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Accessing elite nurses for research: reflections on the theoretical and practical issues of telephone interviewing

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Abstract Elite groups are interesting as they frequently are powerful (in terms of position, knowledge and influence) and enjoy considerable authority. It is important,

therefore, to involve them in research concerned with understanding social contexts and processes. This is particularly pertinent in healthcare, where considerable strategic development and change are features of everyday practice that may be guided or perceived as being guided, by elites.

This paper evolved from a study investigating the availability and role of nurses whose remit involved leading nursing research and development within acute NHS Trusts in two health regions in Southern England. The study design included telephone interviews with Directors of Nursing Services during which time the researchers engaged in a reflective analysis of their experiences of conducting research with an 'elite' group. Important issues identified were the role of gatekeepers, engagement with elites and the use of the telephone interview method in this context. The paper examines these issues and makes a case for involving executive nurses in further research. The paper also offers strategies to help researchers design and implement telephone interview studies successfully to maximise access to the views and experiences of 'hard to reach groups', such as elites, while minimising the associated disruption.

Key words elite populations, telephone interviewing, gate-keeping, nurse executives

Introduction

Few social researchers engage in studies involving members of elite groups (Ostrander, 1993). Reasons for this include difficulty in recruiting participants who by the nature of their status are fewer in number and have established barriers to set themselves apart from the rest of society (Hertz and Imber, 1995). Expectations of poor access inhibit researchers from attempting to undertake research with this group. Furthermore, social researchers often have strong views of the need to invest resources in research with more vulnerable, rather than elite, subjects (Winkler, 1987). However, elite groups are interesting as they frequently are powerful (in terms of position, knowledge and influence) and can have considerable authority. It is important, therefore, to involve them in research concerned with understanding social contexts and processes. This is particularly pertinent in healthcare where considerable strategic development and change are features of everyday practice that may be guided, or perceived as being guided, by elites (Learmonth, 1999, 2001). In 1987 Moyser and Wagstaffe considered the study of elites to be at a critical stage of development requiring attention to be paid to methodological challenges. They assert that although there may be similarities between studying elite and nonelite groups there is a need to recognise that considerable differences do exist and these require debate by those engaged in such work.

This paper has evolved as a result of conducting an unfunded questionnaire survey to investigate the availability and role of colleagues whose remit involved leading nursing research and development (R&D) within acute UK National Health Service (NHS) trusts in two health regions in Southern England. Lead nursing R&D posts are a relatively recent development with considerable variation in job title and scope. A major concern of the research team, therefore, was ensuring that the questionnaire was sent to the correct person as failure to do so was anticipated to have consequences for the validity of findings and response rate. A universal role within all acute NHS trusts was the Director of Nursing Services (DNS), the most senior nurse in the organisation and an executive member of the hospital trust board of directors. The first stage of the study, therefore, involved contacting and interviewing the DNSs by telephone to establish details of the person most responsible for nursing R&D in the Trust who would be

contacted to take part in the questionnaire survey. The results of this questionnaire survey have been published in this journal previously (Browne et al., 2002). The DNSs were identified through the Department of Health (DH) website. During telephone conversations with the DNSs they were also asked more general, exploratory questions about the Trust, R&D activities and about their own views on nursing R&D in order to establish a profile of research priorities and activities – as well as barriers.

During the process of telephoning the DNSs, the research team became engaged in discussion and debate about their experiences of conducting research with what we recognised as an 'elite' population. A particular focus was the role of personal assistants (PAs) who were seen as gatekeepers, who impacted directly on the strengths and limitations of the telephone interview as a method. Although the participation of executive nurses in research is increasingly important there is a lack of literature relating to successful approaches and methodologies to achieve this (Bolton et al., 2005). Furthermore, very little of the available literature has been published recently or within the fields of nursing or healthcare. Therefore, the purpose of this paper is to provide a reflective analysis of these methodological and practical challenges that is informed by existing literature. It is not intended to share empirical data regarding DNSs, but rather to explore practical implications and contribute to current debates about accessing nursing elites and the use of the telephone interview method in particular.

Nursing executive directors as an elite group

The concept of 'elitism' is ambiguous and difficult to define (Moyser and Wagstaffe, 1987). Available definitions tend to be broad in their focus, for example, Suleiman (1978) thought that 'All those who occupy positions of authority are part of the elite' (p4). Similarly, Giddens (1974) considered the elite to be individuals who hold formally defined positions of authority within social organisations. Furthermore, Pareto (1923) widened the definition of elitism to include those with the highest capacity or performance in every social activity, for example, sport, religion and entertainment. Nevertheless, elites are widely thought of as being an inevitable part of the way in which the bureaucratic societies and organisations over which they preside are structured and of how they function (Moyser and Wagstaffe, 1987). This being so, DNSs can be perceived as 'elites' within the healthcare system and, in particular, in terms of the strategic direction of the nursing service, which they lead and direct. However, there is remarkably little research that questions the scope, power or monopolies that nursing elites have (or indeed, lack). This also suggests the need for sustained critique of the notion of 'strategy' itself within the NHS, for example and the way that groups, such as nurses, are expected to simply respond to shifting priorities and directives. As Learmonth (2003) states:

The discourse of strategy as a building block for organisational research is not neutral or disinterested, for all it might appear, commonsensically, to be about simply what top managers do. Rather, it's taken for grantedness has become inherently and inescapably part of the way that managerial power is reinforced. (p.103)

While the study discussed here was not concerned primarily with the role of the DNS; it emerged as important when the nature of nursing, and nurses' level of engagement with research in the NHS, were considered in the data. The influence of the DNS, frequently overlooked, emerged as meriting closer scrutiny. This, however, will inevitably also require engagement with questions of access and gate keeping in relation with elites more generally.

The process of conducting research with elite populations

Research gate keeping

The role of a gatekeeper in research has been focused upon from two perspectives. First, gate-keeping roles have been highlighted in relation with the participation of vulnerable individuals in clinical research (de Raeve, 1994; Lee & Renzetti, 1993; Johnson and Plant, 1995). Secondly, gate keeping roles have been debated within the social sciences literature in relation with the difficulties encountered when accessing 'hard to reach' research populations more generally. Undertaking research within organisations, in particular, has been described as arduous since specific difficulties may arise when attempting to gain access to key informants (e.g., Spencer, 1982; Hornsby-Smith, 1993). Indeed Hornsby-Smith suggests 'powerful people and institutions are frequently able to deny access because they do not wish themselves or their decision-making processes to be studied, it is inconvenient, they are busy and wish to assert their rights to privacy, and so on' (Hornsby-Smith, 1993: p55).

Spencer (1982) takes this argument a step further by suggesting a number of reasons why large-scale, bureaucratic organisations may attempt to control or restrict the access of researchers. These include perceived threats to individuals' reputations or careers and a potential threat to the organisation. Difficulties in accessing people in positions of power through secretaries and administrative personnel have also been described elsewhere (Hoffman, 1980). Furthermore, accessing powerful people within organisations, such as board directors has been described itself as 'a political process', comprising a number of stages, during which control over negotiation may be taken out of the hands of researchers (Brannen, 1987). The literature concerned with researching elite groups focuses primarily, however, on commercial sectors rather than public services. It is possible that accessibility issues for directors of publicly funded services may be different from those in the private, commercial sector, although the high demands of their roles and thus the limited availability of time, would be expected to be similar.

Theoretically, one of the easiest ways to gain access through gatekeepers is by personal acquaintance with research participants (Hoffman, 1980; Hunt, 1998), through previous personal face-to-face contact (Carr and Worth, 2001) but, most particularly through being an 'insider' of the culture or setting in question (Spencer, 1982; Hunt, 1998). Hirsch (1995) suggests that a researcher's personal knowledge of, or personal connection to, the contexts being studied was an important aspect of the project's success. This he described as the researcher's 'street smarts'; important not only to facilitate access but also because the researcher should have a strong sense of what is actually important within the research endeavour as circumstances evolve. Thomas (1995) found that an affiliation to a recognisable organisation was useful in facilitating access although this did not negate the need for a compelling reason for the researcher accessing the potential participant's time. However, in situations where such advantages may be lacking, the provision of a clear outcome of the research to the gatekeeper, adopting, where possible, a highly structured design may be one solution to help overcome access difficulties.

Acute NHS Trusts display multiple features of complex and hierarchical organisations. In our study, PAs acted as the principal bureaucratic gatekeepers to the DNSs being contacted. At a fundamental level there were even difficulties being connected to the required PA via hospital switchboards. Once access had been achieved, DNSs in turn acted directly as gatekeepers to our primary participants – the lead nurses for R&D activity within the Trusts, as it was they who were being asked to provide details of

the person to whom a questionnaire should be sent. Thus, gate keeping can be seen to exist in different guises when different layers and individuals, are being accessed.

Members of the research team had differing experiences and knowledge of the workings of NHS trusts and the functions of PAs. For instance, some were working in direct contact with executive nursing departments in NHS trusts while others had very limited experiences of this level in organisations. Regardless of experience, PAs were found to be protective of DNSs, sometimes citing diaries booked months in advance that could not accommodate even a phone call. As a consequence, there was an impression given that the research topic was not considered sufficiently important or that the request was a waste of the PAs' or DNSs' time. There is a need to recognise that the perceived relative merit of a research topic may itself act as an enabler or a barrier, when access is being sought to participants such as these.

Those researchers with the least knowledge of nursing executives and their work patterns experienced the most difficulty in arranging appointments for telephone interviews and at times, found the process extraordinarily frustrating. One of the researchers, who had had little previous contact with nursing management found they had to change their communication style and realised that sounding authoritative and insistent could be more successful in securing access.

Those researchers with greater insider knowledge of the research field, or were 'street smart' (Hirsch, 1995), claimed to feel more confident and were more determined to get an appointment. They described how knowledge of possible working patterns of DNSs could, potentially, allow them to circumvent the PAs/gatekeeper altogether (by telephoning at specific times or sending a personal email for example). All used strategies, which they considered might help give them or the study the credibility to gain access, for example, mentioning the university with which the research was associated, the organisation where they worked, that the project was being conducted in several healthcare regions in addition to providing an explanation of the topic and what it would involve.

The strategy employed was determined in response to the nature of the conversation with the PAs and was intended to demonstrate the relevance of the research and in particular, the importance of the DNSs' participation in the telephone interview. Such strategies are supported by Wray and Gates (1996) who commented that trust in the research team as well as a positive perception of the topic being studied may be seen as important motivators for research participation. Furthermore, using the right language suggested that the researchers might be considered 'quasi-insiders' to the organisation and give authority to the researcher and facilitate access. One researcher described this process as 'a game of being polite and understanding to the PAs while proving how serious you were about the research through perseverance'.

Negotiation with the PA to arrange an interview with the DNS involved as many as five telephone calls by the individual researcher. This arose because PAs did not always return calls when they said they would, or if the DNS was not available at the time of a prearranged interview because of the complexity of their diaries or an emergency that needed immediate attention. Thomas (1995) warns that research with elite groups is likely to involve someone or something more important taking precedence, meaning that gatekeepers or participants 'bump you off the schedule' (p5). Hence, like Brannen (1987) in his study of divisional board directors of the British Shell Corporation, we considered this process was frequently taken out of our hands although we also acknowledged that DNSs' offices were exceptionally busy and frequently besieged by telephone calls and requests for information. Ensuring that the interview time is convenient, as well as being prepared to be flexible are important strategies in order to ensure access to elite populations.

Engagement with elite populations

We have suggested that researchers may first encounter difficulties in accessing elites as they rely on the co-operation of gatekeepers. Thomas (1995) suggests that business elites are especially skilled at insulating themselves from unwanted disturbance. Elites may also pose difficulties for the researcher if high numbers refuse to participate (Winkler, 1987). Difficulties for the researcher may further arise because of the existence of age, gender or class disparities. Powerful elites are usually male, older and of a higher social class than the younger, frequently female researchers (Winkler, 1987). Political differences of opinion may also intrude when examining elites and researchers may find themselves 'colluding with' not just 'learning about' the 'enemy' (Winkler, 1987). Perhaps, because of these difficulties, elites remain a poorly researched social group and when they are accessed, participant selection may depend upon variables beyond control such as pre-existing personal contacts (Hoffman, 1980; Winkler, 1987). Within this construction of elites, however, there is an underlying assumption that they are somehow akin to 'the enemy'. However, there is a lack of evidence as to whether this is true in a nursing context. In this instance colleagues were usually supportive and interested in what the project was attempting to achieve. It is important to add that all but one of the research team had a professional nursing qualification.

Few researchers have recorded their experiences of working with elite populations. Those who have, Pridham (1987) for example, emphasise the importance of the relationship between the interviewer and respondent. Indeed, Pridham (1987) concluded from an interview study of Italian politicians that the most salient, unpredictable factor affecting interview outcome was personal rapport. Oakley (1982) also considered that rapport during interviews was more likely to develop if the participant and researcher shared some element of identity or other common connection. In her study of female members of parliament in the UK (MPs) Puwar (1997) found that one particular participant became more open and friendly once she knew the researcher was brought up in her first constituency.

A principal concern of the interview experience with elite populations is the structure of the interview itself. Pridham (1987) suggests a 'funnel' approach to interviewing, placing general questions at the beginning of the interview before embarking on more specific aspects. This approach is also recommended by other researchers when embarking on what could be deemed 'sensitive' research (e.g., Lee and Renzetti, 1993; Newell, 1993) and is often a principle adopted generally by qualitative researchers (e.g., Fielding, 1993). The order in which questions are placed is important to interview success and quality of data collection. Thomas (1995), however, found that those from elite populations may prefer to direct the interview, talk to their own agenda and answer some but not all questions. To address this issue he suggests having structure within the interview guide. Hirsch (1995) also observes a consensus among researchers working with elite groups of using semi-structured interview format that gives respondents some opportunity to add to an answer, but not giving them complete control as in unstructured formats. Puwar (1997) found that interviews were often rushed or disrupted due to urgent matters that the respondents needed to respond to and as a result, she had to prioritise questions quickly and decide what to omit.

Unlike Winkler's (1987) experiences, we were successful in gaining access to a high proportion of our elite population, achieving 52 telephone interviews with DNSs out of our targeted 57, without having to rely on personal ties or acquaintances. Those who did not participate did not decline participation; rather we were unable to access them despite considerable perseverance. The reasons why our experiences differed from Winkler's are unclear. However, they may lie in the affiliation to the nursing

profession of both the researchers and the participants and thus the researchers being considered more as 'insiders' than 'outsiders' by the DNSs. It is also possible that we ourselves were seen as an elite population (as academics or researchers) to whom some sense of obligation was felt. However, another explanation to consider is that public service organisations are not like commercial organisations as they are less protective of the organisation's function and may work to well accepted public sector management values such as, transparency and access to information.

Our good response rate may also lie in the nature of the researched topic. At the time nursing R&D was relatively high on the political and professional agenda for nursing and midwifery (with the advent of nurse consultants and nurse prescribing, for example) with DNSs being charged with addressing these issues. We often felt that through participating in our study, DNSs were also able to glean some ideas to adopt within their own organisations. Thus, both researchers and DNSs shared a mutual interest in the research topic, a factor frequently identified as important to response rate and overall success (Pridham, 1987; Hirsch, 1995; Puwar, 1997).

In the main, the demographics of the research team and our 'elite' research population were sufficiently similar to minimise the disparities between researcher and participants described by Winkler (1987). Such similarities might thus have contributed to the rapport established between the researchers and the DNSs in our study. Experiences of several of the researchers reflected the sentiments described by Pridham (1987), when some powerful interactions were achieved between the DNSs and the researchers with several reporting interviews lasting up to an hour. The relationships developed between individual researchers and our 'elite' participants were also influenced by reordering the structured questionnaire, which was designed to guide the telephone interview. This structure allowed for the NHS Trust's demographics to be sought first. However, several researchers felt more comfortable asking the more 'interesting' questions about the DNSs' views on nursing R&D first. This frequently enabled a good rapport to develop between the researcher and the DNS before the more 'mundane' data were collected. Thus, although we initially took care to follow advice provided in the literature concerning the structuring of questionnaires (Pridham, 1987) the reality meant that more 'personal' questions were frequently addressed earlier rather than later in the process allowing some rapport to be established between researcher and the participants. As a consequence, the telephone interview revealed far more about the DNSs' views than we had anticipated.

Telephone interviewing

Telephone interviewing has frequently been compared with face-to-face interviews and it has been argued that each technique may yield data of differing quality (Singer *et al.*, 1983; Groves and Kahn, 1979; Einarson *et al.*, 1999). Einarson *et al.* (1999), for example, concluded that a more complete picture of patients' medical histories is obtained through face-to-face, compared with telephone, interviews. Although telephone interviewing can strengthen confidentiality, the interviewers knowledge of the respondents affect is limited (Kirsch and Brandt, 2002). Additionally, Kattan *et al.* (1999) considered the quality of data collected from telephone interviews to be inferior compared with that gathered through a touch screen. Nonetheless, it has been suggested that, in many instances, telephone interviewing has become the preferred approach to surveying (Lavrakas, 1993). It is considered an effective data collection method and there are several advantages to telephone interviewing that include low costs, easily available equipment and time efficiency (Oppenheim, 1992; Wilson *et al.*, 1998; Garbett and McCormack, 2001).

De Vaus (1991) identified five factors to consider in the selection of an appropriate mode of interviewing. These are response rate; ability to produce representative samples; effects on interview schedule design; quality of responses and implementation problems. Although it is generally believed that response rate is higher for face-to-face interviews, it was considered that for the DNSs studied here, the response rate to telephone interviews would be higher because of simple convenience, a factor highlighted as important by Thomas (1995). Therefore, in this study the telephone interview was the preferred method because the interviews were anticipated to last approximately 10–15 min and travelling distances between interviewers and interviewees inappropriate for the length of time the interview was anticipated to take. The study was also unfunded, making the cost of telephone interviews cheaper and more possible to fit in around existing workloads.

It is often suggested that when compared with face-to-face approaches, telephone interviews are substantially shorter (e.g., Eaden *et al.*, 1999). Conversely, others report telephone interviews exceeding 1 h (Wilson *et al.*, 1998; Hunt, 1998; Dunn and Yates, 2000). However, it is possible that the participant's interest in the research subject and familiarity with telephone use, may influence the richness of the data. Hunt (1998) has argued, for example, that professionals frequently spend large amounts of time conversing on the telephone and feel very comfortable doing so. Nevertheless, only limited research reported in the literature focuses on the use of telephone interview methodology to obtain information from health professionals (Barriball *et al.*, 1996; Dunn and Yates, 2000; Garbett and McCormack, 2001; Hunt, 1998). Hunt (1998) concluded that telephone interviewing, as a research methodology was well suited to eliciting information from professionals. Furthermore Kirsch and Brandt (2002) found that using this method was very effective in obtaining in-depth data from fathers of school age children whose mothers were undergoing treatment for early stage breast cancer, a particularly difficult group to access. However, generally there is a lack of evidence about the role of telephone interviews in accessing 'difficult to reach' sections of the population, such as professional elites.

The research team possessed a diverse knowledge of research methods, although only two had prior experience of telephone interviews. It has been argued that telephone surveying necessitates rigorous apprenticeship when compared with face-to-face interviews (Newell, 1993). Our research team displayed differences in the ways in which data were collected, which were in part reflected in their prior experiences of conducting telephone interviews or research in general, existing relationships with DNS colleagues and time available to collect data. Several researchers in our study, for example, highlighted 'cold calling' as a stressful aspect of the study that was intimidating particularly because there was no personal connection to the people they were telephoning.

Each researcher described feeling that they were intruding upon the time of someone who was doing what we perceived as a busy and important front-line job. For example, one researcher felt chastened about the possibilities of research to improve the nursing role via research when one DNS told her that she didn't have enough linen today and that was more important than any research.

An issue that emerged from our discussions during the project concerned feelings of being stripped of the face-to-face interpersonal skills normally used to negotiate difficult situations during interviews – such as facial expressions and gestures to encourage dialogue and assessing the interviewee's response to probe their views further. Instead, it was necessary to rely on tone of voice and the ability to be articulate and succinct, working quickly to establish a dialogue in a short time. On the other hand, the telephone also allowed a franker, more confiding relationship to be rapidly established between two strangers.

One of the most salient points about the interviews was how vulnerable many of the DNSs felt about their Trust's nursing research and development programmes – or lack of them. Some of the researchers initially sensed that DNSs perceived us to be 'checking up' on them and were initially somewhat apologetic about the lack of activity. This required sympathetic and sensitive handling by the researchers who spent time explaining how they also had personal experience of such difficulties, and that other NHS trusts were in similar situations. This resulted in sometimes lengthy conversations, of up to an hour, which one researcher described as a form of peer support. Issues such as the relationship between research and Clinical Governance, the lack of available funding and the DNS's own academic aspirations were also explored. Some participants also raised issues that they preferred to keep 'off the record'. One researcher was concerned that using her own personal experience in this area (of promoting nursing research in the NHS) to achieve rapport may have had an influence on how the DNSs responded to open questions. As with other research methods, awareness of the balance between leading respondents and allowing them to think, may be even more important during telephone interviews when silences may be awkward.

The emotional demands associated with the conduct of these telephone interviews was found to be significant and a range of interview styles were required from being fairly hard-nosed about the process, which may be likened to people selling over the telephone, to having to draw on all possible interpersonal skills.

Conclusion

The telephone interviews with DNSs were a component of a larger project. Nonetheless, they proved to be a time consuming and, at times, frustrating aspect of the research process that merited further attention. The telephone interviews did provide a greater range of data and insight than had been anticipated. The high success rate achieved by telephone interviews, and the quality of data that may be accrued, commends this research approach. It is also relatively inexpensive. We were privy to a range of information about individual DNSs' thoughts and organisational issues, which went far beyond the remit of the interview schedule. Use of telephone interviews, however, also demanded a degree of assertiveness, tact and empathy and emphasised the importance of adequate preparation prior to embarking on this method. Skills in listening and reflection were crucial. With sufficient confidence and experience, telephone interviews may be considered less ad hoc in comparison to awaiting the return of questionnaires or more cost-effective than having to travel to conduct face-to-face interviews.

From our experiences of conducting telephone interviews with DNSs we have identified the following recommendations for other researchers to consider when embarking on research with elite groups using similar methods:

- The availability of a good support structure for researchers with some form of debriefing or supervision. In this study the research team provided this by meeting regularly to share the difficulties of the experience and explore ways of overcoming them.
- A clear interview schedule is important emphasising key questions to ensure that this is not inadvertently omitted should researchers vary the order of questions in attempting to build a rapport with participants.
- Experienced, 'street smart' researchers or those with greater experience of the subject or area being researched are likely to be more successful – not only in

accessing potential respondents – but also in obtaining richer data. Therefore, the level of experience required by researchers to conduct interviews with elite groups should be considered carefully and in particular needs to be reflected in research funding proposals. This is not only important for efficient use of research resources but also the efficient use of time and resources of the elites taking part in the study.

- Telephone interviewing may be appropriate for accessing busy people whose diaries may not accommodate appointments easily, or whose responsibilities are such that they may need to change appointments at short notice in crisis situations.
- The majority of people in elite groups are likely to have multiple demands placed on their time. It is important to explain succinctly the focus of the research and the importance of their participation. Establishing rapport within a telephone interview context may be challenging, as there is generally less time.

Our experience of research with ‘elite nurses’ supports much of the social science literature. Researchers planning to conduct research with other elite groups in the NHS will be required to negotiate gatekeepers who protect them from unwanted contact from people external to the organisation, an important facet of bureaucratic practice that may prove more difficult to recognise or negotiate, without adequate preparation. The increasing availability of e-mail may help in overcoming some of the gate-keeping barriers that were encountered in this study. However, the lack of interpersonal contact and the vast amount of e-mail that remains unread, deleted or ignored also militates against this approach.

Nurses in elite positions are important to understanding the development of nursing and its contribution to healthcare locally, nationally and internationally. Exploring the impact of executive nursing roles in relation with the successful implementation of policy developments is crucial, if under-researched. The influence of elites may be central to the success of future strategies that aim to enhance the scope and profile of nursing and nursing-focused research in the context of the NHS and healthcare practice. This paper has argued that more attention should be paid to involving executive nurses in research. It has also offered strategies that may help researchers design and implement studies that successfully maximise access to the views and experiences of this influential group while minimising disruption to the roles they play.

Key points

- Research involving elite groups is not often undertaken for a number of reasons including difficulty with access.
- Elites groups are often powerful and can have considerable influence. Therefore their involvement in research is vital to understand social contexts and processes in many areas including healthcare.
- Research with elites nurses needs very careful preparation and experienced, ‘street smart’ researchers are likely to be more successful in accessing this group.
- Telephone interviewing can be a useful method to use to facilitate participation of elite nurses who have considerable demands on their time.

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