

**DEVELOPMENT OF A  
SPECIALIST NURSING  
FRAMEWORK FOR  
NEW ZEALAND**

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**June 2011**

## **CERTIFICATE OF AUTHORSHIP/ORIGINALITY**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

A handwritten signature in black ink that reads "K. Holloway". The signature is written in a cursive style with a large, sweeping flourish at the end of the word "Holloway".

## Acknowledgments

A doctoral journey is never taken alone. My companions on this journey have ranged across all aspects of my professional and personal life and not all have made it to the finish line. To those that have assisted me please know that the gifts of time and space during these past five years are much appreciated.

Specifically I have been privileged to be guided and challenged by my supervisors, Dr Jacqueline Baker and Professor Judy Lumby, with just the right combination of tension and support to keep me moving forward. As a distance student living in New Zealand, the support that they offered me was without borders, replying to emails and drafts swiftly to keep me connected, and organising their lives to meet twice a year in Sydney during research weeks. They brought rich and diverse views from their own commitment to nursing to my work, and their debates during our meetings have greatly enriched my understanding of research and our profession.

The 'doctoral diva alliance' that formed in our first week of study have been companions to me throughout, even though not all stayed this particular path. To Jan, Cathy, Lorraine, Collette and Susanne, thank you so much for your support and sisterhood.

Working full time and undertaking this doctoral study would not have been possible without the support of Whitireia and my Faculty Dean, Dr Margaret Southwick. Margaret, you made it easy for me to take time to focus on this work along with your generosity in reading drafts of my work and providing insightful feedback – thank you. To my other colleagues in the Faculty, I appreciate your tolerance of my often passionate rehearsal of this doctorate and promise you that my focus is on the way back! Thank you also to Denise for her helpful editing of this final work.

An endeavour such as this steals time and focus away from the most precious of life's rewards – family. To my fabulous husband Graeme and my gorgeous sons Matthew and Liam, thank you so much for encouraging and supporting me through these past years. I know it has not always been easy. Finally, I would like to dedicate this thesis to my parents Jackie and Sandy Anderson, who unexpectedly passed away in 2007 and 2010 respectively. Their tenacity and commitment to "getting the job done" has sustained me through some difficult moments during this study. Mum and Dad, I do know that you were and would be proud of me and this is for you both.

## Preface

The development of a national framework for specialist nursing built on a consensus approach, is the nursing profession's business and is the focus of this dissertation. Through my many roles in nursing I have formed the view that the time is right for the development of a single specialist nursing framework for New Zealand. First, as a former nurse specialist who has practiced in New Zealand, Australia and Britain, I appreciate the research that supports the positive difference that specialist nursing services can make to patient outcomes. As an undergraduate then postgraduate nurse educator since 1994, I have observed with concern the proliferation of inconsistent expectations of specialist nursing roles and titles with subsequent limited transferability within New Zealand. Finally as a nurse leader of the national association, Nurse Education in the Tertiary Sector (NETS) and part of the National Nursing Organizations (NNO) group, discussing national nursing workforce planning has been part of my role. Working with various groups tasked with developing lengthy lists of nursing practice competencies for government prioritized health service areas e.g., before school health checks and cancer care, as a way of supporting specialist services is not sustainable in my view. The time is right for a different approach to the ongoing generation of multiple lists of competencies. This study provides an alternate option.

As is common in qualitative research, my interest and position in nursing in New Zealand has the potential to influence the outcome of the study. Whilst acknowledging that co-construction of meaning is a desired part of the process, the dialectic between the participants and the researcher requires surfacing to make more auditable the findings. This process is well understood as reflexivity (Finlay, 2002; Jootun, McGhee, & Marland, 2009) and defined as "the process by which researchers recognize that they are an integral part of the research and vice versa" (Munhall, 2007, p. 318). Cutcliffe (2003) cautions against excessive reflexivity diverting attention away from insightful analysis of the data to less valuable self exploration, and suggests the concept of intellectual entrepreneurship (to boldly explore ideas). Balancing both boldness and self exploration, I have provided a dialogue of reflexivity within this dissertation in boxed areas of italicised text.

The aim of any professional doctorate is to prepare nurses to function in leadership roles in academic, clinical and research settings within dynamic and complex health care systems and communities (Ketefian, Davidson, Daly, Chang, & Srisuphan, 2005). The intent of the Doctor of

Nursing program undertaken to support this study, is to prepare nurses for leadership positions within the profession (Faculty of Nursing Midwifery and Health University of Technology Sydney, 2009). Maxwell (2002) contends that the responsibility of professional doctorate scholarly activity is for rigorous knowledge production by practitioners in the context of complex practice.

The knowledge produced through this study has expression through the construction of the dissertation text. The ontological premise of relativism that underpins this study allows understanding that the meanings of the nurse specialist framework will be co-constructed in dialectic interplay between the reader and the dissertation text (Chandler, 1995). Equally, the process of developing a dissertation is acknowledged as reflexive, in that language is selected to both develop the researcher's understanding, as well as to communicate understanding; what Maxwell terms writing "in" as well as writing "up" (2002, p.9).

This dissertation needs to meet the requirements and the expectations of various audiences or discourse communities. Discourse communities are marked in part by their specific shared language and understandings (Freed & Broadhead, 1987) and for this dissertation include the academic community, the professional community and the policy community. As there are multiple audiences for this research, there are a variety of text forms presented within the dissertation e.g., published work and conference presentations organised into chapters for ease of reading.

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## Abstract

Specialist nursing services have been identified as an area of expected growth for the New Zealand health system. In the next decade more nurse specialists will be required particularly to provide services to manage long-term conditions, the burden of chronic disease and the provision of quality aged care. However, the current landscape and understanding of specialist nursing in New Zealand is well recognized as complex and fragmented, with professional groups looking for solutions. There are multiple pathways involving frameworks built on ever increasing lists of nursing competencies. As a nurse leader within New Zealand, my concern is that inconsistent specialist nursing workforce planning and pathways for nursing practice development will adversely affect needed service provision for the population. This dissertation reports the outcomes of my doctoral study, which suggests an alternate approach through the development of a single unified capability framework for specialist nursing practice in New Zealand. This study uses a qualitative descriptive and exploratory multi-method enquiry approach to review extant understandings and develop a consensus framework. A three-phased study with each phase informing the other was designed to answer the research question regarding the essential elements required for a single national framework for specialist nursing in New Zealand. The initial phase of the study considered the extant nurse specialist frameworks through literature review and document analysis, along with key stakeholder interviews to build elements for the next phase. The second phase used online survey software in an E-Delphi technique using the International Council of Nurses three criteria for orderly development of specialty practice. Following two rounds of the E-Delphi, the consensus outcome elements were integrated with a role development model to develop a draft framework. The third and final phase of the study validated the framework with a group of nurse specialists, culminating in the production of the New Zealand Nurse Specialist Framework (NZNSF). The dissertation widens the understanding of a more holistic approach to specialist nursing development, which holds great promise for the specialist nursing workforce in New Zealand and potentially internationally.