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Research article

The enemy within: Power and politics in the transition to nurse practitioner

Lorna MacLellan [a,1], Tracy Levett-Jones [a,b,2], Isabel Higgins [a,c,d,3]

[a] School of Nursing & Midwifery, Faculty of Health and Medicine, The University of Newcastle, Ourimbah Campus, PO Box 127, Ourimbah, NSW 2258, Australia
[b] Research Centre for Health Professional Education, Australia
[c] BRICs Nursing and Midwifery Network, Hunter Medical Research Institute, Australia
[d] Nursing and Midwifery Research Centre, Hunter New England Local Health District, Australia

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ABSTRACT

Background: The period of transition from registered nurse to nurse practitioner is often challenging. While adjusting to their autonomous role, nurse practitioners need to create and define a distinct role for themselves within practice contexts that may be unfamiliar, sometimes unwelcoming and inhospitable. During this time of transition, nurses need well developed negotiation skills and personal attributes including resilience, tenacity, fortitude and determination.

Purpose of the research: The purpose of the research reported in this paper was to explore the transition experiences of 10 newly endorsed nurse practitioners in Australia during their first year of practice. This paper focuses on power, control and political manoeuvring that negatively impacted the 'nurse practitioners' transition. A qualitative approach using a modified version of Carspecken's five stage critical ethnography, informed by focused ethnography, was the methodology selected for this study. Methods included observations of practice, journaling, face to face and phone interviews which were recorded, transcribed and analysed thematically.

Results: "The enemy within" emerged as a dominant theme highlighting issues of power, powerlessness and politics dominating the participant's experiences. Power struggles amongst nurses, both overt and covert, and the deliberate misuse of power were frequently encountered. Many of the participants felt powerless and ill-prepared to negotiate the challenging situations in which they found themselves. Many lacked the skills needed to address the negative behaviours they experienced.

Conclusions: This paper reports on the experiences of 10 newly endorsed nurse practitioners during their transition to the nurse practitioner role. The impact of the political climate at the time of this study had an undeniable influence on many of the participants' transition experiences. Competition for the limited numbers of designated nurse practitioner positions led to hostility between senior nurses and, in some contexts, a jostling for power, control, prestige and position. Rather than camaraderie, cooperation and collaboration, many of the participants described feeling besieged, undermined and alienated. The new nurse practitioners felt isolated, unwelcomed and unsupported. Several felt burnt out and abandoned their aspirations to be become a nurse practitioner. They left and returned to practice as a registered nurse.

Introduction

Whilst Nurse Practitioners (NP) were established in the United States fifty years ago, the first NPs were authorised in Australia in 2000 (Berg & Roberts, 2012). NPs practice in most developed countries making valuable and essential contributions to health care using a holistic model of care, as distinct from the curative model of medical practice (Brykcznski, 1999; Elsom, Happell, & Manias, 2009; Gould & Wasylkiw, 2007).

E-mail addresses: lorna.maclellan@newcastle.edu.au (L. MacLellan), Tracy.Levett-Jones@newcastle.edu.au (T. Levett-Jones), Isabel.Higgins@newcastle.edu.au (I. Higgins).
[1] Tel.: +61 24349 4536; mobile: +61 417 499 027; fax: +61 24349 4538.
[2] Tel.: +61 2 4921 6599; mobile: +61 400 940 438; fax: +61 2 4921 6301.
[3] Tel.: +61 2 4921 6144; mobile: +61 437 397 610; fax: +61 2 4921 6301.

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In Australia, as in other countries in the world, NPs are highly educated, advanced practice nurses who function autonomously to provide high quality healthcare to people living in metropolitan, rural and remote communities. The Nursing and Midwifery Board of Australia, [NMBA] defines an NP as '*a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role* (2016, p. 1)' To be eligible to apply for endorsement, nurses must have successfully completed studies in an NMBA accredited Master of Nursing (Nurse Practitioner) program, one year full time, or equivalent, and provide evidence of three years of advanced nursing experience, or equivalent within the previous six years. NPs must demonstrate highly developed knowledge, attitudes and advanced skills in their nominated specialisation to become endorsed by the NMBA (2016). Currently, there are 1214 endorsed NPs in Australia (O'Connell, 2015), which, compared internationally, reflects slow growth. The obstacles and challenges experienced by NPs as they transition to their new role (Lowe & Plummer, 2013; MacLellan, Higgins, & Levett-Jones, 2015a) may account for some of this.

Background

Australian researchers have recognised for some time that there are many dubious political, cultural and economic imperatives that prevent NPs achieving their full potential (Gardner, Gardner, Middleton, & Della, 2009; Turner, Keyzer, & Rudge, 2007). Educationally, clinically and professionally, the NP's transition pathway is long, difficult and challenging (Hill & Sawatzky, 2011; MacLellan, Levett-Jones, & Higgins, 2015; Pop, 2011; Spinks, 2009) requiring much planning, patience, tenacity and resilience to achieve.

Brown and Olshansky (1997) explored the experiences of new NPs following their introduction to the health workforce. Their theoretical model, *From Limbo to Legitimacy,* captures the transition of new NPs highlighting the complexities of transition (Brown & Olshansky, 1997). Whilst there was opposition to the NP role initially from allied health disciplines (Gould & Wasylkiw, 2007; Kelly & Mathews, 2001) it was the opposition and resistance from medical practitioners and, surprisingly, nurses, that was most confronting; with some NPs feeling betrayed by their nursing colleagues (Brown & Draye, 2003; Lloyd Jones, 2005). Whilst concerns about the blurring of boundaries between nurses and doctors have been noted, Brykcznski (1999) argues that the impact of NPs on safe and cost effective care to the community should be acknowledged. Unfortunately, despite the passing of time, the proliferation of NPs and the evidence of their positive impact on health care, some NPs continue to struggle for acceptance (Szanton, Mihaly, Alhusen, & Becker, 2010; Yeager, 2010).

Despite a body of research about NPs (Gardner et al., 2010; Gardner, Gardner, & O'Connell, 2013; Middleton, Gardner, Gardner, & Della, 2011), there is little known about the experiences, issues and concerns of Australian NPs transitioning to the role (MacLellan, Higgins, & Levett-Jones, 2015b). While there are a growing number of research studies addressing the effectiveness of NPs, their scope of practice (Carryer, Gardner, Dunn, & Gardner, 2007b; Gardner & Gardner, 2005), competencies and standards (Gardner, Hase, Gardner, Dunn, & Carryer, 2008), clinical guidelines (Carryer, Gardner, Dunn, & Gardner, 2007a) and other clinical issues relating to the role (Middleton et al., 2010), these studies fail to take into account factors that influence transition, retention and attrition of new NPs. For many NPs, the transition period is stressful and chaotic, dominated by uncertainty, fear of making mistakes, unpreparedness (Hart & Macnee, 2007) and adjusting to the expectations of colleagues (Lloyd Jones, 2005).

Transition defined

For the purpose of this study transition was defined as '*that confusing nowhere of in-betweenness… the way we come to terms with change*' (Bridges, 2001, p. 3). It represents movement, confusion, stages and a journey from a place of comfort and familiarity towards a place of new and unknown territory (MacLellan et al., 2015a). A universal attribute of transition is the notion of temporality with adjustments to roles, relationships and contexts.

Methods

The aim of this study was to explore the transition experiences of 10 newly endorsed nurse practitioners in Australia during their first year of practice.

Methodology and study design

A qualitative research design was used in this study. The methodology was a modified version of Carspecken's (1996) five stage critical ethnography and focused ethnography (Wall, 2015). Face to face interviews with new NPs were conducted. Interviews were recorded verbatim, transcribed by a confidential transcriptionist and analysed thematically.

Critical ethnography

Critical ethnography (CE) is used to explore injustices brought about through power imbalances in order to bring about emancipation (Hazelton & Rossiter, 2006). CE is overtly political; it seeks to expose hidden agendas, challenge oppressive assumptions, describe power relations, and critique the "*taken for granted*", (O'Reilly, 2009, p. 51). CE attempts to understand "what is" and "why" and "how" a situation has been structured by ideologies (Savage, 2006). Researchers who engage in CE seek to bring about a critical discourse by encouraging participants to express their concerns within a safe environment (Allen, Chapman, Francis, & O'Connor, 2008).

Critical ethnographers encourage honest communication and critical reflection during interviews to help uncover what is going on in a culture or subculture (Allen et al., 2008). They accept and value each participant's subjective experiences, ideas, intentions and emotions and they recognise the importance of interpreting findings within the study context (Brewer, 2005, p. 11; Wiersma & Jurs, 2005, pp. 202, 242, 244).

Focused ethnography

Focused ethnography (FE) is a variant of CE that explores cultures and sub-cultures within a discrete community or context, and where both participants and researchers have specific knowledge about an identified problem (Higginbottom, Pillay, & Boadu, 2013). It is a rigorous approach to studying a sub-culture when there is a defined research question, the researcher is familiar with the setting, and the opportunities for observation, a characteristic of ethnography, are limited (Wall, 2015). FE is characterised by limited field visits rather than an extensive period of observation. The researcher conducts multiple semi-structured in-depth interviews with participants over time (Higginbottom, 2011; Knoblauch, 2005) in order to enable thick description of the phenomenon of interest.

Ethical considerations

Ethical approval for the study was obtained from the university ethics committee; all participants provided informed consent.