

CHAPTER 1

RESEARCH ORIENTATION

1.1 INTRODUCTION

The scope of practice of the accident and emergency (A&E) nurse in the emergency care environment has over the last few years become one of the most frequently debated issues in nursing practice. Apart from frequent discussions, little has so far been written on the subject. Consequently, the problem has not been addressed in a satisfactory manner, causing severe ethical and medico-legal dilemmas for the A&E nurse and other health professionals.

The controversy and uncertainty regarding their professional role and core competencies in life-threatening situations have disillusioned nurses. The professional practice of the A&E nurse demands thinking skills on a high cognitive level, as well as advanced clinical skills. Although existing curricula at various tertiary institutions make provision for the training of A&E nurses, there is no mutual agreement regarding the core competencies in life-threatening situations.

The following real life scenario reflects the uncertainties and frustrations of the A&E nurse as to what is expected of him/her in the professional practice in critical emergency situations:

Saturday afternoon in the emergency care unit. A priority one patient, severely injured, is admitted to the unit with gunshot wounds in the abdomen and face. During the primary survey the A&E nurse realises the patient will not be able to open, maintain and protect his own airway and that endotracheal intubation is immediately required. The doctor working alongside the registered nurse is new to the unit and has completed his studies only two months ago. He has had limited experience in this field and feels unsure of himself. The patient is getting anxious and after sedating him, the doctor twice attempts endotracheal

intubation, both times without success. The A&E nurse offers to help with the procedure, but the doctor refuses. After a heated argument between them, the doctor hands the A&E nurse the advanced airway equipment. The airway is filled with blood and even with suctioning it is difficult to make out the vocal cords. The patient becomes restless and it is difficult to immobilise the spinal cord whilst performing the procedure. After two failed attempts the registered nurse resumes pre-oxygenation of the patient, using the bag-valve-mask technique. Both the registered nurse and the doctor realise that a cricothyrotomy is the only option, but the doctor admits that he has never done this procedure before and says he is not prepared to try it now. After another dispute the registered nurse successfully performs the emergency cricothyrotomy.

During the resuscitation phase the A&E nurse was involved in various decisions concerning the treatment of the patient: Arterial blood gases had to be obtained to facilitate manipulation of the mechanical ventilator according to the blood gas results. An underwater drain for treating a diagnosed haemothorax and a central line for monitoring the haemodynamic status of the patient had to be inserted. All these matters demanded her sound judgement and urgent attention. Furthermore, the patient had to be referred to an appropriate physician.

Hickey, Quimette and Venegoni (2000: 31) state that nursing and nurses are broadly focused on the health care needs of individuals, families, communities and populations and it is for this reason, as well as for the sake of the profession, that nurses continue to be actively involved in reshaping health care, their role in health care and their destiny. In addition Pera and Van Tonder (1996: 153) reflect that a nurse is a practitioner in his/her own right who no longer stands in the shadow of the doctor but on his/her own two competent feet. The role of the nurse in the health care system is complex, but if prepared to meet the challenges offered by the profession, he/she will fulfil this complex role successfully.

The opinions reflected by the above authors are applicable to the A&E nurse. As a member of the multidisciplinary team it is important to improve the general health care of the country's citizens and to be recognised as part of the multidisciplinary team. In addition A&E nurses are trained to ensure that

they are integrated as an important part of the multidisciplinary team. It is also a fact that the nursing practitioner is the most available practitioner, both in numbers and based on country-wide distribution (Muller 1998: 126).

From the scenario described earlier it is evident that the role of the A&E nurse has expanded considerably and continuous advancement is taking place within the professional practice, not only in South Africa (SA) but also in other parts of the world (Sowney 2000: 73). To ensure that the A&E nurse is accepted as an important role player in the emergency environment, the scope of practice of this clinical speciality will have to be exploited.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The A&E nurse plays an essential role in the health care system of SA and forms part of the primary health care system. According to Dennill, King and Swanepoel (1999: 3) primary health care consists of eight basic components. The A&E nurse plays an important role in three of these components, namely –

- maternal and child health care
- appropriate treatment of common diseases and injuries
- provision of essential drugs

These components fit in with the mission statement published by the Ministry of Health: “To provide leadership and guidance to the National Health System in its efforts to promote and monitor the health of all people in SA, and to provide caring and effective services through a primary health care approach” (Department of Health 1997: 13). The Department of Health views emergency health personnel as providing essential accident and emergency services, forming an integral part of primary health care (Department of Health 1997: 38). The A&E nurse should thus be seen as part of this system and his/her role in this environment should be well defined.

To illustrate the comprehensive role that the A&E nurse plays in the emergency care environment, emphasis is placed on primary health care provision. Primary health care is essential care made universally accessible to individuals and families in the community and which is affordable to the country. It forms an integral part of both the country's health system and the community's overall social and economic development (Dennill et al. 1999: 2).

Apart from the so-called "comprehensive" role the professional nurse should play, there is at present no decisive answer to what the scope of practice of the A&E nurse entails. The problems experienced by the A&E nurse in the clinical field as to what the core competencies of his/her profession should entail during life-threatening situations, lead to powerlessness and questions often arise concerning ethical and medico-legal aspects. A few of these problems, as experienced by A&E nurses in the emergency care environment, will be discussed to support the rationale for this research.

The researcher worked in the emergency care unit where she repeatedly had to make important decisions concerning the appropriate management of patients. She also had to perform advanced life-support skills, as she was often confronted with inexperienced, newly qualified doctors who could not make these decisions or perform some of the advanced life-support skills. These decisions and advanced life-support skills were often life-saving. The knowledge, skills, attitudes and values acquired within the clinical speciality field as A&E nurse facilitated these important decisions regarding the management of the patients and the performance of these life-saving skills.

An area in which A&E nurses are often employed is the pre-hospital environment. The pre-hospital environment includes all emergency areas, excluding the inter-hospital environment, e.g. ambulance services, occupational health and primary health clinics. Paramedics often protest against A&E nurses working in "**their**" pre-hospital environment and they report to the Health Professionals Council of South Africa (HPCSA) that these nurses do not have adequate skills to enable them to work in the pre-hospital environment.

A major predicament for the pre-hospital environment is the shortage of paramedics and other categories of ambulance personnel in SA. One of the reasons for the shortage is that trained personnel are financially motivated to seek jobs in other countries. According to paramedics working in the Tshwane Metropolitan area, there are times when a single paramedic has to cover this vast region (Richter 2002). This problem could be solved if A&E nurses were allowed to work as registered nurses in the pre-hospital environment – providing patients with comprehensive and advanced life support, without having to register with the HPCSA over and above the South African Nursing Council (SANC).

The researcher was also a member of an ambulance helicopter service crew – a service seen as an integral part of the pre-hospital environment. Her duties involved accompanying a doctor on primary, intermediate and secondary transfers of critically ill or injured patients. As this service was considered to be part of the pre-hospital environment, one of the requirements for working as a registered nurse in this capacity was to complete the basic ambulance assistant course (BAAC) and register as a basic ambulance assistant (BAA) with the HPCSA.

A BAA is trained to provide basic life support, which includes first aid, cardiopulmonary resuscitation and other non-invasive care procedures (Sanders 2000: 3). The rationale for being registered as a BAA was that this course would serve as background knowledge for the pre-hospital environment – thus providing the A&E nurse with some insight into this specific milieu and the equipment used. This qualification would also enable the nurse to work in the pre-hospital environment while transferring critically ill or injured patients on primary and intermediate flights. Once the A&E nurse had completed the BAAC, she would be registered with the SANC as registered nurse with a post-basic qualification in A&E nursing and with the HPCSA as BAA.

In reality it was expected of the researcher to apply the knowledge, skills, values and attitudes she had acquired in accordance with the basic nursing

diploma/degree, the post-basic programme in A&E nursing, the scope of practice set out (Regulation R. 2598, 1984) and curricula accepted by the SANC. The question of what benefits or aims the BAAC provided for the A&E nurse, was raised time and again and the rationale for an A&E nurse to have dual registration remained an issue.

Despite the fact that A&E nurses are now registered with two independent professional councils, it is still not clear to which one she is responsible and accountable. According to Geyer (1999: 11) dual registration brings with it the following problems and confusing issues:

- When should a nurse practise as an A&E nurse and when as a member of the ambulance personnel?
- What would happen if the different scopes of practice set for the registered nurse by the SANC should be conflicting with the rigid and limited treatment protocols practised by ambulance personnel at various levels?
- The SANC does not limit the registered nurse to practising in the hospital only and will therefore always hold the nurse professionally liable.

A dispute arose between the SANC and the HPCSA regarding the scope of practice of the A&E nurse specialist. The scope of practice, as set out (Regulation R. 2598, 1984), is wide-ranging and non-specific and does not state the specific core competencies of the A&E nurse. Members of the SANC and A&E nurses could not agree on the core competencies required by the A&E nurse to function as part of the multidisciplinary team in the emergency care environment. The real problem is that, as members of a new, developing clinical speciality, A&E nurses have not yet defined or agreed on the core competencies. When curricula at various institutions were studied it became evident that A&E nurses did not agree on what the core competencies of A&E nurses in life-threatening situations should be in SA. The absence of educational standardisation and variations in standards regarding these core competencies, are doing little to enhance the professional status of the A&E nurse.

The HPCSA, on the other hand, remained firm that if a registered nurse works in the pre-hospital environment, he/she will have to register with the HPCSA as well as with the SANC. Each A&E nurse applying for an ambulance course will be evaluated individually by the HPCSA, and according to the nurse's qualifications and clinical experience the HPCSA will decide whether the nurse will have to attend the ambulance course and then write the examination, or whether he/she can be exempted from the examination. On the contrary, the SANC expects the A&E nurse to work within the nursing scope of practice as set out (Regulation R. 2598, 1984), when working in the pre-hospital environment.

These problems were not merely experienced by the researcher. Nelouise Geyer, Deputy Director: Professional Matters, Democratic Nursing Organisation of South Africa (DENOSA), confirmed that registered nurses had previously confronted her with the same type of questions (Geyer 2001). This confirms how little is known and acknowledged by other health team members regarding the scope of practice of A&E nurses and the role they play within the emergency care environment.

Personal communication with A&E nurses practising for years within the emergency care environment, or lecturers involved in this field, also confirmed these issues. The following comments illustrate their frustration and feelings of powerlessness:

- "People do not understand what we do. They think we are like critical care nurses, but our situation is totally different. They look down on you and do not think A&E nursing is a proper qualification."
- "The SANC took too long to recognise the A&E nurse. Now they see we do have a place in the emergency care unit, but do not acknowledge our place in the pre-hospital environment."
- "There is still no acknowledgement of the clinical skills and know-how of the emergency care nurse. Management and members of other medical professions do not have insight into our level of training. We need to advertise our knowledge and skills."

- Nurses working in the emergency environment really need to be skilled because “doctors working in the emergency care environment are usually the older ones, worrying about their retirement and not motivated to do the job, or newly qualified doctors with little experience”.
- “In rural areas there are no doctors after 16:00 at the hospital. The A&E nurse is often the first person to assess and manage the patient in the emergency care unit. He/she then must call the doctor at home to come and treat the patient. The A&E nurse must be equipped to deal with these situations.”

Once A&E nurses have reached agreement as to their knowledge, skills, attitudes and values within the emergency care environment, they will be able to be seen as professionals within this environment. According to Hickey et al. (2000: 3) the notions of expertise, autonomy, commitment and responsibility are subsumed under the definition of a profession. It is therefore essential for A&E nurses to clarify their expertise to enable them to work within the framework of the emergency care environment. It will then also be possible to be autonomous and be held responsible for one's acts and omissions.

1.3 RESEARCH QUESTION

The question then arises:

What are the core competencies required by the A&E nurse in order to manage life-threatening situations in the emergency environment?

1.4 PROBLEM STATEMENT

In order to be able to manage the critically ill or injured patient in the emergency care environment, the A&E nurse should have core competencies. These core competencies have not been identified and described with reference to the changed emergency milieu and the continuously expanding role of the nurse.

The scope of practice of the A&E nurse directs his/her professional practice and therefore justifies his/her acts and omissions in life-threatening situations. At the moment no specific scope of practice exists for A&E nurses and he/she has to function within the “broad borders” of the scope of practice formulated for all registered nurses in SA (Regulation R. 2598, 1984). The question arises whether such a broad scope of practice does not set any boundaries for core competencies. This might be one of the reasons why there are so many discrepancies between the A&E nurses, SANC and HPCSA regarding the core competencies (scope of practice) needed by the A&E nurse to manage life-threatening situations. If A&E nurses could state these core competencies, they would have a starting point, not only for the education of these nurses, but also to ensure their professional status within the emergency care environment.

From the background given above, the problem can be stated as follows: There is uncertainty regarding the core competencies needed by the A&E nurse in order to manage life-threatening situations in the emergency care environment, and about what the scope of practice of the A&E nurse entails.

1.5 RESEARCH AIM AND STUDY OBJECTIVES

The overall aim of this study is to investigate the core competencies required by the A&E nurse in order to manage life-threatening situations in the emergency care environment.

To reach this aim, the objectives are to –

- investigate the development of A&E nursing in South Africa and internationally
- describe the “emergency care environment” within which the A&E nurse practises
- determine the core competencies required by the A&E nurse in order to manage life-threatening situations in the emergency care environment

- make recommendations as to what core competencies are required by the A&E nurse in order to manage life-threatening situations in the emergency environment – in other words, what core competencies should be included in a curriculum for training these nurses

1.6 CLARIFICATION OF CONCEPTS

For the purpose of this research, the following definitions will apply:

1.6.1 Accident and emergency nurse

According to *The Concise Oxford Dictionary* (1995: 8) an accident is an event that is without apparent cause, or is an unexpected, unfortunate and unintentional event causing physical harm or damage. An emergency on the other hand is a sudden state of danger requiring immediate action or a medical condition requiring immediate action (*The Concise Oxford Dictionary* 1995: 441).

For the purpose of this research the accident and emergency (A&E) nurse is “a nurse, registered with the South African Nursing Council, caring for patients involved in accidents and emergencies within the emergency care environment and who is lecturing, studying or has completed one or more of the following additional qualifications registered at the South African Nursing Council”:

- Medical and surgical nursing science: Critical care nursing (general surgery and trauma)
- Medical and surgical nursing science: Critical care nursing (trauma)
- Medical and surgical nursing science: Trauma and emergency nursing
- Medical and surgical nursing science: Trauma nursing
- Certificate: Traumatology (own definition)

1.6.2 Core competencies

The Concise Oxford Dictionary refers to “core” as the central or most important part of anything (1995: 297, 271), to “competent” as adequately

qualified or capable, effective and legally qualified, and to “competency” as the ability or an area in which a person is competent

Competency demonstrates cognitive, affective and/or psychomotor ability required for the performance of specific activities (Searle & Pera 1997: 459). Hickey et al. (2000: 5) cited that according to Benner (1984) competencies are interpretively defined areas of skilled performance, identified and described by intent, function and meaning.

In this research core competency refers to *“the minimum knowledge, skills, attitudes and values necessary to effectively nurse the patient in a life-threatening situation in the emergency care environment. It also includes critical actions that need to be implemented immediately for a positive outcome for the critically injured or sick patient”* (own definition).

1.6.3 Life-threatening situations

According to *The Concise Oxford Dictionary* (1995: 787) a life-threatening situation is when a person’s life is endangered.

In this research a life-threatening situation refers to *“when an accident or emergency occurs that potentially endangers the patient’s life within the emergency care environment”* (own definition).

1.6.4 Definitive care facilities

In this research the different definitive care facilities are defined as modified in a document by the Trauma Society of South Africa, based on recommendations of the American College of Surgeons (Trauma Society Verification Committee SA: 2).

- A Level I facility (Major Trauma Referral Centre) refers to *“a regional resource trauma centre, that is a tertiary care facility central to the trauma care system. The facility has a 24 hour availability of all major specialities and includes the capability of providing leadership and total care for every aspect of injury, from prevention through to rehabilitation”*.

- A Level II facility (Urban Trauma Centre) refers to *"a hospital that provides the initial trauma care regardless of the severity of the injury. Medical staff are in the hospital on a 24 hour basis and the basic care in the common specialities is available on a 24 hour basis"*.
- A Level III facility (Community Hospital) refers to *"a hospital that serves the communities that do not have immediate access to Level I or Level II facilities. These hospitals can provide prompt assessment, resuscitation, basic emergency operations and stabilisation and then arrange for possible transfer to a facility that provides definitive trauma care. Prompt availability of general surgeons or general practitioners with surgical expertise is required in these facilities"*.

1.7 RESEARCH DESIGN AND METHOD

The research design and method constitute the overall plan for collecting and analysing data (Polit & Hungler 1997: 467; De Vos 1998: 123). Only a brief overview, by means of a table, will be given in this chapter. A detailed, more in-depth description will be provided in Chapter 2.

In this study a specific plan was developed with reference to the research aim and objectives, the research methodology and the trustworthiness, validity and reliability of the research. The course of this research is illustrated in a figure (see Figure 2.1 - A schematic representation of the research methodology).

Explorative, descriptive and contextual designs were used in this research, using both qualitative and quantitative methodology. The research was done in three consecutive phases:

- Phase 1 – Conceptual
- Phase 2 – Empirical
- Phase 3 – Interpretative

See Table 1.1 on the next page for a brief overview of the research design and methodology.

Table 1.1 – Research design and method

Phase 1 – Conceptual				
(explorative, descriptive and contextual design using qualitative methodology)				
Step 1 – Personal and telephonic interviews				
Research aim	Data collection	Population and sample	Trustworthiness	Data analysis
-To investigate development of A&E nursing in South Africa	-Personal and telephonic interviews	<p><i>Population:</i></p> <ul style="list-style-type: none"> -A&E nurses currently or previously involved in education and/or development of programmes for A&E nurses in SA <p><i>Sampling:</i></p> <ul style="list-style-type: none"> -Snowball sampling -Inclusive criteria stipulated 	<p><i>Based on Guba's model of trustworthiness using four strategies:</i></p> <ul style="list-style-type: none"> -credibility -transferability -dependability -confirmability 	<p><i>Personal interviews:</i></p> <ul style="list-style-type: none"> -Perceptions and facts audiotaped and transcribed <p><i>Telephonic interviews:</i></p> <ul style="list-style-type: none"> -Perceptions and facts noted <p><i>For personal and telephonic interviews:</i></p> <ul style="list-style-type: none"> -Data analysed and categorised to point of data saturation -Data compared with data obtained from literature review



Table 1.1 – (continued)

Step 2 – Literature review				
(although mentioned separately, this step was integrated throughout the research – see Chapter 2 for elaboration)				
Step 3 – Focus group interview (FGI)				
Research aim	Data collection	Population and sample	Trustworthiness	Data analysis
<p><i>To compile questionnaire experts were asked:</i></p> <ul style="list-style-type: none"> -Describe the "emergency care environment" within which the by the A&E nurse practises -Determine core competencies required by A&E nurse in order to manage life-threatening situations in emergency care environment 	<ul style="list-style-type: none"> -A semi-structured FGI was held -Literature review (see Phase 2, Step 2) 	<p><i>Population:</i></p> <ul style="list-style-type: none"> -Lecturers in A&E nursing science -A&E nurses working in provincial emergency care units -A&E nurses working in private emergency care units -A&E nurses working in peripheral emergency care units -A&E nurses working as unit managers of emergency care units -A&E nurses working as clinical preceptors -A&E nurses working in the pre-hospital environment -Knowledgeable person regarding legislation and policy within this context <p><i>Sampling:</i></p> <ul style="list-style-type: none"> -Snowball, purposive and convenience sampling -Inclusive criteria stipulated 	<p><i>Based on Guba's model of trustworthiness using four strategies:</i></p> <ul style="list-style-type: none"> -credibility -transferability -dependability -confirmability 	<ul style="list-style-type: none"> -Data audiotaped and transcribed -Field notes taken -Content analysis used -Context examined, categorised, tabulated and reorganised -Questionnaire compiled



Table 1.1 – (continued)

Questionnaire compiled				
Phase 2 – Empirical				
(explorative, descriptive and contextual design using quantitative methodology)				
Research aim	Data collection	Population and sample	Validity and reliability	Data analysis
<p><i>A national survey done to:</i></p> <ul style="list-style-type: none"> -Describe “emergency care environment” within which the A&E nurse practises -Determine core competencies required by the A&E nurse in order to manage life-threatening situations in emergency care environment 	<ul style="list-style-type: none"> -Questionnaire consisting of both open-ended and closed-ended questions -Literature review (see Phase 2, Step 2) 	<p><i>Population:</i></p> <ul style="list-style-type: none"> -A&E nurses with post-basic qualification in A&E nursing and registered with SANC -Students at present studying A&E nursing and/or -Lecturers presenting A&E nursing programmes <p><i>Sampling:</i></p> <ul style="list-style-type: none"> -Snowball, purposive and convenience sampling used -Inclusive criteria stipulated 	<ul style="list-style-type: none"> -Pilot study performed -Content validity ensured by FGI and literature review -Use of expert supervisor and statistician ensured face validity -Covering letter to avoid misunderstanding and/or misinterpretation 	<ul style="list-style-type: none"> -Descriptive and comparative statistics -Help of professional statistician obtained
Phase 3 – Interpretative				
(descriptive and contextual design, including Chapters 4 and 5)				
<p>The researcher used data obtained during the above phases to reach the following objective:</p> <p><i>To make recommendations regarding what core competencies are required by the A&E nurse in order to manage life-threatening situations in the emergency care environment – in other words, what core competencies should be included in a curriculum for training these nurses.</i></p>				

1.8 ETHICAL CONSIDERATIONS

To ensure high standards of research, ethical standards and measures are set to direct research. The research proposal was sent to the Research Ethics Committee of the Faculty of Health Sciences (University of Pretoria) and approved prior to starting the research (see Annexure A – Permission for conducting this research).

Burns and Grove (2001: 206) state that according to Brent 1990; Nusbaum & Chenitz 1990 and Rosse and Krebs 1999 it is essential to obtain informed consent from human participants for the conduct of ethical research. Informed consent consists of four elements, including disclosure of essential information, comprehension, competency and voluntarism (Burns & Grove 2001: 206). All four elements were included in this research (see Annexure B – A letter of invitation to participate in the focus group and Annexure D – Questionnaire).

- Including an informative covering letter for each participant regarding the title, purpose and objectives of the research and the letter of approval from the Ethics Committee encouraged disclosure of essential information.
- Comprehension was assured by providing all participants with knowledge regarding the rationale and purpose of the study and briefing them on the issue of informed consent. During the FGI and in the questionnaire clear and consistent terminology was used. To make the questionnaire more user-friendly, a readable font, clear headings, the alternative use of upper and lower case and proper spacing were introduced and the respondent was directly addressed as “you”.
- The researcher determined competency by including specific criteria for the research project. The researcher also strived at presenting the request for information at a level that participants would understand.
- Voluntary consent was obtained by ensuring all participants that participation was voluntary and that they could either refuse to participate or stop at any given time without stating a reason.

Anonymity was ensured by prominently stating in the letter that the data obtained from participants may be reported in scientific journals, but will not disclose any information that could identify them as participants in the research. The right to privacy and confidentiality was strictly applied in this research.

The application of other ethical measures in this research will be discussed in Chapter 2.

1.9 SIGNIFICANCE AND CONTRIBUTION OF THIS RESEARCH

It is evident from the literature studied so far by the researcher, and from the researcher's own practical experience and active involvement as A&E nurse in the emergency care environment, that there is an undeniable need for clarification of the core competencies required by the A&E nurse in order to manage life-threatening situations within the emergency care setting. A similar study had not previously been performed within the South African context and this research will therefore identify and describe the core competencies of the A&E nurse for the first time.

The contribution of this research is that it will add to the existing basis of knowledge both nationally and internationally. It will describe the core competencies required by the A&E nurse in the emergency care environment, and will also contribute to the improvement of the practice of the A&E nurse and emergency care service, and enhance the clarification of the role of the A&E nurse in the emergency services.

Regulating bodies such as SANC and DENOSA will come to understand the role of the A&E nurse in the emergency care environment as well as in professional practice, and what core competencies are required by the A&E nurse to manage life-threatening situations. The curricula and education programmes used for the training of A&E nurses could then be controlled, as one will know what is expected of these clinical specialists. If the researcher

clarifies the core competencies, it would lead to a better understanding of what could be expected of the A&E nurse by the SANC and other health professionals. One could also look at the possibility of an extended scope of practice for the A&E nurse.

Nursing is accountable to society for providing cost-effective quality care and for seeking ways to improve care, and is also accountable to patients for promoting a maximum level of health (Burns & Grove 2001: 4). This research is regarded as significant for it will ensure the society that the A&E nurse will provide adequate quality care in life-threatening situations and therefore improve the health care for patients.

Being sure about the knowledge, skills, attitudes and values A&E nurses need in life-threatening situations, it would be possible to evaluate nursing care to patients in these situations and the A&E nurse could then be held accountable for her nursing interventions. It will also aid tertiary training of the A&E nurse, as it will be possible to teach A&E nurses these core competencies on a national basis.

1.10 SCOPE AND LIMITATIONS OF THIS RESEARCH

Although this research is primarily aimed at the core competencies required by the A&E nurse in order to manage life-threatening situations in the emergency care environment, role clarification could also lead to the enhancement or extended scope of practice for all nursing specialities within the clinical field. The results of this research may contribute to a better understanding and clarification of the scope of practice (Regulation R.2598, 1984) regarding nurses and other health care practitioners (such as doctors and paramedics).

The limitations of this research are that the view of other professionals regarding A&E nurses were not included and this research is context-bound.

1.11 LAYOUT OF THIS RESEARCH

The research project consists of the following chapters and annexures:

- Chapter 1 presents an outline and introduction to the research.
- Chapter 2 describes the research design and methodology in detail – including validity, reliability, ethical considerations, and limitations to the study.
- Chapter 3 covers the literature review, validating findings of the FGI and providing a framework for the questionnaire.
- Chapter 4 contains the data analysis, research findings and interpretation of the findings.
- Chapter 5 reflects the conclusions of the research and makes recommendations regarding education, clinical practice and future research.
- The following annexures are included:
 - Annexure A – Permission for conducting this research
 - Annexure B – A letter of invitation to participate in the FGI
 - Annexure C – A sample of the transcribed focus group interview
 - Annexure D – Questionnaire
 - Annexure E – Spearman correlation between the variables in Section C and Section D

1.12 CONCLUSION

The role of A&E nurses continues to expand and evolve and has increasingly become part of the main-stream health care delivery system in the emergency care environment as they are assuming more and more responsibility within the health care setting. To ensure that their presence is established and their role recognised, it is essential to clarify the scope of practice of A&E nurses. This will further enhance the professional status of A&E nurses and nursing, provide career opportunities in all areas of the emergency care environment and may improve recruitment and retention.

In this chapter a general orientation to the study was presented, including an introduction to the topic, background and rationale for the research project, a research question, a problem statement, a research aim and objectives, clarification of the concepts, a broad outline regarding the research design and methodology, and ethical considerations. It concludes with discussions regarding the significance and contribution, scope and limitations, and layout of this research project.

The following chapter contains a detailed discussion of the design and methodology used for this research.