Nursing is a dynamic profession, and as such, roles and practices are continually evolving to meet changing nursing care delivery requirements. Along with increased clinical accountability, there is evidence of confusion regarding scope of practice issues and role ambiguity at all levels of nursing, particularly at the advanced level of practice.1,2 The advanced nursing role of the nurse practitioner (NP), although not a new concept in the United Kingdom (UK) and the United States (US), is a relatively new role in Australia. Consequently, the mechanisms to support and guide NP role development are in their infancy.

In regional Victoria, Australia, 1 mechanism implemented to support NP role development has been the establishment of a NP special interest group (SIG). Contextually, in some countries the aim of SIGs may be to exert political influence. In Australia, however, nursing SIGs function to support improved clinical practice in a comprehensive range of specialty areas.3 The regional Victorian SIG provides a focused professional forum for participants to find information pertaining to all facets of the NP role. Endorsed NPs, NP candidates, other nurses working toward the NP role, and nurse managers are welcome to participate. While under the auspice of a major health care organization, the SIG is independent, and members are solely responsible for the coordination and conduct of the group’s activities. The group’s aim is to provide mentoring and support, education relevant to clinical and professional practice, activities to support endorsement applications, and activities that contribute to the broader development of the NP role in Australia.

Members meet monthly, and the high participation rate in SIG activities suggests the group achieves its purpose and therefore could be deemed effective. In order for this assumption to be formally evaluated, a research project was undertaken. This article discusses the research methods, findings, recommendations in relation to the results, and opportunities for further research to evaluate the effectiveness of specific professional forums that aim to contribute to NP development.

**LITERATURE REVIEW**

The electronic databases searched included Pub Med, Ovid, CINAHL, Medline, ProQuest, Scopus, and Google Scholar, using the keywords special interest groups, nurse practitioner, nursing collaboratives, action research, support, and mentoring in nursing. Incidental...
relevant publications were identified when perusing professional journals for professional development reasons. Reference lists of retrieved articles were manually scanned to identify other pertinent literature not located in initial electronic searches, and these articles were retrieved and assessed for currency and pertinence to study interests. The search was limited to the past 12 years of publication.

After a thorough review of the literature, it was identified that numerous articles have been published on the topic of mentoring, mentoring in nursing, and NPs as individual concepts in recent and not-so-recent times. However, there is a paucity of published research regarding nursing SIGs and more specifically in relation to NP SIGs.

The predominant thematic finding throughout the literature is that the concept of mentoring in nursing, while not new, is crucial to facilitate the transitional phases of professional advancement. Indeed, some articles purport a correlation between nurse mentorship and retention rates in addressing nursing workforce shortages. According to the literature, mentoring relationships in nursing offer role socialization and a means of intra-professional nurturing, and they have been deemed crucial when used effectively during the transitional phases of NP progression.

Mentoring as an opportunity to learn from those who are identified as experts or role models, such as experienced NPs, is often undervalued. Yet it is a significant means of offering guidance and support for clinicians who, although recognized as clinical experts in their specialty area, seek comprehension of their new role. Identified as a valuable resource, experienced NPs offer a “sense of inclusion and support” through mentorship and leadership, effectively promoting professional networks. Block et al concur that the mentoring process “generates sustainable benefits,” encouraging advancement of novice practitioners when mentored in a collegial environment. Acknowledged as prominent components of professional development, mentorship and networking in nursing are methods of maintaining knowledge transference for future generations of professionals at all levels of nursing.

Throughout the literature there is nascent evidence of SIGs in regard to nursing and NPs. Curry-Narayan describes a nursing SIG as a group for nurses who come together to share a common area of interest that can positively influence individual nursing practice. It is acknowledged that other supportive nursing endeavors do exist, but they are more likely to be initiated from an organizational perspective, such as professional development courses. The literature mentions other formal nursing mentoring programs focused on enhancing and promoting professionalism within advanced nursing sectors.

Campoy refers to a chronic disease SIG networking session convened to discuss and plan care for patients and caregivers of patients with chronic renal disease. Conversely, Fava referred unfavorably to 1 particular SIG’s members as being the gatekeepers of information that “may be in conflict with their interests.” A rather dated but pertinent article highlights the perceived link between SIGs and the “shaping of professional practice,” noting it was from an industrial nursing organizational perspective.

A major nursing organization in Australia, the Australian Nursing Federation, supports a comprehensive range of nursing specialty SIGs to support improved clinical practice. A study by Walsgrove and Fullbrook looked at role development for advanced nurses by the use of a professional group as a support mechanism during NP role development, implementation, and evaluation stages. It was found that the supportive group “strengthened the NP voice” and contributed to the development of a conceptual framework focusing on the shared principles congruent with collaboration and participation.

It was apparent from the literature review there is a lack of evidence in relation to the role of SIGs in nursing specialty areas. This finding validated the researchers’ aspirations to conduct a study designed to determine if the regional Victorian NP SIG was effective in providing mentorship and individual NP role development support.

**METHODOLOGY**

Participant action research was selected as the methodology for the research project. This method was chosen...
because it is well-suited to the nursing practice setting, and Whitehead argues it ought to be a foundation of nursing research activity. Action research is based on the premise that research participants elect to work collaboratively, using self- and collective reflection to investigate a theory or problem for the purpose of seeking an answer or solution. Researchers and participants develop an alliance for the purpose of planning, implementing, and disseminating results throughout the research process. The methodology encompasses a cyclic process of reflection, planning, acting, and observing to achieve the research aims. The research can commence at any stage in the cycle.

The ability of action research to bring the NP SIG members and investigators together in the research process was considered a principal advantage of using this methodology, likewise the capacity of action research to monitor the process and change management dynamics of the NP SIG for to improve the support and mentoring role.

**ETHICAL CONSIDERATIONS**

Ethics approval for the research project was sought and approved by the appropriate human research ethics committee.

**PARTICIPANTS**

In Australia the title “nurse practitioner” is legislated and thus can be used only by a registered nurse who has met the requirements of the national regulatory authority, the Nursing and Midwifery Board Australia. Upon meeting the board’s requirements, an “endorsement” is placed on the nurse’s registration. In the state of Victoria, Australia, the term “NP candidate” is used to describe a nurse who has completed or is working toward an accredited master’s program and is working in a NP model of practice while receiving appropriate clinical supervision. In other states of Australia, the term “transitional” NP, as opposed to candidate, is used. A nurse who has completed or is undertaking specific NP studies with the view to seeking an NP candidacy in the future is considered to be working toward an NP role.

Participant inclusion criterion in the research was confined to endorsed NPs, NP candidates, and nurses working toward an NP role. Participants had to have been actively involved in the regional NP SIG. Members who did not meet the inclusion criteria were not invited to participate as the research was specifically focussed on determining how effective the NP SIG was in supporting individuals in their NP role progression.

The researchers acknowledge the sample group was small, so in order to protect participant confidentiality, demographic and clinical speciality information has not been provided here.

**DATA COLLECTION**

A set of questions was developed that deliberately omitted the actual terms mentoring and support. This was to ensure participants responded without undue influence. SIG members who met the inclusion criteria were provided with the questionnaire shown in Table 1. There was a 75% return rate. All data were de-identified and securely stored in accordance with the ethical requirements.

**DATA ANALYSIS**

Data were organized using Nvivo, a qualitative software program designed to assist with coding themes during the interpretation phase. To avoid bias the researchers conducted the initial line-by-line data analysis independently. Subsequent to the initial data analysis, the researchers collaborated and identified definitive themes. In accordance with action research principles, the themes were presented at an NP SIG meeting.

**FINDINGS**

Intuitively, it was expected that the sharing of common interests and forming collegial relationships would feature in the results. However, it was particularly evident that, despite the diverse clinical speciality practice areas of SIG members, there were other commonalities identified in the responses. A synopsis of the identified themes is represented in Figure 1.

Respondents acknowledged the opportunity to undertake learning and educational opportunities, networking,
sharing of resources, and mentoring from members more advanced in their professional endeavors.

- Respondent 1: [The NP SIG] “helps nurses to explore opportunities to develop sustainable professional clinical roles with the support of colleagues within a changing and evolving multidisciplinary health care context.”
- Respondent 3: “A collective group of like-minded professionals ensures information shared is consistent and accurate.”

The respondents were asked what they hoped to gain from belonging to the regional NP SIG. Support and mentoring roles were evident in the responses, as shown in the following extracts:

- Respondent 2: “The mentoring approach is positive, supportive, and non-threatening.”
- Respondent 3: “The SIG has supported and guided my professional practice…”
- Respondent 4: “[The NP SIG is a] place for sharing of experiences throughout the NP process; guide and support for continuing in the NPC [NP candidate] role … a means of being able to debrief with each other when times were not that good.”
- Respondent 5: “Support and sharing information and networking opportunities”
- Respondent 6: “[Wanted to gain] support and discussion from enthusiastic clinicians in a similar position”

One respondent stated that not only was the group effective in meeting members’ expectations, it had in fact “surpassed expectations.” Respondents were asked to list the words they found most applicable to belonging to the NP SIG; again, the responses were remarkably similar in that the terms support (or truncations of), networking, resourcing, mentorship, collegiality, professional, encouragement, leadership, and friendship were repeated by nearly all the respondents.

When questioned as to whether they could identify any disadvantages of belonging to the SIG, time was found to be a concern: time to attend the meetings and the timing of the meetings. Given that all the group members work different shifts/days per week, it was hard, particularly initially, to identify a time and day that would suit the majority of the members to schedule meetings. It was noted this was particularly hard for those with a high clinical workload to arrange either time away from direct clinical contact (getting off the floor) or for coverage during their absence. Others found meetings scheduled over lunch breaks suited both the members and their employers as it was not seen to “be taking them away from real work.” Some respondents were unable to identify any disadvantages of belonging to the SIG.

One respondent was concerned that stronger personalities of some members may override those that are not so outspoken. The respondent urged the group to foster and maintain a positive focus and environment where expressions of negative experiences could be undertaken in a debriefing atmosphere without fostering negativity toward the overall NP role. Another respondent thought that member negativity may be a deterrent for new
members, while another suggested the greater perceived knowledge by some may intimidate others.

**DISCUSSION**

The findings reveal the SIG provides members with support, learning and educational opportunities, networking, sharing of resources, and mentoring. This is in accordance with Jipson and Paley’s findings, who claim group members benefit from other members’ professional curiosities, subsequent to the group evolving into a group of critical friends providing support, mutual guidance, and an entrenched culture of collaboration. However, support was found to be the most important function of the NP SIG; support for the members, support by the members, and organizational support. This is congruent with the literature, which identified support as a valuable resource for the professional nurse making the transition to an advanced nursing role.

While the negative responses were minimal, they are not to be disregarded. Interpersonal relationships and individual personality types may influence active participation in SIGs, and Lee and Fitzgerald found communication can be problematic in mentorship relationships. These are important concepts to be taken into consideration as they may, indeed, hinder a group’s effectiveness.

As a result of the research findings, changes to how the NP SIG conducts its activities have been made to further enhance the support and mentoring roles. This is in accordance with the cyclic processes of the action research methodology.

**LIMITATIONS**

The sample for this research project was small because the purpose of the project was to determine the effectiveness of a specific NP SIG. In order to attain more definitive conclusions and support for the research findings, a further study would need to be replicated with a larger group. It is anticipated the inclusion of demographic and speciality practice area information would enhance future research in this area of inquiry.

**CONCLUSION**

There is a paucity of literature and research in the area of SIGs, particularly those specifically supporting NP role development. While it is recognized that the sample for this research project was small, the participants’ responses support the original assumption that the NP SIG was effective. The findings could be further supported with larger studies that ultimately contribute to the body of nursing knowledge in relation to specific professional forums that aim to further NP development.

**Table 1. Nurse Practitioner Special Interest Group (SIG) Action Research Project Questionnaire**

1. How did you find out about the SIG?
2. What did you hope to gain from the SIG?
3. Can you list the words to describe the advantages/benefits of belonging to the SIG?
4. In one sentence can you describe the most significant benefit/advantage for you personally?
5. Can you identify any disadvantages of belonging to the SIG?
6. In one sentence can you describe, if any, the most significant disadvantage of belonging to the SIG?
7. Do you think the activities of the SIG will/have helped prepare you for the endorsement process?
   a. If yes, what specific activities have helped; if no, why not?
8. Would you recommend the SIG to other nurse practitioners or potential nurse practitioners?
   a. If yes, why; if no, why not?
9. Does the SIG meet your expectations?
10. Are the any areas in which we can improve the SIG?
11. Do you have any other comments you would like to make regarding the SIG?

**References**

Legal Products for NPs from the Law Office of Carolyn Buppert

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Avoiding Malpractice:</strong> 10 Rules, 5 Systems, 20 Cases (79-page booklet, published 2010)</td>
<td>$45/ea</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The Green Sheet:</strong> The latest on compensation and reimbursement for NPs (monthly newsletter)</td>
<td>$45/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The Gold Sheet:</strong> The latest on quality for NPs (monthly newsletter)</td>
<td>$45/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Safe, Smart Billing and Coding for Evaluation and Management (2010)</strong> A training package on compact disk: 6 modules, including billing, coding background, coding history, coding exam, coding medical decision-making, “pearls” (30 Power Point slides, Power Point viewer included), simplified documentation guidelines, coding exercises, coding text</td>
<td>$125 per individual license, $650 for licensed use by an educational track</td>
<td></td>
</tr>
</tbody>
</table>

**Choose from the following**

- **Template Employment Contract for an NP** (13 pages, with 12 pages of instructions)
  - In Word 6.0 for Windows $300
  - In Word Perfect 6.0
- **Billing Physician Services Provided by NPs in Specialists' Offices, Hospitals, Nursing Homes, Homes and Hospice** (86-page book, 2010) $49
- **Negotiating Employment** 64-page booklet with self-assessment tools, published 2009 $45
- **How to Start a Health Care Practice** (210-page book, 2008) $99

**Subtotal**

**Maryland residents must by law include 5% sales tax**

**Total enclosed**

**Handling/mailing is included in the prices listed above.**

**Purchaser/licensee Name:**

**Address:**

**Telephone #**

**E-mail address:**

**Send a check payable to Law Office of Carolyn Buppert and mail to:**

7972 Old Georgetown Rd., Bethesda, MD 20814

For additional information, visit www.buppert.com