signature: …….

Date: ……

ANNEXURE 9: INTERVIEW GUIDE: SEMI-STRUCTURED INTERVIEWS

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

Interview Questions

1. In your view, what do you consider to be barriers or potential challenges to the integration of the new General Nurse into the existing nursing workforce?
   Probing Questions:
   Institutional Barriers?
   Professional Barriers?
   Individual Barriers?
2. How do you suggest we overcome these barriers?
3. In your opinion, what are the enablers/opportunities for the integration of the General Nurse?
   Probing Questions:
   Institutional Resources/Enablers?
   Professional Resources/Enablers?
   Individual Resources/Enablers?
4. How do we integrate the General Nurse into the existing nursing workforce?
   Probing Questions:
   Strategies?

Are there any responses you would like to elaborate on or questions that you would like to ask me about anything we discussed or that took place during this interview?

Thank you for your time and participation.

ANNEXURE 10: INTERVIEW GUIDE: NOMINAL GROUP

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

Nominal Group Questions

1. What would successful integration look like for the organisation - What are the outcomes that we should aim for?
2. How do we achieve the identified outcomes for the organisation?

Are there any responses you would like to elaborate on or questions that you would like to ask me about anything we discussed or that took place during this group discussion?

Thank you for your time and participation.

ANNEXURE 11: INCLUSION SCREENING TOOL

Article Number	
Year of Publication	
First Author	
Inclusion Selection	
Q1: Does the evidence indicate an acute care or primary healthcare setting?	Yes ☐ Go to Q2. No ☐ Reject
Q2: Does the evidence indicate the implementation of a new nursing role?	Yes ☐ Go to Q3. No ☐ Reject
Q3: Does the evidence indicate implementation of a new nursing role into an existing nursing team/workforce?	Yes ☐ Go to Q4. No ☐ Reject
Q4: Does the evidence indicate factors or propose interventions that influence the implementation of a new nursing role?	Yes ☐ No ☐
Screening Outcome Include – Yes to all 4 questions. Exclude – No to at least 1 question	☐ Include ☐ Exclude

ANNEXURE 12: LIST OF EXCLUDED ARTICLES

Aaron, E. M. and Andrews, C. S. 2016. Integration of advanced practice providers into the Israeli healthcare system. *Israel Journal of Health Policy Research,* [e-journal] 5:7. https://dx.doi.org/10.1186%2Fs13584-016-0065-8.

Reason for exclusion: Incongruent with research objective - Mixed population.

Aguirre-Boza, F., Mackay, M. C. C., Pulcini, J. and Bryant-Lukosius, D. 2019. Implementation strategy for advanced practice nursing in primary health care in Chile. *Acta Paulista de Enfermagem,* 32(2), pp. 120-128.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Alcorn, J. and Topping, A.E. 2009. Registered nurses' attitude towards the role of the healthcare assistant. *Nursing Standard,* 23(42), pp. 39-45.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Barrett, N. and Wright, M. E. 2019. Key elements of Advanced Practice Provider Integration. *Journal of Nurse Practitioners,* 15(5), pp. 370-373.

Reason for exclusion: Incongruent with research objective – Mixed population.

Begley, C., Murphy, K., Higgins, A. and Cooney, A. 2014. Policymakers' views on impact of specialist and advanced practitioner roles in Ireland: the SCAPE study. *Journal of Nursing Management,* 22(4), pp. 410-422.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Chouinard, V., Contandriopoulos, D., Perroux, M. and Larouche, C. 2017. Supporting nurse practitioners' practice in primary healthcare settings: a three-level qualitative model. *BMC Health Services Research,* [e-journal] 17(1):437. https://doi.org/10.1186/s12913-017-2363-4

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Cowley, A., Cooper, J., Goldberg, S. Experiences of the advanced nurse practitioner role in acute care. *Nursing Older People,* 28(4), pp. 31-36.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

De Guzman, A., Ciliska, D. and DiCenso, A. 2010. Nurse Practitioner role implementation in Ontario Public Health units. *Canadian Journal of Public Health*, 101(4), pp. 309-313.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Goemaes, R., Shawe, J., Beeckman, D., Decoene, E., Verhaeghe, S. and Van Hecke, A. 2018. Factors influencing the implementation of advanced midwife practitioners in healthcare settings: A qualitative study. *Midwifery,* 66(1), pp. 88-96.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Hurlock-Chorostecki, C. and McCallum, J. 2016. Nurse Practitioner Role Value in Hospitals: New Strategies for Hospital Leaders. *Nursing Leadership,* 29(3), pp. 82-92).

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Josi, R., Bianchi, M. and Brandt, S. K. 2020. Advanced practice nurses in primary care in Switzerland: an analysis of interprofessional collaboration. *BMC Nursing,* [e-journal] 19:1. https://doi.org/10.1186/s12912-019-0393-4

Reason for exclusion: Incongruent with research objective – Wrong setting.

Kerr, L. and Macaskill, A. 2020. Advanced nurse practitioners' (emergency) perceptions of their role, positionality and professional identity: A narrative inquiry. *Journal of Advanced Nursing*, 76(5), pp. 1201-1210.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

King, R., Tod, A. and Sanders, T. 2017. Development and regulation of advanced nurse practitioners in the UK and internationally. *Nursing Standard,* 32(14), pp. 43-50.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Masso, M. and Thompson, C. 2017. Australian research investigating the role of nurse practitioners: A view from implementation science. *Collegian,* 24(3), pp. 281-291.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Maxwell, E., Baillie, L., Rickard, W. and McLaren, S. M. 2013. Exploring the relationship between social identity and workplace jurisdiction for new nursing roles: A case study approach. *International Journal of Nursing Studies,* 50(5), pp. 622-631.
Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

McDonnell, A., Goodwin, E., Kennedy, F., Hawley, K., Gerrish, K. and Smith, C. 2015. An evaluation of the implementation of advanced nurse practitioner roles in an acute hospital setting. *Journal of Advanced Nursing,* 71(4), pp. 789-799.
Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

McGuire, A., Richardson, A., Coghill, E., Platt, A., Wimpenny, S. and Eglon, P. 2007. Implementation and evaluation of the critical care assistant role. *Nursing in Critical Care,* 12(5), pp. 242-249.
Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

McLoughlin, A., Shewbridge, A. and Owens, R. 2012. Developing the role of Advanced Practitioner. *Cancer Nursing Care,* 11(2), pp. 14-19.
Reason for exclusion: Incongruent with research objective – wrong setting.

Murphy, S. A. 2005. Integration of multiple nursing roles using the stages of change conceptual framework: An interview with Deborah Finnell. *Journal of Addictions Nursing,* 16(1), pp. 69-71.
Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Nancarrow, S., Moran, A., Wiseman, L., Pighills, A. C. and Murphy, K. 2012. Assessing the implementation process and outcomes of newly introduced assistant roles: a qualitative study to examine the utility of the Calderdale Framework appraisal tool. *Journal of Multidisciplinary Healthcare,* [e-journal] 2012:5, pp. 301-317. https://doi.org/10.2147/JMDH.S35493
Reason for exclusion: Incongruent with research objective – Mixed population.

Oldenburger, D., Cassiani, S. H. D., Bryant-Lukosius, D., Valaitis, R. K., Baumann, A., Pulcini, J. and Martin-Misener, R. 2017. Implementation strategy for advanced practice nursing in primary health care in Latin America and the Caribbean. *Pan American Journal of Public Health,* [e-journal] 2017:41. https://dx.doi.org/10.26633%2FRPSP.2017.40

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Ryley, N. and Middleton, C. 2016. Framework for advanced nursing, midwifery and allied health professional practice in Wales: the implementation process. *Journal of Nursing Management,* 24(1), pp. 70-76.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Sangster-Gormley, E. 2013. How case-study research can help explain implementation of the nurse practitioner role. *Nurse Researcher,* 20(4), pp. 6-11.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Officer, T. and Cumming, J. 2019. Successfully developing advanced practitioner roles: policy and practice mechanisms. *Journal of Health Organization and Management,* 33(1), pp. 69-77.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

Srivastava, N., Tucker, J. S., Draper, E. S. and Milner, M. 2008. A literature review of principles, policies and practice in extended nursing roles relating to UK intensive care settings. *Journal of Clinical Nursing,* 17(20), pp. 2671-2680.

Reason for exclusion: Incongruent with research objective – No factors/interventions identified.

ANNEXURE 13: PARTICIPANT INFORMATION LETTER TO REVIEW PANEL

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

LETTER TO REVIEW PANEL

Dear Reviewer,

Following our nominal group session in which the programme outcomes for the logic model have been identified as well as how the identified outcomes can be achieved, I developed a draft pathway for the integration of the General Nurse. The draft pathway is based on the integration of the findings from the four phases of data collection and analysis that included a scoping review, semi-structured interviews with key informants, a qualitative document review and the ideas generated during the nominal group with you as a participant.

You are being requested to participate as part of the review panel to independently review and confirm the pathway developed during this research study. To participate, it will be required of you to complete the provided pathway review form that is attached and give comments where necessary. I have attached two documents which include (1) a summary document and (2) the draft pathway. The summary document outlines the recommended steps to achieve each outcome and includes the final populated elements of the logic model. The draft pathway describes the recommended steps in more detail.

Anonymity as a participant will be ensured, if required. You are under no obligation to participate in this research study. However, your valuable input will be appreciated and will used to validate and finalise the pathway. Please would you complete the below consent form indicating your willingness to participate in the review panel.

Should you have any queries related to participation in the expert review panel, please do not hesitate to contact me or my supervisors, Dr Sue Armstrong and Dr Nelouise Geyer.

Yours sincerely,

Ryno van Jaarsveld (Researcher)

0620425529

CONSENT TO PARTICIPATE IN THE REVIEW PANEL

I, _____, hereby agree to participate in the review panel for the review and confirmation of the draft pathway for the integration of a new category of nurse into the private healthcare sector in South Africa.

Signature_____ Date_____

ANNEXURE 14: PATHWAY REVIEW FORM

DEVELOPMENT OF A PATHWAY FOR THE INTEGRATION OF A NEW CATEGORY OF NURSE INTO THE PRIVATE HEALTHCARE SECTOR IN SOUTH AFRICA

PATHWAY REVIEW FORM

CLARITY		
Do you think the pathway is clear?	□**Yes**	□**No**
Should anything be added to make it more clear?	□**Yes**	□**No**
If yes, please elaborate:		
RELEVANCE		
Do you think the pathway is relevant?	□**Yes**	□**No**
Should anything be added to make it more relevant?	□**Yes**	□**No**
If yes, please elaborate:		

FEASIBIILTY		
Do you think the pathway is feasible?	□**Yes**	□**No**
Should anything be added to make it more feasible?	□**Yes**	□**No**
If yes, please elaborate:		
ACCEPTABLITY		
Do you think the pathway is acceptable?	□**Yes**	□**No**
Should anything be added to make it more acceptable?	□**Yes**	□**No**
If yes, please elaborate:		

ANNEXURE 15: SUMMARY DOCUMENT OF PATHWAY

Outcome One **The integration of the General Nurse provides for efficiency and the realisation of organisational goals and objectives.**	**Outcome Two** **The General Nurse is part of an integrated healthcare team that contributes to the quality and safety of patient care within the clinical practice environment.**	**Outcome Three** **The introduction of the General Nurse is accepted, and willingly supported, by all stakeholders in the healthcare organisation.**	**Outcome Four** **The integration of the General Nurse into the functional staffing structures of the healthcare organisation results in a sustainable and contented nursing workforce.**
1. Development of a contextually relevant curriculum 2. Develop workplace competencies of the General Nurse 3. Organisational policy reform 4. Optimise the division of work 5. Evaluation and Feedback 6. Ongoing identification of problems and solutions	1. Early exposure to clinical practice environment 2. Close the theory-practice gap 3. Provide practice development opportunities 4. Competency-based orientation 5. Structured clinical supervision 6. Promote collaborative practice	1. Create awareness 2. Stakeholder involvement 3. Change management 4. Use clinical facilitators as change champions 5. Formalised mentorship programme 6. Ongoing engagement and feedback	1. Appropriate nursing skill mix 2. Appropriate job grading and salary scales 3. Create “safe spaces” 4. Establish supportive relationships 5. Avenues for career progression 6. Opportunities for development