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The Experience of Nurse Practitioners with Peer Support: A Phenomenological Study

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**THE EXPERIENCE OF NURSE PRACTITIONERS WITH PEER SUPPORT:
A PHENOMENOLOGICAL STUDY**

By

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A THESIS

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ABSTRACT

THE EXPERIENCE OF NURSE PRACTITIONERS WITH PEER SUPPORT: A PHENOMENOLOGICAL STUDY

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As nurse practitioners move into non traditional roles they sometimes lack a social and professional support. Lack of peer support can cause a feeling of isolation and frustration for advanced practice nurses.

The purpose of this phenomenological qualitative study was to discover the lived experience of nurse practitioners with peer support. Four nurse practitioners described their experiences. These descriptions were analyzed for meaning using the Girogi method.

Four common themes emerged: support throughout the educational process, professional support, support from family and friends and frustration. The description of peer support was unique according to level of experience, practice setting and access to support. When lack of support was reported there was a greater amount of frustration described. Nurse practitioners can utilize information from this research to develop strategies to encourage readily available peer support and the importance of professional networks.

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CHAPTER ONE

Introduction

The concept of an expanding role for nurses embodied in the nurse practitioner movement is not new. Hawkins and Thibodeau (1993) describe the scope of practice of Florence Nightingale and Lillian Wald as similar to today's nurse practitioner. Since the 1960's, the expanded role has acquired titles, requirements, and more formal definitions. There is a great deal of confusion in the public sector, as well as in the nursing profession itself, regarding the careers of advanced practice nurses. As nurses presently move in more non-traditional roles, they sometimes lack a social and professional support group within the work setting. Lack of peer support can cause feelings of isolation and frustration for advanced practice nurses (Guilliand et al., 1990) as they face challenges such as defining the role, establishing the scope of practice, conflicts over territory with physicians, and disagreement over educational preparation.

Peer support is crucial to nurses' well-being. Peers understand the environment and situation without explanation, allowing more empathy and support. It is important to have peers who are able to provide that support and recognition (McConnell, 1982).

Unfortunately, peer support is not always obtained. McConnell (1982) gives an example of the lack of peer support when a new graduate nurse tells her peers, "I hurt, and no one seems to notice."

Nurses need to become more aware of support needs as individuals and as a group. This enables them a greater understanding of the needs to create a supportive climate for

themselves and as a group. (McConnell, 1982). This is difficult for nurses to do because it means that at times, they need to put their own needs first. Separating themselves from their professional role and allowing themselves some "selfishness" can be hard for nurses who have been conditioned to control responses until there is a time and place for them. In addition they feel they do not have a right to be angry, sad, anxious, or despairing (McConnell, 1982).

Nurses are kept from expressing emotions because of fears of not being accepted, thought of as incompetent, being unstable, being betrayed, or thought of as weak. These fears of being misunderstood or of inadequacy can cause a nurse to feel alone and distressed, especially if the nurse feels he/she is the only one with this difficulty. Nurses will receive the support from knowledge that peers have similar thoughts and feelings, only if they are willing to share their own experiences (McConnell 1982).

Nurses are at times accused of not being good colleagues and peers, poor team players, and not supporting each other (Mason, Talbot & Lovill, 1993). As more nurses increase their political activity and join together in positive ways, they are breaking patterns of mistrust, jealousy and isolation to achieve mutual benefits. In order to be politically active, nurses require support from colleagues. It is essential that nurse practitioners develop supportive attitudes. These attitudes need to include nurturance, spirit of community, and camaraderie. By developing strong alliances, networks, work teams, and peer relationships, nurses' sense of empowerment is enhanced. Thus the nurse can be a supportive colleague and feel free to accept support when offered (Mason, Talbot & Lovill, 1993).

Research Question

This study explored, examined and described: What is the experience of nurse practitioners with peer support? The phenomenological method was used to gather information regarding this research question.

Purpose

The purpose of the study was to explore, examine and describe the lived experiences of nurse practitioners with peer support. Through the use of lived experiences the study identifies and describes the underlying themes and common threads of nurse practitioners reflected in past and current experiences with peer support. A Husserlian phenomenological qualitative design was used to gain an understanding of the phenomenon. It provides exploration of a concept as perceived and defined by real people (Talbot, 1995).

CHAPTER TWO

Design

Organizing Framework

A phenomenological approach according to Talbot (1995), focuses on the study of the "lived experience" from the perception of the person experiencing it. Phenomenology is concerned with essences and conscious experiences of the world. The individual is viewed as having a stock of knowledge that is used to make sense of the world and to guide his or her own actions. Meaning is constructed in ongoing relations between people as they interact and share an experience. Phenomenology uncovers the meaning of an experience as humanly expressed (Talbot, 1995). Phenomenological research requires suspension of previous assumptions and reflection upon a phenomenon to gain an attitude of openness and awareness. (Drew, 1993).

Husserl believed that ideas that order and give form to experience create our lived experience (Rogers, 1991). Through the use of the science of phenomenology it is possible to explore the true meaning of a phenomenon by the perception of the person experiencing it. The fundamental principle of Husserl's phenomenology is that, "no opinion is to be accepted as philosophical knowledge unless it is seen to be adequately established by observation of what is seen as itself given in person in...phenomenon in itself" (Wagner, 1983). When using the phenomenological approach according to Husserl the researcher has no preconceived operation definitions or preselected theoretical frameworks.

To accomplish this, using Husserlian tradition, pure essences of consciousness can be known only through the bracketing of preconceived notions and beliefs. This is a primary requisite that will involve four basic steps: bracketing, intuiting, analyzing, and describing.

Bracketing is holding in abeyance of one's preconceptions and native assumptions about the phenomenon being studied. The purpose of bracketing is to more fully understand the meaning of the phenomena to the individual involved in the experience. According to Ray (1990) the researcher's prior knowledge of the phenomenon is set aside (bracketed) during interviews and unbracketed during thematic interpretation. Intuiting occurs when the researcher remains open to the meanings attributed to the phenomenon by those who have experienced it. Analysis was done by coding, categorizing, and making sense of the data collected. The descriptive phase occurs when the researcher comes to understand and is able to define the phenomenon (Pulit & Hungler, 1993).

According to Omery (1983), the phenomenological method is an inductive, descriptive, research method. This method seeks to explore the phenomenon through the description from human experience. It is felt that through the analysis and examination of the data that trends and patterns are gained to increase awareness and sensitivity of a given phenomenon from the individual's perspective (Omery, 1983).

Researcher's Perspective

The researcher's perspective about the phenomenon of peer support experienced by nurse practitioners is required when using the phenomenological method.

Phenomenological research will assist in describing peer support as experienced by nurse practitioners based on personal description. The researcher's perspective will be held in

abeyance during the study. By examining the relationship of peer support it will lead to an increased understanding of the phenomenon experienced by nurse practitioners. Because nursing claims to be holistic and interactive with an integral relationship between nurse/client, it will be beneficial to describe their interactions with their own group. During the author's nursing career many experiences of peer support have been observed. It is important to this research to understand what depth of meaning the lived experience of peer support has for nurse practitioners.

Literature Review

In qualitative studies the literature review is generally done after the study or on a limited basis to support the study and choice of method in studying the phenomenon. The limited literature review provides the historical and social context of the study. (Talbot, 1995). The belief is that the human experiences under study should be told by the people who experience them rather than by researchers knowledge or biases. Glaser (1978) recommends that the literature not be reviewed prior to the data collection to decrease the distraction or mislead the researcher. This decreases the threats to validity and increases the ability to discover common patterns and themes. In phenomenological studies the data collection can then be compared and contrasted. (Burns & Grove, 1987; Oiler, 1982)

Literature review related to the research topic of this study was conducted following data collection and analysis. The phenomenological data was then compared and contrasted in a subsequent chapter.

Qualitative Research

Since the purpose of this study was to examine peer support as experienced by nurse

practitioners, a qualitative method was chosen. A qualitative research approach provides for an in-depth understanding of a phenomenon. It allows for the exploration of a concept as perceived and defined by real people (Talbot, 1995). Within qualitative research there are several different approaches: ethnography, grounded theory, phenomenology, case study, and historical research. Each method has its own selection of theorists, methodologists, and philosophers. However there are common characteristics that link the various methods together. These various features consist of: a holistic approach to questions, the research question tends to be very broad; the focus is on human experience -- studies people's realities; the research strategies involve sustained contact with people in settings where those people normally spend their time; a high level of researcher involvement with subjects using unstructured interviews for example; and the data produced provides a descriptive, narrative report of people's lived experience. (Boyd & Munhall, 1993). There are weaknesses in qualitative research described by Ammon-Gaberson and Piantanida (1988), particularly premature or delayed closure and data shuffling. Premature or delayed closure was avoided by allowing enough interviews for data saturation to occur, but not too many that the data becomes unmanageable. The use of a non-biased peer auditor helped the researcher to keep focused on the research question and made the determination when data saturation occurred. Data shuffling occurs when the researcher becomes overwhelmed and unable to manage data. With the use of a data management system, coding and categorizing data after every interview this was avoided. Analysis was used to impose order to a body of information so that some general

conclusions can be reached. The aim was to organize, synthesize, and provide structure to research data. In qualitative studies the data collection and analysis normally occur simultaneously (Talbot, 1995).

Qualitative analysis begins with a general search for themes. After data collection was completed it was reviewed for general themes. For the purpose of this study the interviews were tape recorded, transcribed, and coded after every interview. Cole (1995) described organization of data into four main concepts: central tendencies (description of common themes), ranges (differences in the categories), expected (confirmed assumptions based on literature review), unexpected (departs from assumptions from literature review). The data analysis attempted to find common themes among the data. It is important in qualitative research that the quality of the data is evaluated. Lincoln and Guba (1985) suggested four criteria for establishing the trustworthiness of qualitative data: credibility, transferability, dependability, and confirmability.

Credibility refers to confidence in the truth of the data. This means that the investigation is done in a way that the findings are believable. Techniques that will be incorporated will include prolonged engagement - spending sufficient time with data collection activities to test for misinformation and distortions. It is important to use the facts only, not presupposed notions of what the researcher thought the interviewee said. Data triangulation will improve the likelihood that the findings will be credible. Doing multiple interviews on the same topic allow this to occur.

Transferability is the extent to which the findings from the data can be transferred to other settings or groups (Polit & Hungler, 1995). In this study the description will be

provided about numbers of participants interviewed, examples of questions, characteristics of interviewees, and evaluation methods. This allows the study to be replicated by other groups to evaluate peer support.

Dependability refers to the stability of data over time and over conditions (Polit & Hungler, 1995). A non-biased peer auditor assessed and scrutinized the data and supporting documents. This provided an inquiry audit and allowed dependability to be reached.

Confirmability suggests that there would be an agreement about the data's meaning if others followed the data trail or interviews and summation of findings. The use of the internal auditor helped to assure the confirmability of the data (Polit & Hungler, 1995).

The literature was reviewed after the reoccurring themes had evolved from the interviews. This was done to determine if there were other characteristics of peer support that might have specific meaning for nurse practitioners.

Phenomenological Research

The research design for this Qualitative study consisted of the four phases of Husserlian phenomenological research, bracketing, intuiting, analysis and describing. The researcher will bracket out explanations regarding the phenomenon of the experience of nurse practitioners with peer support. This will minimize the researcher bias with respect to literature of preconceived notions and to enable the researcher to view the phenomenon openly. The researcher's description of the lived experience of nurse practitioners with peer support was from data from real situations and described the respondents.

A phenomenological approach according to Talbot (1995), focuses on the study of the

"lived experience", from the perception of the person experiencing it. For this reason a phenomenological approach seemed appropriate to this study which attempted to describe peer support from the perspective of nurse practitioners who experience it. Phenomenological research does not reach a conclusion; however, it challenges the reader to say "yes, it is like this", or "no, I do not believe it is like this." It attempted to find the essence of the meaning (Field & Morse, 1985).

Significance for Nursing

Nursing claims to be holistic and interactive, therefore nursing must pursue the humanities and spiritual elements, or what it means to be human and spiritual (Rogers, 1991). It is important for the nurse to recognize the beauty of her own existence and of each person's unique existence, and what that existence means to enhance nursing as a human science and provide a deeper understanding of the nature of nursing itself. To get to these characteristics, nature and essence of nursing knowledge, it is necessary to use qualitative methods. (Leninger 1991). Using a qualitative research method helps to promote the art and science of nursing. Using a phenomenological method focuses on the lived experience, therefore this methodology attempts to describe the essence of the experience of nurse practitioners with peer support. Nursing is seen as a caring profession (Leninger, 1991). This puts them in a unique position to be deeply involved with the care of others. This study attempts to describe the experience of supporting each other. Further studies could be used to explore different aspects of support, or relationships, unique to nurse practitioners.

Sample

In this study, the subjects were the primary sources of data. The subjects were nurse practitioners who were currently in practice. The interviewer was the primary instrument. According to Sandelowski, Davis, and Harris (1989), the interviewer introduces a general theme with open-ended questions that intend to focus subjects' thoughts but allow them freedom of expression. Subjects were initially requested to "describe your experience with peer support as a nurse practitioner." As the study progressed interviews were then redirected to fit in general themes that evolved from previous interviews. The interviews were tape recorded, transcribed, and reviewed after every session. Data collection and data analysis occurred simultaneously (Talbot 1995). The purpose of analysis (Talbot 1995) is to generate themes and recurring commonalities and /or patterns.

For this study a purposive sampling was used. Four nurse practitioners from a variety of practice situations such as practice: with physician colleagues, nurse practitioner colleagues, and private practice were chosen. All co-participants selected to participate in this study met the following criteria, (a) must be certified by a nationally recognized board, (b) must have been in practice at least one year (c) agree to participate (d) can fully and completely describe their experience. After the sample selection, a letter of inquiry was sent to participants (Appendix A). The letter stated the research question and asked for participation in the study. One week after the letter was mailed a telephone call was made to ask for their decision in participation in the study. On agreement for interview, a date and time was set

Setting

The study was conducted in an urban area of the midwest. Interviews were conducted at a place and time convenient to the participant. The area was private so confidentiality was maintained, and the participant felt free to express thoughts and feelings.

Protection of Subjects' Rights

When collecting data for qualitative research the researcher has an obligation to maintain the privacy and confidentiality of the participants. Approval for this study was obtained from the Human Subject's Committee at Grand Valley State University (Appendix D.) Confidentiality was achieved by assigning numbers to interviews. The assignments of numbers occurred as follows: order of interview (01-04), 01-male, 02 female, years in practice (number of years) and age (age in years). It was also important that the researcher accurately describes the experience. This was done by concentrating on facts from the interviews and tapes.

The research question and the purpose of the study was discussed with each co-participant. The nurse researcher explained the amount of involvement and required time commitment from the co-participant. The nurse researcher obtained written consent (Appendix C) from the co-participants and answered any questions concerning the study. Co-participants received a copy of their signed consent form. The original consent was retained by the nurse researcher in a locked file accessible only to the nurse researcher. Each co-participant was informed that she or he had the option to withdraw from the study at any time.

There was no physical risks in this non-invasive study. There was no evidence that any

emotional discomfort took place during the interview process.

Data Collection and Analysis of Data

Data for the qualitative study of the experience of nurse practitioners with peer support was collected using listening and interviewing techniques. Since the phenomenological method of research involves retrospective descriptions of lived experiences, the questions to subjects allows them to reflect on and describe situations, or circumstances in which the experience occurred and is presently remembered (Parse, 1985). The participants were asked to reflect on thoughts, feelings, and experiences related to the phenomenon. Data collection was compiled by the nurse researcher. The data collection was done in a one week period of time. Each participant was asked to describe her experience with peer support as a nurse practitioner. All interviews were audiotaped. The steps and instructions that were followed are as follows:

Step 1: Sample selection was done by mailing a letter of inquiry (Appendix A) to nurse practitioners who meet the established criteria. This was done by using a membership list from the Mid-Michigan Nurse Practitioner Network. This list has place of employment, address, and type of practice.

Step 2: After the letter of inquiry was sent a telephone call was be made (Appendix B) to ascertain willingness to participate. If the nurse practitioner was willing to participate, a date and time was set. The nurse researcher read the research question to allow co-participant time to dwell on question prior to the interview.

Step 3: Co-participant were informed that the interview would be taped and later transcribed verbatim. The interview took no longer than one hour. Once the tape was

transcribed, the tape was destroyed. After the data analysis the transcribed interviews were destroyed by a paper shredder. When the tape was transcribed any identifying information was omitted, such as a person's name, or place of employment.

Step 4: The instructions given to initiate discussion were as follows, "describe your experience with peer support as a nurse practitioner, describe times when you felt most/least supported by peers, and share thoughts and feelings regarding the importance of peer support in your professional life."

Step 5: On the day of data collection, the co-participant signed the informed consent (Appendix C).

Demographic information including years of practice, educational preparation, and type of practice was also collected (Appendix E). The research question was restated and the taping began.

When the participants felt they had completely described their experience with peer support, the interview was completed. The researcher listened and transcribed the tape recorded interviews immediately. A copy of transcript was mailed to each participant within one week to ask each co-participant if they wished to question, clarify or add to any of the information. All four co-participant's returned the transcripts. Three transcripts were unchanged, one transcript had additions and clarifications added. After transcripts were returned the data analysis began.

Coding of the data was done by highlighting concepts with different colored markers. After reviewing the data, the information was coded on a master sheet. The coding system was consistently revised as further interviews were done.

The Girogi (1975) method of data analysis was used involving the following steps:

1. The researcher read the entire description of the experience to obtain a sense of the whole.
2. The researcher then reread the description again more slowly and identified individual units of meaning for the experience. Narrations were then reviewed repetitively to assure that the researcher saw the experience as the participants described it. Meanwhile, the researcher must hold in abeyance any preconceived notions regarding the phenomenon (Arslanian-Engoren, 1995).
3. The researcher identified themes and common meanings.
4. The researcher compared the themes between each interview.
5. The researcher reflected on themes and transform verbatim into concepts, focal meanings were identified.
6. The researcher integrated and synthesized the focal meanings into a structural description of the phenomenon under study.

Validity

The validity of this qualitative study was maintained by the following strategies.

1. The researcher in phenomenological method of research must accept face value and believe to be true the descriptions of the experience as related by the participants. This researcher will hold to be true all information given by participants (Ray, 1990).
2. After the data was transcribed it was sent to the participant for evaluation of content.

3. A non-biased peer auditor was used to conduct an internal inquiry audit to assure data stability over the course of data gathering.

4. Data analysis was reviewed by experienced qualitative researchers.

CHAPTER THREE

Data Analysis

The data were analyzed using the Giorgi method. Responses were transcribed from tape-recorded interviews and examined for key words or phrases that described nurse practitioners experience with peer support. These key words or phrases were highlighted and compared to similar data with each interview. As an underlying theme began to emerge a category was formed. Data collection continued until no new categories emerged. Upon completion of data collection, categories were re-examined, reduced, and final definitions of the main categories were proposed. The data was then reviewed with an experienced qualitative researcher.

As the data were analyzed, four common themes from the participant's (nurse practitioners') descriptions of their experience with peer support were identified. Participants talked about the support they received in school as very positive. They had to take the initiative to maintain it once they graduated. If they were able to contact classmates, their affirmation of responses to the new role were helpful. Sometimes however participants did not have the energy to seek support. Support from professional sources although readily available when accessed, had to be sought out. Support from family and friends was ongoing across the school and new role experiences. This support did not have to be sought and it was perceived as positive. Figure 1 briefly describes the common themes, common descriptors and perception of accessibility of peer support.

<u>Themes</u>	<u>Descriptors</u>	<u>Perceived Access of Support</u>
Educational Process	affirmation, shared goals empathy	ongoing support
Family/Friends	informal network, cooperation, encouragement	ongoing support
Professional	shared knowledge, networking	present when accessed
Frustration	lack of role definition, lack of knowledge, isolation	no perceived support

Figure 1: Nurse Practitioners perception of accessibility of peer support. Participants descriptions of common themes, descriptors, and perceived accessibility of support.

Following is a description of the four common themes that were described and sample of the participant's actual descriptions.

Theme One - Academic support in the educational process.

This theme encompasses support experienced as students from peers, support received from educators, and support obtained from classmates after separation from the school experience. This support was in the form of attaining common goals, affirmation of feelings, and sharing knowledge.

-Peer support during the student role was wonderful. We formed a very tight bond. I don't think that I could have continued on through my training without my student colleagues. We even worked as a small group to complete our masters thesis, which ended up finishing faster than any one else. I felt a great amount of support during school from educators also.

-Support as a student was very good. One of my colleagues that I ended up practicing with was very supportive during my first year. It was easier to go to her and vice versa to ask a "dumb" question, before running it by someone else.

-After being out in practice for a few months I met with a few classmates, that was very helpful to find out I was not alone in my feelings of being an "impostor".

-The first year in practice I was so overwhelmed I didn't have the energy to contact my classmates for support.

-During my years of graduate education I saw evidence of nurses supporting each other and helping them through school. Even the instructors were determined to help make sure that everyone made it through the program.

-I have felt supported during my master's classes by other classmates.

Theme Two - Professional Support

This support includes colleagues, formal organizations, co-workers, and attendance at conferences. This support includes professional role recognition, networking through organizations, and sharing of professional knowledge.

-I have had to seek out nurse practitioners that I could call on for help during my first year. I always felt that I was wasting their time. However they were always extremely helpful.

-I don't work with any nurse practitioners, however I attend state meetings and frequent inservices for my specialty and always feel better after attending.

-I work with (medical) residents and they are always curious and supportive about nurse practitioners and their role.

-I don't feel that the local nurse practitioner group is very supportive. It seems to be more of a social gathering. There isn't a lot of networking and sharing of concerns among the attendees. Conversation stays on a superficial level.

-I have always been involved in groups of women. I have had a great deal of support when starting my practice with a professional women's organization. I also am a very active member of the Michigan Nurses Association, which has given me a great deal of support.

Theme Three - Support from Family and Friends

This support includes support given through the educational process and through their professional career. It is described as a spirit of cooperation and encouragement.

-My husband and family have been very supportive through my schooling. My kids have had lines drawn all over them while I was in assessment class. My husband had a business background so that helped in opening my private practice.

-My husband has been very supportive of me. He is a physician and employs a nurse practitioner and a physicians assistant, that has also given me an informal network of support.

-My friend, also my classmate and now colleague made it very easy to go to her for help. I was very relaxed with her and not afraid to appear "dumb" with a question. I also did the same for her.

-Without my husband and families support I would not have been able to make it through my training. It was very intensive and time consuming.

-I have a good friend, also a nurse practitioner who was always a source of encouragement to me.

Theme Four - Frustration

This is defined as frustration involved in practice setting, experience, role definition, lack of support network, isolation, and lack of educational preparation.

-This has been the worst year of my professional career. I have felt like I was ready to fall off the edge the next minute. Many days I went home and thought that I couldn't go back the next day. But the next day came and I went back!

-My role is well-defined and I practice with a strict set of protocols, so I don't feel frustrated by it. My frustrations are grounded in the clients and inability to access care for them.

-I feel very frustrated because the role of the nurse practitioner is not well defined. In our practice our philosophies differ among the nurse practitioners. I want to be part of a team whereas the other colleague thinks that it is perfectly acceptable to be completely independent. I'm not sure that is what our role is.

-I get very frustrated with nursing not showing a united front. I think that is sad that so few nurses join our professional organization.

-My year came and it was time to renew my contract I was very frustrated and did not feel that I was earning enough money for this responsibility and wanted to go back to my old job. I even contacted my old employer and was offered a job.

-I feel that I did not have the knowledge base we needed on completion of training that was needed. Physicians have a residence period as a buffer, we were just sent out without that transition time.

-During our training prior to going out for clinicals our instructor told us we were at the level of a first year medical resident. I really thought that was misleading, my husband is a physician and I did not feel we were at that level at all.

-I have had some frustrations with the acceptance of my practice. Some physicians will not send me a report on clients I refer to them. Often I have to call repeatedly to even obtain a copy of lab or to find out the outcome of their visit. Now I have a referral network that I try to use if possible of those that have been supportive of me.

-Some support staff in private offices are very frustrating to me. They will not take a referral from me, even though they employ nurse practitioners, it must be done through the physician. The report is then sent to the physician not to me.

The support received through the educational process and from family and friends was ongoing and readily available. Professional support was not always reported as readily available, however when accessed, was supportive. Frustration was apparent throughout all interviews. The less support available the more the frustration was described.

CHAPTER FOUR

Discussion

Findings

The value in this study, the nurse practitioners experience with peer support is in the perceptions of the participants. From these perceptions four common themes emerged (a) support in the educational process, (b) professional support, (c) support from family and friends, (d) frustration. Each of these themes was experienced and described by all participants.

Support in the educational process Each of the women described a positive amount of peer support during their student years. They described feeling very supported and were able to share feelings with other students. This support also came from faculty members. They felt that they were being supported and worked alongside each other to achieve their goals. Some did keep relationships alive after the formal schooling ended, however some felt because of constraints of time and distance this was not always easy to do.

Professional The participants indicated it was hard to find a professional network to be involved with that suited their needs. A local organization for nurse practitioners was felt to be a benefit by one participant. The others felt it was a social event and true peer support wasn't available at the meetings. The feeling was that it was superficial and participants weren't able to openly discuss true feelings and sensitive issues. Each participant felt it was necessary to be involved with peers in order to receive the support needed. However depending on the level of frustration experienced in their job, it made the importance of peer support different for each one. All participants stated that when

they had to go outside their network for support it was readily available.

Support from family and friends All participants felt that they could not have completed their education, or be able to handle the stress of their career without the help of family and friends. They discussed the cooperation and sacrifices that their family were willing to do for their schooling. One participant received significant support from informal women's groups.

Frustration All participants discussed a level of frustration with peer support as a nurse practitioner. The frustrations were different depending on the type of practice setting. If they were in a practice with other nurse practitioners, or in a well-defined role with strict guidelines, their perception of the need for outside peer support and frustration was less. However when involved in a practice as a new nurse practitioner, without a guideline to follow, or independent practice the need for peer support was perceived as much higher. Also as experience and knowledge increased the level of frustration was felt to be decreased.

Literature Review

The literature review in phenomenological research is conducted after the data are collected and analyzed. The purpose of this literature review is to compare the research findings from the present study to those found in the literature. Little research was found on nurse practitioner's experience with peer support. Therefore, the broader topic of social support was reviewed as it pertained to nurse practitioners.

Social support has been defined as an exchange of resources between at least two individuals perceived by the provider or recipient to be intended to enhance the well being

of the recipient (Callaghan & Morrissey, 1993). As nurses are engaged in giving strength and support, it is important to be able to identify who gives support to them. Social support is also defined as a "person's belief that she is care for, esteemed, and belongs to a network" (Allanch, 1988). Support occurs in systems and networks and can be a set of persons connected by a set of ties (Jacobson & McGrath, 1983).

Social support has broadened in the last decade to include not only social ties (networks), but also an interactional view that takes into consideration transactions between people and their environment. Social support has been described as help provided by others and as social aggregates providing feedback, validation, and satisfaction of needs. Social support is also part of the social connectedness of people in their daily lives not only as a buffer or reducer of stress (O'Reilly-Knapp, 1994).

Inherent in the role of the nurse in an expanded or nontraditional practice is independence and autonomy. However, there is an equal need for social support, professional networking, and problem solving in a group atmosphere (Gilliland, et al. 1990). According to Jung, Hartsell, and Tranbarger (1991) social support can be gained through a peer support group. The outcomes for nurses participating in such a group include improvements in job satisfaction and work group cohesion, and decreases in stress and personnel turnover. According to Gililand, et al. (1990) support groups can provide means for promoting self-awareness, self understanding and changes because confidence and role strength are built through sharing.

According to Mezey and McGivern (1993) nurse practitioners struggle with the definition of their role and where they fit in the structure of a practice. The nurse

practitioner is not always considered a colleague by physicians and there is confusion among nurses as to what the role of the nurse practitioner is. Lucille Kinlein, a well-known proponent of independent nurse practice, feels that the nurse practitioner must have a high degree of stamina and emotional maturity because support and collegueship from other health team members are lacking on a regular basis (Epstein, 1982), this does continue to be true today. However, it is reported by Maloney (1986), that nurses who have achieved a high level of maturity, and are confident of their expert nursing knowledge and skill, function very effectively with other health team members. They also enjoy greater satisfaction and acceptance in their role. The mature and confident nurses are recognized by others for their competence and abilities. This recognition enables them to experience close collaboration, cooperation and a level of autonomy. Kelly (1992) agrees that nurses who do well professionally have a good self image, are risk takers, are directed, have a hopeful attitude and strong support systems and networks. As reported by Epstein (1982), Lucille Kinlein agrees that because the nurse practitioners are reality-oriented, knows what they do not know, and is in touch with themselves, they are able to accept support when needed. They are also ready when the opportunity arises to provide support to others (Epstein, 1982).

The review of the literature helped to set a background for the importance of support needed as a nurse practitioner. It also helped to validate the findings described by the participants. Participants described feelings of support through their academic process (being part of a team, having peers readily accessible, empathetic to circumstances) which correlates with the importance of social support. However when in a position where peers

are not readily available, they are in unfamiliar circumstances, and ill-defined roles the description of support changed to being frustration and isolation. However in those instances, the participants went outside their work-setting to find the support they needed. This agrees with the literature regarding nurse practitioners that they have a high degree of stamina and emotional maturity and are able to seek help. Also when help was sought from other nurse practitioners it was obtained readily.

Conclusions

Participants in this study, "The nurse practitioners experience with peer support", identified themes some which are consistent with social support. Participants identified great peer support throughout the educational process, by peers, and educators. If their current practice included other nurse practitioners within the setting, they felt supported. However, the less defined the role, the increased need for support was felt. Despite the frustrations felt by participants they all felt the more experienced and comfortable they became with the role, the more they felt they would be able to be a supportive peer to other nurse practitioners.

Implications for Nursing

Thibodeau and McRae (1997) describe the importance and uniqueness of each analysis that facilitates in our understanding of a phenomenon. Lincoln and Guba (1985) encourages the research to apply findings and avoid making generalizations.

The experience of nurse practitioners with peer support are unique and individual, while many of the responses to the experience of peer support are similar.

The decision to participate in this study, was for some of the participants the first time

they had been able to speak candidly regarding their experiences, thus enabling them to recognize their feelings regarding peer support. This also helped to clarify suggestions and thoughts to help themselves and other nurse practitioners obtain adequate peer support.

The nurse practitioner can often be in a position where there is little or no peer support from a colleague. This study has helped increase the knowledge and understanding for the need for increase awareness and participation of "seasoned nurse practitioners" to help provide peer support to newcomers. Also this study emphasizes the importance of the formation of formal and informal networks for nurse practitioners to have times to share clinical knowledge and concerns.

This knowledge can be used by educators to encourage continued peer support after completion of nurse practitioner programs. Also to help prepare nurse practitioners about the support needs that may arise during practice and suggestions to help them meet these needs depending on the type of practice they are involved in.

Recommendations

Recommendations for further research would include the development of a quantitative instrument to examine the experience of nurse practitioners with peer support. Using a quantitative study would allow a larger sample size and the ability to reach a larger population. The information gained from this research would be helpful if used within nurse practitioner programs to make new graduates aware of the importance of peer support.

Limitations of the study

The small purposive sample used limited the number of nurse practitioners interviewed. This did not enable the interviewer to obtain information from a wide variety of practice settings, nurse practitioner specialties, and experience levels. All participants were women, therefore did not represent male nurse practitioners experiences. The sample did not include nurse practitioners outside of the Mid-Michigan area. Nurse practitioners practicing in other areas with more or less support resources available may have a different experience with peer support.

Summary

This study has attempted to identify and describe the nurse practitioners experience with peer support. It represents a beginning awareness of the phenomenon of nurse practitioners with peer support. The self reports of nurse practitioners in different practice settings has helped to provide data which describes and identifies the need for peer support. The understanding of the uniqueness of practice setting and access to support will enable nurse practitioners to anticipate their needs as individuals as well as a whole group to help provide support and reduce frustration with the role.

APPENDICES

Appendix A

June 24, 1999

Dear Nurse Colleague:

As a nurse practitioner I am very interested in the experience of peer support that is involved in our profession. I am completing my master's degree at Grand Valley State University and am conducting a research project describing the experience Nurse Practitioners have with peer support.

My study will be done by interviews with nurse practitioners with varied backgrounds, experiences, and educational levels. Because of the type of practice that you are in I am interested in your input about your experiences with peer support. If you choose to be a part of this study the interview would last no longer than sixty minutes and would be done at your convenience. Confidentiality of your name, practice, and responses will be completely protected.

I will be contacting you by telephone within one week. If you are interested in participating in this study we will discuss a time and place then. If you have questions regarding the study, please feel free to contact me at 517-835-5011 after six in the evening.

Thank you for your cooperation.

Sincerely,

Carol Prinzo, WHNP
Grand Valley State University
M.S.N. Student
3007 Shreeve St.
Midland, Michigan 48642

Appendix B

Telephone Script

Recently you received a letter from me asking for interest in participation in a research study.

As mentioned in the letter the purpose is to look at the experience of nurse practitioners with peer support. I have chosen a qualitative method so that I may be able to describe this phenomena from actual lived experiences of nurse practitioners. I hope with this study it will enable nurses to better understand the experience of peer support and help to assist us to meet the needs of each other.

What I will do:

1. Interview you in a private environment at an agreeable location.
2. Ask you to sign an informed consent. This document will state the risks and benefits of this research as well as assuring your identity will remain confidential.
3. Ask you to describe your experience with peer support.
4. I will tape-record the interview to assure accuracy about what you have said.
5. Your identity will be protected and not revealed in any way.
6. Within one week after the interview I will mail you the transcript. After receiving the transcript you will be asked to review and clarify any statements that do not reflect what your experience is. I will call you for feedback before I proceed with analysis of data.
7. This is a voluntary interview and you may stop at any time.

Do you have any questions?

Would you be willing to participate?

When is a good time and where is a comfortable location for you?

Appendix C

Grand Valley State University Informed Consent Agreement

Purpose:

You are being asked to participate in a study conducted by Carol Prinzo, RN from Grand Valley State University Allendale Michigan. The purpose of this study is to explore nurse practitioners experience with peer support. You have been selected as a possible participant for this study because you are currently in practice as a nurse practitioner.

Procedures and duration:

If you agree to participate in this study, you will be interviewed by Carol Prinzo at a mutually agreeable location. You will be asked to describe you experiences as a nurse practitioner with peer support. The interview will be tape recorded so that your description can be obtained with accuracy. This recording will be transcribed into written text. The interview will require approximately one hour of your time. You will be sent a copy of the transcript from the interview so that you will have the opportunity to clarify your statements.

Benefits:

The results of the study will provide information about the experiences of nurse practitioners with peer support. This will allow for the description of peer support in various practice settings, and what needs there might be for peer support in this profession.

Confidentiality:

Your identity will not be revealed while the study is being conducted nor if the study is published. All results will be described without using your name.

Voluntary participation:

Participation in this study is voluntary. You may decide not to participate or you may stop your participation at any time.

Authorization:

Your are making a decision whether or not to participate in this study. Your signature indicates that you have read all of the information provided, have had your questions answered, and decided to participate.

Date _____

Name of Participant _____

Signature _____

Witness _____

If you have any questions or concerns regarding your participation as a subject in this study feel free to contact Prof. Paul Huizenga, the Chairperson of Human Subject Review board at Grand Valley State University, Research and Development Center (616) 895-2281.

Appendix D

Human Research Committee Approval



GRAND VALLEY
STATE UNIVERSITY

1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

June 22, 1999

Carol Prinzo
3007 Shreeve St.
Midland, MI 48642

Dear Carol:

Your proposed project entitled ***The Experience of Nurse Practitioners with Peer Support*** has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

Paul Huizenga, Chair
Human Research Review Committee

Appendix E

DEMOGRAPHIC DATA

Subject Education	Specialty	Practice	NP/yrs	
1	FNP	Collaborative with Physician	1	MSN
2	WHNP	County Health Department Physician as Medical Director	4	BSN
3	FNP	Collaborative Physican/NP	2	MSN
4	WHNP	Independent Practice Prescriptive authority Granted by physician/not directly related to practice	13	PhD

Key:
FNP = Family Nurse Practitioner
WHNP = Women's Health Nurse Practitioner
MSN = Masters Degree in Nursing
BSN = Bachelors Degree in Nursing
PhD = Doctorate Degree in Nursing

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