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Research Article

Journey of Profound Life Lessons, Learning, Change and Self-awareness: Preparation for a Role Transition from a Senior Saudi Registered Nurse to a Specialist Palliative Care Nurse

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Abstract

Background: A transition journey took me as a Saudi Senior Registered Nurse (SRN), and a woman seeking continuous challenges and improvements, overseas to prepare for a Specialist Palliative Care Nurse role (SPCN). This is also due to the lack of opportunities in my country. This paper describes my preparation, sheds some light from transition theories, including the transition challenges involved in general and more specifically to my case. More importantly, the learning and blessings gained throughout the process.

Methods: Owing to the nature of the transition process, I use complex mixture of methods. Through auto-ethnography self-reflection, I deliberately make myself vulnerable as I attempt to provide a clear analysis of the diverse experiences of a transitioning SRN to a SPCN role. My literature review draws from a wide range of sources, disciplines and compares these to my experiences. Additionally, I use different tools and means to gain more understanding.

Results: Challenges of transitioning to SPCN include role ambiguity, the need to fill the educational gap, and adapting to a new culture. Benefits include increased space to pursue my passion and ability to make a positive impact as well as self-awareness and change.

Conclusion: True improvements in quality of healthcare needs to be more inclusive and consider smooth transition of RNs to SPCNs. The Saudi government and stakeholders are encouraged to provide more opportunities for nurses to fulfill the increasing demands. Nurses are encouraged to seek opportunities to improve life.

Keywords: SRN; SPCN; Clinical Nurse Specialist (CNS); Advance Nursing Practice; Hospital; Role Transition; Leadership; Teamwork; Communication; Referrals; Culture and Paternalism; Skills; Challenges; Reflection; Auto-ethnography

Introduction

Role transition from a RN to an advanced practice nurse (APRN) or specialist nurse (SN) is not free of challenges [67]. Most planned changes allow learning time for us to close the gap as we enter different roles at different levels of readiness [4]. However, some changes are beyond our control, thus, adaptation is required.

In order to prepare for a specialist role, competent nurses need "the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice based on the context and/or country one is credentialed to practice" [33]. In addition, one should have essential characteristics (e.g. passion, commitment, dedication, empathy and others) [9].

There is an increasing need for well educationally prepared, confident, competent and expert SPCNs, who are APRNs in acute care settings [57] to provide high quality, culturally sensitive, holistic palliative and end of life (EOL) care and to train the generalist health professionals (HP) [48]. They must also be ready to handle the ageing population [48] and those with life-limiting illnesses [29]. Further, they are needed to tackle the culturally diverse population in Saudi hospitals [21].

Literature on CNS has been accumulated for over nine decades [27]. Developed countries like the USA and UK had established CNS by 1970s [5]. Studies have proved the benefits of such role [12,35,34,40,43,55,57,75], and it has been recommended by the

World Health Organization (WHO). Nonetheless, it is lacks from both academic curricula and health culture in Saudi Arabia (SA) [31,39] in addition to limited data on transition from RN to SPCN.

Given these gaps and considering the increasing opportunities available globally for nurses to develop and grow professionally as SNs, [30,39], and in an attempt to be a "critical being" [8], this practicum paper presents my preparation journey as an experienced Saudi SRN transitioning to a SPCN in Australia. It critically investigates and critiques the literature on role transition and the roles of the SPCN in hospital settings and challenges involved. Through an integration of multiple lenses, tools and methods, it sheds light on my own case and presents my skills and development path.

While different titles (APN, CNS, CNC, NP "nurse practitioner") are in use interchangeably worldwide, for the purpose of clarity, I use the term (SPCN) throughout this paper and draw from the literature involving all of those, as they are all specialist nurses and APRNs with almost same main roles, challenges and skills.

Methods

Paper design and rational

This paper is inspired by the famous novel "Alice in wonder land" [44] and 'the love of mystery'. The way it is done embraces the phrase "curiouser and curiouser" from this tale, which becomes popular in English lexicon, alluding to a journey of a complex mix of miracles and adversities, where only the 'divine rules' apply.

I "think laterally" [36], read and draw from different disciplines and specialties. I also shed light using several theoretical lenses (e.g. transition theory) [1] and the Middle Range transition theory [49] and self-in-relation theory [50]) on my transition journey and my preparation to a SPCN role to provide different angles of the phenomenon [16].

Studying the area of role transition to SPCN require acknowledging its complexity beyond the theoretical best available evidence. Hence, I endeavor to craft a mixture of theoretical knowledge through the literature review, while comparing it to what I found in the real life, as I draw on my 'real life experiences' as a carrier of two luggage of cultures and ways of 'being' i.e. a postgraduate student and a SRN, during my transition and clinical placement in Melbourne. Confirmation of work placement form is in appendix 1.

"Art serves as a means to convey life" [15]. As a humble artist, I use the powerful, transformative, form of self-reflection and writing, 'Auto-ethnography' and position it in the researched cultures/hospital environments [15]. This self-reflection has been proved to enhance clinically effective patient-centered practice and quality of care [13,76].

Writing auto-ethnography requires and is a test of our ability to be 'self-vulnerable' [15]. It is a 'messy job' that requires open, honest searching inward ones' self, trust, and 'conscious mind'. As it changes our perception of time [15], it helped me evaluate my past, balance my presence and plan for the future leading to transformation.

The amount of literature available [32,46,60] on the therapeutic benefits of auto ethnography is increasing. I hope through my writings to touch people in ways that enable them to think consciously and be courageous to look deep inward and learn from their experiences as well as mine, as this stimulates creativity and innovation. For example, as I recall reading and watching "Alice in wonderland" by Lewis Carroll, 1865 [44] again as an adult, I can assure the therapeutic benefits of doing so consciously with critical mind. While it made me ponder about my life, it allowed growth and healing to occur through learning multiple life lessons.

In addition to these approaches, I am being proactive by using tools like the VIA survey which is "a psychometrically validated personality test that measures an individual's character strengths [72]. The aim of this is to gain 'self-awareness' which is an "innate psychological function" [38], which facilitates the practice of "Exquisite empathy" and is beneficial for SPCNs when giving families and patients emotional support [65]. Moreover, as leadership is an important role of the SPCNs to enhance the patient/family care [68], I use " The Leadership Behavior Matrix" (LBM) in exploring my leadership style and roles. What make this work different, creative, and innovative while addressing the gaps in the literatures are the humble messiness and the open, proactive approach in attempting to profile myself.

To create something new, one needs more than intellect. It comes from instinct acting out of inner necessity. The creative mind reaches out to the objects it loves. Despite its hardships, this searching journey provided many blissful moments and I continued to follow my heart into a process of transformation and change. As Tim Harford [74] highlighted, "we need to gain a bit more appreciation for the unexpected advantages of having to cope with a little mess".

Literature search strategy

The following databases were searched: Google scholar, PubMed, CINHAL and Scopus. The references lists of each article were also manually searched. Table 1 provides a summary of the articles using different key terms. Other publications' searches were conducted to obtain further information pertaining to the SPCN such as the National Association of CNS and The Saudi Commission for Health Specialties or just to provide support by drawing from different online blogs (e.g. writing for research, Quiet Revolution).

Table 1: Summary of the Articles.

Paper	Country of Origin	Sample Used	Research Design	Aim	Summary of Key findings
(Anderson, 2009)	USA	18 CNSs and NPs in their first or second year of full-time teaching in accredited, baccalaureate programs in the Upper Midwest.	Descriptive and explanatory study Semi structured interview	To explain and describe the work-role transition of clinical experts to the nurse educators in a baccalaureate program.	The study validated work-role transition attributes of (a) dynamic and developmental, (b) emotional work, (c) critical tasks, and (d) diffusion through role boundaries. 6 patterns describing phases of the work-role transition from clinical expert to novice nurse educator in a baccalaureate program. a pre-transition phase, four working phases—easing into transition, early transition, middle transition, and later transition—and a final pattern of throughout the transition. It explored the learning techniques, which promote the understanding of core competencies and to enhance the role transition. It is recommended for participants to get the orientation practice, which facilitate the work role transformation.
(Becker., *et al*. 2012)	UK	10-15 Staff Nurses	Qualitative	To portray the structure, procedure, and results of a powerful Clinical practice council (CPC) where CNSs effectively draw in bleeding edge clinicians in advancing nursing mind that is confirmation based. Clinical medical caretaker authority administration is progressively made noticeable as CNSs successfully include staff attendants practically speaking changes to enhance persistent results.	Enhancing staff medical caretakers' demonstrable skill through expanded utilization of initiative practices, self-sufficient practice, and the capacity to impact patients' results decidedly using proof based standards can be accomplished by furnishing cutting edge clinicians with a system to accomplish these results. Achievement of the CPC relies on upon the CNSs' authority and responsibility in tutoring staff medical attendants during the time spent creating EBP reports. The CPC gives a structure and instrument through which staff medical caretakers can take part and contribute their clinical aptitude, a key segment of EBP, to nursing records, grow their part as pioneers, and utilize the most recent confirmation to accomplish the best results for patients.

(Booth, S, Edmonds, P and Kendall, M 2009)	UK	Palliative nurses in several settings in different case studies	Qualitative	To demonstrate the key values that palliative nurses must have in a clinical environment To demonstrate the roles that palliative nurses are involved in when working in a clinical setting	Palliative nurses within the hospital setting work in a supportive and advisory role. As such, they always work in teams and being successful needs them to invest time in understanding team members Palliative nurses must be flexible in application of their knowledge in order to be successful and even accommodate their fellow team members Transitioning to the new role takes time. While fresh graduates feel confident to even open consultancies, they need the experience of working in an acute hospital setting before doing these duties on their own.
(Brennan and Mcsherry, 2007)	UK	14 students with previous experience as a Health care assistant (HCA) within the field of adult nursing. (At least 6 month experienced participants of adult field as a HCA as compare to less than 6 months experience).	Qualitative Research, Descriptive study over 8 months, Empirical research 4 focus groups, Thematic content analysis	To determine the processes of transition from HCA to student Nurse. To investigate how transition influence the students' knowledge. To identify the experience of student perception of transition from HCA to student nurse.	Clinical issues and culture shock both found in positive and negative perceptions in this process. The concept of "comfort zone" is introduced from this study, which explored the purposeful reversal into HCA role by the participants. A framework for the transition and professional socialization from HCA to student nurse is provided. This study will help in identifying, addressing, and aiding, socialization needs into their new role as student nurse.
(Brinkert, R 2010)	USA	-	Literature review	To determine the causes of conflict among nurses To determine the benefits of communication in resolving nurse conflicts	One of the causes of conflicts nurses is lack of clear role description. However, this can be avoided by ensuring that nurses have enhanced communication skills. Conflicts are bound to occur especially considering inadequacy of resources and burnout due to long working hours.
(Carryer, Gardner, Dunn, and Gardner, 2006)	Australia and New Zealand	15 nurse practitioners of 2 countries.	Interpretive study	Objective of this study is to explain the role of NPs in New Zealand and Australia, which developed the national parameters identification, and education of NPs. To investigate the current standards of education and commandment of requirements for the NP a processes in Australia and New Zealand	It is found by this study to substantiate the role of NPs to characterize into three areas: high powered practice, Clinical leadership, professional efficacy as well as the learning techniques which promote the understanding of core competencies and to enhance the role of unification among the students.

(Chick, Sievers, Negley, and Tammel, 2012)		45% survey,6% of nursing staff(disease specific educational domain), 21% of nursing staff, Relationship based caring model used.	Descriptive study	To investigate the disease specific education plans, obstacles while using the disease specific patient, how much education ion regarding cancer patients is important for nurses. To implement the web based learning for students.	It is revealed that to organize the strategies to implement the CNSs project in a consistent and structured way for medical nurses to exploit the best disease specific education resources. In this way Students will be aware of the patients need and care.
(CLARK., *et al*. 2015)	UK	10 nurses recorded their responses on designed questioners	Pilot study was carried out	To evaluate the impact of training for development of skill to be used in assessing the psychology and interventions experienced by patients of cancer	Before training the participants were less confident about using psychological techniques and psycho-education They were well confident about the ability to give information and break bad news After getting training there was significant increase in the confidence of participants in all areas The highest increase was in their confidence about providing psycho-education to support the coping strategies of patients and carers There is need to provide constant psychological skills of CNSs
(Curtis, EA, de Vries, J and Sheerin, FK 2011)	UK	-	Literature review	-To identify the new roles that nursing leaders must take in light of new technologies and development of incorporation of nurses in leadership - To show the manner in which nurse leaders must position themselves in effecting change and providing high standards for patients	Leadership is a process through which agents influence subordinates to behave in a given manner. Nursing leadership refers to the ability of nurses in an empowered position to influence practice within the hospital environment Nursing leadership is developed through several factors such as experience in the hospital environment, training programs, and effective relationships between nurses and hospital leaders
(Daveson., *et al*. 2015)	Italy	-	Literature review	To assess the effectiveness and cost-effectiveness of specialist palliative care for adult patients with advanced illness receiving care in acute hospitals and for their unpaid caregivers	This is protocol to conduct a systematic literature review hence no findings are reported in this paper

Duffield., *et al*. 2005)	Australia	Work-sampling study conducted over 8 weeks, Analyzed by using SPSS, 6 wards private non profit hospitals, 25 activities measured	Descriptive study	To identify and evaluate the understanding of the CNS and RN as well as impact of mix skill method for less skilled workers,	It is revealed that registered nurses occupy more area of work than Clinical Nurse specialists yet they have some similarities in job Encourage CNS to share their knowledge and experience with less skilled staff in order to replace the RNs with unregulated worker to save the cost.
(Ewing and Booth, 2009)	UK	10 patients 10 family carers 20 health professionals who referred to the SPCS in the last year	Qualitative focus groups, semi structured interviews, nonparticipant observation, and document analysis	- To recognize what worked or not worked for referrers and pro suppliers in conveying palliative consideration in healing center.	This study gives new information on the interface amongst authority and generalist procurement of palliative consideration in an intense healing facility setting, showing a mutual perspective of extra ability and aptitudes of the SPCS in indication control and mental bolster, which is exceedingly esteemed by referrers and is essential if patients in clinic with complex issues are to get expert info. It is especially imperative for this model of pro palliative consideration to have the capacity to consolidate ward-based educating of side effect administration as a more esteemed, noticeable, and continuous piece of their part in the healing facility setting, tending to not just the steady turnover of junior restorative staff additionally the obligations of general staff themselves in manifestation control.
(Fisher, K, 2006)	UK	Impact of COPD on 63 patients	Qualitative and quantitative methods used, to experience 63 patients with end-stage COPD	-There is evidence to suggest that patients with life-limiting illness other than cancer would benefit from specialist palliative care services	Many patients with non-malignant disease experience distressing symptoms and have unmet palliative care needs Health care professionals play an important role in caring for patients with life-limiting illness Staff working and palliative care specialists should work collaboratively to ensure of patient needs
(Forbes, A., While, A., Mathes, L., and Griffiths, P. 2006).	UK	753 people invited in six neurological services in England. 616 patients finally participated in the final outcome	A mixed qualitative and quantitative analysis	-To determine the improvement of healthcare among patients with multiple sclerosis (MS) as a result of introducing specialist nurses	Specialist nurses provide more information to the patients as opposed to generalist nurses With specialist nurses, there is an increase in the availability of a nurse when patients need one Incidences of MS complications such as pressure ulcers reduce and reduce physical symptoms.

(Foster, J and Flanders, S 2014)	USA		Literature review	-To identify the challenges of CNSs in clinical practice and factors that limit their practice	Need for expansion of opportunities of nurses to lead and foster improvement in the clinical setting Nurses require assets such as information technology, library resources, and simulation classrooms to strengthen their CNS education and acquire specialization competencies
(Gardner and (Chang and Duffield, 2007)	Australia	9 advanced practice nurses (3 acute care hospitals in south east Queensland)	Qualitative study, Interpretive study. Presented the strong Model of advance practice	To identify the advance practice nursing system To identify how nurse practitioner can be operationally and legislatively differentiated from the advanced practice role.	This study revealed the concern of nomenclature, of the new advance nursing system as well as the roles of specialists in innovative nursing system according to the consumer needs
(Gerrish., *et al*. 2011)	England	23 nurses were observed and interviewed for data collection	Multiple instrumental case study	To analyze the approaches used by advanced practice nurses to promote evidence-based practice among clinical nurses.	The advance practice nurses plays an important role in promoting the evidence based activities to the clinical nurses The key components of the knowledge brokering are the promoting the uptake of knowledge and knowledge management During knowledge management, related evidences are generated, collected, synthesized, translated, interpreted and distilled it for intended audience and reported it in effective way The knowledge and skills of clinical nurses was improved by advance practice nurse by acting as change facilitator, problem solver, teacher and role model for the clinical nurses
(Glen and Waddington 1998).	UK	Only 2 experienced staff nurses to CNS.	Case study, exploratory, descriptive. Using Nicholson's (1984) model of work-role transition and Wanous' (1992) four-stage model of organizational socialization.	-To identify factors that facilitates or hinders transition. - Offer guidelines relating to appropriate preparation and supervisory support.	There is paucity of literature relating to role transition from experienced Staff Nurse to CNS. CNS reflected upon their role in relation to 4 dimensions of the job: Working independently, setting goals, prioritizing the parts of the job, choosing with whom to deal in order to carry out the job CNS developed both personally and professionally, and has demonstrated adaptation and innovation in the role, although, role transition is challenging. There is a great need for role clarity, support and supervision.

(Hibbert, Al-Sanea, and Balens, 2012)	Saudi Arabia	Nurses, Students, Patient centered care model	Exploratory and descriptive study	Aim of this study is to provide the perspective on CNS practice who develop the professionally in the clinical domain as well as provide them opportunity to gain knowledge and skills.	It is found by this study there was no differences found in nurses self-concept questionnaire from pre and post-test phases as well as Transition programs gave the positive environment where they can learn and teach well.
(Hodgins, M, and Boydell, K. M. 2014).	Canada.	The two authors of the article	Auto-ethnography	Demonstrating the concept of 'auto-ethnography' and writing reflectively about ourselves	The paper demonstrates the benefits of using the art of auto-ethnography in explaining issues that may evoke emotions.
Im, E.-O. 2014. Afaf Ibrahim Meleis: Transitions Theory. In: M. R. Alligood, ed. Nursing Theorists and their Work	UK	-	Literature review	Analyzing different theories of nursing transition	The author identifies different transition theories and the elements within them that are applicable in the context of nursing transition from one role to another. Issues such as personal reasons and inadequate education lead to poor transition
(Jack, B, Hillier, V, Williams, A and Oldham, J 2003).	UK	100 cancer patients	Quantitative analysis using Palliative Care Assessment (PACA)	Determination of patient wellness due to introduction of palliative care teams	There was a statistically significant improvement in the symptoms of patients. The patients improved in anorexia and pain owing to better management
(Jack, Oldham, and Williams, 2002)	UK	31 stake holder across the hospital setting, Cross-case analysis were used	Qualitative research	This study presents junior staff not fully aware of the role of calmative care clinical nurse specialists.	It is found that Palliative care CNSs have positive impact on nurses and doctors which provided the support and advice on education. Recognition of de- skilling by the senior staff who has wider role in CNSs especially they may have been involved in the development of job description. There is a need to explore the educational input of the CNS, which successfully addresses the issues regarding cancer care.
(Kleinpell, R, Scanlon, A, Hibbert, D, Ganz, F, East, L, Fraser, D, Wong, F and Beauchesne, M 2014).	Worldwide UK, USA, Saudi Arabia, Israel, Canada,	-	Literature review	-To identify the role of advanced practice nurses globally	The role of APRNs is dictated by specific country regulations. Further, APRN comprises of several components such as prescribe medication, perform and interpret diagnostic testing APRN differs in different countries such as USA, Australia, Israel, and Saudi Arabia. In SA, it is still in its infancy and makes about 29% of the nursing workforce

(Lang, SV 2009).	UK		Experimentation	Determining the impact of using electronic medical records and the specialist nurses role	CNSs are vital in the development of effective processes of adaptation=on of technology. Their input ensures that the care has the required elements to work in a clinical setting.
(Leary A., *et al*., 2008)	UK	463 self-selected CNSs of different specialties in it cancer, palliative, tissue viability and heart failure, 448 from England, 3 in Wales, 12 in Scotland and none in Northern Ireland. Structures Qurey language database is used.	Exploratory longitudinal study, Qualitative research.	To work on the model of clinical nurse specialist in the UK This study presented the information regarding model of CNS work as well as used the technique for knowledge discovery.	Data mining is a techniques of knowledge which used in different professionals such as information systems and statisticians. Model consists of eight dimensions such as event, data. Context. Temporal, intervention, emotional effort, outcome and form. Majority of the work is in clinical representing 68% of the events and 24% of administrative.
(Lewandowski and Kathleen 2009)	Ohio, USA	753 anecdotal articles, 277 research articles, 62 dissertation/thesis abstracts and 181 abstracts presentation were analyzed thoroughly	Literature review	To identify the clinical areas of clinical nurse specialist (CNS) practice	Three clinical area of clinical nurse specialist (CNS) practice were found The first area was the proper management of complex and vulnerable populations The second area was the education and support of interdisciplinary staff. The third area was the facilitate change and innovation within healthcare systems
(Lungton, J and McIntyre, R 2005)	UK	Palliative nurses in several settings in different case studies	Qualitative	-To demonstrate the key values that palliative nurses must have in a clinical environment - To demonstrate the roles that palliative nurses are involved in when working in a clinical setting	Palliative nurses within the hospital setting work in a supportive and advisory role. As such, they always work in teams and being successful needs them to invest time in understanding team members Palliative nurses must be flexible in application of their knowledge in order to be successful and even accommodate their fellow team members Transitioning to the new role takes time. While fresh graduates feel confident to even open consultancies, they need the experience of working in an acute hospital setting before doing these duties on their own.

(Malhotra, P. 2013).	USA	-	Auto-ethnography	To demonstrate the journey of transition of nurses from one country to another through auto-ethnographic methodology	Using auto ethnography, the author narrates his journey from Mumbai India and visiting his adaptive agency in India. Through a long search, the author explains how he searched through groups to try and reconstruct his journey
(Manning, L and Neville, S 2009)	New Zealand	Eight clinical nurse educators	Qualitative descriptive methodology	To identify the challenges of staff nurses when transitioning to clinical educators	Every transition has its complication. Having been in practice, staff nurses expected that the role of a clinical nurse educator would be easy. However, they found that it was quite difficult to transition.
(Meleis, AI, Sawyer, LM, Im, E-O, Messias, DKH and Schumacher, K 2000).	USA		Literature review	Analysis of transition of nurses using middle-range theory	Middle-range theory of transitions has types and patterns of transitions together with transition experiences that facilitate or inhibit the process of transition.
(Mishelmovich, Arber, and Odelius, 2015).	UK	4 Cancer CNS, 6 PCNS, who were working in NHS trust.	Qualitative Research, Descriptive study. Semi structured interviews for 1 hour, Audio recorded.	To explore specialist cancer and palliative care nurses' lived experience of delivering significant news to patients with advanced cancer.	This study revealed that CNSs felt confident while delivering the significant news and that building the trustworthy relationship with patients removed the communication gap and make it easier. CNSs used the guidelines flexibly, which helped them to implement this effectively. They found that breaking news related to terminal prognosis for younger patients challenging. Four themes emerged: The importance of relationships. Perspective taking. Ways to break significant news. Feeling prepared and putting yourself forward.
(Monroe, B and Speck, P 2006)	UK	Palliative nurses in several settings in different case studies	Qualitative	-to demonstrate the key values that palliative nurses must have in a clinical environment - to demonstrate the roles that palliative nurses are involved in when working in a clinical setting	Palliative nurses within the hospital setting work in a supportive and advisory role. As such, they always work in teams and being successful needs them to invest time in understanding team members Palliative nurses must be flexible in application of their knowledge in order to be successful and even accommodate their fellow team members Transitioning to the new role takes time. While fresh graduates feel confident to even open consultancies, they need the experience of working in an acute hospital setting before doing these duties on their own.

(Montgomery and Elaine 2006)	USA	Not reported	Literature review	To find out the roles and responsibilities of CNS	CNS can play important role for the patient and its family, nursing personnel and organizations The role of CNS should be developed in the area of acute settings The CNS can contribute in the development of the community by providing the health education to the patient, as well community
(Muller, A, McCauley, K, Harrington, P, Jablonski, J and Strauss, R 2011),	USA	-	Literature review	Identifying the processes that CNSs use in implementing change	CNSs contribute to the remedy of system-wise challenges in providing optimal quality care. An integration of CNS role in the hospital results in proactive measures of interdisciplinary practice
(Newton and McVicar, 2013).	UK	-Nurses total = 25 -Interviews with 6 patients and 13 cares	Evaluation was undertaken using sequential mixed methods, -predominantly qualitative. -Data collected during 2008– 2009.	-To evaluate the extent to which the Davies and Oberle (1990) model of supportive nursing has currency across specialist and specialized care settings in England.	A revised model of supportive care incorporating dimensions of advanced nursing has currency in contemporary specialist care settings, although evaluation is required as to the actual impact of the model on care outcomes. Connecting is currently being affected by pace of work and lateness of referrals.
(O'Connor B.Theol and Chapman 2008)	Australia	10 PC consultant	Qualitative research	To identify the role of palliative care nurse consultant manager in hospitals system To know the views of managers about the impacts on patient care and hospitals system	It is found that the role of PCNSs, they are the mainstream of hospitals. Role of PCNC in acute hospitals well established in Australia which is highly evaluated by the managers.
(O'Connor, Peter and Walsh 2008)	Melbourne, Australia	The data collected from interviewing the 21 palliative care nurse consultant and 282 patient of 12 acute hospitals	Cross sectional survey	To describe some clinical aspects of work of palliative care nurse consultant	Most often, the patient had first contact with PCNC and it was found this was happened 73% of the times The main workload of PCNC was the patient with malignant diagnose In the category of symptom management the highest number of intervention were recorded It took 6.57 days to meet with PCNC consult referral after admission in the acute hospital

(O'Connor, M and Fisher, C 2011).	Melbourne	Semi-structure interviews of seven palliative care medical specialists		To identify the challenges that interdisciplinary palliative teams in a psychosis care environment face	The research shows that there are lack of clear role boundaries and poor strategies to maintain the role boundaries. Further, expert nurses seem to be minimizing the knowledge of other professionals. As such, effective team management will require better coordination
O'Connor, M and Peters, L 2009).	Australia	282 patients in 12 acute care hospitals in Melbourne	Quantitative	To determine experience of patients in the hands of palliative care professions	Patients reported that the first contact they had after referral in most cases was the palliative care nurse consultant. In most cases, the patients were referred when they had malignant diagnosis
(Oddsdottir and Herdıs 2010)	Iceland	The data from 15 nurses was collected in a structured diary	Prospective exploratory study	To find out the effectiveness of the role of the CNS by evaluating their practices	CNS can engage themselves in multiple tasks at same time. Moreover, they can use diverse skills at same time. CNSs perform complex and diverse jobs at same time They also perform some other activities such as organization of the calendar, managing the mail and taking breaks.
(pooler and Kevin 2004)	UK	-	The mentoring/ Secondment project from Macmillan cancer relief scheme	To provide the guideline for nurses to move from clinical nurse to higher post of nursing	Clinical nurse should use reflection strategy for self improvement To excel in carer the CNSs should be equip themselves with the knowledge of modern technology and I.T skills They should also have good understanding of the functions of higher post nurses However, generally it is difficult to develop in a traditional nursing hierarchy
(Raab, D. 2013).	USA	-	Auto-ethnography	Demonstrating the concept of 'auto-ethnography' and writing reflectively about ourselves	The paper demonstrates the benefits of using the art of auto-ethnography in explaining issues that may evoke emotions.

(Skilbeck and Payne, 2003)	UK	Methods used such as CINAHI, MEDLINE, ASSIA CD-ROM	Qualitative Research, Descriptive study	This study focus on the role of providing the specialist palliative care to cancer patients across the United Kingdom. The main objective of this study is to describe the emotional care and supportive behavior of patients by providing them advance cancer care	It is divulged that lack of transparency about the terms used in emotional care and support for cancer patients. CNSs used the guidelines, which helped them to implement practices regarding emotional care and support for cancer patients, which create the social interaction. By using the effective parameters built nurse-patient relationship as well as use the effective communication skill in health care context.
(Skilbeck., *et al*. 2002)	UK	Generic hospital-based services and community-based services. Are courses for the study of Macmillan nursing services based on geographical location, teams, maturity services, and members' willingness to participate in the research work 12 Macmillan teams for 8 weeks with each team, 7 hospital teams	Prospective, longitudinal, comparative case study and used a variety of Quantitative and qualitative methods	- To depict and look at the structure and association of singular Macmillan Nurse administrations gave in two districts in the United Kingdom; - To distinguish the uptake of administrations, exclusively and on the whole; - To depict the encounters of patients and relatives somewhere a Macmillan Nurse is included in consideration, as far as personal satisfaction, mental dismalness, indications and issues, fulfilment with consideration, and spot of death; - To decide the expense and asset use connected with Macmillan Nurse administrations inside and between the doctor's facility and group settings; and to investigate how Macmillan Nurse administrations impact other expert carers and the advancement of neighborhood strategy and arranging.	The primary wellspring of referral to the Macmillan nursing administrations was human services experts in the clinic setting, whether it is ward-based staff, outpatient, or other medical caretaker authorities. Macmillan Nurse groups have been fruitful in accessing important patients, whether this is toward the end of a patient's life or prior in the ailment direction. Similarly, as with any administration that gives an unpredictable arrangement of mediations, the Macmillan groups need to adjust and build up the administrations in every setting. Whilst it is unmistakably vital for the advancement of Macmillan administration to be customized to the nearby conditions, along these lines upgrading value of access to the administrations, the proof on assorted qualities proposes that at times, more grounded direction, in association with both Macmillan Cancer Relief and center suppliers, might be advocated.

(Spoelsta and Robbins, 2010)	USA	24 students in two-credit, web-based role development course in a Master's of Science in Nursing program at a large Midwestern university.	Qualitative research, Descriptive, Exploratory Study. Questionnaire, interview based with structured questions.	To describe and support the role transition to APN role of students enrolled in a graduate-level role development course early in the educational period by increasing their awareness of the role.	This study based on 7 APN core competencies, which provide the student with new effective learning strategies as well as for teachers. Students had developed an understanding of the core competencies and complexity of the role, beginning role transition occurred. Three sub- themes 1) building a framework for nursing practice, 2) direct patient care, and 3) comprehension and exemplification of professional responsibilities The study has implication for nursing educators interested in developing role transition early in the educational process, as course design supports transition.
(Taylor and Chadwick, 2015)	UK	Semi structured questionnaire and interviews	Explanatory study	Purpose of this study is to identify the difficulties of palliative care in the hospitals and its impact on patients	This study found the reason to know how difficult it can be for doctors to tell the truth, which is the main reason why palliative care is difficult in hospitals as well as explored the learning techniques for students. Hospitals are considered as horrible place to be, at the same time it means heaven to someone.
(Thompson and Marten, 2011)	Colorado	CNS Graduate Students and experienced staff nurses	Qualitative approach, exploratory, descriptive. Using Hamric and Spross (1983) seminal book on CNS practices and NACNS Statement on Clinical Nurse Specialist Practice and Education	- To demonstrate how educational policies support in the achievement of organizations management and transformation services along with other abilities for the practice of a specialized clinical nurse specialist	The meaning of clinical nurse specialist (CNS) practices is to inspire the consequences within a sphere repetition. CNS helps students to obtain the essential knowledge along with specialized practices to participate in the area of CNS. The CNS occurred in three phases of organization I.e. patient, nursing practice and managerial systems. There are certain challenges throughout the CNS educational process in addition to enactment in practice can be hurdles in the optimization of the character by repudiating the community complete advantage commencing the possible of CNSs.

(Teno and Conner 2009)	USA	Study of 1 patient's disease was carried out	Case study	To identify the scenarios when to use hospital based palliative care services and when to use hospice program for a patient	The selection of a hospital based palliative care service or hospice program depends upon the needs and the goals of the patient and his/her family. There is significant variations in the hospital based palliative services The hospice service is composed of Palliative Care Organization Standards of Practice for Hospice Programs, Palliative Care Organization Standards of Practice for Hospice Programs and reimbursements It was found that if initially a patient is referred to hospital based palliative service, then during treatment there will be point when patient will prefer to be referred to the hospice service The patient, their family and physician should choose a publically reported hospice program because there is also many variations in the hospice services
(Warnock., *et al*. 2010).	UK	-Fifty-nine inpatient areas -335 questionnaires	A descriptive survey design was adopted using a questionnaire to generate quantitative and qualitative data	-explore the role of the nurse in the process of breaking bad news in the inpatient clinical setting -The provision of education and support for nurses carrying out this role.	Guidance for breaking bad news should encompass the whole process of doing this Acknowledge the challenges nurses face in the inpatient clinical area. Developments in education and support are required that reflect the challenges that nurses encounter in the inpatient care setting.

Inclusion and exclusion criteria (IEC)

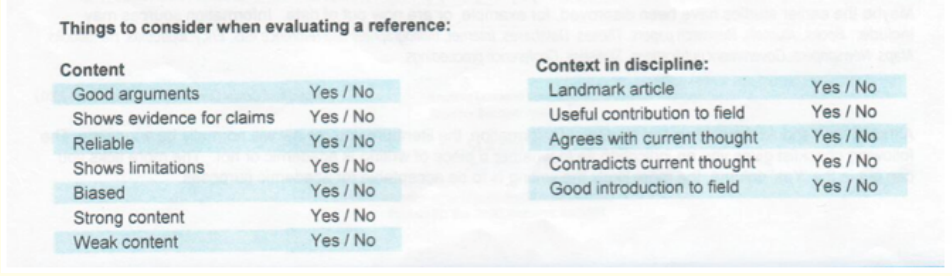
Strict IEC allow more precision and a more focus on the topic searched when determining which papers to include. I used The Critical Appraisal Skills Programme (CASP qualitative checklist) [10] to appraise the quality and evidence for inclusion. It approaches research in 3 steps:

- Is the study valid?
- What are the results?
- Are the results useful?

As well as the guide from the student learning center at Flinders University considering the content, context in discipline, methodology, author and relevance (Figure 1 and 2).

No time frame applied while searching, but the articles included:

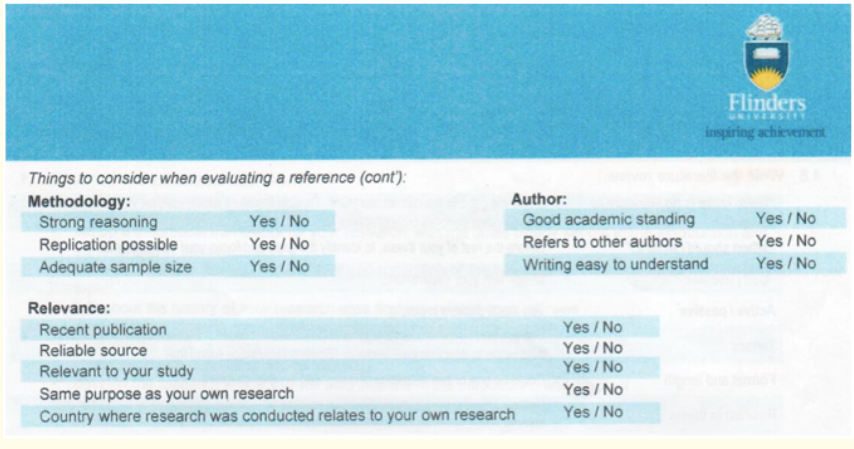
- Studies published in English-language.
- Studies contained primary and secondary research data.
- Studies focused on SN's (with a qualification in oncology nursing or palliative and EOL care) role transition from RN to SPCN including (CNS, CNC, APN) their roles, skills, and challenges in acute hospital settings. Also, stakeholders, patients, doctors and nurses (generalists and specialists) perception of these areas of the SPCN work.
- Studies involve SPCN care for adult patients (18 years and older) in acute settings.
- Studies related to the educational preparation of RN for a role transition to SPCN.



Things to consider when evaluating a reference:

Content		Context in discipline:	
Good arguments	Yes / No	Landmark article	Yes / No
Shows evidence for claims	Yes / No	Useful contribution to field	Yes / No
Reliable	Yes / No	Agrees with current thought	Yes / No
Shows limitations	Yes / No	Contradicts current thought	Yes / No
Biased	Yes / No	Good introduction to field	Yes / No
Strong content	Yes / No		
Weak content	Yes / No		

Figure 1: Evaluation of references.



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Things to consider when evaluating a reference (cont'):

Methodology:		Author:	
Strong reasoning	Yes / No	Good academic standing	Yes / No
Replication possible	Yes / No	Refers to other authors	Yes / No
Adequate sample size	Yes / No	Writing easy to understand	Yes / No

Relevance:	
Recent publication	Yes / No
Reliable source	Yes / No
Relevant to your study	Yes / No
Same purpose as your own research	Yes / No
Country where research was conducted relates to your own research	Yes / No

Figure 2: Evaluation of references.

Exclusion

Non-English papers were excluded; those involve care for children (less than 18 years), and those related to the preparation of graduate nursing student and new graduates for a role transition to RN.

Analysis

Different themes emerged from the literature and grouped under the main focus areas (role transition, roles, skills, challenges, advantages and disadvantages of the SPCN in hospitals). These constitute my critique of the literature review as part of my preparation transition journey.

Introducing the author and her transition story

As I wonder like Alice in wonderland "if I've been changed in the night? Let me think. Was I the same when I got up this morning? I almost think I can remember feeling a little different. But if I'm not the same, the next question is 'Who in the world am I?' Ah, that's the great puzzle!" That's why I do not write her story in first person.

She is like "a butterfly, beautiful and powerfully quiet" [78]. Like "Alice in wonderland", she was vibrant, curious and caring child, running to help everybody near and far with a kind heart and sharp mind. Her teachers called her the "silent hero". She grew with her dream to be a doctor in a medical team. Owing to adversities, she had to study nursing in Asia despite winning a scholarship to study medicine in Australia. This did not stop her from pursuing the dream to find her true self and her destiny. She looks older and wiser beyond her age in each stage of her life, she has been told all the time. So, it would not be strange, telling others humbly her tale.

After graduating with honor degree, her professional journey started as a 'bee' (RN in 2007). She worked mainly 12 hours shifts in hospital surgical-medical wards caring for patients, what a blessing gift! They were mostly elderlies, sick with chronic conditions, bedridden and at the end of their lives. She worked as a pain management link nurse and a clinical resource nurse (CRN) while working full time at bedside; but she enjoyed doing those despite the long hours, as she has a passion for lifelong learning and searching, education, safety and quality improvement. She is dedi-

cated, hard worker, with high tenacity and passion to do whatever she can to improve others life. As an ELNEC trainer, she took the end of life nursing education consortium course in 2013 in preparation to be a SPCN.

Surprisingly, a professional development journey took her overseas to Australia to prepare for SPCN role. The transition was not without its fair share of complexities and pain. Hence, she felt like "Alice in Wonderland" falling into a deep hole, facing her destiny. Her experiences with people, books, emotions, and reactions sent her deeper into a 'personal-research mission'.

While she is not good at 'talking' about herself, her 'personal writing' has been her best companion over the years. So, it is worth reading comments from her patients and colleagues to understand her better. An extract from her personal statement (2014) is available (Figure 3).

Counselling the author in transition:

As a 'counselor' for my self in this journey, I use the transition model because it provides framework to understand those in transitions while considering the 4 S's coping system (Figure 4[63]) .

Additionally, I use the main concepts of the Middle Range theory of transition (Figure 5 [49]), that sheds light on my transition while providing nursing care for patients and their families who are in transitions too.

While individuals appraisal of their own transition is important, I perform two kinds of appraisals simultaneously [41]. All of those are integrated and compared with the lierature review.

One of my patients sent an appreciation letter written on it: " Good morning, I would like to extend my appreciation to RN Fatimah Abdul-Jabbar ID # (…) from (…) unit (female medical ward) for her outstanding care during my admission as a case of pancreatitis, she was absolutely professional, respectful, with unlimited communication skills which personally made me so proud of her, She did help me lots during this admission psychologically and physically. Whenever she attended me she was always with nice smile, so peaceful, reassuring and never stopped asking "is there anything that I can do for you to let you feel better?"
Honestly my words cannot help in rewarding her for what she deserve as she really touched my heart with her outstanding care, behavior & attitude. Definitely she adds great value to (…) team members and to (...). Well done Fatimah and keep it up, God blesses you and your family".

Another appreciation letter sent by one of our internal medicine consultant to my supervisor written on it: " Good morning, I would like to acknowledge and personally thanks Fatimah Al-Abdul-Jabbar for her excellent work and bedside manner, my patients cannot stop telling me about her wonderful work ethic and empathic approach to patient care. I have heard this many times from patients previously. Thank you Fatimah and God bless you for your sincere and heart full nursing care.

Figure 3: Appreciation letters, extract from author personal statement 2014.

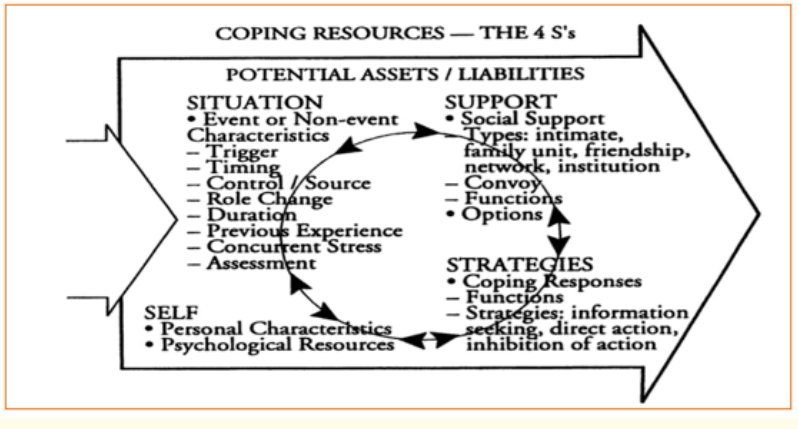

Figure 4: Coping resources-The 4S's, Schlossberg 2005.

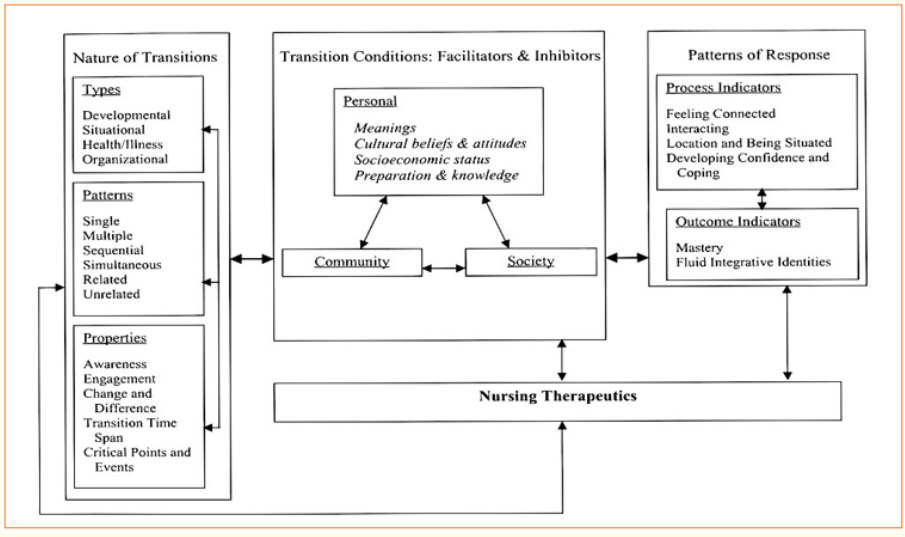

Figure 5: The Middle Range theory of transit (Meleis., et al. 2000).

Literature Review

Transitions and role transition

Transition is never a singular event and different people undergo unique processes in their transitions [6]. From my journey, I concur that it is an individualized process and you cannot put an exact timeframe for it. Moving from SA to Australia, my patterns gradually change owing to the new roles, identity, ability, and relationships that I have to forge in my new environment [6]. For successful transitioning, I was aware that a nurse must carefully undergo the process of socialization into his/her professional role [6]. I was required to internalize the norms of the people I met into my self-conception and behavior.

My transition is multidimensional including events (traveling overseas, studying in another university and culture, role change, sickness, seconded to a new company, mother of transitioning son entering school) and non-event transitions (e.g. personal things that occur internally like increased spirituality, self-awareness and identity perception) [28]. For the self-variables, I do have the personal characteristics and psychological resources needed to overcome any challenge in my life as a woman. Although have a good supportive network, I felt that fighting for my right to seek the highest truest expression for my self as a human did not go well, instead misunderstood.

In my Primary appraisal, I perceive my transition as positive, challenging opportunity, not healthy and indeed, 'fascinating' shock, but later on it became an 'insightful' journey with all its adversities and miracles. It was not without hindrances. As identified by transition theory, personal conditions such as cultural beliefs, preparation, and knowledge were major hindrances to a successful transition into my new role. Cultural issues were especially significant since I was moving to a country with a different set of cultures that are far from those of SA. Other factors can act as a barrier too. For example, lacking the opportunity for clinical experience (e.g. during mostly an online masters degree programs) or due to lack of clinical practicum settings, physical resources and funding for students [23]. I faced some of those initially, but was blessed to be able to change my situation later on.

According to Rosser., *et al.* [61], the role of a mentor is essential in the development of SPCN. Unfortunately I was a witness of the dire shortage of CNSs to mentor students [23]. This has resulted in challenges for students who wish to transition to SPCN [25]. The contribution of mentors is further enhanced by their contribution to critical thinking and a transitioning mindset of the student [2,47].

The secondary appraisal seems to be an ongoing process throughout the transition where I assess my coping resources while using different strategies (e.g. praying and other self-care strategies), to overcome those odds in my life. Self-care is important to SPCN [76]. However, as the scope of this paper does not cover those, I discuss them more in my reflection paper.

SPCN roles

While searching the literature, I was thinking of my future roles as SPCN to be prepared to what would be expected from me. It became clear from the literature that I would play supportive, advisory and consultative roles. My daily duties will be to ensure that I

am available to HPs to provide both expertise and consultation on issues to do with seriously ill patients [70]. In my supportive role, I will use my clinical expertise in pain and symptoms management [34,54,58].

Further, I will be an essential link to patients and staff in providing education and other services together with being an advocates for quality health [56]. This role is especially important for me since providing quality healthcare is one of my passions. Other than such technical areas, I will also give my expertise in normalizing emotional situations involving patients and their families [42].

Patients describe our work as advance nurse practitioners as important especially in the area of providing information concerning diseases, assistance in communication, emotional support and availability of timely help [67,68]. Further, some patients pointed to the need for our involvement at an early stage of their illness [43,67]. I can testify to the fact that when SPCNs get involved in patients' cases (though most of the times at late stages), they provide vital information to nurses and physicians and I have witnessed numerous positive turnarounds of the patients. Further, they act as an important link in advising patients concerning information received from doctors [64]. In their expanded role, SPCNs act in leadership capacity as change agents when advocating for better quality of service for the patients [26,45,52,53].

My job does not seem to be ending with dealing with patients. In trying to anchor SPCN in nursing, they also take up administrative roles. In my journey, I hope to make an administrative contribution in demystifying the role of an SPCN by giving the needed information about the role to allow receiving the much-deserved recognition [13]. To further my knowledge, and as I have been working as CRN, I have found myself spending and will spend a lot of my free time researching on new technologies and areas of expertise that can benefit the patients [69].

Challenges

Despite our critical roles, we still face several challenges. As the role continues to develop, pioneers are faced with the complexity of what they should do and lack of clarity on their specific roles [7,39]. Most UK hospitals have been rethinking the role of CNSs owing to what they claim as 'expensive services' [42]. There are also criticisms that direct care provided by CNSs is indistinguishable from that provided by general RNs [43].

In SA, the best nurses can get to transition to CNSs is on the job training [31]. Even in developed countries, the relative novelty of this role means that most schools and hospitals have not developed clear requirements for one to qualify as a CNS [23].

Most administrations are slow in accepting and appreciating the role played by SPCNs, which leads them providing little or no support [35]. Further, the hospital setting has been viewed as providing very little support to provide palliative care in terms of coordination with other practitioners and the general environment [18]. This is on top of the specialized nurses having to grumble with shortage of staff and increased workload [20,55], which adversely affects the time available for them. This is the case in SA as well, on top of living in male dominated medical system [31].

The novelty of CNS means that few people understand this area of practice. Rosser., *et al*. [61] state that as a result of this, CNSs feel isolated both professionally and in their personal lives. The administration is often reluctant to make changes while in other cases [24,27], financial constraints lead to funding of CNS related research being abandoned.

Skills

As an SPCN, I have advanced knowledge and skills enabling me to perform at an expanded level of healthcare provision [66]. The knowledge I accumulated as an RN and later after transition to an SPCN has enabled me become more skilled. As such, my judgment and discretion on clinical issues are high when fulfilling my functions as a SPCN [59]. I find the skills required for a CNS difficult to acruire in the traditional nursing hierarchy [66].

Mishelmovich., *et al*. [51] describe CNSs as confident in their skills when they are giving significant news or giving reports to patients. Such incidences are numerous in our field. We have to act as specialists in communicating in the clinical environment [22]. In my capacity, I always ensure that I work well in a team [55,74]. Such a skill has also been beneficial when I have to lead a group or in meetings [3].

A prerequisite for being a nurse is being clinically competent. We are required to show the ability to thrive in environments where complex decisions must be made concerning patients' lives [27,55]. As we deal with patients who are seriously ill, we are highly valued in areas where emotional intelligence is required [17,73]. In our expanded capacity, our role requires demonstration of leadership qualities [53,54].

The cases we handle are often complex and do not come as explained in the textbooks. Instead, we have to think critically and apply creative solutions to resolve the needs of our clients. Owing to the demanding work and long hours, we also have to be experts in managing stress and self-care [11]. To be competent in addressing the needs of clients, our ability to administrate, assess, prioritize, and apply problem-solving mechanisms is always called into action [53].

Advantages and disadvantages

Our performance especially in the palliative care has several advantages for patients in vulnerable conditions. We are considered as 'fail safes' in detecting symptoms, preventing injuries, and dealing with iatrogenic events before they become complaints, hence saving hospitals from negative publicity [34,42]; more importantly, saving patients lives. Our advanced education and experience place us in a position to advice patients, doctors, nurses, and families on the best route of care to follow [35,40]. The salient benefit of our role is facilitating change and innovation [43].

Some of the disadvantages include an acute lack of commitment of other staff members. There is a tendency of staff members abdicating their responsibilities and passing their work to the specialist nurses [35]. It has also been suggested that development of specialized nurses deskills generalist nurses [35].

Results

My search of the electronic databases yielded many results, however, table 2 presents the final number included after applying the IEC. For the type of methods used in each paper please see (The summary table 1).

Table 2: Inclusion search results.

#	Google Scholar	CINHAL	PubMed	Scopus	R. List	P.co
Included	29	10	5	2	8	1

P.co: Personal Communication; R: References.

Most of the papers are qualitative research while only one quantitative research and two used mixed method, which is considered the best method. Literature reviews gave broader idea about the topic and case studies although not generalizable; it can be beneficial in shedding some light on our cases while we compare them to others [36].

My identified skills and how I develop them

Doing the VIA survey (120 questions) two times on 8/31 and write as 11/26 (2015) illuminated the strong characters as well as the lesser ones. Examples of the test questions can be seen in (figure 6). I do felt that my leadership skill is better than it was first appeared when I did it quickly, not concentrating. However, my strong characters are as expected (Figure 7). The second results are all more like me. I have been told that I was born to be a leader many times, so my 'curiosity' led me to investigate this more while trying to escape my 'cocoon'. Surprisingly, although I used to be an effective member of any team, teamwork result was in the middle in both attempts. This might be true sometimes due to the difficulty of this skill, and being an introvert, so I am working on it. Not surprisingly, as Saujani [62] advocates, "Teach girls bravery, not perfection"; I am not brave in contrast to what others say, but this is no longer the case. Social intelligence and judgment are important skills for SPCNs, as mentioned before, also humility for leaders as it is an important transition stage in re-understanding [19]. I am blessed they are my signature characters. I reflect more on the rest in my reflection paper.

The Leadership behavior matrix tool results specified my leadership style (Team leadership (6,6 to 9,9), as in figure 8 and that I am strong on both tasks and people leadership skills similarly as the VIA survey. It is a surprising result to me even though felt good at it sometimes. Attempting to profile our-selves, although beneficial to identify those areas that need to be a 'personal action' items for more development, other factors need to be considered (e.g. others and our own perception).

My identified skills for development, during this practicum are:

- Leadership
- Time-management
- Decision-making
- Teamwork
- Research
- Self-care and stress management.
- Reflection and reflective practice (in all forms).

Doing my practicum, this paper and my clinical placement were the main means through which I started the process of identification and development. More discussion about the identification process and reflection on my development is in my reflection paper. I do also draw an extracts from my reflective journal in my reflection paper.

I used different means and resources to develop my skills as to my intention to gain diverse knowledge and expertise while drawing from different disciplines and specialties to gain more understanding. The following are some:

- I enrolled in the student leadership program at Flinders University for the duration of 2015. Many workshops attended and coursework activities done during this time.
- Participated in the skill development certificate, attended several 'degree Plus' workshops (time management, work planning/project management, critical and innovative thinking for the work place, professional mentoring, self-assessment), webinars (Emotional Intelligence, solving the getting experience without experience paradox), and research seminars at Finders University (2015-16).

- Completed 2 online courses (Work Smarter, Not Harder/Time Management for Personal and Professional Productivity, Effective Problem-Solving and Decision-Making) from 'Coursera' website.
- Keep ongoing personal and professional reflective journal and read literature and resources.
- Follow researcher on twitter and learn from them
- Read other online blogs.

Figure 6: Screen shot, VIA survey.

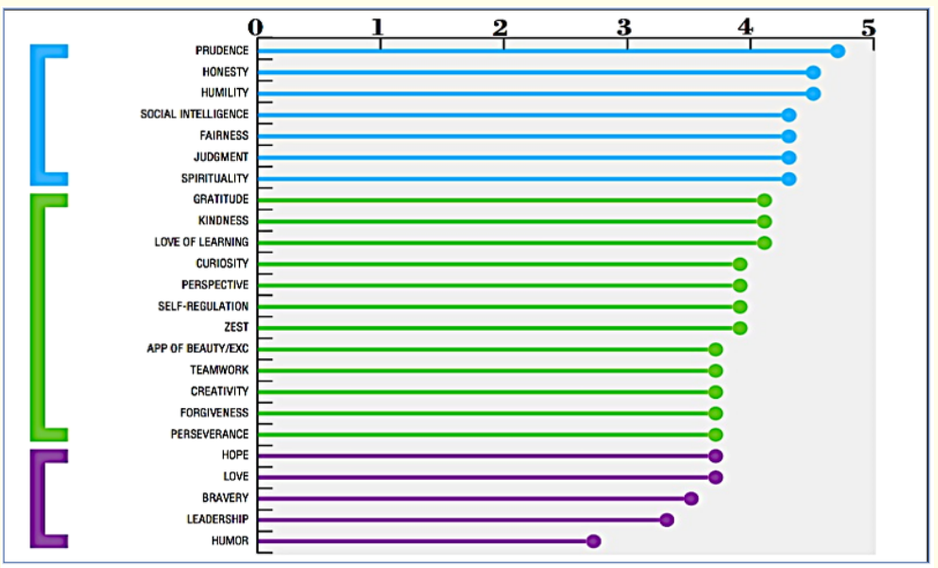

Figure 7: Via survey results, 1st attempt.

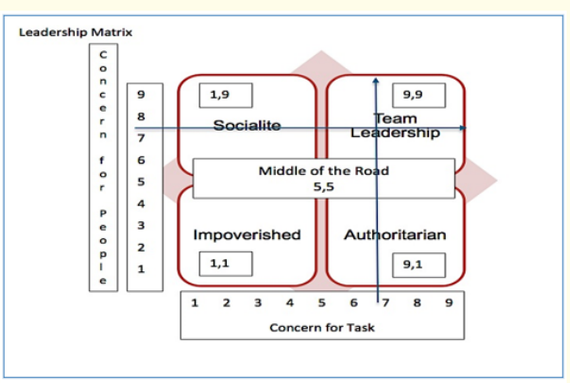

Figure 8: LBM results, team leadership.

Discussion

My analysis of the literature review shows that though the role of the SN has been discussed in literature for over 90 years, it has not been fully embraced within the caregiving setting. A major concern for me has been lack of a clear role for the CNSs. Like "Alice in Wonderland", I was wondering all the time, but not lost. While thinking of those SPCNs that I observed, I feel like they are performing other health professionals' jobs sometimes.

My practicum positively correlates with the literature review on the issue of transition. Coming from SA, preparing for specialist role, I initially had to depend on the knowledge I had acquired in my practice as an SRN and build on it. The transition was not simply gaining knowledge about the roles, instead, understanding those patients/families who are in transitions too. This is greatly influencing the nursing care provided. Further, it involves understanding a new culture.

In future, there are several recommendations that should be applied. First, hospitals in SA should be attached to educational institutions where nurses can study specialized nursing education. The SA curricula are deficient in terms of giving nursing students the knowledge they require in order to transit to CNS. The course should also be designed in a way that it impacts the skills of transition on the nurses which would make the process easier and increase the success rate of nurses who transition [66].

Considering my transition journey, I know that there are limited palliative nurses in SA to assist in the curricula development process. While I have enjoyed learning in Australia owing to the teaching capacity, the same is not true for SA. Further, this will be faced by poor funding of the program. The same limitation will face the issue of attaching educational institutions to hospitals to encourage collaboration.

Conclusion

The benefits that the nursing profession has accrued from specialized nurses have been adequately addressed. With their advanced experience and knowledge, the CNSs play a complementary role to that of physicians and generalist nurses. Through my practicum and the literature review, there are a lot of grey areas concerning the SRN transitioning to a SPCN. Already, the role of SRNs is not adequately addressed in most situations. As a result, transitioning to SPCN only compounds the issue. The paper has also pointed to the inadequacy of educational facilities to train SN especially in developing nations. For successful transition to SPCN, there needs to be an increase in the number of educational facilities that integrates the specialized curricula. My experience as provided in this paper should act as a way of providing direction to SRNs who wish to explore new opportunities abroad, be proactive and strive to develop professionally as well as personally. Further, it should be a guide for policy makers to identify areas in nursing that can benefit through this research to ensure that SA benefits as much as other countries from the benefits accrued from CNS.

Acknowledgements

I am so thankful to my God whose love, grace and blessings; care, kindness, and presence are filling my hart and life. Without God's miracles, I would not be able to do this practicum and navigates my way in this life.

Secondly, I do not know how to thank my supervisor Deb Rawling for every thing she did to support me throughout my journey. She was beside me when I need her all the time. I would like to thank her especially for planting the seed for this practicum, meaning by suggesting me to look at something related to my new role. Thank you also, for your teaching, listening, advice and support and more importantly, your great patience and faith in me despite the hard times.

I would like to extend my appreciations to my palliative course coordinator Ms. Kim Devery, and Dr. Sam Davis, the applied Gerontology course coordinator, for all their support, listening, sharing of my tears and smiles, and more importantly for their patience and allowing me for time to understand my life. I especially thank Dr. Sam for sharing with me the "Leadership Behavior Matrix" that I use in this practicum.

I cannot forget also Dr. Aileen Collier; I do appreciate much your insight and all the lessons that you teach me in this life. Also for encouraging your students and suggesting us to follow researchers on twitter to learn from them and the conferences. Reading your thesis was a blessing to me.

I deeply appreciate and thank Dr. Leeroy Williams for his wisdom, discussion, encouraging for reflective practice and his transportation to me from/to the pain clinic placement. Thank you for sharing my pain, smile and all your support. Also to Dr. Peter Poon and Michael Franco for their orientation, teaching and ensuring extending their support to what would happen next and all the time.

I extend my appreciation to the palliative care consultants, specialist nurses, patient/families who I learnt from their wisdom as well as all the health professionals who shared their space, time, knowledge and experience with me during my clinical placement.

My organization without your funding and continuous support, the clinical placement would not be possible.

My family you are in the heart. Thank you for everything. I love you all. Please forgive me for any bothering I might caused.

Appendix 1:

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The Flinders University Skill Development Certificate

Confirmation of Work Experience

Please describe your work experience; the tasks or projects you undertook, the skills you have developed through this experience and the period of time you were at this placement.

Time and place: 6 weeks, 40hours/week, total of 240 hours Clinical placement from January 4 to February 12/ 2016 in Melbourne, Monash health including (Monash medical centre, McChulloch House "hospice", Moorabbin Hospital, Dandenong Hospital).
Mentors: The consultant nurses, the palliative medicine specialists and allied health staff including occupational therapist, music therapist, social workers and chaplain.
Areas of learning/work: Oncology, Aged Care, General Medical, Inpatient Palliative Care, Care models, Allied Health/Family Meeting. Attended multi disciplinary meetings as well. Devised patient/family booklet guide for pain management in older people as well as Hospital at home program summary sheet and share it with the organization. Participated in small journal club with PCNC, shared power points with the CNS and attended in service with the nurses. Attended reflective and teaching sessions. Reviewed pain management framework with the PCNC.
Goals of care: Symptom control; Terminal care; Psychosocial support; Assessment; Respite (pre-arranged for a designated duration – usually 1-2 weeks).
Skill development:

- Aware of the ethical issues in Palliative Care
- Able to complete comprehensive pain assessment.
- Address pain and other symptoms (malignant and non-malignant disease).
- Identify the particular needs of patients suffering cancer pain, and become aware of a range of strategies, both pharmacological and non-pharmacological, in alleviating the pain.
- Able to develop a care plan for palliative care patients.
- Recognize the need for "total care" in the discipline of palliative medicine
- Identify the extra resources available in caring for dying patients.
- Became proactive in the guidance of palliative care patients and their family/carers.
- Became comfortable in caring for dying patients.
- Understood the role of palliative care consultancy services and End of Life pathways e.g. Promoting Improved Care of the Dying (PICD).
- Understood the model of care at Monash Health with an aiming to translate some of it to my home organization while adapting others to suit my home culture.

Please have the next section completed by someone who can verify your engagement in at least 80 hours of work experience.

Thank you for completing this form. This is to agree that the student has been successfully engaged in work experience with your organisation, and has completed:

80+ hours of work experience

☑120+ hours of work experience

Student Name:	Fatimah Saeed Al AbdulJabbar.
Organisation:	Monash Health.
Confirmed: (Please sign)	
Name:	Dr. Leeroy Wiliam.
Role:	Palliative Medicine Specialist, Adjunct Senior Lecturer Monash Health | Eastern Health | Monash University
Date:	27/ June/ 2016

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