Original Article

Opportunities for Advanced Practice Nursing Experts to Influence Matters of Their Expertise through a Policy Delphi Study

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Abstract

Background: The Delphi technique has been applied widely in health care research; however, the Delphi experience from panelists' viewpoints has received scant attention. The rise in health-related research, despite the possible falling response rates, demands the acknowledgment of panelists' expectations and experiences, thus enabling the success of future research.

Objective: To describe and evaluate the Delphi panelists' expectations and experiences of taking part in a national Policy Delphi study. Additionally, the factors contributing to participants' motivation to partake in health research will be discussed.

Methodology: A descriptive survey was conducted in 2013. Data were gathered using a web-based online survey and analysis software. Data was analyzed using qualitative and quantitative methods.

Results: This study reports the expectations that participants (n=25) in the national Policy Delphi study had for the upcoming study. It also reports the results from a 36-item survey that was developed for this study and which inquired about the actualization of these expectations. Participants' expectations fall within the areas of participant knowledge and clinical nurse specialist role development, expectations of the Policy Delphi technique, and an opportunity to have influence. The study reveals that these expectations were met well and an additional asset of the technique, facilitation of learning, was also highlighted.

Conclusions: Policy Delphi method is revealed as an ideal opportunity to increase knowledge of the phenomena investigated, and as an opportunity for experts to learn from each other and to influence matters of their expertise.

Keywords: Advanced practice nursing, Delphi technique, descriptive survey, expert opinion

Introduction

Several nursing phenomena such as advanced practice nursing (APN) are widely studied within health care research. It is evident that each year, around the globe, thousands of health care professionals, stakeholders, and members of the public will partake in some form of APN research. Health care related databases, such as CINAHL and PubMed, reveal a vast variety of methodology used to investigate this phenomena in recent years, including systematic literature reviews (Mantzoukas, Watkinson 2007, Newhouse et al. 2011, Jokiniemi et al. 2012, Donald et al. 2013, Fung, Chan & Chien 2014), randomized controlled trials (Kinnersley et al. 2000, Naylor et al. 2004, McCauley, Bixby & Naylor 2006, Imhof et al. 2012), qualitative descriptive studies (Jokiniemi, Haatainen & Pietilä 2014, Begley et al. 2014), and quantitative surveys (Baldwin et al. 2009, Mayo et al. 2010).

Therefore, the development of these roles is heavily affected, not only by the quality of the used methodology, but the willingness of the participants to take part in current and future research. However, although there is a variety of research available investigating patient participation (Mein et al. 2012, Trottier et al. 2013, Steele et al. 2014, Brewer et al. 2014), scant information on health care professional participants' experiences of various forms of research is available. In addition, it has been noted that the participation rates within health-related research may be falling (Williams et al. 2008).

The Delphi technique has been applied widely in health care research (Rayens 2000, Whitehead 2008, O'Connell 2012, West 2011, Clyne 2012) and many differing forms of the technique are now in existence (Keeney, Hasson & McKenna 2006). Although the Delphi technique is much utilized in health and social care research, there is little evidence relating to the use of Policy Delphi, a variant of the conventional Delphi (xxx 2015, Meskell et al. 2014). While the overall aim of consensus methods is to determine the extent to which experts agree about a given issue (Jones, Hunter 1995), the aim of a Policy Delphi is to create a clearer understanding of the plurality of standpoints (Crisp et al. 1997), seeking all possible viewpoints and exploring factors underlying disagreement (de Loe 1995, Turoff 2002, Linstone, Turoff 2011). Its possibilities in policy formulation and resolution within areas of groundbreaking phenomena, such as APN, are highlighted and it has been suggested that a Policy Delphi exercise can be a highly motivating task for participating experts (Turoff, Hiltz 1996).

However, concerns have also been expressed regarding panelists reporting negative experiences of participation, resulting from lack of understanding about the process, lack of face-to-face discussions, and the time commitment required (de Loe 1995, Hasson, Keeney & McKenna 2000, Hanafin, Brooks 2005).

Despite the miscellaneous impacts, very little work has been done on the use of the technique (Turoff 2002), and attempts to improve the Delphi experience from panelists' viewpoints has received scant attention (Keeney, Hasson & McKenna 2011) thus highlighting the importance of the present study investigating the Policy Delphi panelists expectations and experiences on study participation.

A national Policy Delphi study was conducted in 2013 to inform the forthcoming aspirations of the policy formulation of APN roles in Finland (xxx et al. 2015). Prior to and after the initial Policy Delphi study the panelists' expectations and experiences of taking part in the study were inquired.

The results of the 36-item survey that was developed for this study and which inquired about the actualization of panelists' expectations will offer insights to future researchers intending to use Delphi methodology, as well as reflections on the factors contributing to participant motivation within health research.

The rise in health-related research, despite the possible falling response rates, demands the acknowledgment of panelists' expectations and experiences, thus enabling the success of future research.

Aims and Objectives

The aim of this descriptive survey study was to describe and evaluate the Delphi panelists' expectations and experiences of taking part in a national Policy Delphi study. Additionally, the factors contributing to participants' motivation to partake in health research will be discussed. The research questions were:

What kind of expectations do the participants hold for a Policy Delphi study?

To what extent are the participants' expectations met during a Policy Delphi study?

What measures might improve participant satisfaction within a Policy Delphi study?

Methods and Materials

A descriptive survey phases

A descriptive survey was conducted in 2013. Data were gathered using a web-based online survey and analysis software. The study involved three phases (Figure 1). In the first phase, the Policy Delphi participants of an upcoming national study investigating clinical nurse specialist (CNS) roles, were queried about their expectations of the upcoming study by using an open-ended question.

The second phase involved the panelists' participation in a three-round national Policy Delphi study (reported in xxx 2015). In the third phase, after the completion of the initial Policy Delphi rounds, a 36-item survey that was developed for this study and which inquired about the actualization of panelists' expectations was presented for panelists to complete.

Participants

In the *first study phase* all Policy Delphi panelists (n=25) were asked to take part in the descriptive study examining their expectations and experiences of the study participation. In the *third study phase*, the inclusion criteria required that the participants had to have taken part in all three rounds of the initial Policy Delphi study (xxx 2015).

Twenty panelists participated the first study phase (80%). All interest groups *(APN, APN education, or health care management)*, and expertise areas (*APN, APN education, APN management, health care workforce development,* or *international APN*) of the initial Policy Delphi study were evenly represented. All respondents were female and came from various parts of Finland. Sixty-three percentages were between the ages of 36 and 50 years, and the rest were over 51.

Nineteen participants who met the inclusion criteria were sent the survey in study phase three. The participation rate was 42%, indicating response exhaustion after the Policy Delphi study.

Based on the drop out analysis there was an even distribution of participants dropping out between various interest groups in the third phase of the study.

Formulation of the survey

The open-ended data gathered in the first study phase formed the basis for the formulation of the survey used in the third study phase. After reading through the qualitative data, meaningful units of the text (here descriptions of expectations) were extracted and condensed and similar items were grouped together (Graneheim, Lundman 2004).

Where several different sentences were used to discuss the same issue, they were combined in an attempt to provide a single description. The initial qualitative comments on expectations were summarized this way and constituted the 36 items that formed the third round survey (Table 1).

Participant attitudes on items were measured using five-point Likert-type scales (Turoff 2002), with the response choices ranging from *totally agree, agree, to disagree,* and *do not know*. Additional comments on participant experiences on the overall study and on how the expectations may have been met better, as well as inquiring about the panelists' own knowledge growth were also sought through three open ended questions. The survey items were formulated by the first author and carefully assessed by the other authors of this article and one statistician from outside the research setting.

This assessment included the pretesting of the e-mail questionnaire with the estimation of time taken to complete the questionnaire, preferred method of rating, as well as the assessment of questions understandability and comprehensibility. Minor alterations were made to the questionnaires according to the assessments.

Data analysis

The data analysis process was gradual, involving both qualitative and quantitative methods. In the first study phase, a qualitative content analysis (Graneheim, Lundman 2004) was utilized to analyze and summarize the open-ended data for the purpose of formulating the 36-item survey.

To analyze the quantitative data produced by the survey in study phase three, each rating set was examined according to the mean and percentages with the aim of identifying how well the panel perceived their expectations had been met. In addition, the open-ended questions of the survey were analyzed by qualitative content analysis.

Furthermore for the purpose of portraying and scrutinizing the results, the survey items were analyzed through coding of the expectations and categorizing the codes into sub-categories, resulting in four main categories. An example of the data analysis process may be seen in Table 1.

To promote quality of study reporting, the Consolidated Criteria for Reporting Qualitative Research (COREQ) 32-item checklist was adopted (Tong, Sainsbury & Craig 2007) to foster the description of study design, sampling method, data collection settings, method, data analysis and reporting, identification of themes, and inclusion of examples of illustrative quotations on expectations.

Ethical considerations

The study was carried out in accordance with The Code of Ethics of the World Medical Association and all procedures were performed in compliance with relevant laws. As there was no direct patient intervention in this study, according to Finnish law [1999/488] and ethical guidelines (National Advisory Board on Research Ethics 2009), ethical approval was not needed. All of the participating institutes provided permission to conduct the study.

Prior to the study, the participants were sent a cover letter informing them about the study. Answering the survey was regarded as informed consent. The response process was quasi-anonymous in the sense that the respondents were known to the researchers. Panelists were given reassurance that their individual responses would be disclosed using an unidentifiable format during the study (Keeney, Hasson & McKenna 2006). Participation in the study was voluntary and participants could withdraw from the study at any time.

Results

A Policy Delphi study participants expectations

Eighty percent (n=20) of the Policy Delphi participants revealed their expectations towards the upcoming national study prior to the study. The analysis of the data disclosed number of participant hopes that led to the generation of the 36-item survey depicting a variety of expectations. Based on the data-analysis, four themes were established (Table 1).

Most expectation items fell within the theme of *participant knowledge development* (14 items), for which objectives were two-fold: to increase knowledge on Policy Delphi design and contemporary national CNS role. The *CNS role development* theme (12 items) included the second highest number of items.

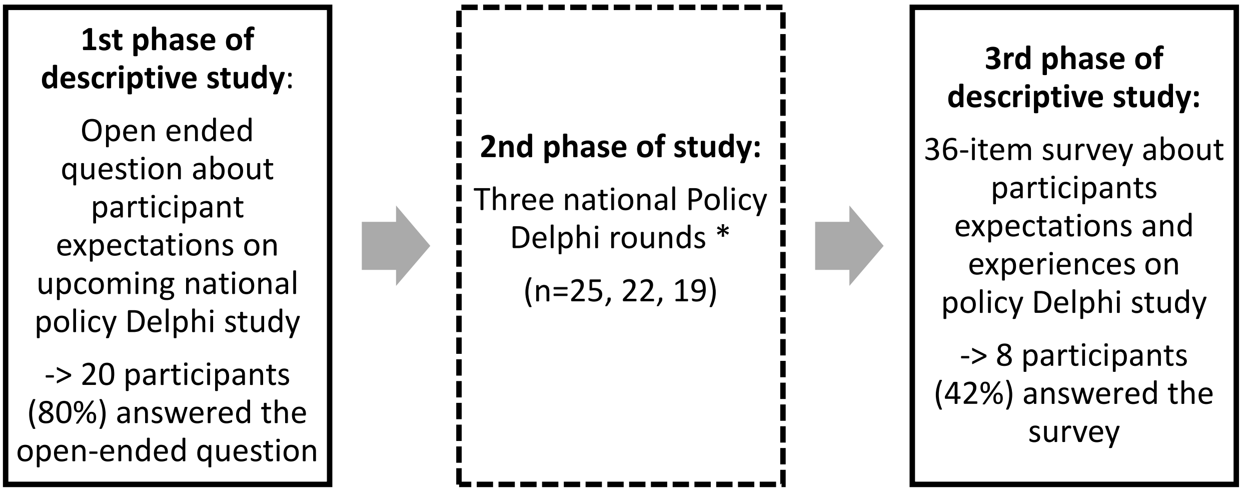

Figure 1: Descriptive survey rounds
*Three round Policy Delphi reported in xxx et al. 2015.

Figure 2: Policy Delphi panelists' expectation themes and percentage of occurrence

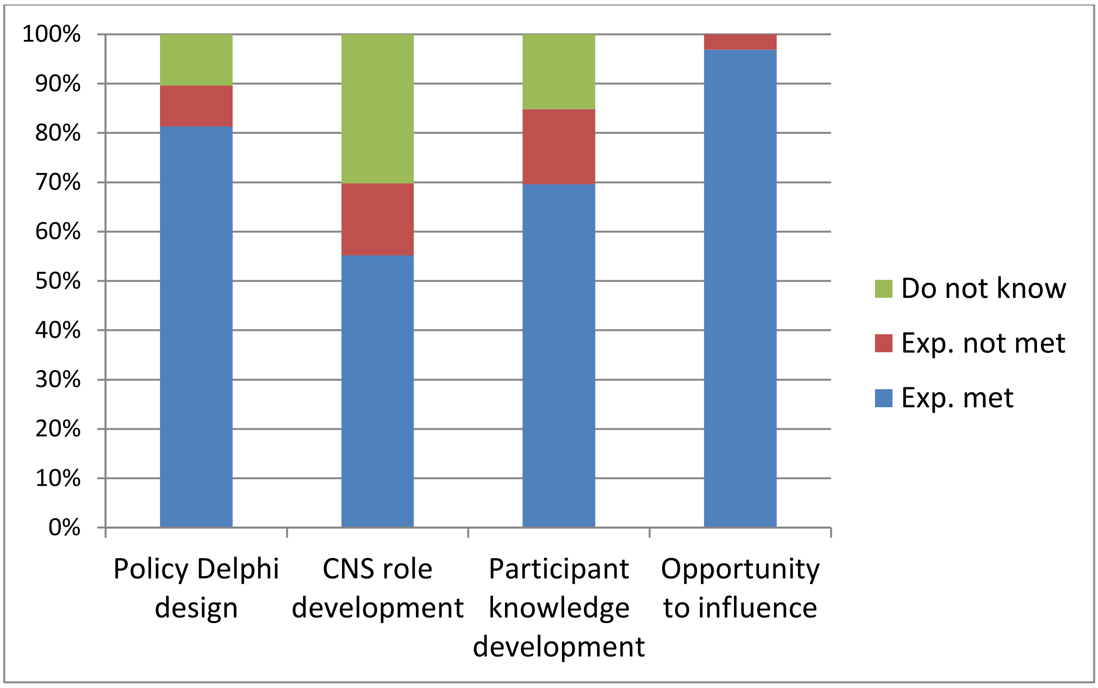

Figure 3: Percentage of the panelists expectation's actualization viewed by themes
CNS= clinical nurse specialist

Table 1: An example of the gradual data analysis process in scrutinizing the results

Expectation Theme	Sub-category	Examples of condensed expectations used in survey
CNS role development	Proliferation of significance	Appreciation for the CNS roles will arise
	Clarification of CNS definition	The discussion to clarify advanced practice nursing titling will be evoked The competencies of different level advanced nurse practitioners will be clarified
	Increasing visibility	CNS role will become more known
	International rapport	National CNS role will be comparable to international role
Participant knowledge development	Knowledge on Policy Delphi Design	I will recognize the strengths and weaknesses of policy Delphi design
	Knowledge on national CNS role	I will get contemporary information on national CNS role My knowledge on various titling will be expanded and clarified
Policy Delphi Design	Methodology	The emphasis of the study will be on future Answering to the Policy Delphi surveys will be technically easy
	Ethicality	There will be open discussion on the issues at hand The anonymity of the respondents is absolute
Opportunity to influence	National evolution	I have a chance to be involved in CNS role development
	Own views to light	I will be able to disclose my opinion

Table 2: Expectations met less well

Expectation description	Mean
The competencies of different level advanced nurse practitioners will be clarified	2,63
I will get new ideas and perspective into my own work	2,63
We will create clear norms to who can be called advanced practice nurse	2,86
We will get information regarding the national and international advanced practice nursing role congruence	2,88
We will be able to create clear clinical nurse specialist qualifications and competences	2,88
There will be conjoint vision about advanced practice nursing roles in Finland	2,88
Clinical nurse specialist role will be standardized nationally	3,13
Clinical nurse specialist roles will be nationally comparable	3,38

Within this theme, the expectations covered the clarification of the definition and concepts of CNS roles, proliferation of the role, significance, and visibility, as well as international comparability of the roles. The two minor themes included the expectations on *Policy Delphi technique* (6 items) and *opportunity to influence* (4 items), within which the panelists set expectations of the overall methodology and its ethicality, as well as of their own possibilities to influence national CNS role evolution. It is noteworthy that two thirds of all expectations related to participants' individual hopes and only one third involved the development of the study phenomenon. (Fig. 2)

The actualization of participants' expectations

The subsequent rating of the initially identified expectations revealed that overall the participants' expectations were met very well. Seventy-six percent of all expectations were met, with 14% the actualization was unsure, and only 10% out of all expectations were not met. Expectations *on opportunity to influence, participant knowledge development,* and *Policy Delphi technique* were met very well. However, the actualization of expectations on *CNS role development* was far less met or their achievement was not yet certain (Figure 3). To further specify the expectations met less well, Table 2 illustrates the description and means of these expectations.

Measures to improve participant satisfaction within a Policy Delphi study

The open-ended questions provided some additional insights into the panelists' experiences of study participation. Some problems were highlighted about the different conceptualizations of the CNS phenomenon and vagueness of the terms used by the other panelists. This caused the panelist to wonder whether the face-to-face interaction would have clarified the communication by providing further ideas to work with. It was also noted that the expectations presented prior to the study may have been difficult to achieve depending on the nature of the actual study and the course it subsequently took. Additionally, the participants pointed out that some expectations were directed towards the overall development of the CNS role and, in that sense, were not directed exactly to the present study, leading to some of the initial expectations not being achieved during the study.

Finally, the answers about the panelists' views about their own learning were varied. Some felt they had learned and were left with several ideas to ponder, but others said they had not learned much and wished the panel had provided deeper and wider visioning of the future CNS role. As one participant stated: "*I wish the visioning would have offered us more...the question is: how will we justify the importance of CNS roles better in the future regardless of the tight economic situation?*"

Discussion

This descriptive survey study examined expert panelists' expectations and experiences of taking part in a national Policy Delphi study. The study was conducted in 2013 in three phases. The present study contributes to our understanding of Policy Delphi panelists' views on research participation and reveals the reasoning behind their willingness to contribute to research. Previously, health care professionals' expectations of research participation have rarely been studied; however, falling response rates and the expanding use of various Delphi techniques and their related challenges warranted the current study.

This study laid its foundations on the assumption that if the Delphi, or any other method for that matter, is to be successful in achieving its objectives, it is important that participants are willing to make a valid contribution (Powell 2003, Williams et al. 2008). The vast amount of health research conducted and the concern over falling participation rates, however, has raised questions over how to recruit participants for the future (Williams et al. 2008). In order to comprehend participants' willingness to offer their time and effort in research, when neither monetary nor honorary benefits are available, this study attempted to acknowledge and describe participants' expectations and factors contributing to positive experiences of participation in a Policy Delphi study. It has been recognized that to facilitate a positive experience and to enhance participant involvement, it is critical that participants feel they are partners in the study (Keeney, Hasson & McKenna 2011). The feeling of partnership may be amplified by informing participants throughout the study, from the initial information explaining the nature of the research, to the timelines of the final study summary statements and reporting of the results (Williams et al. 2008) and this is supported by this study.

Based on this study, participants appear to go into research with various and even high expectations. It is noted, however, that the initial study succeeded in meeting most of these expectations, hence only 10% of the initial expectations were evaluated as not being met. Some expectations (14%) may have been difficult to assess due to their long-term nature or the fact that they were actually not directed at the current study but were of a more general nature. Examples of the long-term goals may be seen in the area of *CNS role development* where the expectations were vast, and nearly half of the responding panelists were of the opinion that these expectations were either not met or were unsure of them being met. This result may be due to the time taken in practice development before newly formed ideas and policies transfer into practice and triumph over usual courses of action (Bryant-Lukosius et al. 2010, Arslanian-Engoren 2011). Additionally, the nature and scale of research benefits depend on what findings emerge and what use is made of these in practice (Williams et al. 2008). Therefore, to ensure the achievement of the *CNS role development* items, it is crucial to inform the decision makers, research funders, and other stakeholders of the findings. Only this way will a study have the desired effect on nursing practice and scholarship development. (McKenna 1994)

It is worth considering that panelists described mostly individual expectations for the initial policy Delphi study. This notion may challenge the idea of altruism as a participant motivator and introduce the view of promoting individual reasoning as a measure to increase positive experiences and, therefore, possibly to enhance future willingness to participate. Furthermore, the promotion of research participation as a behavior that benefits others has been seen as a possible means of ameliorating the problem of falling participation rates (Williams et al. 2008). An example of an individualistic motivator is the current study finding of panelists' expectations on *participant knowledge development,* the largest expectation theme. The finding about its actualization is in line with earlier studies suggesting Policy Delphi as a novel learning instrument (Van Dijk 1990, Hasson, Keeney & McKenna 2000, Turoff 2002, West 2011). These results reinforce and clearly demonstrate Policy Delphi's ability to advance learning from one other, thus supporting the possibility of using a Delphi to educate at least a part of a respondent group on options they may not be aware of (Turoff 2002). Furthermore, these notions of a positive relationship between participation and knowledge development was highlighted by the research team as it was previously suggested that Delphi panelists are motivated to participate actively if they feel they will obtain value from the information they receive as a result of the research process (Turoff, Hiltz 1996).

Finally, an interesting notion was that, although only the initial open-ended questionnaire was composed by the research team, the Policy Delphi study was still considered researcher focused by some participants and there was a desire for face-to-face interaction. Although the anonymity to express thoughts and opinion is the corner stone of Delphi philosophy (McKenna 1994), the feedback from the current study illustrates an underlying contradiction between this and the fundamental need for human face-to-face communication, an issue also pondered by past researchers (de Loe 1995, Hasson, Keeney & McKenna 2000, Hanafin, Brooks 2005). Therefore, a question as to whether panel discussion at the beginning of the study would have highlighted the panelists' views further, is worth considering. Although completing the first round of the Policy Delphi by interviews or focus groups might be an option in a national study (McKenna 1994), it would be more difficult to implement in an international study. It is concluded that the policy Delphi study cannot substitute for face-to-face interaction, however, as de Loe (1995) states, it is 'an effective and inexpensive tool for identifying broad areas of agreement and disagreement, and winnowing arguments'.

Limitations of this study include the small number of participants and low response rate in the third study phase. In general, questionnaire research is notorious for low response rates. Delphi, with its iterative rounds, asks much more of respondents and, therefore, has increased potential for low response rates (Keeney, Hasson & McKenna 2011). However, the aim of asking Policy Delphi participants about their experiences and expectations, and the extent to which they were met, was actualized. The results of this study may not be generalizable to other nations but the results suggest Policy Delphi has the ability to answer to participants' expectations. Furthermore, it highlights the importance of inquiring about participant expectations, thus, enabling the identification of positive/negative experiences and exposing the reasoning behind willingness to participate. The process taken was described in detail to help the reader to assess the steps taken.

Conclusion

Expert panelists' expectations and experiences of taking part in a national Policy Delphi study were examined. The study reveals a Policy Delphi is highly motivating from a participant perspective. It is shown as an ideal opportunity to increase awareness and knowledge of the phenomena investigated, and for participants to learn from each other, in addition to the development of practices and policies in a given area. Additionally, it is revealed as an opportunity for experts to influence matters of their expertise. As the expectations of study participation appear to be mainly individualistic, consideration of individualistic motivators need to be given when designing a study, promoting participation, conducting the study, and reporting results.

As a contemporary megatrend, APN role development is a matter of interest to thousands, perhaps millions, of nurses, nurse managers, nursing policy developers, stakeholders, and the public; thus, methods such as the Policy Delphi technique are being increasingly utilized to study it. How these broad-ranging research methods are perceived and how participation may be supported is, however, rarely investigated. Participant willingness to participate is seen as relating to earlier positive experiences, as well as to the factors motivating each individual, thus, awareness of these may help research teams in their attempts to improve the research experience for their informants. This is of the utmost importance as, in recent years, health care research participation rates have fallen. However, the development of health care issues and roles is dependent on the quality of research as well as successful participant recruitment for future studies.

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