Author's response to reviews

Title: Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study

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Author's response to reviews: see over
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Original Title: Advanced nursing practice in Kenya: exploring the context
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Comments relate to version 1 (submitted September, 2013)

(please see overleaf)
The Biomed Central Editorial Team

Thank you for the opportunity to review our manuscript. Please find our comments below.

Reviewer One (Professor Kleinpell)

1. Title - the title reflects that APN exists in Kenya. Revise to reflect that the study was of practicing nurses to assess APN role development - ie. "Nursing Autonomy in Kenya: Implications for developing APN roles"

   - Thank you, this is a good point. However, although the findings concerning autonomy contribute to the key argument within the paper, we would not want the reader to think ‘autonomy’ is the main focus. We have therefore changed the title to “Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study.”

2. Abstract - suggest adding a sentence to reflect overall results to the conclusion section - ie. While participants in this study were undertaking many of the activities associated with APN roles, advanced nursing practice as widely understood...

   - Clause added to first sentence of ‘conclusion’ section of abstract: “While participants were undertaking many of the activities associated with advanced nursing roles”

3. Abstract - suggest to clarify in the conclusion section that it was "two" nurses who were practicing as private practice nurses were included in the study

   - We have clarified this point in the ‘results’ section of the abstract. It now reads “However, only the two private practice nurses interviewed during the study were working with the level of autonomy that might be expected of advanced nurse practitioners.”

4. Abstract - conclusion section - suggest adding "While several universities have master’s level education, no African countries have regulated an advanced level of practice"

   - A sentence has been added to the ‘conclusion’ section of the abstract: “It is notable that, although a growing number of universities offer master’s level education, no African countries have yet regulated an advanced level of practice.”

5. Abstract - suggest identifying that development of the APN role is ‘unlikely’, suggest to revised to "unlikely at present"

   Addition made to abstract: “The existence of the clinical officer cadre in Kenya, as in other Sub-Saharan African countries, suggests that the development of the advanced nurse practitioner role is unlikely at present.”
6. It is mentioned that a role of a clinical officer exists in Kenya which is a 3 year training and they can diagnose and prescribe. It might be useful to further expand on this role and identify whether there is an opportunity to develop an APN role from this position.

- This is a complex issue, and the answer is probably to be found on page 21 of the revised manuscript, where we state “unlike qualified doctors and nurses, clinical officers are relatively cheap to train and are not able to emigrate in search of better pay and working conditions as their qualification is not internationally recognised”. In Kenya, at least, it suits the context very well to keep the clinical officer cadre separate from doctors and nurses, whose internationally recognised qualifications allow them to emigrate. In Ghana, on the other hand (and for example), the clinical officers have traditionally been recruited from the nursing profession, but the clinical officer role is seen as a ‘step away’ from – even an escape from - nursing, not a more advanced level of nursing practice. However, this is getting a bit anecdotal, and we don’t feel able to say too much more on this subject in the paper.

- We have made an insertion and revision on page 21 of the revised manuscript: “In Kenya, clinical officers undergo independent training and their role is not seen as aligned with, or developed from, the nursing profession. This is a professional boundary that requires further investigation if the development of APN roles is to proceed.”

7. Table 1 - include reference (?ICN?). Table 2 - include reference (?ICN)?

- Table 1 is already referenced to the ICN (i.e. reference ’2’) – perhaps we have not formatted this correctly? Could the editorial team advise? Supporting references have been added for Table 2 – “2, 11, 24.”

8. Figure 2 - suggest revising title to “Typical APN activities as demonstrated in nursing roles”

- Change made as suggested.

Reviewer Two (Dr Dowling)

1. Discretionary revision: where you refer to Mantzoukas and Watkinson’s seven generic features of advanced nursing practice on page 7 I think you should also refer to Hutchinson et al's (2014) excellent recent paper 'deriving consensus on the characteristics of advanced practice nursing: meta summary of more than 2 decades of research'. Nursing Research.

- We are very grateful for this additional reference. However, in meeting the deadline for this re-submission, I (LE) have not been able to obtain the full paper as the journal is not held by my university and the paper has not yet arrived through ILL.

- I have read the abstract, which states Hutchinson et al have found that: Fifty manuscripts met inclusion criteria and were retained for analysis. Seven domains of advanced nursing practice were identified: (a) autonomous or nurse-led extended clinical practice; (b) improving systems of care; (c) developing the practice of others; (d) developing/delivering educational programs/activities; (e) nursing research/scholarship; (f) leadership external to the organization; and (g) administering programs, budgets, and personnel.
• While the domains identified in Hutchinson’s et al’s review are similar to the features of APN described by Mantzoukas and Watkinson, they are not the same, and did not inform the conceptualization of our study, as they were not then published. If we were beginning the study all over again, we would indeed incorporate Hutchinson’s et al’s findings and also the recent work published by Dr Dowling, into the study design. However, our study is a product of its time and we feel that incorporating Hutchinson’s et al’s work at this stage would be ‘after the event’ and – arguably – not appropriate, as it is the features of ANP defined by Mantzoukas and Watkinson that informed our study design. We hope this does not render our study too hopelessly out of date, as we have still not identified any other publications on this topic emanating from a Sub-Saharan African country.

2. Essential revision: in the abstract, please insert ‘non-physician’ after ‘clinical’ and before ‘officer’ (conclusion, 4th sentence) [this will clarify the role for readers—it was not clear until later in the paper].

• Thank you for this important point. We have made a change to try and communicate this point. The ‘conclusion’ section of the abstract now reads: “The existence of the physician substitute ‘clinical officer’ cadre in Kenya…”

3. Essential revision: on page 16, paragraph 2 (Only two PPNs…), in the 4th sentence, ‘five year’s experience’ should be changed to ‘five years’ experience’

• This change has been made (now page 17).