National Council for the Professional
Development of Nursing and Midwifery

A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner

National Council for the
Professional Development
of Nursing *and* Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

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Foreword

The National Council for the Professional Development of Nursing and Midwifery is pleased to present this report which provides a preliminary evaluation of the role of the advanced nurse practitioner in Ireland.

As part of the National Council's ongoing function of monitoring the development of nursing and midwifery specialities, this research provides a baseline for evaluation of the role. It outlines the current level of development of roles in Ireland and demonstrates that the introduction of ANP roles has been successful on a number of levels. ANP roles were identified in the research as improving patient/client care by providing a holistic service, improving access to healthcare for patient/clients and they have also been widely accepted by patients/clients, nurses, doctors and other members of the multidisciplinary team.

The study makes recommendations regarding role development, service development, support mechanisms for ANPs and further research. It is clear that contemporary Irish health policy acknowledges the huge resource that currently exists in nursing and midwifery. There is great potential for the increased utilisation of that resource given development and support, in the interest of providing better, more streamlined services to patient/clients. The role of the ANP/AMP is central to this and as such will continue to develope.

The National Council wishes to acknowledge the enthusiastic co-operation of all those involved in the research, including patient/clients, ANPs, directors of nursing, nurse managers, clinical nurse specialists and doctors. Their generosity and willingness to share their experiences has contributed to this important research which will guide the future development of ANP services in Ireland.

In addition to I wish to thank my colleagues Kathleen Mac Lellan, Head of Professional Development, Professional Development Officers, Christine Hughes, Jenny Hogan and Georgina Farren and Research Development Officer, Sarah Condell. Particular thanks are extended to Mary Farrelly, Professional Development Officer, for leading the research and for her commitment in the preparation of this report. A special word of thank to Valerie Small, ANP (Emergency) for undertaking the literature review contained in this report.

Yvonne O'Shea
Chief Executive Officer

Executive summary

This report benchmarks the progress of advanced nursing practice in Ireland to the present time. Since the first roles began to develop in Ireland in the 1990's much progress has been made in the development of a national framework to guide the provision of advanced nursing practice services to the public through the work of the Commission on Nursing (Government of Ireland 1998) and the National Council including the subsequent publication of Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Roles (National Council 2001a, 2004a).

This project aimed to provide a preliminary evaluation of the role of the ANP by reviewing national and international literature and examining job descriptions of approved ANP posts, interviewing accredited ANPs, those who work with them and patients /clients who use their service and establishing the educational provision for ANPs in Ireland through a questionnaire to third-level educational institutions.

The literature concerning the evolution of advanced practice roles chronicles the early origins and drivers for role development and highlights the innovative contribution of nurses working in remote or marginalised clinical practice settings have made to improving access and quality of care for service users. The main drivers for new role development in almost every country have been an identification of service need usually created by medical manpower shortages, or increase in population and decreased access, improvements in nursing competence and education and the desire for individual nurses to challenge ritualistic practices and professional role boundaries. Strategic role development is a relatively new concept.

The first advanced nurse practitioner post was approved in Ireland in emergency nursing by the National Council in 2001 with the first ANP being accredited for that post in 2002. To date 29 posts have developed in a number of clinical settings with wide variance in scope of practice.

Masters' degree programmes in nursing are now offered in seven third-level educational institutions in Ireland. Four universities offer Masters' in nursing with specific advanced practice strands, while the others offer generic Masters' programmes.

Research into the implementation of the role revealed the following:

Main focus of the role

- Providing holistic, clinical, autonomous, timely care for patients is the main focus of the ANP role.
- ANPs provide education, leadership, undertake research but find it difficult to allocate time to these activities due to the pressure on them to meet clinical demands.
- ANPs have a key role in leading service and nursing practice development.

Fulfilling the core concepts

- ANPs spend most of their time in clinical practice with direct patient contact
- They are able to use their clinical expertise in delivering care to patients autonomously but are in some instances restricted by regulations governing prescription of medication and requesting of X-rays.
- ANPs have a role in the education of nursing, medical and other staff both formally and informally.
- They have a leadership role both within their own service and as a consultant to other services.
- Fulfilling clinical leadership and research aspects of the role is proving problematic due to time constraints and the growing clinical need for ANP services.
- Practice development, teaching and clinical leadership sometimes overlaps with clinical practice in informal ways that makes it difficult to quantify the contribution of ANPs in these areas.

Factors influencing fulfillment of the role

- The increasing need for ANP clinical services affects the ANP's ability to fully implement all aspects of the role.
- Support from colleagues including nursing, medical, management and the multidisciplinary team is evident and crucial to fulfillment of the role.
- Facilities and services such as space, equipment and clerical support are necessary to fulfill the role.

Key factors involved in establishing an advanced nurse practitioner service

- The support of the multidisciplinary team is vital to the successful integration and implementation of the ANP service
- Clear and effective communication facilitates support from the team.
- A culture that embraces change facilitates the introduction of the role.

- The interpersonal communication skills of the ANP in the role plays an important part in the integration and acceptance of the role.

Role of the nurse manager

The nurse manager's role in developing the ANP role involves:

- Garnering the support of the relevant agencies in terms of resources and co-operation, encouraging the ANP and providing guidance on the relationship/interface between the ANP role and the overall service.
- Identifying service need, preparing business plans, and identifying priorities for integration of the role into the overall service.
- Identifying key staff to develop ANP roles and obtaining education and funding for education.
- Facilitating the development and integration of the ANP by ensuring they have opportunities for education, professional development and adequate resources to perform their role.
- Providing opportunities for reflection on practice and guidance on difficulties with patient management issues.
- Facilitating fulfillment of the role through guidance on time management, and practical support such as facilitation of protected time and resources for professional development, research and educational activities.
- Nurse managers acknowledged the leadership, vision and drive of the ANPs in leading developments in the clinical settings.

Benefits of the role

- Patients receive holistic, integrated, comprehensive, streamlined and timely care from ANPs
- The health service benefits from ANP service in that the nursing contribution to care is maximised and other professional in the multidisciplinary team are facilitated to utilise their skills appropriately
- ANP roles contribute to the development of nursing in the related areas of practice through influence on the practice of others and raising the profile of nursing in that specialty

Impact on the multi disciplinary team

- The ANP role has been largely accepted by the multidisciplinary team. This has been facilitated by good communication and team working.
- In areas where there is difficulty accepting the role or restrictions on its scope, ANPs feel that this impacts on their ability to provide comprehensive patient care.
- ANPs contribute to the education of the multidisciplinary team.
- ANPs contribute to the efficient working of the multidisciplinary team.

Further development of roles

- There is a need for the development of more posts in the areas where the initial posts have developed.
- The scope of practice for ANP roles will continue to develop.
- There is much scope of the development of new ANP roles.
- New developments should be guided by patient need.

Evaluation of the role

- Some information is being collected to measure care by an ANP but it is mainly descriptive.
- The need for evaluative research on ANP care is recognized.
- Anecdotal information suggests that outcomes of ANP care are positive

Job satisfaction

- Job satisfaction is high among ANPs.
- Patient contact and ability to practice to their full level of clinical expertise contributes to this.
- Lack of resources and restrictions on scope of practice in areas such as requesting of X-rays and prescription of medicines as well as remuneration issues contribute to frustration and dissatisfaction.

Recommendations are outlined in relation to development of roles, needs analysis, fulfillment of the role, service development, development of educational preparation, expansion of roles in relation to medication management and requesting of ionizing radiation, support mechanisms for ANP roles, protection of the title and further research.

Glossary

A&E	Accident and Emergency
AMP	Advanced Midwife Practitioner
ANA	American Nurses Association
ANNP	Advanced Neonatal Nurse Practitioner
ANMC	Australian Nursing and Midwifery Council
ANP	Advanced Nurse Practitioner
APN	Advanced Practice Nurse
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialist
CMS	Clinical Midwife Specialist
DoHC	Department of Health and Children
ERHA	Eastern Regional Health Authority
GP	General Practitioner
ICN	International Council of Nurses
ID	Intellectual Disability
INP/APNN	International Nurse Practitioner/Advanced PracticeNurse Network
ITU	Intensive Therapy Unit
MWHB	Mid Western Health Board
National Council	National Council for the Professional Development of Nursing and Midwifery
NMC	The Nursing and Midwifery Council
NMPDU	Nursing and Midwifery Planning and Development Unit
NP	Nurse Practitioner
NUM	Nursing Unit Manager
NRB NSW	Nurse Registration Board of New South Wales
NTF	National Task Force on Quality Nurse Practitioner Education
NZNC	New Zealand Nursing Council
OHM	Office for Health Management
PA	Physician Assistant
RCN	Royal College of Nursing (London)
UK	United Kingdom
UKCC	The United Kingdom Central Council for Nursing, Midwifery and Health Visiting
US	United States of America

‘The main reason I like my job is that I am dealing with patients, particularly the fact that you can come to work and do a day’s work and go home and say I made some bit of a difference to a cohort of patients.’

(ANP)

Introduction

One of the main functions of the National Council for the Professional Development of Nursing and Midwifery as determined by the Final Report of Commission on Nursing is to bring about a coherent approach to the progression and development of the clinical career pathways for nurses and midwives and to monitor the ongoing development of specialist and advanced practice in nursing and midwifery, taking into account changes in practice and service need (Government of Ireland 1998).

The following statutory functions pertaining to the advanced nurse/midwife practitioner are vested in the National Council:

- To monitor the ongoing development of nursing and midwifery specialties, taking into account changes in practice and service need
- To determine the appropriate level of qualification for entry into specialist nursing and midwifery practice
- To formulate guidelines for the assistance of health boards and other relevant bodies in the creation of specialist nursing and midwifery posts.

(Government of Ireland 1998)

In implementing these functions, the National Council has defined the role of the advanced nurse/midwife practitioner (ANP/AMP) in Ireland and established a framework for the establishment of ANP/AMP posts. This requires services to gain approval for job descriptions and site preparation and individual nurses and midwives to gain accreditation in order for ANP/AMP services to be established.

The first ANP post was approved in 2001 in emergency nursing, with the first ANP being accredited the following year. Since then much development has taken place and ANP posts have been established in a variety of settings in response to service needs. At this early stage of development the National Council has recognised the need to consider the issue of role evaluation. Service providers engaging in the development of roles are not only determining the nature of advanced nursing and midwifery practice for the profession but are also providing leadership for the overall health service and profession. It is critical therefore, to reflect at this early stage of development, on how advanced practice roles might be evaluated in the interest of further growth and development.

For this reason the National Council has undertaken research to provide a preliminary evaluation of the role of the ANP.

Aims and objectives

The aim of this project is to provide a preliminary evaluation of the role of the ANP that will guide the development of the role. The objectives are:

- to review national and international literature on ANPs and related issues
- to identify Irish research and service outcome data undertaken on ANP services
- to outline the scope of existing ANP roles
- to evaluate the impact of ANP roles on the overall service
- to review ANPs' perceptions of the ANP role
- to identify factors which are driving forces and restraints in the development of ANP roles
- to review current education programmes provided for the preparation of ANPs.

It should be noted that the evaluation is limited to ANPs as at the time of the research there were no AMP posts approved.

Methodology

A mixed methodology approach was adopted for this preliminary evaluation of the role. This consisted of:

- A review of documentary evidence, including international literature on advanced nursing practice, published and unpublished research undertaken by ANPs in Ireland, review of international frameworks for the establishment of advanced practice roles, and job descriptions for approved posts.
- Interviews with accredited ANPs, nurse managers involved in developing ANP services, members of multi-disciplinary teams working with ANPs and patients who have received care from ANPs. Interview schedules are provided in Appendices 1, 2, 3, & 4. Table 1. provides details of those interviewed.

Table 1: Designation of sample n=25

Designation	***No.***
Advanced Nurse Practitioner	8
Doctor	4
Nurse Manager (Assistant Directors of Nursing, Director of Nursing & Nursing Practice Development Staff)	7
Patients	5
Clinical Nurse Specialist	1
Total	**25**

Data was collected for the study between June 2004 and April 2005. All ANPs accredited at the time of commencement of the study were invited to participate. Other grades of staff and patients who worked with the ANP participants were selected using convenience sampling.

Structure of the report

The report comprises 4 chapters.

Chapter 1 provides an overview of the literature focusing on the global context of advanced nursing practice.

Chapter 2 discusses the development of advanced nursing practice roles in Ireland.

Chapter 3 presents the findings from the interviews.

Chapter 4 sets out the conclusions and recommendations for further developments.

CHAPTER 1

‘I think the advanced nurse practitioner has played a leading role integrating the services’

(CNS)

Global Context of Advanced Nursing Practice

1 Global Context of Advanced Nursing Practice

This chapter presents international literature relating to the diverse nature and the many facets of advanced nursing practice. Much literature has been published in healthcare journals on the topic of advanced nursing practice, outlining roles, titles, and scope of practice. Much of it is descriptive in nature with reports on role developments across a wide variety of clinical settings but within quite defined specialist areas, such as primary acute care settings. The evolution of advanced practice roles has occurred in many respects because of professional and management pressure to meet growing service needs, but initiatives to address shortfalls in healthcare provision have often taken place in a sporadic and ad hoc manner (Woods 2000, Wilson-Barnett 2001, Marsden et al 2003).

As advanced practice emanated from the US, there has been a major contribution to the body of research on advanced practice roles from the US, providing much of the early evidence that advanced nurse practitioners deliver healthcare that is safe, effective and valued by the service users (Ford & Silver 1967, Brown & Grimes 1995, Dunn 1997, Hickey et al 2000). Expanding opportunities for post-graduate specialist education, health service restructuring, and technological advances have had a significant impact on the nature of the nurses' role and scope of practice and their influence on the healthcare system (Gardner & Gardner 2005).

This literature review will outline the evolution of advanced nursing practice roles, illustrate the common role attributes and definitions specific to the US, Australia, New Zealand, United Kingdom and a number of other countries, outline the regulation and standards that underpin and facilitate the development of these roles and examine the global context in which the role of the advanced nurse practitioner is developing.

1.1 Historical development of advanced nurse practitioner roles

In the last decade many countries have witnessed unprecedented increases in the numbers and types of new advanced practice nursing roles. Role titles, scope of practice and role autonomy differ greatly depending on the country and continent where advanced practice nursing is carried out. Titles such as *acute care nurse practitioner, nurse practitioner, clinical nurse specialist* (CNS) are common to the US and Canada (Hickey et al 2000, Bryant-Lukosius 2004), the title of nurse practitioner (NP) is used in New South Wales, Western Australia, New Zealand and United Kingdom although the educational preparation and scope of practice differs in each jurisdiction (Shewan & Read 1999, Offredy 2000, Nursing Council of New Zealand 2001, Department of Health Western Australia 2003, Marsden et al 2003, ANMC 2004). There are many contentious issues surrounding the difference between the extension of nursing roles and advancing nursing practice (Woods 2000). Both terms have been the subject of considerable debate with the former the less desirable in terms of the profession's quest for nursing to be recognised as a professional discipline in its own right.

1.1.1 United States of America

A significant shift in healthcare delivery has taken place in the US over the last 40 years. Much of that shift has occurred in response to population growth and the complex problem facing the US government of how to combine reducing the budget deficit with providing cost-effective healthcare (Walsh 2001). Growing consumer demands for timely, quality healthcare, advances in technology, and the provision of education programmes which prepare nurses to degree level have placed nursing in a very strong position to provide an increasing contribution towards meeting the service demands in both primary and specialty care. The term advanced practice as currently characterised in the American literature is an umbrella term for three distinct types of practitioner or practice settings. According to Dunn (1997) these roles can be placed along a continuum depending on the extent to which their practice extends into functions traditionally viewed as medical, at extreme opposites are the CNS and physician pssistant (PA). Certified nurse midwife, CNS, certified registered nurse anaesthetist and NP are all recognised advanced practice roles in the US (Komnenich 1998).

Thatcher (1953) describes the first role of nurse anaesthetist in1877 in St Vincent's Hospital, Pennsylvania. Religious sisters were primarily involved in the development of anaesthesia care and were responsible for leading reforms in nursing by establishing hospitals where nurses assisted at surgery as anaesthetists. The first noteworthy establishment was St Mary's Hospital which later became know as the Mayo Clinic where two nurses developed the role. The model of nurse anaesthesia at the Mayo Clinic drew the attention of medical people from all over the US and the world and the experience, expertise and research carried out by one nurse, Magaw, is reported to have shaped contemporary anaesthesia practice (Komnenich 1998).

Clinical nurse specialist

There is debate about when the title 'clinical nurse specialist' was first used. However psychiatric nursing is generally attributed with being the first speciality to develop graduate-level clinical experiences under the leadership of Hildegarde Peplau (Peplau 1965, Dunn 1997, Komnenich 1998). Dunn (1997) states that the concept of CNS was developed by nurse educators in an attempt to decrease the fragmentation of patient care that occurred after World War 2. Allied to this development was the explosion of new technology and the increasing complexity of healthcare systems. It was hoped that the CNS role would retain nursing

expertise at the bedside and provide talented nurses who wished to remain in direct patient care with a clinical career option (Hamric & Spross 1989, Dunn 1997). The shortage of physicians and the proliferation of baccalaureate education programmes in the 1960s helped to create a milieu for expanding clinical specialisation of nursing, by the 1970s there were masters' degree programmes to prepare CNSs for a variety of practice settings and speciality areas. Confusion abounded at this time however as a result of multiple titles such as nurse clinician, nursing specialist, expert clinician, clinical nurse scientist and clinical nurse specialist. This confusion resolved in the early to middle 1980s with the American Nurses Association's publication of a social policy statement which defined specialisation in nursing (ANA 1980). Further clarification of the title emanated from specialist organisations and state nurses' associations who formally describe the requisites and competencies required of nurses assuming the role of CNS. A clear definition of the CNS role appeared in the ANA publication 'The Role of the Clinical Nurse Specialist' by Sparacino who was chair of the CNS Council (Sparacino & Durand 1986). Spaacino further contributed to the definition of CNS by outlining the differences between the CNS and the nurse who is expert by experience. She espoused the notion that depth and breadth of knowledge, advanced clinical judgement, the application of new evidence-based knowledge and clinical expertise which is evident in the judgement and decisions about both clinical and non-clinical variables were the key elements which distinguished both groups of nurses (Sparacino 1992).

Nurse practitioner

Early reports describe the development of the role of the paediatric nurse practitioner in Colorado in the mid sixties (Ford & Silver 1967). The role was primarily developed to meet the needs of paediatric patients in remote populations underserved by doctors. The role was developed collaboratively with the University of Colorado, an experienced paediatric nurse Loretto Ford and a physician, Henry Silver. The NP role was quickly adopted throughout much of the US and with the development of university based educational programmes delivered at masters' degree level, this type of primary care role heralded the development of many similar roles in adult ambulatory care, schools, adult primary care, public health departments and more recently the acute hospital setting in high acuity areas (Brown & Grimes 1995, Walsh 2001, Guido 2004). NPs are now the largest number within the advanced practice nurse (APN) group in the US at 44.9% with 7.5% of APNs prepared to practice as both NPs and CNSs (Guido 2004).

1.1.2 Canada

The Canadian literature describes the ANP role as similar to that of the US in that it encompasses the CNS and NP role. Historically it appears that nursing and medical organisations were initially supportive of the NP role during a period of physician shortage in the late 1960s (Spitzer et al 1974, Canadian Nurses Association (CNA) 1993, 2004), but due to lack of continued sustained support by professional bodies and the failure to promote policy and legislative changes little development occurred until a resurgence and a renewed interest in role development occurred again in the late 1980s (ANMC 2004, Urquhart et al 2004). Due to the sporadic and ad hoc development of ANP roles, the Canadian public have limited understanding of the role and scope of practice of NPs. Physicians, nurses and other healthcare professionals also have different expectations and understanding of the scope of practice and competencies of this group of nurses (Urquhart et al 2004). Furthermore as legislation, licensure and education requirements vary across the five provinces, this adds further to confusion and disparity in the development of NP roles (Rothwell 2003, Urquhart et al 2004).

The Nurse Practitioner Planning Network (NPPN) is a group representing professional associations, nursing regulatory bodies and organisations, provincial and territorial governments and nurse educators. The NPPN has proposed the development of a national framework for the implementation of the NP role in primary healthcare delivery (Rothwell 2003). The Canadian Government has funded a large national project to investigate the NP role and establish a national examination for NPs working in the area of primary healthcare (van Soeren 2005). It is evident from the literature that much of the interest in role development in Canada remains concentrated in the area of preventative primary care in rural areas with some new developments in acute care settings (Cummings et al 2003, Urquhart 2004).

1.1.3 Australia

In Australia clinical education for nurses has traditionally come from hospital-based registration and post-registration certificate courses. The qualification for nursing registration now comprises a three-year degree programme (ANMC 2004).

In 1986 a new clinical career structure was introduced in New South Wales in the form of a state industrial award (nursing positions and salaries are determined industrially through arbitration in Australia). This took place in response to nursing staff shortages in acute care hospitals (Duffield et al 1995a). The career structure was designed to enable clinical nurses to remain at the bedside with the same salary and status traditionally linked to management and education positions.

Clinical nurse specialist and clinical nurse consultant

Three nursing positions emerged through the industrial award. These included, CNS, clinical nurse consultant (CNC) and nursing unit manager (NUM). The award allocated responsibility for managing the ward or unit to NUM's, with specialist clinical responsibility left to CNSs and CNCs (Duffield et al 1995a, Appel et al 1996).

The role of CNS and CNC are unique to Australia and although they are considered as advanced practice roles they differ significantly from the US and Ireland in relation to the requirements for the award of the titles. The majority of CNSs appointed have no formal post-graduate qualification and are appointed on the basis of experience and /or attainment of a post-registration speciality certificate offered by hospital-based continuing education departments (Duffield et al 1995a). The CNC in contrast is required to have 5 years clinical experience and an appropriate post-registration qualification in the speciality area. The

CNC role is more senior and encompasses institution-wide responsibilities; the role involves internal and external consultation, research involvement, and the provision of more comprehensive and complex advice within the speciality (Duffield et al 1995b). The CNC therefore more closely resembles the American model of CNS. Table 2 outlines the requirements and responsibilities of the CNS in Australia.

Table 2: Industrial Requirements and Major Responsibilities of CNS (Australia)

Major responsibilities
Education
• Provide specialised patient care
• Assist in orientation and patient education programmes
• Act as a resource person to the healthcare team
• Maintain own level of skill and expertise through practice, continuing education
• Act as a preceptor to new staff
Quality Assurance
• Assist in developing and maintaining standards of care
• Evaluate cost-effectiveness of care
Management
• Act as the ward manager in the absence of the NUM
Research
• Initiate, plan and conduct research
• Use research findings to enhance practice

Duffield et al. (1995a)

Nurse practitioner

The NP movement is relatively new in Australia; the debate commenced in 1990 in New South Wales when, with the support of the Minister for Health a working party was established to pursue the issues associated with the development of NP roles (Offredy 2000). A series of pilot projects were conducted to explore the role and function of NP, prescribing rights, initiation of diagnostic tests, client outcomes and cost-effectiveness of NP services.

Recommendations emerged from these pilot studies which led to the establishment of a strong infrastructure for NPs; these included a change to the Nurses Act to allow for the protection of the title 'Nurse Practitioner', (Government of New South Wales 1998). Legislative change occurred in 1998 and resulted in New South Wales becoming the first state to protect the title and role definition of NP. The Nurses Registration Board of New South Wales Australia (NRB NSW) authorised Australia's first two NPs in 2001 more than ten years after the initial investigation into role development began (NRB NSW 2003). In 2004 legislation was passed to allow NPs to be employed in urban centres such as emergency departments.

In Victoria in 1998 the Minister of Health initiated the Victorian Nurse Practitioner Taskforce to explore the establishment of the NP role. The taskforce addressed issues of educational preparation, best practice, credentialing, legal liability and professional indemnity, changes to existing legislation and financial consideration (ANMC 2004). In 2005 the Victorian Department of Human Services (DHS) have funded a project to develop, implement and evaluate the NP role in emergency departments in Victoria. There are 9 emergency departments and 13 emergency department NP candidates involved in the project making it the largest group of NP candidates from one speciality in Australia (Emergency Nurse Practitioner Project Working Group 2005).

Southern Australia introduced a NP project at the same time as the state of Victoria. Similar consultation and investigation has taken place with the development of standards for NP practice and legislative change to protect the title (ANMC 2004).

In 1997 the government of Western Australia committed to providing improved access to quality healthcare services for all Australians, including the development and implementation of the role of remote area NP (Department of Health Western Australia 2000). The Office of the Chief Nurse and Department of Health in Western Australia were pro active in developing the role of NP and launched the Guiding Framework for the Implementation of NPs in Western Australia in 2003 (Department of Health, Western Australia 2003). This important document outlines the legislative changes which took place to enable the development of the NP role within a sound legislative framework. While the initial area of focus for role development was in remote or rural area, the recommendation for role development has been expanded to include a wider range of practice settings. An education programme is underway with 20 NP students undertaking postgraduate studies sponsored by the government (ANMC 2004, Department of Health Western Australia 2004).

1.1.4 Europe

Research and descriptive reports related to developments in advanced practice nursing for much of Europe (excluding the United Kingdom) are sparse. A number of papers outline education programmes aimed at preparing nurses for advanced level of practice. Lorensen et al (1998) describe the development of CNS roles in the Nordic Countries and outline the education programmes which aim to promote research, scholarship and develop clinical nurses to become expert caregivers to patients and their families. In the Netherlands the concept and title of NP refers to positions for experienced nurses with a two year master's degree in advanced nursing practice. The NPs are involved in direct patient care and combine care from both the nursing and medical domains. NPs are formally qualified to perform standardised medical activities and are also involved in education, research, innovation and consulting roles (Van Offenbeek & Knip 2004). In French Belgium there is increasing interest in advanced practice nursing due to a shortage of physicians and as a result, the Catholic University of Leuven has begun to explore the development of a master's degree curriculum to educate nurses at advanced practice level (Delannoy & Mairlot 2005).

Van Offenbeek & Knip (2004) examine a number of case studies involving NPs in Dutch hospitals in order to assess the effectiveness of the NP on patient care processes. The authors contend that advanced nursing practice can only enhance the effectiveness of care processes when they are embedded in a work structure that is internally consistent and adjusted to the task environment and the available skill-mix. In a survey carried out by Buchan & Calman (2004) for the Organisation for Economic Co-operation and Development (OECD) on skill-mix and policy change, eighteen countries in total responded to a series of questions related to nursing activities such as doctor substitution, nurse prescribing and nurse re-imbursement issues. Switzerland, Spain and Norway did not provide information on developments regarding substitution between physicians and nurses. The Netherlands, Germany, Sweden, Greece and the Slovak Republic responded describing varying stages of development however it would appear that many were still at consideration or early planning phase.

1.1.5 United Kingdom

The role of NP developed in 1980s in the United Kingdom as a pilot project to address the needs of minority groups in primary healthcare settings. Barbara Stillwell pioneered the first role in a general practice (GP) which had a number of Muslim women with primary healthcare needs (Stilwell 1982 a,b,c, Stilwell 1985, Stilwell et al 1987). Nurses working in accident and emergency (A&E) departments soon adopted the concept in order to address the difficulties associated with the increasing number of patients attending emergency departments with 'minor injuries' (Davis 1992, Read 1999, Read & Graves 1994, Dowling et al 1995, Beales 1997, Reveley et al 2001, Marsden et al 2003). Other hospital and community based nurses developed new roles which reflected areas similar to those found in the US (Burke-Masters 1986, Leung et al 1996, Gidlow & Roodhouse 1998). However many of these new roles developed in an ad hoc manner with a confusing array of titles, educational level and pay structure. A research study commissioned by the Department of Health (DoH) entitled Exploring New Roles in Practice (ENRiP 2001) highlights the range and breadth of new roles and the complex manner in which they have been developed. Castledine (2003) acknowledges that the nature of the work undertaken by nurses, midwives and health visitors has and will continue to develop in response to patients' needs and that professional boundaries are constantly been redrawn and rethought in response to these developments ultimately offering new challenges and opportunities for all.

Shewan and Read (1999) reviewed the literature on nursing role development that had taken place over a period of five years (1993-1998) and found that there were three major driving forces affecting nursing role development. The first was that of a professional force coming from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) Scope of Practice document in 1992 (UKCC 1992) and the evolution of the UKCC's specialist practice framework from 1994 onwards. However an agreed definition of advanced practice nurse/nurse practitioner is only just emerging in the United Kingdom. According to Reveley et al (2001) the absence of a central record of nurses entitled to use the title of NP and of agreed education or competency standards causes many problems for nurses and patients in terms of clarity around role definition and scope of practice. The Nursing and Midwifery Council (NMC) (formerly the UKCC) has withdrawn its original proposals for advanced and specialist practice (PREP 1994) and adopted an alternative designation for advanced nursing practice – Higher Level of Practice (UKCC 1999).

The second driver affecting role development according to Shewan and Read (1999) comes from management forces and the changing philosophies of clinical management such as 'patient focused care' and 'case management', the reduction in length of stay in hospital, the growth in day surgery and specially funded initiatives such as waiting list targets. Finally, policy forces in the form of reduction of junior doctors' hours, new approaches in maternity care, changes in primary care, leading to increased responsibilities for practice nurses and other community-based practitioners and also the changing focus of community mental health services are cited as the main influences on new role development in the United Kingdom.

1.1.6 Other countries

Thailand

The concept of advanced practice nursing was adopted by the Nursing Council of Thailand in 1998 and in 2003 the first 49 advanced practice nurses were certified. Although there are 5 branches, medical and surgical, paediatrics, maternal and child, community and psychiatric and mental health only a generic title is used (International Council of Nurses (ICN) 2005).

Hong Kong

Hong Kong is in the early stages of development of ANP roles. Education programmes to master's degree levels are being offered. NPs are providing nurse-led clinics where they diagnose and manage common chronic illness (ICN 2005).

1.2 Defining advanced practice

Arriving at a definition of the concept of 'advanced practice' is problematic (Woods 2000), the main reason being the nature of nursing practice, particulary that considered to be advanced practice varies greatly between the different clinical contexts and settings. However there is general agreement in the literature that advanced practice nursing concerns what nurses 'do' in the role. There is also agreement that the role involves multiple interacting role domains, broadly relating to clinical practice, education, research, professional development and organisational leadership (Hickey et al 2000, Woods 2000, CANO 2001, ICN 2002, NCNM 2001a, 2004a, Castledine 2003, Bryant-Lukosius 2004). According to Castledine (2003) terms such as advanced, specialist, and consultant were used synonymously during the 1980s and 1990s to refer to practice beyond initial registration. This he claims served to further confuse the situation, but what has persisted over time is the idea of a level of practice which differed from that of a nurse specialist, that is, the role of advanced nurse practitioner.

The ICN has attempted to homogenise the definition and standards for education and scope of practice for advanced practice nursing. Globally nurses in senior positions, education, management, clinical practice and direct service provision have been asked to contribute to the development of such standards and this exercise is ongoing at present. A definition of advanced practice nurse was agreed and published by the ICN in 2002, and is defined as follows:

'The Nurse Practitioner/Advanced Practice Nurse (NP/APN) is a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and /or country in which s/he is credentialed to practice. A Masters degree is recommended for entry level (ICN 2002)

Castledine (2003) outlines his criteria for advanced nursing practitioner:

- autonomous practitioner
- experienced and knowledgeable
- researcher and evaluator of care
- expert in health and nursing assessment
- expert in case management
- consultant, educator and leader
- respected and recognised by others in the profession.

Advanced practice was defined by Calkin (1984) as the:

"Deliberate diagnosis and treatment of a full range of human responses to actual and potential health problems."

1.2.1 United States of America

According to the American Nurses Association (ANA 1995) there are three characteristics which distinguish advanced nursing practice from basic nursing practice:

- specialisation or provision of care for a specific population of patients with complex, unpredictable, and/or intensive health needs
- expansion or acquisition of new knowledge and skills and role autonomy extending beyond traditional scopes of nursing practice
- advancement, which includes specialisation and expansion.

An inherent function of the role is that of change agent which involves collaboration, communication and consultation with a broad range of healthcare professionals and decision makers (Bryant-Lukosius 2004). Hamric (1996) argued in favour of using 'advanced practice' as an umbrella term for practitioners who comply with specified criteria and core competencies, irrespective of their job titles.

Other definitions of advanced practice include the application of a broad range of theories and a broad set of postgraduate nursing skills. Frik and Pollack (1993) state that APNs are:

"Specialists in various areas of nursing practice who have been prepared through theory-based education and supervised clinical practice at the graduate level.

1.2.2 Australia and New Zealand

The ANMC (2004) in a recent publication on standards for NP practice report that, following in-depth interviews with 15 NPs from diverse clinical settings the following core attributes of the role were identified (Table 3).

Table 3: Attributes of the ANP role

Dynamic practice
Practice is dynamic as it involves the application of high-level clinical knowledge and skills in a wide range of contexts.
Professional efficacy
Professional efficacy is enhanced by an extended range of autonomy, including legislated privileges.
Clinical leadership
The nurse practitioner is clinical leader with a readiness and an obligation to advocate for their client base and their profession at systems level of healthcare.

ANMC (2004)

This project was commissioned by the Australian Nursing and Midwifery Council with the Nursing Council of New Zealand, to evaluate the scope and role of the NP and standards for education and practice.

Four major recommendations made in this report comprise a description of NPs for Australia and New Zealand:

- the title 'nurse practitioner' is legally protected in all jurisdictions and parameters of practice determined by local community needs and professional standards of practice
- a set of core competency standards and evaluation strategies which were developed for the purposes of the research project be adopted
- a set of education and course accreditation standards be developed with an agreed minimum education level of masters degree for nurse practitioner education programmes
- a number of strategies be adopted for the continued evaluation and monitoring of standards such as a trans-Tasman minimum data set for nurse practitioner practice and evaluation methods examining the context of nurse practitioner practice and the outcome of courses preparing nurse practitioners.

(ANMC 2004)

The following definition of a NP is offered by the ANMC:

"A nurse practitioner (NP) is a registered nurse educated to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other healthcare professionals, prescribing medications, and ordering diagnostic investigations.

The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible healthcare delivery that complements other healthcare providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise."

(ANMC 2004)

1.2.3 United Kingdom

The NMC (formerly the UKCC) were late contributors to the definition of advanced practice; in 1994 they agreed the required standards for post registration education for nurses. According to its definition advanced practice:

"*is concerned with adjusting the boundaries for the development of future practice, pioneering and developing new roles which are responsive to changing practice as a whole. Advanced practice will also make a contribution to health policy and management and in the determination of health need…it is further recognised that such levels of study are likely to be at the academic level associated with a Master's Degree.*"

(UKCC 1994)

Following on from this definition very little was achieved in terms of agreeing a standard level of education and titling of nurses who were working within the arena of advanced practice, as a result the UKCC commissioned a project on 'Higher Level of Practice' – results from this project along with international developments in defining advanced practice informed the now reformed NMC and provided a way forward to institute a new definition of advanced practice nursing which would fit with the United Kingdom healthcare setting (NMC 2004). In a recent consultative document which aims to inform the development of a framework for advanced nursing practice the following definition of advanced nursing practice is offered:

"*A registered nurse who has command of an expert knowledge and clinical competence, is able to make complex clinical decisions using expert clinical judgement, is an essential member of an interdependent healthcare team and whose role is determined by the context in which s/he practises.*"

(NMC 2004)

Nurse consultants

The role of nurse, midwife and health visitor consultant was established in the UK 2000. This new role was first announced by the Prime Minister Tony Blair in 1998. A health service circular (NHS Executive 1999) stated that the intention of these new posts was to:

"*…help to provide better outcomes for patients by improving services and quality, to strengthen leadership and to provide a new career opportunity to help retain experienced and expert nurses, midwives and health visitors in practice*".

Each post should have:

- an expert practice function
- a professional leadership function
- own education, training and development function and
- a pratice and service development, research and evaluation funtion.

(Wilson-Barnett 2001)

Specific criteria for appointment were also set out with 50% of the role designated in practice. The role was described under the following major headings:

- practitioners working at a higher level
- improving quality and health outcomes
- evaluation and research
- leading and developing practice
- innovation and changing practice
- developing self and others
- working across professional and organisation boundaries.

(Wilson-Barnett 2001)

An evaluation of the establishment of these new roles was carried out in 2001, the results of which were published in a preliminary report which identified specific demographics and various aspects of this new nursing role (Guest et al 2001). Over half of the nurse consultants who responded to a specially designed questionnaire were hospital based, 23% were community based, 16% worked in the area of mental health with just under 7% in midwifery. Academic qualifications for this group ranged from PhD and MSc (65%) to bachelor's degree (25%), 42% had two or more directly relevant qualifications. The average number of years of service in the National Health Service (NHS) was 21 years and the average age 41 years.

In relation to role novelty the majority (86%) said that their new role was novel but the remaining 14% described it as essentially their old job. Almost all were interviewed for their posts and just over half of the posts were filled by internal candidates. Two-thirds of the nurse consultants were reasonably clear about their lines of authority and scope of practice but less than a quarter were clear about how their performance would be assessed, about the criteria for success in the job and about the resources they would have.

When asked about the four components of the nurse consultant's role (see above) nurse consultants reported that they were engaged across all four main areas of responsibility, with the highest involvement in leadership and lowest in expert practice. Many of the nurse consultants reported that they experienced role ambiguity, role conflict, role overload and problems of role boundary management. Role overload got worse as consultants gained more experience of the role and most complained of lack of resources. Despite negative aspects of role development and management most consultants reported achievements in developing good practice, developing relationships, gaining resources and gaining confidence. Almost all consultants thought that the concept of a consultant was a good one and that it would benefit patients/clients, improve service and quality and improve career opportunities for NHS staff. Job satisfaction levels were high at 83%,

professional commitment was rated as 82% while commitment to the NHS was rated at 61%. Most consultants reported that they were now better off in their new jobs. For example, they felt that they had a stronger level of top management support, greater control over the job, more innovation within their role, and greater opportunities for career growth.

Recommendations in this report focus on the need for further research to examine the way in which the consultant role evolves, to assess its impact on patient care and on its contribution to the modernisation agenda, to explore how initial challenges and problems which were identified in this research are resolved and how this role performs in relation to national service targets such as recruitment and retention for nurses midwives and health visitors. Specific issues which were raised related to human resources such as salary level differences, the potential for refining the person specification for the role, the importance of securing appropriate resources for the role and the longer term implications for staff development and succession planning to ensure sufficient high quality staff for the future.

The various international definitions of advanced nursing practice globally share either explicitly or implicitly certain characteristics which appear to be central to the core of advanced-level nursing practice. Characteristics such as post-graduate education and preparation, possession of expert clinical skills, independence and autonomy in the organisation of clinical practice, role eclecticism, ability to function in collegiate relationships with other healthcare providers and a world view of advanced nursing practice which guides thinking, are components which broadly form the basis for many accepted definitions. According to Woods (2000) along with accepted definitions the other elements which elucidate the concept of advanced practice are the personal and practice characteristics and attributes demonstrated by advanced nurse practitioners.

1.3 International regulations governing advanced nursing practice

Many countries have regulated for advanced practice nursing in terms of role definition, educational requirements, and protection of the title. The US has the longest history of regulation, however there are differences between states in terms of scope of practice especially with regard to prescribing rights and reimbursement (National Council of State Boards of Nursing 2002). Australia and New Zealand regulate for titling, education and prescribing (ANMC 2004).

The ICN's definition of Nurse Practitioner/Advanced Practice Nurse (ICN 2002) forms the basis for the development of a scope of practice and standards for the nurse practitioner/advanced practice nurse and the International Nurse Practitioner/Advanced Practice Nurse Network (INP/APNN) has been working to develop a scope of practice and standards for nurse practitioner/advanced practice nurses from a global perspective. The network in conjunction with the ICN has established key goals in the interest of strengthening nursing around the globe. The goals are as follows:

- making relevant and timely information about practice, education, research, resource development, policy and regulatory developments and events widely available
- providing a forum for sharing and exchange of knowledge, expertise and experience
- supporting nurses and countries who are in the process of introducing and developing NP or ANP roles and practice
- accessing international resources that are pertinent to this field.

The ICN INP/APN network has set up a core steering group with six supporting subgroups to achieve these goals. Membership in these subgroups consists of individuals from around the world with no more than two individuals from one country sitting on each subgroup. The subgroups will address topics of:

- education/practice
- health policy/regulations
- research
- conferences
- public relations/sponsorship
- communication.

Expert practitioners, educators, policy makers and other interested parties involved in the development of NP or ANP roles world-wide are invited to participate in structuring documents such as international guidelines on the standards for practice and also developing consensus on scope of practice issues/contexts (ICN 2005).

In general the international trend is towards formalising and standardising the establishment of ANP/AMP roles through legislation and regulatory frameworks. Each jurisdiction has adopted the most appropriate framework in the context of their existing structures.

1.4 Education and preparation of advanced nurse practitioners

The literature on academic level of educational preparation for ANPs is extensive with a trend recommending masters' level preparation programmes for advanced practice nursing (Davidson 1996, van Soeren et al 2000, ICN 2002, AANP 2003). Although traditional NP education in the US has focused on primary care, many of the basic core skills are transferable to various practice settings including acute care environments. Clinical nurse specialists traditionally have worked in acute care practice and many authors suggest that there is little to separate the two roles from a practice and education perspective (Sparacino & Durand 1986, Komnenich 1998, Guido 2004). Education level for advanced practice nursing has been at master's degree level in the US for the last thirty years and according to Hickey (2000) most graduate programs are preparing APN students well for practice, however, she asserts that several areas of education need to be strengthened in order to meet increasing challenges arising in clinical practice. A Report of the National Task Force on Quality Nurse Practitioner Education (NTF 2002) provides criteria for the evaluation of NP programmes

which is endorsed by all of the major nursing organizations representing NPs and colleges of nursing in the US. The NTF (2002) recommends that the criteria are used:

- to evaluate nurse practitioner programs in combination with a national accreditation review process
- as a complement to criteria used to evaluate the speciality content of nurse practitioner programs
- to assist in planning new nurse practitioner programs
- for self-evaluation of new and existing programs for continuous quality improvement.

According to the ANA (2005) there are approximately 150 NP programmes in the US which confer a master's degree. At least 36 states also require NPs to be nationally certified by the ANA or a specialty nursing organization.

The ANMC in collaboration with the New Zealand Nursing Council have published the Nurse Practitioner Standards Project which sets a description of the core role of the NP, core competency standards for the NP in Australia and New Zealand and sets out the standards for education and programme accreditation for NP preparation leading to registration authorisation. Recommendations for the standard of education and course accreditation for NP programmes include that the minimum award level for an accredited programme for NP education is at masters' degree level and curriculum structure should focus on the clinical environment and provide mentored experiential learning (ANMC 2004). Currently in New Zealand, NPs must have a master's level of education (Gardner et al 2004).

In Western Australia the Department of Health gave an overwhelming endorsement for the development of NP roles in 2002 by offering 60 full time equivalent scholarships over a period of three years to suitable NP candidates. Curtin University's School of Nursing and Midwifery provide a post-graduate diploma in clinical specialisation (Nurse Practitioner) which is accredited by the Nurses Board of Western Australia (Sharp 2004). Entry criteria for the programme include a minimum of three years post-registration clinical nursing experience with at least two years in a speciality field of practice. Post-registration education in the prospective student's field of practice is desirable and is considered in the selection process. It is unclear from the literature from Western Australia if there are plans to upgrade the education level to master's degree as outlined in the ANMC report (ANMC 2004).

Lorenson et al (1998) outline the development of masters' education programmes in Norway to prepare ANPs for clinical practice. This, however, has not been driven by difficulties with medical manpower shortages, which is often cited as a driver for role development in other countries (Lorenson et al 1998, Reveley et al 2001, Marsden et al 2003, Gardner and Gardner 2005). Rather it has occurred so that ANPs may positively contribute to creative strategies that promote quality, decrease cost and improve patient and family satisfaction with health outcomes and community services.

Van Offenbeek & Knip (2004) describe the educational level of the NP in the Netherlands where a two year masters' degree in advanced nursing practice is the minimum requirement; many of the NPs are qualified to perform standardised medical activities in a narrowly specified patient domain. The Dutch government expects that NPs will contribute to continuity of care, substitute for medical practitioners who are in short supply and that the role will contribute to solving problems of retention of experienced nurses (van Offenbeek & Knip 2004).

Nurses working in the area of primary healthcare services in Korea undertake a post-registration course of six months duration and as *Community Health Practitioners* are legally entitled to perform a range of activities including diagnosis of common illnesses and prescribing from a list of sixty-one essential drugs (Lee et al 2004).

Much of what has been reported on NP education has concentrated on the content of courses and descriptions of the learning requirements. Gardner et al (2004) report on investigating the educational process and content required for NP preparation in the Australian Capital Territory. They outline in the findings the three broad areas of study: clinical practice, clinical sciences and nursing studies. Their conclusion emphasises the importance of the clinical environment and the strategic role of a committed mentor to facilitate purposeful learning for the NP.

The NMC as the regulator for nurses, midwives and specialist community public health nurses in the UK are engaged in establishing a framework for the standard of post-registration nursing education (NMC 2004). They propose that nurses working at a level beyond initial registration should have a minimum level of education and assert that "*the supporting expert knowledge that will inform practice should reflect a Master's degree level of thinking*". It is also proposed that nurses practicing at this higher level shall be registered on an additional sub-part of the nursing register and required to demonstrate competence and re-register every three years.

The Department of Health in the UK has funded a number of large projects relating to NP education and practice (Cameron and Masterson 2000, ENRiP 2000, Marsden et al 2003). The Royal College of Nursing (2005) have published a guide for the profession on the development of NP roles, competencies and standards for education and practice.

1.5 Effectiveness of advanced nurse practitioners

When examining the literature on the effectiveness of ANPs it is important to consider a variety of perspectives, including that of patients, purchasers and providers of healthcare. The Picker-Commonwealth Programme for Patient-Centred Care identified seven broad dimensions of care that most effect patients' experiences of care:

- respect for patients' values, preferences and expressed needs
- co-ordination of care and integration of services within an institutional setting
- communication between patient and providers: dissemination of accurate, timely and appropriate information and education about the long-term implications of disease and illness
- physical care, comfort, relief from pain
- emotional support and alleviation of fears and anxiety
- involvement of family and friends
- continuity and transition of care from one locus to another.

(Gerteis 1993)

While these dimensions of care underpin what is important to patients, healthcare professionals, institutions and governments are also concerned with measurable aspects of quality such as professional competence, the technical quality of diagnostic and therapeutic procedures, the appropriateness of treatment and the efficiency of the systems that deliver care (Gerteis 1993, Office for Health Management 1998, Department of Health & Children 2001). Studies which examine advanced practice nursing span both paradigms of *'what patients want'* and what healthcare systems aim to achieve.

1.5.1 Advanced nurse practitioners improving access to co-ordinated patient care

The role of the NP practising in the primary care setting was first reported in the early 1970s when a landmark Canadian study looked at a family practice staffed by two medical practitioners in Burlington, Ontario (Spitzer et al 1974). Two highly experienced practice nurses were educated and trained to deal with a large percentage of patients attending the practice. The study took place over a two-year period and compared patient outcomes and patient satisfaction for the two groups of practitioners. There were no differences in the satisfaction or health of the patients who were seen in either group and due to the increased efficiency of the practice an additional 1,000 families were able to access primary healthcare at this practice. Despite the success with this model and perceived acceptance of the concept of NP managing a significant percentage of new patients the implementation of the NP role in Canada has been sporadic and inconsistent (Rothwell 2003).

A number of randomised control trials on role of the NP in primary care compared to general practitioners (physicians) in the US and UK have revealed similar outcomes for patients in terms of health status, efficacy or resolution of symptoms and patient satisfaction (Kinnersley et al 2000, Mundinger et al 2000, Shum et al 2000, Hoffman et al 2005). Sakr et al (1999) found in a randomised control trial on the development of emergency NPs in an A&E department, that a properly trained A&E NP who works within agreed guidelines, can provide care for patients with minor injuries that is equal or in some ways better than that provided by junior doctors. These results reflect continuation and consistency of results over time as similar results were reported by Touche Ross in 1994. In a retrospective survey of 1,000 patients who had been managed by a NP in an emergency department in an urban teaching hospital in Dublin (Small 1999), results showed that patients waited less time for treatment and had more appropriate investigations such as x-rays with higher 'hit rates' (positive for fracture) which compared very favourably with international literature on NP services in emergency departments (Mc Leod & Freeland, 1992, Freij et al 1996, Sakr 1999, Macduff & West 2000, Tye & Ross 2000, Dealey 2001, Cooper et al 2002, Marsden et al 2003).

Exploration of the role of respiratory nurse specialists in care of patients with bronchietasis versus doctor-led care showed that nurses can provide care that is just as effective as that provided by respiratory physicians without compromising quality of care (Sharples et al 2002, Rafferty and Elborn 2002). Hill et al (1994) showed that patients managed by a rheumatology NP suffered from less pain, had acquired greater levels of knowledge and were more satisfied with their care than those managed by a consultant rheumatologist. In a study by Aubrey and Yoxall (2001) evaluating the role of the neonatal NP in resuscitation of preterm infants at birth, findings suggest that the skills of the advanced neonatal NP (ANNP) were comparable to specialist registrars on neonatal intensive care teams but the ANNP had quicker intubation times, babies received surfactant sooner and were warmer than babies managed by specialist registrars (Aubrey & Yoxall 2001). At the other end of the life spectrum, Lambing et al (2004) explored the effectiveness of NPs managing the care of inpatient geriatric patients. Results from this study indicate that NPs deliver effective care to hospitalised geriatric patients particularly to those who are older and sicker. While NPs met expectations sometimes they surpassed their medical counterparts in particular areas such as identifying the need for and initiating physical and occupational therapy and nutrition consultation.

1.5.2 Advanced nurse practitioners improving communication and patient education

The literature highlights other positive outcomes associated with NPs because of the very nature of their scope of practice and the ability to effectively combine both education and management into the delivery of care (Spollett 2003). When applied to chronic disease management, the NP model creates an enhanced patient-provider relationship in which self-care education and counselling are provided. In a large, representative, national survey

carried out over a period from 1997-2000, data analysis of National Hospital Ambulatory Medical Care Survey looked at rates of health counselling provided at outpatient visits involving NPs across the US (Lin et al 2004). The results of the survey carried out indicate that health counselling for diet, exercise, human immunodeficiency virus, and sexually transmitted disease prevention, tobacco use and injury prevention are more likely to be provided at non-illness care visits involving a NP.

Spollett (2003) outlines how the ANP in diabetes improves health outcomes for patients with type 2 diabetes, in the management of diabetes in pregnancy and in the care of paediatric type 1 diabetic patients by integrating the role of educator and counsellor with clinical expertise to form a partnership arrangement with the patient and strengthen the patient's own role as self-manager.

Advanced practice roles in the management of psychiatric patients are becoming more evident in the literature with the main advantages been the ability of the ANP to refer ill patients who need a more specialised complex work-up to primary care physicians, provide on-the-spot health promotion and preventive services for medical problems, provide routine physical health screening, conduct short term psychotherapy and psycho-education to patients who might otherwise have to wait for long periods of time for access to primary healthcare (Moller & Haber 1996, Puskar 1996, Karshmer 1997).

1.5.3 Advanced nurse practitioners improving patient satisfaction

Patient satisfaction with ANPs as reported in the international literature has been positive (Shum 2000, Mitchell et al 2001). Horrocks et al (2002) in a systematic review of 11 trials and 23 observational studies, report that patients were more satisfied with care by a NP, no differences in health status were found and quality of care was in some respects better for NP consultations.

There have been a number of studies of patients' acceptance and satisfaction with NP services in Ireland. Dunne (2001) and Keenan (2002) carried out qualitative and quantitative studies respectively on patients who attended an emergency department and who were treated by an ANP. In both studies patient satisfaction with the service was very high and patients were very positive in relation to communication, waiting time, the nurse-patient relationship and professional care demonstrated by the ANP. Also in Ireland, Delamere (2003) investigated a number of issues related to sexual health and service users satisfaction with care delivered by an ANP as compared to that by a senior house officer (SHO). Results were favourable for both groups. Higher scores measuring information giving and what to do in the event of difficulties were seen in the ANP group. Patients were equally satisfied with the care provided by the ANP and the SHO.

Van Offenbeek et al (2004) contend that in the majority of studies evaluating the effects of advanced nursing roles, the unit of analysis has been related to the role of the individual professional (Sox 1979, Stilwell 1984) or a comparison of individuals with medical practitioners in substitution studies (Spitzer et al 1974, Sakr et al 1999, Mundinger et al 2000, Cooper et al 2002). They propose that little research has been carried out on the effect that NP roles have at organisational or cross–organisational levels and suggest the use of a theoretical model oriented to the entire care delivery process.

1.6 Influencing factors and issues in new role development

The process for implementing and evaluating APN roles can be equally complex and dynamic as the roles themselves (Bryant-Lukosius & DiCenso 2004). In Canada the various difficulties and challenges experienced in relation to the ad hoc nature of APN role development led to the development of an action research framework as a process leading to increased understanding of APN roles and optimal use of the broad range of APN knowledge, skills, and expertise in all role domains and scope of practice (Bryant-Lukosius & DiCenso, 2004). This is a participatory, evidence-based, patient-focused process for advanced practice nursing role development, implementation and evaluation.

Rutherford et al (2005) outline how the NHS in the UK in setting out a modernisation strategy, detail the key themes identified in the literature which relate to new role development. The key themes include lack of evaluation of the roles (Donaghy 1995, Hobbs & Murray 1999), lack of support (Bousefield 1997, Read 1999, Marsden et al 2003), difficulties regarding career choice and preparation for the role (Marsdon 1999, Cameron & Masterson 2000, Mills et al 2000, Tye & Ross 2000) and role ambiguity (Ormond-Walshe & Newham 2001, Lloyd Jones 2005). They go on to identify and suggest key systems required to ensure adequate communications in meeting the changing needs of patients namely:

- business planning
- human resources
- training and development
- organisational culture
- clinical governance.

Jasper (2005) supports the argument put forward by Rutherford et al (2005) and asserts that if new nursing roles are to succeed these issues are crucial in terms of long-term continuance and further role development. In a systematic review and meta-synthesis of qualitative literature on role development in specialist and advanced practice, Lloyd Jones identified barriers and facilitators to role development and concluded that relationships with other staff groups and role ambiguity are the most important factors which hinder or facilitate the implementation of new roles. A solution offered by the literature suggests improvement in communicating clear definition of roles and objectives to relevant staff groups (Lloyd Jones 2005).

The role of the nurse manager in facilitating successful integration and sustainability of the NP

role in healthcare organisations is described by Reay et al (2003). Few research studies have looked at the manager's role, however, in a two-year research project conducted in Alberta, Canada the role of nurse manager in integrating and facilitating the establishment of NP role was investigated. A number of strategies were proposed as a result of the findings in this study. These include:

- encouraging all team members to work out 'who does what'
- ensuring that task reallocation preserves job motivating properties
- giving consideration to how tasks have been allocated when issues identified as 'personal conflict' arise
- paying attention to all perspectives of the working relationships within the team
- facilitating positive relationships between team members
- leading from a 'balcony' perspective
- working with the team to develop goals that are not entirely focused on the nurse practitioner
- regularly sharing with other managers the experiences and lessons learned in introducing nurse practitioners.

The three challenges which need to be addressed by nurse managers in order for NP implementation to be effective are of a managerial, not clinical nature. Tye & Ross (2000) and Jasper (2005) conclude that while there is professional consensus on the benefits of the NP role such as improved waiting times and patient satisfaction, there appeared also to be a degree of ambivalence regarding role configuration, value for money and the extent to which the role should be expanded in the future.

1.7 Perceptions of other healthcare professionals of advanced nurse practitioner roles

ANPs work within complex healthcare systems and are inter-dependant with other healthcare professionals. As the functional unit of modern health services is the team, understanding the impact on and acceptance of ANP roles within the team is crucial to the success of the roles in meeting health service needs. A study carried out by Gooden and Jackson (2004) found that registered nurses who worked closely with NPs believed that NPs were knowledgeable, competent healthcare providers, they were comfortable working with them and they often sought advice and information from the NP's. They also saw the role as a positive addition to the healthcare team. When describing the role of a NP in dementia, Rolfe and Phillips (1997) report how the role was appreciated by carers and valued as a development by staff. Smith (2000) investigated the attitudes of medical practitioners and nurses to the introduction of the role of an emergency NP in a number of emergency departments in Ireland. She reported high acceptance of the role by both groups of healthcare providers, with issues regarding erosion of the 'traditional role of the nurse' and litigation being the only negative issues regarding continued role development. O'Connor (2004) in a study investigating the perceptions of the professions allied to medicine in a number of Irish hospitals and their understanding of the role of the ANP reported that there was little understanding of the role where communication, collaboration and stakeholder buy-in at the time of role inception had been poor.

1.8 Advanced nurse practitioners and job satisfaction

Satisfaction studies and surveys related to ANPs have in the main concentrated on the service users or key stakeholders involved with an ANP service. One study carried out by Coopers and Lybrand (1996) which examined 10 NP roles, found that one of the benefits of developing NP services was the improved job satisfaction experienced by the nurses involved. There is a paucity of research however, which exclusively evaluates and describes the job satisfaction experienced by qualified practicing ANPs.

The ANA carried out a survey of 76,000 nurses to explore the various components of job satisfaction among registered nurses. The total group of respondents reported that they were highly satisfied with various aspects of their nursing role such as, interactions with other registered nurses, their professional status and professional development opportunities. Moderate levels of satisfaction were reported in all other aspects of the respondents' jobs such as nursing management, nursing administration, interactions with doctors and their own level of autonomy. Lowest satisfaction was reported in the area of decision-making and pay (Anon 2005). Advanced practice roles potentially offer increased autonomy and pay and could be seen to respond to this reported dissatisfaction. Anecdotally advanced practice nurses describe high levels of job satisfaction due to the autonomous nature of their role, the level of decision making and responsibility which they experience in their clinical environment combined with collaborative working relationships with other healthcare professionals.

1.9 Conclusion

The literature concerning the evolution of advanced practice roles chronicles the early origins and drivers for role development and highlights the innovative contribution nurses working in remote or marginalised clinical practice settings have made in improving access and quality of care for service users. Specialist clinical areas such as primary care and acute ambulatory care were amongst the first to pioneer these new roles with other categories of roles such a symptom specific or disease specific specialisation being modelled in a similar manner and tailored to match the client group. The main drivers for new role development in almost every country have been an identification of service need usually created by medical manpower shortages, or increase in population and decreased access, improvements in nursing competence and education and the desire for

individual nurses to challenge ritualistic practices and professional role boundaries. Strategic role development is a relatively new concept which has been adopted in countries such as Australia, New Zealand and Ireland; this is as a result of lessons learned from other countries such as the United Kingdom and Canada where, lack of role definition and clarity around nomenclatures, scope of practice and education level has caused considerable confusion amongst the profession and the public.

The dawning of the twenty-first century proved a monumental landmark for reflection on the past and anticipation of an uncertain future (Hickey 2000). The future is partly amenable to shaping by visionary thinking, planning, control, or anticipatory adaptation; however political and economic forces as well as complex lifestyles and a rapidly expanding global community create unprecedented challenges not seen in the past. Advanced nursing practice represents the future frontier for nursing practice and professional development. It is a way of viewing the world that enables questioning of current practices, creation of new nursing knowledge, and improved delivery of nursing and healthcare services (Patterson & Haddad 1992, Davies & Hughes 1995, Sutton & Smith 1995). Advanced practice nursing roles can be shaped to address complex and dynamic healthcare system needs and meet the demands for flexibility in service delivery (Bryant-Lukosius et al 2004).

CHAPTER 2

‘I had not anticipated that the amount of team spirit and the amount of to and fro between the advanced nurse practitioners and the consultants would be as great as it has become’

(Doctor)

2 The Development of Advanced Nursing Practice Roles in Ireland

In Ireland the National Council for the Professional Development of Nursing and Midwifery has developed a framework which defines the role of advanced nurse/midwife practitioner, sets out the core concepts for the role and provides guidance on the establishment of advanced nurse/midwife practitioner roles in Ireland (NCNM 2001a, 2004a).

2.1 Role development

Advanced practice nursing in Ireland is in its early stages but as in other countries new nursing roles have evolved in response to an identified service need amongst specific patient groups. Following a period of industrial unrest among nurses in Ireland, the Commission on Nursing was established by the Minister for Health in 1997 as a result of a Labour Court recommendation (Recommendation No. LCR 15450). During the Labour Court's deliberation on a number of issues in dispute between the health service and the unions representing nurses, it was recognised that there had been extensive changes in the requirements placed on nurses in the evolving health service and that this warranted consideration outside the context of industrial arbitration. The broad remit of the Commission was to examine and report on the evolving role of nurses in the health service (Government of Ireland 1998). The Commission recognised the need for nurses to expand their roles in the interest of patient care and to provide promotional opportunities for nurses who wished to remain in clinical practice. The Commission recommended the establishment of a clinical career pathway incorporating the development of clinical nurse/midwife specialist and advanced nurse/midwife practitioner posts.

The Commission recommended the establishment of the National Council for the Professional Development of Nursing and Midwifery which would have responsibility for developing the framework for and monitoring the establishment of the clinical career pathways. The National Council was established by ministerial order in November 1999. This statutory body is charged with responsibility for defining, accrediting and monitoring the development of clinical nurse/midwife specialists and advanced nurse/midwife Practitioners posts (S.I. No 376, Government of Ireland 1999). Following the appointment of the members of the council and executive chairperson the first and most pressing issue for the Council was to publish a definition of the clinical nurse/midwife specialist (NCNM 2001b, 2004b) closely followed by the definition of advanced nurse/midwife practitioner and the Framework for the Establishment of ANP/AMP Posts (NCNM 2001a, 2004a). The definitions of CNS/CMS and ANP/AMP were developed in light of guidance provided by the Report of the Commission on Nursing (Government of Ireland1998) and with regard to the international literature and role developments in countries such as Australia, United States of America and United Kingdom (Appel et al 1996, NCNM, 2001a, 2000b, 2004a 2004b).

2.1.1 Clinical nurse specialist

The role of clinical nurse/midwife specialist in Ireland has developed as a result of specialisation in nursing in a similar way to other countries, this specialisation occurred over a relatively short period of time (Government of Ireland 1998). The National Council has provided clear and unambiguous guidelines with regard to role definition and educational preparation. Confirmation of a nurse/midwife as a CNS/CMS requires that service providers and the Nursing and Midwifery Planning and Development Units at regional level approve the post. The National Council maintains the national database of CNS/CMS posts and those nurses and midwives approved into posts. The process of confirmation and role description differs from the CNS roles already described in the USA, Canada and Australia. The effectiveness of the CNS/CMS role in the Irish context has been the subject of a research study carried out by the National Council (NCNM 2004c). Results of the study found that there is overwhelming support for these roles from key stakeholders in the health service and service users. Recommendations from the report suggest a range of improvements for continued role development, education and continuous evaluation on the effectiveness of the role on patient outcome and service delivery while the National Council's monitoring function will strategically guide the profession to build capacity on the existing services provided by this group of professionals (NCNM 2004c).

2.1.2 Advanced nurse practitioner

The title of advanced nurse practitioner is new to the nursing profession in Ireland. The first accredited advanced practice role was in emergency nursing. The role of the emergency nurse practitioner was pioneered in the emergency department in St James's Hospital, Dublin in 1996 in response to increasing numbers of patients attending the department with minor injuries (Small 1999). This role was modeled on the role of ENP in the UK; it included a similar scope of practice and patient caseload with clinical practice guided by strict protocols (Small 1999). The publication of the Framework for the Establishment of ANP/AMP Posts (NCNM 2001a), which gave a definition of ANP/AMP, clearly outlined the core concepts of the role and provided a framework for further role developments, paved the way for role development in areas such as emergency, sexual health, rheumatology, primary care, cardiothoracic, cardiology, breast care, diabetes, neonatology and emergency cardiology.

2.2 The policy context

Various policy documents and strategies have influenced the development of ANP roles in Ireland. The national health strategy document *Quality and Fairness: A Health System for You* (DoHC 2001) recommends the development of further advanced practitioner posts in nursing and midwifery within the framework of the National Council. The Strategy identifies that it will be necessary to expand existing educational and training facilities to meet the extra number of health professionals outlined in the Strategy.

The Report of the National Task Force on Medical Staffing (DoHC 2003a) recommends that, in line with the philosophy of the Commission on Nursing, the scope for enhancing the role of nurses and midwives should be explored in detail with a view to identifying how such enhancement could be implemented nationally. The report states that there is considerable potential for nurses to further develop quality patient care and positive patient outcomes. The report confirms that the role of the ANP is already well identified and offers a valuable contribution to the effective use of health professionals. The Task Force also importantly identified that there will necessarily be a lead in time to new role expansion which includes the acquisition of particular skills and qualifications, in this case a master's degree.

The Nursing and Midwifery Resource: Final Report of the Steering Group – Towards Workforce Planning (DoHC 2002) anticipated that the role of the ANP/AMP will be developed across all divisions of nursing and midwifery. These developments, it stated will be *"vital to the process of capacity building within the health system and also alter the dynamics of inter-disciplinary team working"*.

The Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000) has facilitated a new and empowering phase in Irish nursing. The Framework aims to support nurses and midwives in their determination, review and expansion of their scope of practice. The scope of practice is defined as *'the range of roles, functions, responsibilities and activities which a registered nurse is educated, competent and has authority to perform'.* The Framework acknowledges the evolving roles of nurses and differentiates between the terms expansion and extension, in favour of the former. It highlights the principles and values that should underpin role development and expansion. It is a pivotal document around which nurses and midwives in Ireland for the first time have the facility at service level to develop their role within an agreed framework.

Audit of Structures and Functions in the Health System: Prospectus (DoHC 2003b) recommends the enhancement of system capability and performance and the continued advancement of the personal development planning process, which is established in some health agencies but not in all. It also recommends that the human resource division of the Health Service Executive (HSE) conduct an audit of the critical skills and competencies required in delivering system capability and performance.

Report of the National Task Force on Medical Staffing: The Challenge for Nursing and Midwifery - A Discussion Paper (DoHC 2003c)

Following the publication of the Hanly report the Nursing Policy Division in the DoHC published a response. This discussion paper outlines what it terms 'critical success factors' for the development of nursing and midwifery. These include: management of change, partnership, leadership, education and professional development, competence and clinical guidelines. The report states that there is considerable potential for nurses and midwives to further enhance the development of high quality patient-centred care and to influence positive patient care outcomes. The discussion paper identifies a range of possible developments for nursing and midwifery elicited from nurses and midwives in acute, psychiatric and midwifery settings.

An Explorative Study into the Expansion of Nursing and Midwifery Professional Roles in Response to the European Working Time Directive (Mid-Western Health Board 2003) was published by the Nursing and Midwifery Planning and Development Unit in the (former) MWHB which explored the possible development opportunities for nursing and midwifery in light of the European Working Time Directive. The findings indicated that, enhancement of nursing and midwifery practice should involve a multi-disciplinary/professional approach and involve all stakeholders. Role development, with autonomy and decision-making capacity should be assured. Appropriate support structures must be included. The majority of participants welcomed the idea of advanced nurse/midwife practitioners if the profession is to develop significantly into the future. The development of advanced nurse/midwife practitioners was seen as an essential element in the development of the profession both from a knowledge-skills base and a leadership perspective.

It is clear that contemporary Irish health policy acknowledges the huge resource that currently exists in nursing and midwifery and the potential for the greater utilisation of that resource given development and support, in the interest of providing better, more streamlined services to patient/clients. The role of the ANP/AMP is central to this.

2.3 Defining and developing advanced nursing practice

In Ireland the National Council acts as the accrediting body for the approval of job descriptions and sites where ANPs/AMPs operate and also the accreditation of the individual who is approved in the post. Along with this function the National Council has a monitoring function in terms of the strategic development of posts throughout the regions and also the maintenance of a database which lists the names and geographic location and nature of ANP/AMP posts in each speciality.

The Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts (NCNM 2001a, 2004a) provides guidance to the profession and key stakeholders on the establishment of ANP/AMP posts. There are two parts to the process; firstly the service applies to have a post approved (job description and site preparation) and secondly the nurse or midwife applies to be accredited as an ANP/AMP in the approved post. The rationale for this two-fold process is to ensure that the service need is

identified, that there is a quality improvement in services delivered to the public, that the role is adequately defined in the context of the national definition of ANP/AMP and that the necessary preparation takes place to integrate the ANP/AMP role into the organization. In addition the process ensures that the accredited ANP/AMP meets the educational requirements and possesses the professional and clinical competencies to practice at an advanced practice level. It is anticipated that the title of Advanced Nurse/Midwife Practitioner will be protected in the legislation when the Nurses Act (1985) is amended.

The Irish definition of advanced nursing/midwifery practice is as follows:

"ANPs/AMPs promote wellness, offer healthcare interventions and advocate healthy lifestyle choices for patients/clients, their families and careers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines. They utilise advanced clinical nursing/midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and /or chronic illness. Advanced nursing/midwifery practice is grounded in the theory and practice of nursing /midwifery and incorporates nusing /midwifery and other related research, management and leadership theories and skills in order to encourage a collegiate, multidisciplinary approach to quality patient/client care.

Advanced nursing and midwifery practice is carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and are educated to master degree level (or higher). The postgraduate programmeme must be in nursing /midwifery or an area which is highly relevant to the specialist field of practice (educational preparation much include substantial clinical modular component(s) pertaining to the relevant area of practice).

ANP/AMP roles are developed in response to patient/client need and healthcare service requirements at local, national and international levels. ANPs/AMPs must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing /midwifery practice and a commitment to the development of these areas."
(NCNM 2001a, 2004a)

The definition of ANP/AMP is underpinned by the four core concepts of the role and further supported by associated competencies outlined by the National Council (Table 4).

Table 4: Core concepts and associated competencies advanced nursing/midwifery practice as defined by the National Council.

Core concept	Associated competencies
AUTONOMY IN CLINICAL PRACTICE	• Accepts accountability and responsibility for clinical decision-making at advanced practice level through caseload management for patients/clients. • Performs comprehensive health assessment, plans and initiates care and treatment modalities to achieve patient/client-centred outcomes and evaluates their effectiveness, initiating and terminating a care episode. • Uses professional judgement to refer patients/clients to nurses, midwives, healthcare professionals and healthcare agencies.
EXPERT PRACTICE	• Articulates and demonstrates the concept of nursing/midwifery advanced practice within the framework of relevant legislation, the Scope of Nursing and Midwifery Framework the Code of Professional Conduct and Guidelines for Midwives. • Demonstrates advanced clinical decision-making skills to manage a patient/client caseload. • Identifies health promotion priorities in the area of clinical practice. • Implements health promotion strategies for patient/client group in accordance with the public health agenda.
PROFESSIONAL AND CLINICAL LEADERSHIP	• Articulates and communicates a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing/midwifery practice and demonstrates a commitment to development of these areas. • Contributes to professional and health policy at local, regional and national level. • Initiates and implements changes in healthcare service in response to patient/client need and service demand. • Contributes to service planning and budgetary processes. • Demonstrates mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses and midwives and other healthcare professionals. • Provides leadership in clinical practice and acts as a resource and a role model of advanced nursing/midwifery practice. • Contributes to the professional body of nursing or midwifery knowledge and practice nationally and internationally. • Identifies need and leads development of clinical standards. • Procures and effectively manages resources required for service provision and development.

Core concept:	Associated competencies:
RESEARCH	• Identifies research priorities for the area of practice. • Leads, conducts, disseminates and publishes nursing/midwifery research, which shapes and advances nursing/midwifery practice education and policy and the wider health agenda. • Identifies, critically analyses, disseminates and integrates nursing/midwifery and other evidence into the area of clinical practice. • Initiates, participates in and evaluates audit. • Uses the outcomes of audit to improve service provision. • Contributes to service planning and budgetary processes through use of audit data and specialist knowledge.

(NCNM 2004b)

In order to be eligible to become an ANP/AMP the nurse/midwife must:

1 be a registered nurse or midwife on An Bord Altranais' live register

2 be registered in the division of An Bord Altranais' live register for which the application is being made

3 be educated to masters degree level (or higher). The postgraduate programme must be in nursing/midwifery or an area which reflects the specialist field of practice (educational preparation must include a substantial clinical modular component(s) pertaining to the relevant area of specialist practice)

4 have a minimum of 7 years post-registration experience, which will include 5 years experience in the chosen area of specialist practice

5 have substantive hours at supervised advanced practice level

6 have the competence to exercise higher levels of judgement, discretion and decision-making in the clinical area above that expected of the nurse/midwife working at primary practice level or of the clinical nurse/midwife specialist

7 demonstrate competencies relevant to context of practice and

8 provide evidence of continuing professional development.

Nurses and midwives are not eligible to apply for ANP/AMP accreditation unless they have been offered a National Council approved post. Accreditation is for five-year periods after which re-accreditation is necessary. To re-apply for accreditation as an ANP/AMP the applicant must demonstrate to the National Council that the requirements for initial application continue to be met and that any expansion of scope of practice has been supported by appropriate preparation.

2.4 Current context of advanced nursing practice in Ireland

At present there are 29 ANP posts approved and 21 ANPs accredited by the National Council in Ireland. Table 5 gives details of the areas of practice of the approved posts and accredited ANP and table 6 outlines the location of posts.

Table 5: Area of practice of ANP posts and accredited ANPs.

Area of practice	Number of Posts	Accredited ANPs
Emergency	17	13
Sexual Health	1	1
Rheumatology	1	1
Primary Care	1	0
Cardiothoracic	3	3
Cardiology	1	1
Breast Care	1	1
Diabetes	1	1
Neonatology	2	0
Emergency Cardiology	1	0
Total	**29**	**21**

Table 6: Location of ANP posts.

Health Region	Number of posts	Organisations	Title
Eastern Region	24	St. James's Hospital	Emergency Sexual Health Cardiothoracic Emergency-Cardiology
		Mater University Hospital	Emergency Cardiology Diabetes
		Connolly Hospital Blanchardstown	Emergency
		Our Lady's Hospice, Harold's Cross	Rheumatology
		St. Vincent's University Hospital	Breast Care
		Rotunda Hospital	Neonatology
North Eastern Region	3	Our Lady's Hospital, Drogheda	Emergency
		Monaghan General Hospital	Emergency
		General Practice Leitrim (also occupies North Western Area)	Primary Care
South Eastern Region	2	Waterford Regional Hospital	Emergency

A review of the job descriptions of currently approved posts indicates that a range of different patient/client groups are cared for by ANPs. This involves autonomous case management of patients with a wide variety of needs (Table 7).

Table 7: Needs of patient/client groups cared for by ANPs.

ANP Role	Client needs addressed
Breast care	Breast disorders
Cardiothoracic	Cardiothoracic surgery (pre, intra and post operatively)
Diabetes	Newly diagnosed diabetics Diabetics considering pregnancy
Emergency	Abrasions Dental pain/trauma Facial trauma Foreign bodies, eye, ear Fractures to upper & lower limb Incision & drainage of abscess Lacerations to face trunk & limbs Management of in-grown toenail Minor burns Minor eye conditions/trauma Minor head injury Nail bed & fingertip injuries. Referral to OPD, Social Work Department, Physiotherapy, Occupational Therapy, GP & Public Health Nurse Referral to x-ray Simple epistaxis Soft tissue infection & cellulitis Soft tissue upper & lower limb injury Tetanus toxoid booster
Emergency Cardiology and Cardiology	Chest pain Risk factor management
Neonatology	Ill or premature neonates and their families
Primary Care	Asthma COPD[1] Hypertension Men's health Diabetes Coronary heart disease Health screening Immunisation Anti-coagulation Smoking cessation Weight management Ear care Hyperlipdaemia
Rheumatology	Complex disease Inflammatory arthritis
Sexual Health	Bacterial vaginosis Chlamydia Genital warts Sexual health screening Trichomonous vaginalis Vaginal candiasis/Candida balanitis

[1]Chronic obstructive pulmonary disease

In addition to their role in providing clinical care for these client groups, job descriptions highlight the role of ANPs in developing nursing practice, education of staff, identifying research priorities, designing, undertaking and leading research in their field of practice. All ANP roles are supported by protocols and guidelines relating to areas of expanded practice. Supply of medication in some areas is facilitated and supported through the use of medication protocols which specify medications that can be supplied and administered by the ANP to certain patients in particular circumstances. It is evident from the details of site preparation that have been submitted that the main work engaged in developing these posts centres on four main areas:

1. creating the job description
2. obtaining appropriate education for potential ANPs
3. establishing support structures (such as guidelines, protocols, resources etc.)
4. integrating the role into the existing service (dealing with impact on other roles in the service, communicating with other members the multidisciplinary team, establishing referral systems etc.).

A number of other services are in the process of developing their sites for the introduction of an ANP role. Areas of practice under development include:

- Accident and emergency
- Addiction
- Bereavement and loss
- Teenage health
- Behaviour management
- Bereavement
- Bone marrow transplant
- Care of the older person
- Chest pain
- Child and adolescent psychiatry
- Child psychoanalytic therapy
- Cognitive behaviour therapy
- Colorectal
- Colposcopy
- Critical care outreach
- Dermatology
- Diabetes
- Emergency paediatrics
- Epilepsy
- Family therapy/interventions
- Forensic mental health nursing
- Haematology oncology
- Heart failure
- Heart lung transplant
- Laser
- Midwifery
- Neonates
- Oncology
- Orthopaedics
- Paediatric oncology
- Pain management
- Palliative care
- Primary care
- Psychiatric liaison
- Psychiatry of old age
- Public health
- Renal paediatrics
- Traveller health
- Urodynamics
- Urology
- Stroke rehabilitation

It should be noted that the above list represent posts that are at various stages of development. The National Council has funded a number of services to

undertake site preparation for ANP/AMP posts through its continuing education funding system.

Research activity is integral to the definition of ANP and it is clear that ANPs in Ireland have been involved in a variety of research activities including promoting and investigating evidence-based practice, identifying research priorities and participating in research as well as being principal investigator on research projects. A review of research undertaken by ANPs in Ireland to indicates that patients are the main focus of ANPs' research, with other groups being student ANPs and other members of the multidisciplinary team. Much of it relates to aspects of the ANP role and many positive outcomes were identified. Most of the research is carried in single centres and is descriptive in nature and many studies have been undertaken as part of a master's degree programme.

Table 8 gives details of research undertaken by ANPs.

Table 8: Research undertaken by ANPs

Author	Title of study	Sample	Methodology	Main findings
Brown (2000)	'A Call for Witness's' An evaluation of the lived experiences of family members who had witnessed resuscitation in an emergency department	Relatives who witnessed resuscitation of a loved one in an emergency department in Dublin.	Qualitative research into the lived experiences of relatives who witnessed the resuscitation of a loved one in the emergency department of an inner city hospital.	Main findings were that relatives valued the opportunity to be next to their loved one while they were being resuscitated. They commented on the kindness of the nurse when breaking bad news, but were unaware of the technical actions of the nursing and medical teams. Overall the experience of witnessing was positive for relatives of critically ill patients.
Brown (2003)	An investigation into the clinical outcomes of patients presenting to a nurse-led chest pain assessment service	Patients presenting to a nurse-led chest pain assessment service	Cross sectional descriptive study	Twenty-percent of patients were diagnosed with obstructive coronary disease, 7% acute myocardial ischaemia and 70% non-cardiac chest pain. No fatal or non fatal acute coronary events in the study period. Patients and general practitioners expressed satisfaction with the service but 40% of GPs were uncertain or disagreed with the abilities of the nurse to comprehensively assess chest pain.
Carpenter (2002)	An exploration of the clinical learning environment for the post-registration emergency nurse student in two Dublin teaching hospitals	Emergency departments and post-registration emergency nurse students	Non-participant observation and questionnaire	The findings of this study highlight workplace conditions as the greatest challenge to effective clinical learning. Skill mix, inadequate staffing and lack of support impact significantly upon clinical learning, and stress was seen as a barrier also. The role of the nurse manager and the staff nurse were seen as pivotal to the creation of a conducive learning environment.
Delamere (2001)	The impact of a nurse practitioner on an urban sexually transmitted infections clinic in Ireland	A prospective service audit during a six month period to evaluate the efficiency of this service	Analyses of patients' clinical details.	7.8% of all patients attending the STI clinic were seen (n=740) by the ANP. The nurse practitioner contributes substantially to the STI service by providing an efficient, effective service reducing overcrowded clinics and lengthy waiting times.
Delamere (2002a)	Sexual health risks among HIV cohort	Questionnaire was performed to assess sexual risk, knowledge of STI's and awareness of post exposure prophylaxis	A quantitative study was carried out amongst the first sequential 100 HIV patients attending the service over a three month period.	This study demonstrates the need for ongoing sexual health education.
Delamere (2002b)	HIV/AIDS post registration education – an impact evaluation	Nurses who had undertaken the HIV/AIDS post registration course	Triangulation using a questionnaire and focus groups	Evaluation plays an important role in the development of educational programmes, in particular when the focus is based on specific care problems with the utilization of unique and innovative methods. In relation to the HIV/AIDS course, group work, case histories and the utilization of people living with HIV, all have shown to have a profound effect on the course participants.

Table 8: Research undertaken by ANPs (cont.)

Author	Title of study	Sample	Methodology	Main findings
Delamere (2003)	Acceptability of the role of the advanced nurse practitioner (sexual health); A comparison study with the senior house officer on patients attending for sexual health screening at the genito-urinary and infectious diseases clinic (GUIDE), St. James's Hospital Dublin	Patients	Questionnaire	Results were favourable for both groups. Higher scores measuring information giving and what to do in the event of difficulties were seen in the ANP group. Patients were equally satisfied with the care provided by the ANP and the SHO.
Clarke and **Delamere**, et al (2003)	Assessing limiting factors to the acceptance of antiretroviral therapy in a large cohort of injecting drug users	Patients with a history of injecting drug use	Questionnaire	This study highlights the chaotic lifestyle and complex social background of the IDU. Such factors were not however associated with the acceptance of highly active antiretroviral therapy (HAART). The primary factor associated with both the acceptance of and adherence to HAART was regular and stable attendance for methadone therapy.
Delamere (2004)	Concerns about emerging HIV infection in a younger population	A prospective analysis of patient records during a three month period	Clinical details were analysed of 114 young people who attended the service to examine presentations to the clinic	A wide spectrum of sexually transmitted infections were shown including concerns about emerging HIV infection in the younger population.
Delamere and Mulcahy (2005)	The psychological and psychosexual impact of HIV infection in an older population	Patient aged 60 years of age and over with a HIV diagnosis	Mini-mental assessment and structured questionnaire	The study demonstrated significant morbidity associated with the ageing HIV population.
Dunne (2001)	Patients perceptions of an advanced nurse practitioner service	Patients	Qualitative study purposeful sample ten patients who were treated by an advanced nurse practitioner. Semi-structured interviews	The main themes that emerged were awareness of a nurse practitioner service, perceptions and experience of waiting, communication, satisfaction and enthusiasm. Findings suggested that receiving care from an advanced nurse practitioner was a positive experience and offered a unique snapshot of the experiences of a patient attending accident and emergency.
Forde (2003)	The knowledge of and attitudes towards pre-pregnancy care in women with type 1 diabetes	Women aged between 18 and 40 with diabetes	Survey	Respondents demonstrated a good understanding of diabetes and self-management practices. Less than half reported that they had received advice about pre-pregnancy care and diabetes. Those that had received this advice demonstrated a significantly greater understanding of diabetes and were more knowledgeable and confident in planning a pregnancy.

Table 8: Research undertaken by ANPs (cont.)

Author	Title of study	Sample	Methodology	Main findings
Keenan 2002	Patient satisfaction with an advanced nurse practitioner service in an inner city emergency department	Patients	Quantitative study A convenience sample of one hundred and ninety patients completed an anonymous questionnaire	Patients reported a high level of satisfaction with the professional care they received, the depth of patient/nurse relationship, the advice they received and overall satisfaction with the service they received
Mc Cawley (2002)	A qualitative descriptive study of the lived experiences of student advanced nurse practitioners undertaking the training programme	Advanced nurse practitioner students	Qualitative study Focus groups	The main findings were that students positively evaluated the course with some suggested refinements related to external placements.
Mc Brearty (2003)	The lived experience of victims of crime who present to the emergency department with a minor injury	Patients	Phenomenology, unstructured interviews	Themes that emerged: fear, shock and disbelief, guilt and self-blame, physical and psychological scars, a helping hand, lifestyle changes, and moving on.
O'Neill, Moore and **Minnock** (2003)	Perceptions of patients with inflammatory arthritis of a group education programmme	Patients	Questionnaire	Patients rated the education programme as a valuable part of their ongoing care.
Minnock et al (2003a)	Patient satisfaction with a nurse-specialist led biologic therapy clinic	Patients	Questionnaire	Consistently high levels of satisfaction were recorded. Specialist nurse-led biologic therapy review clinic provides a safe effective and acceptable management service and support for patients.
Minnock et al (2003b)	Women with established rheumatoid arthritis perceptions of health and well being.	Patients	Questionnaire	A large majority of women perceived impairments of health status as attributed to rheumatoid arthritis. Pain was perceived as the predominant impairment.
Minnock and Bresnihan (2004)	Pain outcome and fatique levels reported by women with established rheumatoid arthritis: a four-year longitudinal observational study	Patients	Questionnaire	Women with rheumatoid arthritis experienced poor health status in relation to pain and fatigue but no relationship between current pain and fatigue was demonstrated. Fatigue was prioritised over pain for improvement.

Table 8: Research undertaken by ANPs (cont.)

Author	Title of study	Sample	Methodology	Main findings
Murray (2002)	Pregnancy associated breast cancer	Pregnant women with breast cancer	Retrospective review over a 15 year period	Surgery can be safely performed and chemotherapy should not be postponed until after the patient has delivered.
Murray (2003a)	Factors that influence eligible women electing to have or not to have breast reconstruction	Patients who were advised to have a mastectomy	Qualitative	Women choose reconstruction for physical and emotional reasons. Patients felt well informed. Some aspects of recovery were more difficult than they had expected. Ratings of satisfaction were generally high. Reconstruction improved body image.
Murray (2003b)	What women want: support required by women with breast cancer from the perspective of breast clinic attendees and staff	Women with breast cancer	Mixed methods, survey and focus group	69.8% were satisfied with information or what to expect from surgery, chemotherapy and radiotherapy. 59% were satisfied with communication and co-ordination between hospital and GP. Satisfied with support from breast care nurses (80.1%). Main problem at clinic, long waiting times (32.4%). Other problems cited lack of privacy and lack of hot meals.
Murray (2005)	Audit of nurse practitioners clinical competencies in breast examination	Women attending triple assessment clinic	Prospective audit	Demonstrated that the ANP achieved a high level of competence in breast examination.
O'Connor (2004a)	Beyond boundaries: a multidisciplinary perspective to the role of the advanced practitioner in emergency nursing	Allied Health Professionals	Semi-structured interviews	Themes that emerged: bridging the gap, overstepping boundaries and the way forward.
O'Connor (2004b)	Patients level of satisfaction with the pre-operative education they received prior to coronary artery bypass surgery	Patients admitted for coronary artery bypass surgery	Survey	Most patients were satisfied with the pre-operative education they received. Those who attended the pre-admission clinic were more satisfied than those who didn't.
Rothwell (2004)	The lived experience of a group of nurses working in advanced practice roles in Ireland	Nurses preparing to become ANPs	Interviews	Themes that emerged, positive experiences, stresses of the job, patient benefits and breaking new ground.

Table 8: Research undertaken by ANPs (cont.)

Author	Title of study	Sample	Methodology	Main findings
Small (1999)	An evaluation of the role and scope of practice of an emergency nurse practitioner in an urban teaching hospital in Dublin	Patient records	Retrospective review of 1,000 randomly selected patients who were diagnosed, treated and discharged by an emergency nurse practitioner.	The majority of patients were young males who self-referred with hand injuries. There were few requests for x-ray for common injuries such as soft tissue ankle injury and head injury. The overall consultation time from triage to discharge compared favourably with international literature. Recommendations included expansion of the current caseload to provide an ENP service to a larger client group.
Smith (2000)	Attitudes and perceptions of medical and nursing staff to an emergency nurse practitioner service	Nurses and doctors working in four emergency departments in Dublin	Questionnaire	The response rate was 70.3%. Overall the opinions of nursing and medical staff were positive in relation to the development of an ENP service. Some concerns were expressed around the area of litigation and the erosion of the traditional role of the nurse.
Varley (2003)	A comparative study to determine the effectiveness of double Tubigrip in the treatment of grade 2 lateral ligament ankle sprain injuries	Patients	Quasi-experimental comparative	Treatment of grade 2 lateral ligament ankle sprain injuries with a double Tubigrip bandage does not significantly increase or decrease swelling or physical activity levels.

2.5 Educational preparation for advanced nurse practitioners

The minimum graduate level for accreditation as an advanced nurse or midwife practitioner in Ireland as stipulated by the Commission on Nursing and the National Council is masters' degree level (Government of Ireland 1998, NCNM 2001a, 2004b). To this end education programs have been developed by the 3rd level educational institutions in partnership with service providers in an attempt to meet the academic and professional needs of services across the regions (NCNM 2005a).

There is paucity of research into the content, process and outcome of education programs preparing advanced nurse practitioners to date in Ireland. Mc Cawley (2002) researched the lived experiences of students undertaking an MSc in nursing with an advanced nurse practitioner strand at one third level institution. In this qualitative study, students reported high satisfaction with the module in terms of meeting their individual education/clinical practice requirements and preparation for practice in a new role at an advanced level.

Masters' degree programmes in nursing are now offered in seven third-level institutions in Ireland. Some universities offer masters' in nursing with specific advanced practice strands, while the others offer generic masters' programmes. Four universities offer master's degrees in midwifery. It is apparent that there is flexibility and innovation in the development of master's degree level education for nurses and midwives. Partnerships between health service and educational institutions are informing programme development, and as a result nurses and midwives are being facilitated to choose educational packages that best meet the needs of the service and their own professional development needs.

CHAPTER 3

‘I would see that the main focus of my roles is really the patient’

(ANP)

Research Findings

3 Research Findings

The findings from the interviews are presented in this chapter under the following themes, main focus of the role, fulfilling the core concepts, factors influencing fulfillment of the role, issues involved in implementing the role, nurse manager's role, benefits of the role, impact of the role on the multidisciplinary team, further development of the role, evaluation of the role and job satisfaction. They are presented from the perspectives of ANPs, nurse managers, CNS and doctors and supported by verbatim quotes.

3.1 Main focus of the role

Providing clinical care for patients was seen by ANPs as the main and most important part of the role. This involved providing care throughout a whole care episode autonomously. The holistic nature of the care provided was seen as central to the role of the ANP. Examples were given of how patients sometimes present with one problem but due to the nature of the ANP service and the time spent, they discuss other health issues with the ANP providing an opportunity for health promotion. This was seen as resulting from the nature of the nurse-patient relationship and the holistic orientation of nursing as a discipline. Health promotion was seen as important to patient care and a central part of the role. This type of holistic flexible service was perceived as responding to patient needs.

"We do everything for the patient, you might be putting on the cast, you might be cleaning the wound, you're stitching them, you're getting the tetanus, you're giving them all the advice on wound and sepsis and everything." ANP

"You have your own quota of patients and you look after them from beginning to end of treatment, assessment, diagnosis, treatment and then, particularly follow-up management and health education." ANP

"The main focus is the delivery of or facilitating the delivery of nursing services, clinical services to patients." ANP

"I think it is really important in terms of their understanding of what's going on and to minimise their anxiety, to spend time with patients. I have that luxury in this role to do that, whereas medical colleagues would have pressures of more serious patients. I think that would be the main focus that I would try and emphasise is the time that I spend with patients and also the follow-up that I give them in terms of developing their knowledge and understanding of what's wrong with them and how best to develop it later or how best to look after it when they go home." ANP

"You start consulting about an ankle but you will often find once they get comfortable and they find that you are approachable and that they will ask you about other things about, you know, issues around sexual health or any other health issues that they have." ANP

Some ANPs were active in identifying research priorities and in undertaking nursing research. ANPs also highlighted their role in educational activities, service development and research but stressed that it was difficult to find time to engage in these aspects of the role. This was due in part to a lack of time and in part to a reluctance to take time away from patient care when it might mean that patients would be delayed in receiving care. As there are relatively few ANPs in some services (in some cases only one), the clinical needs of the service are seen to take precedence over other aspects of the role as time taken out for research or educational activities can result in patients waiting longer for the service. However the leadership, practice development, educational and research aspects of the role were seen as vital to the quality of patient care and the development of ANP posts was viewed legitimising nursing leadership in health care.

"She [the ANP] *would be the visionary who looks at what is going to happen in the future."* CNS

"You have positional authority and respect and that gives you the opportunity to voice your opinion, voice your proposals, make suggestions. They are expected from you and they are listened to and so you are in a position where you have the opportunity to facilitate change and development." ANP

Doctors saw the main focus of the role as being clinical, in meeting patient need and as maximising the nursing contribution to patient care. They acknowledged the ANP contribution to staff education and practice and service development.

"I find that because they are trained very well they might even take a longer amount of time to explain things to people, which is great good barometer of efficiency. They don't just see people quickly they see them quite thoroughly. They give a sense of direction to the nursing staff in general because its another career people can develop. They play lots of other roles you know and obviously they take part in teaching and that would include teaching the SHOs." Doctor

"She does have to speak at international meetings and brings people over here that she meets." Doctor

"She would have initiated the group education programme." CNS

Key Points

- Providing holistic, clinical, autonomous, timely care for patients is the main focus of the ANP role.
- ANPs provide education, leadership, undertake research but find it difficult to allocate time to these activities due to the pressure on them to meet clinical demands.
- ANPs have a key role in leading service and nursing practice development.

3.2 Fulfilling the four core concepts

The core concepts of the ANP role as defined by the National Council are autonomy in clinical practice, expert practice, leadership and research. The largest proportion of time for ANPs is spent in clinical practice. ANPs reported feeling satisfied that they were able to practise autonomously within the clinical area and this was a source of satisfaction for them in their professional role and contributed greatly to the quality of the service that patients received. Two issues that were mentioned by some ANPs as inhibiting their ability to be fully autonomous were restrictions on nurse prescribing and requesting X-rays. They reported that the development of the role had enabled them to develop their clinical expertise and scope of practice in the interests of patient care and that this was recognised and appropriately exploited by the multidisciplinary team.

"Well as an ANP my main focus is still clinical. My first love is clinical and I suppose will always remain that and that's the reason why the role exists because as an experienced senior nurse I wanted to remain on the clinical side and this is obviously the best way and this allows me to do that." ANP

ANPs highlighted the difficulty in getting time to fulfill aspects other than the clinical part of the role. This was seen partly as a consequence of the fact that ANP roles are in the early stages of development. Where roles are developing the need is increasing as services recognise the value and potential of the service, thus leading to an ever increasing patient caseload. This then has an impact on the ability of the ANP to manage their time and to fulfill all requirements of the role. Many ANPs mentioned working on research and accessing information in their off-duty time.

"….taking time out to do research impacts hugely on the waiting time and the patients as well." ANP

"The patient is your focus, you are trying to see as many patients as you can and keep the waiting times down, so you know the time allotted to research and professional clinical leadership probably is not as good as it should be." ANP

ANPs highlighted the difficulty in separating out the various aspects of the role and it was apparent that much leadership, teaching and consultancy happened alongside clinical practice.

"Professional clinical leadership, this is hard to pin down because it's not something you actually are perceived to do in your daily practice but I would have the experience of being seen by others as a resource in the department, particularly at the moment an academic resource we have a lot of colleagues doing masters and other degree programmes who are entering thesis and research proposal. They know I've been through it so they'll come and there are mornings where I might spend an hour or two with various colleagues going through their work and giving corrections or encouraging them in what their doing and how to go onto the next step. So in that respect there's a lot of consultation with me from them. Clinically people would come to me and ask how best they may be able to fulfill orders or requests that they've been given from doctors such as doing dressings or should they do it this way, should they do it that way. Or I would be called out to look at wounds or injuries that maybe they're not happy with. They would be thinking of it from a nursing perspective if the patient was going home and maybe unable to manage, would there be another way we could treat this patient could we admit them, should we admit them, should we get occupational therapy involved? So from that respect I provide information and consultation on that and I find that extremely rewarding because it kind of compounds the fact that I do know something that is useful to other members. My expertise hopefully would over-flow into patients that I don't see in my own case load. I also would talk to people from other health areas, health boards and other nurses developing along the clinical pathway of advanced practice and they would come to me for advice or information on how the role was set up and how best to approach various aspects within the development stage." ANP

Making time to undertake research was highlighted as particularly difficult and some ANPs identified that this was to some extent influenced by their preference for clinical contact with patients. However some ANPs were able to plan their time so as to allow for time dedicated to research activities. Activities that ANPs mentioned being involved in outside direct clinical practice included: informal teaching of nursing and medical students, formal lecturing, providing skills workshops, speaking at conferences, providing expert clinical advice and supervision for nurses and doctors, developing evidence-based initiatives such as journal clubs, supervising nursing research, organising conferences and developing and implementing education programmes, sourcing evidence for practice for their own and others benefit. Inevitably ANPs' expertise is much in demand from services that are in the early stages of developing ANP roles.

"I would like to think that there would be more protected time to allow other developments like research and what I have managed to negotiate this year was an extra morning when I can actually take time off away from the clinic, but when you are here you are called on all the time. To actually focus on my research what I am doing at the moment is one day a month." ANP

It was evident that doctors and other nurses on the multidisciplinary team recognized the contribution of ANPs to the education of other staff and the development of practice in the clinical area.

Key Points

- ANPs spend most of their time in clinical practice with direct patient contact.
- They are able to use their clinical expertise in delivering care to patients autonomously but are in some instances restricted by regulations governing prescription of medication and requesting of X-rays.
- ANPs have a role in the education of nursing, medical and other staff both formally and informally.
- They have a leadership role both within their own service and as a consultant to other services.
- Fulfilling clinical leadership and research aspects of the role is proving problematic due to time constraints and the growing clinical need for ANP services.
- Practice development, teaching and clinical leadership sometimes overlaps with clinical practice in informal ways that makes it difficult to quantify the contribution of ANP in these areas.

3.3 Factors influencing fulfillment of the role

Time constraints were mentioned by ANPs as influencing their ability to fulfill all aspects of the role. Involvement in direct clinical care was seen as the most important aspect of the role. As the roles are constantly developing and expanding, the clinical work is constantly expanding, with the result that they have less time available for other aspects of the role, thus influencing their ability to fulfill all elements of the role.

Having more than one ANP working in an area was highlighted as facilitating fulfillment of all aspects of the role. ANPs in areas where they were the only ANP in post found it difficult to take time away from the clinical work to attend to other aspects of the role.

"I suppose one of the things I am conscious of since I have been accredited are all the people who want to talk to me. Your clinical time is constantly being eroded." ANP

"I know we would all love to be able to fulfill all of the elements of the role to the best of our ability but I suppose the priority is given to delivering the clinical care. That's what we feel we are best at and most comfortable with, most expert in and also where the demand is greatest even though we know that we need to get out there and teach." ANP

Physical and tangible amenities such as clinical and office space and access to information technology were seen as important in facilitating fulfillment of the role. The lack of these were viewed as inhibiting role development. Some ANPs were satisfied with the environment and technical support that were provided, while some found them inadequate. Secretarial/clerical support was highlighted as important with some ANPs indicating that they did not have adequate access to secretarial services both for clinically related work and educational and research activities.

"The environment that I work in is very conducive to advanced practice because it's a dedicated room that is comfortable, it's quiet, it's away from the main area. Patients come in, the door can be closed behind them, there's nobody else in the room and they can be assessed thoroughly. They appear to be more comfortable and it makes life easier for both of us so that would be important as well in facilitating the role." ANP

Support from the multidisciplinary team and colleagues was highlighted as an important factor in facilitating ANPs to fulfill their role. This incorporated support to work autonomously, provision of clinical supervision by medical staff, positive attitudes and demonstration of respect for ANPs contribution to care. Medical colleagues in particular were mentioned as a source of support. Support from nursing management was also mentioned as being important in assisting them in planning service developments and allocating their time.

"Colleagues have helped me, they have facilitated me in the development of the role, they have given me the time and encouragement to get the role up and running. They have given me the confidence that I can do what I'm doing. Giving me the space when I needed it in terms of time away if things are getting difficult or I needed to focus on aspects such as my training. At the time of the master's I was facilitated to do that and then to come back and to provide them with the benefits of what I had learned so I suppose my colleagues were the main factor that facilitated me." ANP

"I guess the whole environment really, within the organisation, nursing management being behind it and knowing that I have the support of the three consultants." ANP

The way in which the ANP role was perceived by other members of the team and service managers was mentioned by some ANPs as influencing the focus of the role. For example if the role is perceived as being exclusively clinical others may question when ANPs are engaged in practice/service development, leadership, educational and research related activities. A lack of understanding of the role sometimes leads to inappropriate referrals to the ANP which was mentioned sometimes as being a source of frustration.

"When you go off and do some research or develop something to go teaching, the staff on the floor want to know where you are." ANP

Being educated to master's level was viewed by ANPs as being beneficial in fulfilling the role, particularly in relation to leadership and service development. Access to academic supervision for research was mentioned by some ANPs as a support that would facilitate implementation of their research role. The qualities of the individual ANPs were highlighted by other staff as being highly significant in the implementation and success of the role. Their ability to communicate with patients and staff, have vision and lead services and negotiate change was praised by members of the multidisciplinary team.

"It's hard to tell whether that's actually the person doing the job or the job." Nurse Manager

Key Points

- The increasing need for ANP clinical services affects the ANP's ability to fully implement all aspects of the role.
- Support from colleagues including nursing, medical, management and the multidisciplinary team is evident and crucial to fulfillment of the role.
- Facilities and services such as space, equipment and clerical support are necessary to fulfill the role.

3.4 Key factors involved in establishing an advanced nurse practitioner service

Those involved in developing an ANP service acknowledged that it was a complex and lengthy process that required the co-operation and facilitation of a number of different groups in the clinical setting. The involvement of medical consultants in the development of the roles was crucial both from the perspective of negotiating support for the role to more practical issues such as supervising clinical practice and providing ongoing clinical support. Communication with all individuals and groups likely to be affected by the introduction of the role was essential. Particularly important was identifying key leaders in the multidisciplinary team who would have the ability to bring others onboard. Where difficulties arose they

frequently did so as a result of a lack of understanding or clarity about the role and were resolved through discussion, clarification and negotiation.

"We managed that in a very calculated, deliberate fashion, by enrolling support among the senior grades who were prepared to take a risk." Doctor

"I think the positive atmosphere helped greatly, people that she needed on-side were on side. I think the enthusiasm of the multidisciplinary team particularly of the medics was hugely beneficial." Nurse Manager

"I think you would need to involve all those people at a very early stage who want to set up a service in a hospital. I think they need to be enabled to talk to their counterparts in a place where it's working so as to reduce the professional tensions." Doctor

"Interest and knowledge is just developing regarding the role and I think we have a huge responsibility to make sure people know who we are and what we do and that needs to be done in the very early stages in setting up the role." ANP

The culture of the organisation being open to innovation, development and change was found to have contributed to the successful introduction of the role.

"Well, I suppose the environment really of the organisation is such that it does facilitate innovative kind of thinking or looking at ways of improving service and so as an organisation it would be very open to change, new ideas and new ways of working and looking at service delivery. Certainly from the CEO and the Director of Nursing at the time there was an acceptance that this made sense that it actually was the logical approach to caring for a particular case load of patients who made up quite a significant number. I was facilitated really by all of them, on the ground level by colleagues, staff nurses and other nursing staff who again would have seen me as a senior nurse with a wealth of experience and would have seen the role as a common sense approach to managing that group of patients. So I suppose the support was actually from the ground up." ANP

"We have a very good nursing department and our focus is on empowering staff and developing them and that really, comparing to other agencies that I've worked in without that you're out on your own. I would say that the support that was brought out for this project was a benefit to us all." Nurse Manager

The importance of communicating with other nursing staff working in the ANP's clinical area was highlighted as it was seen as their contribution could be forgotten in the midst of discussions with other groups. Ensuring that other grades of nursing staff do not perceive their roles as being devalued was considered important, as was taking account of the impact that the introduction of an ANP role will have on the work of other grades of nurses.

The personality and interpersonal skills of the ANPs themselves were mentioned as being key factors in the successful integration of the role into services and its acceptance of it by the team. In some cases, developing the roles was problematic because of difficulties accessing relevant education and skills training. Support from services where ANP roles had already been established was mentioned as being very helpful to post development in addition to advice and guidance from the National Council on the application process.

Key Points

- The support of the multidisciplinary team is vital to the successful integration and implementation of the ANP service.
- Clear and effective communication facilitates support from the team.
- A culture that embraces change facilitates the introduction of the role.
- The interpersonal communication skills of the ANP in the role plays an important part in the integration and acceptance of the role.

3.5 Role of the nurse manager

The level of involvement of nurse managers in the development of the ANP role varied between services, depending on the skill-mix and expertise available to each service. In general, nurse managers viewed themselves as having a supportive and facilitative role in the development of the initial ANP roles. They acknowledged the leadership, vision and drive of the ANPs in leading developments in the clinical settings. Nurse managers had a role in garnering the support of the relevant agencies in terms of resources and co-operation, encouraging the ANP and providing guidance on the relationship/interface between the ANP role and the overall service.

Nurse managers described themselves as having a variety of roles in the ongoing development of ANP services. Identifying service need, preparing business plans, and identifying priorities for integration of the role into the overall service were highlighted. Identifying key staff to develop ANP roles and obtaining education and funding for education for them were seen as part of their remit.

Part of the role of the nurse manager was viewed as facilitating the development and integration of the ANP by ensuring they have opportunities for education, professional development and adequate resources to perform their role. Providing opportunities for reflection on practice and guidance on difficulties with patient management issues was also seen as important. Given the complexity of the ANP role and multiplicity of functions that they are expected to fulfill, part of the nurse manager's role was highlighted as facilitating fulfillment of the role through guidance on time management, and practical support such as facilitation of protected time and resources for professional development, research and educational activities.

"I had a supportive role encouraging, supporting and making sure that it doesn't become an isolated role." Nurse Manager

"I have encouraged her to have a mentor outside of [name of service] *and I think that's something that's very valuable."* Nurse Manager

Key Points

The nurse manager's role in developing the ANP role involves:

- Garnering the support of the relevant agencies in terms of resources and co-operation, encouraging the ANP and providing guidance on the relationship/interface between the ANP role and the overall service.
- Identifying service need, preparing business plans, and identifying priorities for integration of the role into the overall service.
- Identifying key staff to develop ANP roles and obtaining education and funding for education.
- Facilitating the development and integration of the ANP by ensuring they have opportunities for education, professional development and adequate resources to perform their role.
- Providing opportunities for reflection on practice and guidance on difficulties with patient management issues.
- Facilitating fulfillment of the role through guidance on time management, and practical support such as facilitation of protected time and resources for professional development, research and educational activities.
- Nurse managers acknowledged the leadership, vision and drive of the ANPs in leading developments in the clinical settings.

3.6 Benefits of the role

3.6.1 Benefits for patients

The main benefit of the role highlighted by ANPs was benefit to patients. Patients were seen as receiving more holistic, streamlined and integrated care than that which they had received prior to the ANP service being made available. The comprehensiveness of the care offered by the ANP was seen as facilitating better communication with patients and as a result providing opportunity for providing health education and thus reducing the incidence of negative sequelae. The holistic nature of the care provided was apparent in reference made by the ANPs to social, psychological and spiritual needs of patients in addition to considering the physical complaint that they present with. The role was also seen as improving access to care for patients by providing more immediate timely services. There was a perception that in some areas the quality of care was improved for patients in terms of certain outcomes like healing times, accuracy of diagnosis, etc, but it was acknowledged that there was no empirical evidence to support this perception at present. Continuity of care was seen to have been enhanced by patients receiving care from one person rather than meeting a different person each time or having to receive care from a number of different sources. Those participants interviewed working in A&E departments drew attention to what they perceived as the dramatic reduction in waiting times for patients who had minor injuries and the subsequent beneficial effects for other types of patients.

"In the anecdotal evidence I get from patients that is the one thing they like, seeing the same person and that you know them and that provides patients who have a chronic medical condition with direct access and continuity and all the benefits of that." ANP

"Patients are very surprised first of all when they come in here and they see me and I introduce myself as a nurse practitioner and the fact that I'm going to look after them. No patient has said to me: ' Well when do I see the doctor? Now so I make sure that I introduce myself and give them a clear picture of what's going to happen in the next ten to fifteen minutes to an hour. The benefits are very obvious. At the end of the consultations when patients say: 'Thank you very much, I understand' ' Thank you very much, that was not explained to me like that before'. They go out, I feel, more aware of what has happened to them and how best they're going to look after their injury. I think that is a huge benefit because we would have had a problem in the past of patients coming back because they weren't told, for example that their soft tissue ankle injury will take three to four weeks to be fully healed. If it's not better in the two days that they've been given the sick note for they come back because they think a fracture has been missed. So my patients would know the length of time that they can expect their injury to progress or to remain and I think that brings peace of mind to them and I think that is one of the major benefits for patients. While minor injuries are not life-threatening, they are very debilitating for some people, particularly people who work for a living and if I can make that a bit easier in terms of explaining to them what is wrong with them and how long they can expect this condition to persist and the possible complications that can come out of this it gives them peace of mind and makes them easier able to plan their life or plan their sick leave or plan how best to manage in the time to come. Also in terms of parents who bring in children with injuries, the fact that the parents see that I include the child in the decision making process to a certain degree but also the parents in the decision-making process, they seem to appreciate that and comments that have been passed as people leave would be very reassuring that what I have done has been to their satisfaction and that's ultimately what we're trying to do." ANP

"I would see it as making emergency care more comfortable and acceptable for the patient and if that means spending two hours with a particular patient who might be of an older age group who might have quite a minor injury which might impact on their ability to fulfill their daily life, that is my role as a nurse and as a clinician." ANP

"There is this lady I saw with a broken finger, she is recurrently falling and she said that she has no little banister on the side of her stairs, so you get the occupational therapy people out to have a look at it." ANP

"I saw a young lad, (he was an alcoholic), over the week-end but he had a head injury, a laceration. They tell you things. I like to think that there is an environment there for the patient to talk to you. It's not that you provide psychological care for everyone but the patient feels that they can open up to you and maybe the head was not his biggest problem. He was back on the drink again, so I linked him in to [name of social worker]. *I gave her a ring, this morning so she is going to link him into a detox centre because he was very keen and the lad is very positive in his outlook. That sort of thing you do all the time. It's the kind of stuff that you always did but there is a much easier environment for you to do it there. Where in the main*

department it's very busy and a doctor sees the patient, a triage nurse, a doctor, another nurse. There are a lot of people seeing the one patient and somewhere along that line they may lose, you know, the complete holistic care. Whereas if you are just seeing the patient there is just you and you know you are constantly thinking and assessing." ANP

Doctors and nurse managers also acknowledge the benefit of holistic, expert practice provided by ANPs.

"*They* [the patients] *are seeing an experienced mature clinician, dealing with their problem, for what many of them see as a big issue for them. I think the patients are very aware of the fact that they are being looked after in a special way rather than being seen as a intrusion in dealing with more sick patients.*" Doctor

"*Her skills would be much greater and so has provided a huge sort of skill base within the department both for nursing but also for patient care that did not exist before. But it's also a much more in depth skill base than people who are moving through would get because it's at such a high level. The benefit is continuity of care, it's an extra, very senior person within the department which we would never have had before. Like it's like an extra consultant or specialist, somebody who is not moving on, who is going to stay and who is adding to their skills all the time and experience and who is also a huge resource for education of the nurses and others within the department as well as the people outside.*" Doctor

"*She puts them at ease straight away and just the whole environment that they are coming into is so different. They are put at ease and everything is explained to them in very simple language that they understand. They have an opportunity to ask questions. She can take as much time as she needs to with each particular patient and completely follow up, bring it right through to closure and then she needs to see them again. That's a huge thing. You see them going away much happier then. They are happy. Everything is explained to them. They know what's going on. They know who* [name of ANP] *is. If they even need to ring about something they can ask for her and have a chat with her over the phone about something if they are not happy. The waiting times have decreased as well. The quality of the care and the service as well, the quality of care would be very, very high.*" Nurse Manager

3.6.2 Patients' perspectives

Patients highly valued the availability, continuity, approachability and flexibility of the ANP service. Having quick access to good information and guidance on health matters was appreciated by them.

"*For as long as I have known her, it's a long time, she has done nothing but help me and she has been very good to me. Any time I have had any problems she has tried to help me out at home and getting things done for me, like getting me seen to, if anything needed to be done, if I needed things. I got side effects from some tablets I was taking and she got me seen to over in* [name of hospital] *and the same with the hearing and with the arthritis. She has been very good. There are times I have come in here I was very depressed and she looked after me. She would come in and talk to me and listen. She got my wife in here a few times and she has been very good to her as well. Any time* [name of wife] *wants to know anything, she rings* [name of ANP] *and she will help her out any way she can and if they can meet up, if* [name of wife] *can get in here to meet up with her she will explain anything that needs to be explained to her and help in any way. I think she is very good, excellent at her job and anytime I come in here she is always working. She is always in here.*" Patient

"*It was a very good service* [prior to introduction of the ANP] *but the thing is having* [name of ANP]. *Now if you had a contact that you know, with the rest of the nurses (sometimes they are on or off or whatever), if you ring you nearly always get* [name of ANP] *or within a day or two and she knows you so well.*" Patient

The personal qualities of the ANP and perceived empathetic relationship that developed between the patient and the ANP was highly valued.

"*The job she is doing I don't think you could get anyone better. It's the personal touch, she puts the personal touch to it. She really is nice, a nice person.*" Patient

"*She is always just the one call away you know if you need anything or if you are worried about things or anything. She is always very helpful.*" Patient

"*Couldn't imagine the place without her.*" Patient

"*She's like a breath of fresh air.*" Patient

3.6.3 Benefits to the health service

The development of ANP roles in some areas for example A&E, in addition to proving better patient care, was seen as maximising the care that nurses could provide for particular client groups and as a result maximising the ability of doctors to care for other groups of patients with more complex problems. Many participants compared care given by the ANP, who is a constant presence, with traditional care given by an SHO or registrar (who is on rotation and therefore not always a permanent member of the team). This comparison mostly centred on the improved continuity and the holistic nature of care offered to the patient and did not suggest that ANPs' function was medical substitution, but acknowledged that expansion of the nursing role to incorporate responsibilities previously the domain of junior doctors enhanced patient care, quality of service and efficiency, as well as enhancing professional nursing practice.

"*Well, the big thing is probably completely holistic because it is the same person who sees them from beginning to end and there is no change over of staff every six months so they are a constant. So that helps with the expertise and so they are used as a resource by the junior doctors as well and they take part in junior doctor teaching so they are spreading their knowledge and the education that they have. And because they aren't changing every six months they have noticeably got faster in the amount of time, the amount of patients they can see and you can see their own skills and knowledge and they are very highly respected by the in-house teams, the orthopaedics and the plastics, people they come in contact with. It proves the rapport I suppose amongst the teams, which has been very helpful in building bridges.*" Nurse Manager

"The patients come for the most appropriate treatment for the injury they have and that delivered by the most appropriate person, the person who has the competence and has the confidence to deliver it so, I think, that that's what we achieve." ANP

"As opposed to taking on somebody else's role it involved developing skills that were from another discipline but using very much nursing skills and nursing knowledge in order to inform practice." ANP

The development of ANP roles was perceived as bringing to the health service a stronger and more assertive nursing perspective that would represent the nursing agenda at a political level in the interest of developing quality patient care.

"What I hope the role would bring to the health service is a new type of nurse in terms of nurses who have a voice, nurses who become expert in one particular area of healthcare and nurses who will use that expertise to move that quality of care along a continuum." ANP

"I would hope that we can be more vocal and louder in terms of policy decision-making, in terms of developing services for patients and in terms of knowing what patients need." ANP

"She is focused, she is flexible in her practice and her time and so therefore I think she has done a lot of networking that's going to allow her to develop a lot of things nationally not just to this service alone." CNS

The development of the clinical career pathway was highlighted as contributing to staff retention by providing experienced expert nurses with the option to remain in clinical practice.

"There is no question about it, its retaining staff, you know, instead of people going off, leaving the health service maybe going into the pharmaceutical industry or somewhere else. I think it's going to keep really good, dedicated people in the health service on the clinical side." Doctor

It was noted that ANPs often have the effect of integrating services provided to the patient.

"We are affiliated to [name of another hospital] *here in* [name of speaker's own hospital] *and really I think she has played a leading role integrating the services. Which has been hugely positive for both the multidisciplinary team but also for patients because we no longer see them just as in-patients in this facility but we are also actually being developed to see them on an out-patient basis in a nurse-led clinic."* CNS

3.6.4 Benefits to nursing

The development of ANP roles was seen to have improved the quality of nursing interventions in the area of speciality that they have been established. This is achieved by having a highly experienced ANP who can focus on the area of practice and in addition to developing their own practice influence positively the practice of others.

"Well, there is no doubt that it has contributed very positively on nursing. I think in general that nurses look to me within the department, junior nurses, as an expert and somebody who can guide their practice. It gives them insight into management of injuries and the same for junior doctors. Certainly they would come to me a lot for advice on best practice and health management." ANP

The provision of a clinical promotional structure for nurses within clinical practice was seen as a positive contribution to keeping the more clinically competent nurses in direct contact with patients. It was also seen as potentially influencing junior nurses in their career choice and developing the profile of nursing as a career choice.

"The staff have got that key nursing resource there that they can go to, they can talk to." Nurse Manager

The leadership, educational and professional development aspects of the ANP role were seen as having great potential to influence the development of nursing within the specialties where ANPs have developed through ANPs involvement in networking, curriculum development and national and international organizations.

Key Points

- Patients receive holistic, integrated, comprehensive, streamlined and timely care from ANPs.
- The health service benefits from ANP service in that the nursing contribution to care is maximised and other professionals in the multidisciplinary team are facilitated to utilise their skills appropriately.
- ANP roles contribute to the development of nursing in the related areas of practice through influence on the practice of others and raising the profile of nursing in that specialty.

3.7 Impact on the multidisciplinary team

ANP roles have been integrated into the multidisciplinary team and are widely accepted and welcomed by their colleagues. ANPs and others suggested that the development of the ANP role had improved communication between nurses and other members of the multidisciplinary as a result of greater dialogue, discussion, team-working and leading to a greater understanding of individual roles within the team. The ANP usually works across a number of different departments in providing all care for the patient and this was perceived as having a unifying effect on the multidisciplinary team, a perception affirmed by doctors.

"I suppose [the ANP role] *has brought other teams closer to the emergency department team and has broken down inhibitions or suspicion that might have been there in the past in terms of separate teams and separate focuses on patient care. The fact that I have now got more involvement with all of them has made things a bit easier in the communication across the different sites."* ANP

"Because there is a lot of to and fro between the ANPs and the consultants (and there is no question but that we learn from one another as time goes on) we have become very much, I think, a team. I had not anticipated that the amount of team spirit and the amount of to and fro between the practitioners and the consultants would be as great as it has become." Doctor

"The introduction of an ANP role has had a very positive impact on the team in that again it's another person who has different skills but who really complements the team." Doctor

"Patients are managed without having to go to resources outside of that department. That whole cycle from coming to the department to leaving satisfied is massively accelerated by ANPs and I mean it's a huge, huge contribution. Every time I'm on call my first interest is to know if the ANP is on, so that reveals everything doesn't it?" Doctor

Few difficulties were reported in integrating the role into the multidisciplinary team. ANPs reported good relationships with other members of the multidisciplinary team evident in cross-referrals and sharing of expertise. They also reported feeling that their contribution to care was respected and that they were accepted as an equal member of the multidisciplinary team. Good communication and clarification of roles was reported as being of utmost importance in successful integration of the ANP role.

"My consultant colleagues are very happy with the concept. A number of them talk about expanding advanced nurse practitioners role in their own areas." Doctor

"I think that was probably the most important thing that I had to try and develop was my credibility and my knowledge within the role. But there has been no difficulty and no problem developing it." ANP

One doctor reported that his colleagues attend ANPs for care themselves.

"They will come with minor injuries and they will specifically seek to see an ANP rather than one of their colleagues because they, in one sense, don't want to bother their colleagues when they know they're busy, in another sense they are very happy with the clinical care they are being given and very happy with the personalised service they are being given." Doctor

Feedback received by ANPs would appear to indicate that medical and radiological colleagues to whom they refer see ANPs' referrals as being in many cases more appropriate, which saves time and enhances the efficiency of the system.

"….and I do feel valued definitely by the staff." ANP

Where difficulties arose it was reported that in the main they arose from a lack of understanding of the role and that greater exposure and good communication resolved these difficulties.

"Once they have experienced it [ANP care] *up close or they have been cared for by somebody they then get a better appreciation and I think they go away with a positive attitude to it."* ANP

Difficulties prevail in some services around requesting of X-rays, and referrals to other professionals. This has resulted in some ANPs not being able to practise to their full capacity in line with their education, training and skills and having to consult with doctors unnecessarily.

ANPs contribute to the education of other nurses and doctors and are a continuous presence in areas where other staff are on rotation. They teach theory and clinical skills and supervise the practice of doctors and nurses. In some areas the development of the ANP role has resulted in a reduction in the number of opportunities for junior doctors to be involved in some aspects of care and that in turn has required consideration of and some re-organisation in the way the training of junior doctors is managed.

"The ANPs now are seeing the majority, a huge proportion of the minor injuries and we actually have to make a very specific effort to make sure that our trainees particularly those doing emergency medicine or general practice gain access to those minor patients. But the up side to it is of course they are getting that access under the supervision and training of the ANPs who are very happy with that role and I think the long term effect of that means that there is going to be a lot of doctors out there coming through this department who are comfortable with the concept that an ANP has a greater level of knowledge and experience than they have and I think that will make a difference in five or ten years time." Doctor

"I would find her a great resource to go to if I had any problems or difficulties as would the other staff. Any complex cases I would more than likely feel if it was not within my boundaries to deal with, I would refer them on to [name of ANP]. *She would be more skilled in that area. A positive feature is her leadership to empower you, to nurture you, into developing and doing things that you feel have not been within your grasp, really to widen your boundaries."* CNS

Key Points

- The ANP role has been largely accepted by the multidisciplinary team. This has been facilitated by good communication and team working.
- In areas where there is difficulty accepting the role or restrictions on its scope, ANPs feel that this impacts on their ability to provide comprehensive patient care.
- ANPs contribute to the education of the multidisciplinary team.
- ANPs contribute to the efficient working of the multidisciplinary team.

3.8 Further development of roles

ANPs identified that they were developing and would continue to develop their roles in terms of broadening their scope of practice. It was evident that where there was more than one ANP working in a particular clinical area that individual practitioners developed areas of expertise in response to patient needs.

"For instance, one of my colleagues has a psychiatric background so that person is able to assess psychiatric patients, whereas I personally wouldn't be seeing that cohort of patients because I don't feel I've the knowledge base or the background." ANP

"So every year we're expanding our scope of practice." ANP

Areas of practice that were seen as potentially being within the scope of ANP roles included autonomous requesting of X-rays, prescribing, liaison with primary care and A&E, sexual health in primary care, care of patients with fractured femurs, deep venous thrombosis, sexual dysfunction, sexual assault, chronic pain, fatigue management in rheumatology and expanding the range of client groups for which the ANP cares. Other roles that were seen as required were in paediatric accident and emergency, chest pain accident and emergency, liaison psychiatry, respiratory, trauma, HIV, sexual dysfunction, family planning, connective tissue disorders, osteoarthritis, diabetes, dermatology, renal and resuscitation. It was clear that

the considerations of ANPs and other participants on how roles should develop and what roles should develop were strongly influenced by patient need.

"We developed a CNS role in respiratory care. Seventy-five percent of patients who presented at this service were turned around within four hours and went home. Where the key element is they have to get their steroids within four hours of the onset of their attack and if you do that through managed care pathway led by a CNS it actually made a huge difference to people with COAD[2] and emphysema and asthma. So I thought that would be a very good role for an ANP too. The nurse would see, assess and treat patients in the department say for a period of a day but she would also follow up other patients by visiting them in their home, making sure their oxygen machine was working, their nebuliser was fine, because some of them left the hospital with a nebuliser tube and it was never changed." ANP

It was apparent from the comments made by ANPs and doctors that there was great need for the development of more similar ANP posts in areas where such posts have already been developed.

"There are loads of areas where the role could expand that I can see. There just is not enough of her there and she is really needed in the department." Doctor.

"Well, I'd like to see them expanded because of the fact they diminished waiting time, that's in tandem with the noticeably low level of complication or complaint. I think their role should be expanded again as well as the number of them expanded." Doctor

Key Points

- There is a need for the development of more posts in the areas where the initial posts have developed.
- The scope of practice for ANP roles will continue to develop.
- There is much scope for the development of new ANP roles.
- New developments should be guided by patient need.

3.9 Evaluation of the role

ANPs were involved in audit of their work and received clinical supervision. However evaluation data being collected and analysed related in the main to crude outcome measures such as waiting times. Some ANPs were undertaking research on the role either singly or as part of a group study. Two studies mentioned by participants were concerned with comparing care by an ANP with that of a doctor. However there was little evidence of systematic evaluation of ANP roles. The lack of integration of information systems seemed to contribute to this as ANPs reported having to keep written records and enter information in more than one place and that systems did not link up, although it was mentioned that new information systems were in the pipeline.

Anecdotally, ANPs report receiving much positive feedback both from patients and other staff about their work. Patients appreciate the comprehensive, individualised, and accessible nature of the care and doctors and other members of the multidisciplinary team comment on the accuracy of ANPs' diagnoses, clarity of reporting, appropriate referral and level of expertise.

"We have had no litigation to date and we have absolutely no litigation pending and we have never had even a written complaint from patients." ANP

"Having answered most of the complaints in this hospital for casualty for the past three years, I don't think I've ever answered one about an ANP." Doctor

ANPs recognised the need to evaluate their role more systematically and comprehensively. The measurement of outcomes was seen as particularly important for example, for healing rates, accuracy of diagnoses, satisfaction, recovery rates and cost-effectiveness. It was also recognised that in order to justify the development of roles comparative studies would be necessary. In addition to evaluating the role using quantitative outcome measures, ANPs highlighted the importance of looking at qualitative measures such clients'/service users' perceptions of their overall experience.

"The really important thing to do would be to demonstrate outcomes, to demonstrate that because somebody sees a nurse practitioner they feel better and that their outcomes are better. And then the next step is to maybe compare that with people who don't see a nurse practitioner." ANP

Key Points

- Some information is being collected to measure care by an ANP but it is mainly descriptive.
- The need for evaluative research on ANP care is recognized.
- Anecdotal information suggests that outcomes of ANP care are positive.

3.10 Job satisfaction

Job satisfaction was overwhelmingly high among ANPs. They unanimously stated that they were very satisfied with their current roles. The high level of patient contact that is involved in the roles was the single most important source of job satisfaction.

"The main reason I like my job is that I am dealing with patients particularly the fact that you can come to work and do a day's work and go home and say I made some bit of a difference to some cohort of patients." ANP

"I suppose if I was to look around at other roles, considering a change I would have to say I would have to be paid a lot of money to move from what I am doing at the present." ANP

Also mentioned as contributing to job satisfaction was the autonomy to practise to their level of expertise and the freedom to fully utilise their skills in the interests of patients.

"It is extremely satisfying to make decisions about a patient's care. The fact that I can make decisions about patients' care and the fact that I can see, assess, treat and discharge them in the knowledge that I know that they are going home satisfied means an awful lot to me in terms of how I do my work. And I

[2]Chronic obstructive airways disease

suppose the fact that I have the ability to provide information to others that really makes me happy. The fact that others will come to me for information regarding clinical practice or regarding academic work is very satisfying, it really is." ANP

"The clinical part I suppose fulfils both my personal need to be in contact with patients but also fulfils the service requirements in relation to managing the case load for the service" ANP

"I will always give time to the patient. So if it requires me being ten minutes, or fifteen or thirty minutes over my time to finish or whatever the patient needs and that's to finish a patient's case or whatever, I will do that and I will have to say that is actually the same across the board for all the other practitioners. Really, nobody would actually leave before they have actually completely finished an episode of care." ANP

Sources of dissatisfaction were identified in relation to not having sufficient time to fulfill all aspects of the role and the lack of adequate or appropriate office/clinical space and support structures. Restrictions on the prescription of medication and requesting of X-rays led to some frustration for ANPs and this impinges on the ability to care fully for patients. Some ANPs were not being remunerated at the recommended level of pay and this was also identified as a source of frustration.

Key Points

- Job satisfaction is high among ANPs.
- Patient contact and ability to practice to their full level of clinical expertise contributes to job satisfaction.
- Lack of resources and restrictions on scope of practice in areas such as requesting of X-rays and prescription of medicines as well as remuneration issues contribute to frustration and dissatisfaction.

CHAPTER 4

‘She is always just the one call away if you need anything or if you are worried about things or anything. She is always very helpful’

(Patient)

Conclusions and Recommendations

4 Conclusions and Recommendations

4.1 Conclusion

It is clear from the findings of this preliminary evaluation of the role of the ANP in Ireland that the roles have been successful where they have been introduced. Their contribution to patient care is clear. This has been largely as a result of the enthusiasm, commitment, leadership and professionalism of the nurses who have been the first cohort of ANPs in Ireland and the nurse managers and multidisciplinary teams who have supported them. The roles are spread over a wide variety of care areas indicating that roles have developed in response to health service need and that the definition and core concepts developed by the National Council have been sufficiently comprehensive to support the development of nursing practice to respond to evolving needs. There has been wide acceptance of the ANP roles in the services where these first posts have been developed and this has been as a result of tireless working on the part of the nurses and other members of the multidisciplinary teams who have led practice.

It is evident that ANPs have an enormous contribution to make to healthcare provision in Ireland; through direct patient care and indirectly through influencing the care of others through education, practice development and research. Many benefits of the ANP role have been highlighted by this study including, the provision of more holistic, timely, personalised and comprehensive care that patients clearly find acceptable and useful. This is consistent with the findings of other studies including Spitzer 1974, Small 1999, Kinnersley et al 2000, Mundinger et al 2000, Shum et al 2000, Hoffman et al 2005. Their impact on the practice of others through practice development, education and leadership and has been demonstrated and acknowledged by members of the multidisciplinary team and it is accepted that the implementation of the role has had a positive impact on the team.

The strong clinical focus of the ANP role identified in this study suggests that one of the original aims of the Commission on Nursing (Government of Ireland 1998), namely to retain expert nurses in direct patient care, has been achieved. The levels of job satisfaction expressed by ANPs were largely as result of their high level of patient contact and ability to practise autonomously to their level of expertise, and as such augurs well for the development of the health service and nursing practice. Difficulties experienced by ANPs in fulfilling the four core concepts of the role is characteristic of the early stages of new role development and is consistent with previous findings in relation to role ambiguity and role overload in new nursing roles in the UK (Guest et al 2001, Lloyd Jones 2005).

4.2 Recommendations

Based on a consideration of the information gained in this preliminary evaluation of the role of the ANP in Ireland and the experience of other countries as outlined in the international literature the following recommendations are outlined.

4.2.1 Development of roles

It is apparent that there is much scope for the development of ANP roles in Ireland. More roles similar to those already developed are required to meet growing patient need. In addition, there is a need for the development of other roles in areas where the expansion of expert nursing practice will meet a health care need in the interests of quality patient care. All roles developed at the time of the research were in general nursing. Roles need to develop in midwifery and psychiatry, public health, intellectual disability and children's nursing as there is much potential for advanced practice to meet patient/client and service needs in theses areas.

4.2.2 Needs analysis

To maximize the potential for nursing to meet health care needs, service planners need to pro-actively undertake service needs analysis to identify potential areas of service, across the health service spectrum that would be enhanced by the introduction of an ANP/AMP. This will support the strategic development of appropriate advanced practice roles nationally in diverse specialties. A process for service needs analysis for ANP/AMP roles has been developed by the National Council (2005b).

4.2.3 Fulfilment of the role

ANPs are engaging in all of the core concepts of the role however they require support and encouragement to develop the research aspect of the role. ANPs need to view this aspect of the role as an important core function in engaging in advanced practice. ANPs need to proactively engage in this aspect of the role to further develop the research capacity of nursing and midwifery in line with the Research Strategy for Nursing and Midwifery (DoHC 2003d). They need to be supported by management to identify research priorities and plan and undertake research and garner resources in this endeavour. Third-level educational institutions have an important role to play in supporting research for advanced practice.

4.2.4 Service development

The strong support expressed by members of the multidisciplinary team augurs well for the future of ANP roles in this country. Development of ANP roles needs to continue to be undertaken in the context of the overall service to the patient. It is clear that ANP role development is very much a team effort and must be inclusive in order to be successful. Development of the service site for the introduction of advanced

practice roles therefore needs to continue to be a multidisciplinary process led by nursing management. Role development needs to be supported by the appropriate resources for service development.

The National Council as part of its function in facilitating the development of ANP/AMP roles runs open days where managers and clinical nurses/midwives can meet with National Council staff and each other to discuss and obtain advice on ANP/AMP role development. This service will continue and evolve as ANP/AMP roles develop and service needs change in respect of support requirements. The role of the Nursing and Midwifery Planning and Development Units is central to the strategic development of ANP/AMP roles.

4.2.5 Developments in educational preparation for ANPs

Educational preparation for advanced practice is developing alongside role development. It is clear that third–level educational institutions are responding to service needs in a flexible manner. This has been facilitated by partnership and dialogue between key stakeholders. This dialogue needs to continue to ensure that the educational preparation for ANP roles continue to develop on a national basis to support skills and competency attainment for advanced practice.

4.2.6 Expansion of roles in relation to medication management

One area where ANPs are experiencing difficulties in fully operationalising their role is in relation to prescription, supply and issuing of medications. This issue has been to some extent addressed in some services through the use of protocols. Positive outcomes have been achieved in a short period of time in relation to nurse prescribing. A joint project between the National Council and An Bord Altranais is drawing to a conclusion and will make recommendations which will provide significant support to ANP/AMP roles in relation to medication management. The Steering Committee's recommendations are set to further the agenda and guide the way for greater discussion and subsequent action by the government and health service providers in the introduction of nurse/midwife prescribing.

4.2.7 Expansion of roles in relation to requesting of ionising radiation

Another area in which ANPs are experiencing difficulties in fully operationalising their role is in relation to requesting of x-rays. A national and local approach to provide support for nurses to request x-rays has been highlighted, the legislation exists to allow practitioners designated by the Minister to request ionizing radiation (Government of Ireland 2002). The implementation of this in relation to nursing is currently being considered by the DoHC.

4.2.8 Support mechanisms for ANP roles

Other areas of potential difficulty relate to role overload, where workloads are increasing due to the success of the role, leading to increased pressure on the ANP and impinging on clinical time. This has been recognized in several other studies on advanced practice roles (Lloyd Jones 2005). This poses a challenge to nurse managers to adequately assess service need and provide appropriate support and supervision for ANPs so that their workloads are achievable and the best use is made of the human resource.

4.2.9 Protection of the title of ANP

The need for protection of the ANP/AMP title within the forthcoming Nurses and Midwives Bill in line with international trends was identified by the Report of the Commission on Nursing. Such protection is justified by the need for clarity and consistency around job titles, definition of roles and educational preparation and this ensures that the public and health professionals understand the level of care to expect and the knowledge and competence that the nurse working at this level with the title ANP/AMP possesses.

4.2.10 Recommendation for further research

This preliminary evaluation of the ANP role was undertaken at an early stage in the development of ANP roles in Ireland and set out to examine the role from the perspectives of ANPs, nurse managers, members of the multidisciplinary team, other nurses and patients. Difficulties in access precluded the involvement of more patients and staff nurses in the research. Further research should include more extensively these two important groups. Furthermore the impact of the ANP role needs to be evaluated systematically through rigorous examination of outcomes. Larger scale, multi-centre studies need to be undertaken to strengthen the body of research on advanced nursing practice in Ireland.

ANP roles have enormous potential to support population health needs. They can drive the implementation of the health strategy, meeting specific service needs, for example reducing waiting time in emergency departments, facilitating comprehensive care for people with chronic diseases and improving access to the health services as well strengthening the nursing contribution to patient care.

ANPs are emerging as clinical leaders supporting the implementation of evidence based practice and providing education and support for other nurses and midwives and the healthcare team. Many of the current ANP roles are in practice areas reflective of general nursing. There is a need for other clinical specialties such as midwifery and intellectual disability, older people, community, psychiatry and child health to develop such roles. ANP/AMP roles have the ability to span between services and settings supporting shared care services for example between hospital and community. Further development of advanced practice roles has enormous potential to meet health service targets. Such development must be planned, supported and developed throughout the country.

Ireland is now viewed internationally to have developed robust standards and processes which are leading world-wide development of advanced nursing practice. This achievement given the short time-frame for development of ANP roles in Ireland has been enabled by proactive local, regional and national commitment, multi-disciplinary working and leadership.

‘I think their role should be expanded again as well as the number of them expanded’

(Doctor)

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‘I think the enthusiasm of the multidisciplinary team particularly of the medics was hugely beneficial’

(Nurse Manager)

Appendix 1
Interview Schedule-Advanced Nurse Practitioner

National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

National Council for the Professional Development of Nursing and Midwifery
Evaluation of the Role of the ANP in Ireland
Interview Schedule-Advanced Nurse Practitioner

The National Council is the body responsible for the approval and accreditation of Advanced Nurse Practitioner posts and post-holders in Ireland. As part of this function we are undertaking an evaluation of the role. To do this we are collecting data from a variety of sources including Accredited ANPs.

This involves being interviewed by an officer of the National Council for approximately half an hour. Questions relate to experience of the Advanced Nurse Practitioner service. The interviews will be tape recorded to facilitate recall.
All tapes will be destroyed at the completion of the project.

All information received will be treated confidentially and the participant's identity will remain anonymous.

- ***Describe the main focus of your role***
  - What would you consider to be the most important aspect of your role?
- ***To what extent are you able to fulfil the core concepts of the ANP role?***
  - Autonomy in clinical practice
  - Expert practice
  - Professional and clinical leadership
  - Research
- ***What proportion of time would you estimate that you spend on each aspect of the role?***
  - Autonomy in clinical practice
  - Expert practice
  - Professional and clinical leadership
  - Research
- ***What factors facilitate you to fulfil the role fully?***
- ***What factors inhibit you fulfilling your role fully?***
- ***What benefits does your role bring to patients?***
- ***What benefits does your role bring to the health service?***
- ***How has the role contributed to the development of (area of specialty) nursing?***
- ***How has your role impacted on the multidisciplinary team?***
  - Have there been any difficulties relating to the role within the multidisciplinary team?
- ***How do you see the role developing?***
- ***Are there other ANP roles that could be developed in (area of specialty) nursing?***
- ***Are there any systems in place to evaluate the role?***
- ***How satisfied are you with your current job?***
  - What are the main areas that contribute to satisfaction?
  - What are the main areas that contribute to dissatisfaction?
- ***Is there anything not addressed in the questions above that you would like to add?***

Appendix 2
Interview Schedule-Nurse Manager

National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

National Council for the Professional development of Nursing and Midwifery
Evaluation of the Role of the ANP in Ireland
Interview Schedule-Nurse Manager

The National Council is the body responsible for the approval and accreditation of Advanced Nurse Practitioner posts and post-holders in Ireland. As part of this function we are undertaking an evaluation of the role. To do this we are collecting data from a variety of sources including professionals who work with ANPs.

This involves being interviewed by an officer of the National Council for approximately half an hour. Questions relate to your experience of the Advanced Nurse Practitioner service. The interviews will be tape recorded to facilitate recall.
All tapes will be destroyed at the completion of the project.

All information received will be treated confidentially and the participant's identity will remain anonymous.

- ***What is your understanding of the main focus of the ANP (area of specialty) role?***
- ***What is the difference between the ANP service and what was in place before?***
- ***What benefits does the role bring to patients?***
- ***What benefits does the role bring to the health service?***
- ***How has the role contributed to the development of (area of specialty) nursing?***
- ***What effect has the introduction of the ANP had on the multidisciplinary team?***
  - Have there been any difficulties in integrating the role into the multidisciplinary team?
- ***What do you see you see your role as being in the development of the ANP role?***
- ***What factors facilitated the development of the role?***
- ***What factors inhibited the development of the role?***
- ***What support do the ANPs require of you as a manager?***
- ***How would you see the role developing?***
- ***Are there any systems in place to evaluate the role?***
- ***Are there other ANP roles that could be developed in your area?***
- ***Is there anything not addressed in the questions above that you would like to add?***

Appendix 3
Interview Schedule Member of the MDT

National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

National Council for the Professional Development of Nursing and Midwifery
Evaluation of the Role of the ANP in Ireland
Interview Schedule Member of the MDT

The National Council is the body responsible for the approval and accreditation of Advanced Nurse Practitioner posts and post-holders in Ireland. As part of this function we are undertaking an evaluation of the role. To do this we are collecting data from a variety of sources including professionals who work with ANPs.

This involves being interviewed by an officer of the National Council for approximately half an hour. Questions relate to experience of the Advanced Nurse Practitioner service. The interviews will be tape recorded to facilitate recall.
All tapes will be destroyed at the completion of the project.

All information received will be treated confidentially and the participant's identity will remain anonymous.

- ***What is your understanding of the main focus of the ANP (area of specialty) role?***
- ***What is the difference between the ANP service and what was in place before?***
- ***What benefits does the role bring to patients?***
- ***What benefits does the role bring to the health service?***
- ***What effect has the introduction of the ANP had on the multidisciplinary team?***
  - Have there been any difficulties in integrating the role into the multidisciplinary team?
- ***What do you see you see your role as being in the development of the ANP role?***
- ***How would you see the role developing?***
- ***Are there other ANP roles that could be developed in (area of specialty) nursing?***
- ***Is there anything not addressed in the questions above that you would like to add?***

Appendix 4
Interview Schedule-Patient/Clients

National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

National Council for the Professional Development of Nursing and Midwifery
Evaluation of the Role of the ANP in Ireland
Interview Schedule-Patient/Clients

The National Council is the body responsible for the approval and accreditation of Advanced Nurse Practitioner posts and post-holders in Ireland. As part of this function we are undertaking an evaluation of the role. To do this we are collecting data from a variety of sources including patients who avail of the service.

This involves being interviewed by an officer of the National Council for approximately half an hour. Questions relate to their experience of the Advanced Nurse Practitioner service. The interviews will be tape recorded to facilitate recall.
All tapes will be destroyed at the completion of the project.

All information received will be treated confidentially and the participant's identity will remain anonymous.

1. ***Can you describe what the service that the Nurse Practitioner provides for you?***
2. ***What is your opinion of that service?***
3. ***Have you experienced any other type of care before you attended the Nurse Practitioner?***
4. ***How do the two compare?***