Observation Protocol Case study
"The psychiatric mental health nurse practitioner in the general practice"

Objective:
Understanding the role of the Nurse Practitioner in Mental Health Care and how they shape their role in general practice.

Rationale:
Observations provide an opportunity to understand the PMHNP in its natural setting, including behaviors, mechanisms, context, and choices made implicitly or explicitly.
The aim is to obtain a comprehensive overview of all activities of the PMHNP. Observations are open; the researcher makes themselves known. The researcher cannot be invisibly present to the PMHNP and individuals with whom there is interaction at that moment.
The researcher does not actively participate during observation moments and is present as a listener.
'Rapid' observations of 8 hours divided over a maximum of 4 sessions.

Ratio of observations and interviews:
In each case, at least 4 hours of observations are conducted before interviews are taken.
Observations on interactions with clients and other healthcare professionals can be further explored in interviews. The interview with the PMHNP takes place after at least 6 hours of observation.

Document analysis:
Prior to the research, the PMHNP is asked to provide documents:

- Job description of the PMHNP in general practice
- Collaboration agreements of the PMHNP with other professionals
- Collaboration agreements between the practice/organization and other practices/organisations
- Other documents about or for the PMHNP, such as work documents on tasks and responsibilities

During the case study, space will be allowed for new relevant documents during data collection.

Participants:
PMHNP, in interaction with clients, other professionals (GP, general practice mental health professional (GP-MHP), medical assistant, practice manager)

Sample size / study duration:

- 7 PMHNP in 7 different general practices. Previous practical research (Boeijen et al. , 2024) has shown that this number is sufficient.
- A total of 8 hours of observation in 4 sessions. This is partly a practical choice because 7 cases are mapped out in 8 months. Previous research (Boeijen et al. , 2024) has shown that this is sufficient.

Sample selection:

- The PMHNP are approached in collaboration with network partners, considering as much geographical spread as possible.
- The aim is to achieve as much variation in activities as possible; consultations, meetings, consultations. At least 8 hours in total, divided over 4 sessions.
- In relation to the cross-case analysis, the aim is to conduct as many comparable observations as possible in terms of variation.
- At least 1 observation is conducted by another researcher.

Consent, invitations, and informed consent:

- The PMHNP will initially make contact with the individuals to be interviewed.
- Information letters and consent forms are approved with a Letter of Approval by the HAN Research Ethics Committee (ECO) (ECO 335.03/22).

Observation procedures:

Observations focus on:
Events, conversations, and interactions.
Type of patient support and facilities and care questions.
Support and facilities.
Collaboration of the PMHNP with the GP, GP-MHP, medical assistant, and other healthcare professionals. Collaboration with chain partners, possible effects and outcomes of PMHNP deployment in GP practice for patients, practice, GP.
Ambience: doubts, tension, stress, concerns, and difficulties; nice moments/successes.

Contraindications / stopping observations if:

- Client or PMHNP indicates a boundary;
- Own boundaries (researcher's boundaries) are exceeded.

Recording observations / collecting the data:

- Make notes on-site or as soon as possible (check with each patient consultation: can I make notes here on-site?). And elaborate within 24 hours.
- Informal interviews: audio recording with permission and have them transcribed or transcribe them yourself and include them as part of field notes.

Observation form:

- Characteristics: date / researcher / abbreviations setting / …?
- Duration, number of patients, number of meetings.
- Planned or ad-hoc patient contacts.

Piloting:

Example elaboration will be shared with researchers for reviewing.

Preparation for fieldwork:

Observations are conducted by two researchers. Script for explanation to clients and healthcare professionals with whom the PMHNP interacts: the aim is to investigate how the role of the PMHNP in general practice works. It is not about patient data.
Coordinate with PMHNP in advance where the researcher will sit.

Team debriefing sessions:

A meeting with the project team is scheduled approximately every 6 weeks.

Analyses:

Thematic analysis using Atlas ti.
Inductive coding and iteratively developing the codebook based on this.

This protocol is based on Chandler et al., 2013.

Literature:

Boeijen, E.R.K., Sitvast, J.E., Boonstra, N., Houtjes, W., Van Meijel, B., Laurant, M.G.H., Van Vught, A.J.A.H. (2024). *The psychiatric-mental health nurse practitioner as coordinating practitioner in the Netherlands: A multiple case study*. J Am Assoc Nurse Pract. 2024 Feb 1;36(2):112-120. doi: 10.1097/JXX.0000000000000978. PMID: 38236127.

Chandler, C.I., Reynolds, J., Palmer, J. J., & Hutchinson, E. (2013). *ACT consortium guidance: qualitative methods for international health intervention research*. London: LSHTM.