

Advanced Nursing Practice: Old Hat, New Design

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Abstract

Advanced practice nurses positively impact the delivery of healthcare and client outcomes. However, in the past these positions have been seen to have variable value and were often vulnerable during budget cuts. Lack of a clear advanced nursing practice (ANP) framework probably contributed to the compromised effectiveness of these roles and evolution of roles with different titles, scopes of practice and reporting structures.

To build the foundation for developing an ANP framework, a task force at The Ottawa Hospital (TOH) conducted a literature review related to ANP roles and completed a review of all clinical nursing roles at TOH. In addition, focus groups with nurses and other health professionals elicited ANP perceptions.

The ANP framework includes a standardized job description that details competencies under five role components: clinical practice; consultation; research; education; and, leadership. Recommendations for assessment, implementation and evaluation of ANP roles are identified.

The process undertaken by our ANP task force proved to be thorough and sound in developing a framework within which to move forward with ANP role implementation throughout TOH. This article, describing the process, may assist other organizations in defining ANP roles to better meet patient needs in changing health care environments.

Background

For several decades, the nursing profession has been struggling to effectively shape and implement advanced nursing practice (ANP) through roles such as clinical nurse specialists, nurse practitioners, etc., and to gain confidence in their effectiveness while maintaining their stability within the health care system. There is evidence these roles positively impact patient care outcomes and contribute to nursing knowledge through research and academic involvement. However, too often these positions are perceived to have variable value to an organization and become vulnerable during budget cuts. Do organizations apply a sound framework that supports, enables and ensures that these roles are essential to the integrity of patient care

programs? Is the process of identifying the requirement for these roles sufficiently rigorous such that value and necessity is evident?

The Ottawa Hospital (TOH), one of the largest Canadian acute care hospitals, created in April 1998, was the result of a merger of the Riverside, General and Civic Hospitals. As expected, each founding institution had utilized differing models of nursing care and titling, and shaped nursing roles in various ways. Clearly, the development of a new TOH nursing vision, philosophy and model of care would be an important component of professionally beginning to align nursing while respecting the value of the past.

Immediately after the merger, a question frequently asked by registered nurses during formal and informal discussions was "will we be implementing ANP roles? Is there belief and value in these roles and will there be support for them?". Senior nursing was committed to these roles, however, the integrity and role effectiveness would be shaky without clarity and a framework. Although there were a few ANP roles in place, titling, scope and alignment varied. The eagerness of nursing to develop a plan to implement ANP roles was clear - the question was when and what process would be used.

The imperative to initiate a task force to define ANP was triggered by three primary factors. First, within nursing, it was a challenge to communicate between campuses due to the inconsistent titling and lack of clarity and understanding of the many nursing roles. At a nursing administration retreat in April 1999, one of the identified priorities was to conduct a detailed review of all existing nursing roles on each campus identifying elements such as title, responsibilities, preparation, and union status. Following this review, which was completed in December 1999, an alignment process could be initiated. Secondly, and simultaneously, there was a major functional program development process underway within which the direction of most clinical programs was being delineated. Seventeen of 47 programs were identifying some sort of ANP role but definition varied, rationale for the requirement was absent, and role outcomes were not considered. Thirdly, due to the declining number of medical residents there was increasing physician interest to add nursing roles in a type of physician replacement capacity. Nursing positions, which did not fit within the nursing organization structure, were beginning to be created to meet this need, but in the absence of careful review of the scope or internal alignment with other roles. The fragmentation of nursing roles, with which the nursing profession is all too familiar, was gaining momentum.

In August 1999, the Advanced Practice Nursing Task Force was initiated with membership including: nurses from all three of TOH campuses; the Vice-president, Nursing; the Chief of Nursing; physicians; a local community hospital nurse; and representatives from the School of

Nursing, University of Ottawa. The goal, over the next six months, was to develop an ANP framework to demonstrate clarity of the role, cost-effectiveness, and positive impact on patient care and the clinical program. The framework would enable effective implementation of new roles according to criteria and outcome expectations. The ANP framework would include a job description including core competencies and educational and experience qualifications, assessment criteria for ANP, and implementation and evaluation recommendations. Since nurses in ANP roles are key members of the patient care team, support and understanding of physician and other professional groups would be integral to the process of the framework development and implementation.

Developing an Advanced Nursing Practice Framework

To accomplish our mandate, a literature review was conducted, a review of clinical nursing roles at TOH was undertaken and focus groups were held to understand current perceptions about ANP.

Literature Review. Within the scope of nursing, nurses assist clients by implementing interventions that address specific client health concerns, by manipulating variables that positively influence health, and by advocating positive institutional and structural change (Alberta Association of Registered Nurses, 1998). Nurses' roles may include: caregiver; consultant; teacher; community developer; client advocate; health care manager; counselor; facilitator; coordinator; resource; manager/planner; researcher; and policy developer. (Alberta Association of Registered Nurses, 1998). A specialized nurse focuses her practice within a certain nursing specialty such as a client's age, problem, medical diagnostic grouping, or practice setting (Canadian Nurses Association, 2000; Registered Nurses Association of British Columbia, 1998).

Expanded nursing practice is often referred to as "the use of competencies required to perform activities that are usually considered outside the current scope of nursing practice" (Canadian Nurses Association, 2000). Although extended or expanded practice has been equated with ANP, this may be too limiting a concept to describe ANP. (Canadian Nurses Association, 2000). In addition to expert knowledge and skills, ANP requires enhanced critical thinking and decision-making abilities (Howlett & Tamlyn, 1999).

Nurses in advanced practice provide care in complex clinical situations, manage health promotion programs in the community, develop healthy public policy, provide leadership in the provision of health care and health care reform, and advanced nursing knowledge through nursing research (Alberta Association of Registered Nurses, 1998). They maximize the use of nursing knowledge and skill, acquired through graduate education and experience, in meeting the health needs of individuals, families, groups, populations or entire communities and contributing to

professional advancement (Registered Nurses Association of British Columbia, 1998; American Nurses Association, 1995). Competencies include: clinical expertise; critical thinking and analysis; clinical judgment and decision making; leadership and management; communication; problem solving; collaboration; education and research; and, program development (Davies & Hughes, 1995).

The Clinical Nurse Specialist (CNS) role grew out of a need to enhance clinical nursing practice (Hadad, 1992). It is a role based on autonomy of practice, in depth theoretical nursing knowledge, clinical expertise, and research application (Canadian Clinical Nurses Specialist Interest Group, 1997). The components of the CNS role include interrelated roles of practitioner, educator, consultant, researcher and leader. Clinical Nurse Specialists are prepared at the graduate educational level.

The nurse practitioner (NP) is a registered nurse with advanced knowledge and decision-making skills in assessment, diagnostics and health care management. There are two types of NPs in Canada - primary and acute care NPs. A primary care NP, like all other nurses, can practice while registered in the general class. However, the primary NP also qualifies for registration in the extended class category of the College of Nurses of Ontario allowing them to communicate a diagnosis, order the application of a form of energy, and prescribe designated drugs. Acute care NPs are prepared at the graduate level and, therefore, have developed advanced critical thinking, clinical assessment and decision-making skills.

Advanced nursing practice can impact positively on health outcomes. Brooten and Naylor demonstrated that the use of CNSs and NPs decreased the number of hospital admissions, lowered lengths of patient stays and resulted in cost savings for the institution where they were employed (Brooten & Naylor, 1995). Pozen et al. (1997) found that patients with myocardial infarction cared for by advanced practice nurses returned to work earlier and showed improvements in smoking cessation. In a randomized clinical trial, Burgess et al. (1987) found less psychological distress and increased knowledge of their disease and its impact on individuals in cardiac rehabilitation. In a study of children with chronic illness, Lipman (1988) compared outcomes of advanced practice nurses to physicians. There was a reduced length of stay, fewer emergency room visits, and also an improvement in the patient's knowledge and the health behaviors and disease management in the ANP arm. In a study of individuals with chronic mental disorders who were cared for by advanced practice nurses, Kurz-Cringle, Blake, Dunham, Miller, & Annecillo (1994) found fewer drugs were required, physician time was reduced, and length of stay decreased. Other health outcomes such as obesity and hypertension have been positively impacted by ANP (Ramsey, Edwards, Lenz, Odom, & Brown, 1993).

Clinical Nursing Roles at TOH. The findings of our internal survey confirmed there are many clinical nursing positions with a lack of uniformity of position titles, educational preparation, reporting relationships, and differences in the functions and activities both within and across the three campuses. All roles fulfilled a perceived gap in patient care (previously identified by the program) and/or had associated coordination/administrative responsibilities. There were varying perceptions as to whether a role was, in fact, ANP.

ANP Perceptions. To elicit perceptions about ANP, focus groups were conducted with nurses, allied health professionals, physicians, and representatives of the School of Nursing, University of Ottawa. These perceptions were considered when developing the ANP framework.

Overall, nurses were positive and receptive to ANP. They viewed these masters-prepared practice roles as clinical leadership roles in nursing, which would serve as consultants, educators and nurse researchers, in promoting nursing practice and improving patient outcomes. A clear definition for ANP was recommended with education of all health professionals to ensure optimal understanding and utilization.

The allied health chiefs identified the benefits of autonomy and role flexibility. They cautioned against the potential for role conflict if the scope of practice was not clearly defined and the role overlap with existing positions, within and across disciplines, minimized.

Physicians recommended using one title for these roles with a strong expert, specialized clinical focus with secondary roles including leadership, education, and research. They described a unique clinical practice that was different than physician care in that it promoted continuity of care and was more attentive to details of care (i.e., implementing clinical guidelines and medical directives). They recommended a transition plan to address current realities related to the lack of masters-prepared nurses. Debate occurred over whether all "expanded" clinical nursing positions need masters preparation to deliver focused care to patients.

Representatives of the School of Nursing had similar perceptions and recommendations to the other groups, however, they also reinforced the need to 'knit' academic and clinical realities through formal links between university faculty and individuals within service settings.

ANP Framework

In developing an ANP framework for TOH, a job description was developed outlining the main components of the role and reporting structure while stipulating the educational requirements of the position.

Job Description. To date, ANP has represented a concept while a variety of titles such as CNS and NP have emerged. These variations in title have contributed to wide-

spread confusion around ANP roles. Consequently, one title, Advanced Practice Nurse, is recommended for all ANP positions to rise above the confusion and turn the page toward greater role clarity. The job description, developed in consultation with nurses, physicians, human resources and labor relations, and based on a variety of standards (Canadian Nurses Association, 1999; Canadian Clinical Nurse Specialist Interest Group 1997; Hamric, Spross, & Hanson, 1996), allows for the variability in distribution of time between the clinical, research, leadership/administration, education and consultation components of the role while stipulating involvement in all components. See Table 1.

Advanced practice nurses were recommended to report to administrators who have a clear understanding of the particular position in relation to the clinical, corporate, and professional issues and trends; therefore, there is matrix reporting to the respective Clinical Director and Chief of Nursing. Clear supervision and support responsibilities have been developed. Matrix reporting to a physician could also be considered for specific positions.

ANP Role Components and Educational Requirements. Advanced nursing practice lies within the defined scope of nursing. Advanced practice nurses provide expert, specialized clinical care achieved through the integration of research, education, consultation, and leadership. It is the effective interaction, blending, and simultaneous execution of the identified skills, knowledge, judgement and interpersonal attributes in highly complex practice environments and health care organizations that characterize ANP (Canadian Nurses Association, 2000). The job description for advanced practice nurses, including the specific components and activities, reflects this interaction.

To prepare advanced practice nurses with the necessary critical thinking, decision-making skills, and the ability to meet complex client needs and research demands, graduate education is imperative. Masters preparation in nursing is preferred or graduate study in a related discipline with an undergraduate degree in nursing. Additional education, such as specialty courses and nurse practitioner preparation, may be recommended or required for specific positions.

Assessment, Implementation and Evaluation Recommendations

Difficulties in implementing ANP have been: 1) risk of role isolation; 2) absence of a support network; 3) confusion over scope of role; 4) lack of full support by senior health leaders, physicians and other colleagues; and, 5) lack of nursing support (Dunn & Nicklin, 1995; Alcock, 1996). The following recommendations have been adopted to ensure the maximum benefits of ANP.

Assessment Recommendations. Critical appraisal of the need for and benefit of an advanced practice nurse must be undertaken in implementing positions for a specific

Table 1: The Ottawa Hospital Advanced Practice Nurse Role Components

<p>Clinical Practice</p> <ul style="list-style-type: none"> • Provides direct, specialized, comprehensive care/nursing services, emphasizing health promotion, disease prevention and collaborative management strategies to positively affect health outcomes • Identifies opportunities to develop medical directives, participates in their development, implementation and evaluation, and directly implements aspects of care based on medical directives • Demonstrates advanced knowledge and synthesis of advanced nursing practice within a clinical specialty • Performs advanced health assessment and clinical decision-making within a clinical specialty • Assesses complex practice issues, and develops, implements and evaluates innovative approaches and programs addressing these issues • Provides counseling and education applying advanced knowledge and synthesis of therapeutic counseling modalities • Works collaboratively with clinical staff to assess, plan, implement and evaluate clinical interventions
<p>Consultation</p> <ul style="list-style-type: none"> • Provides consultation to nursing staff, managers, coordinators, physicians and other team members regarding clinical and professional practice issues • Acts as a liaison and consultant to other health care facilities/institutions regarding patient care and health services • Applies relevant research and a broad range of theories to clinical practice using critical thinking and decision making; utilizes research/evidence-based information to recommend nursing interventions • Facilitates a collaborative, interdisciplinary team practice model • Participates in the coordination of complex care and discharge planning • Monitors, evaluates and documents outcomes of decisions and intervention; revises the interdisciplinary plan of care in collaboration with the patient/family and the health care team
<p>Research</p> <ul style="list-style-type: none"> • Enhances the scientific base of nursing practice by utilizing and supporting research in nursing and with other disciplines • Evaluates nursing and multidisciplinary research and assesses its impact on patient care and nursing services • Interprets, communicates and disseminates research findings to support patient care and recommends policy changes based on research • Conducts or develops collaborative research projects as a principal investigator or co-investigator to monitor and improve nursing services and patient outcomes • Publishes in clinical and scientific journals and presents at scientific conferences • Participates on research committees
<p>Education</p> <ul style="list-style-type: none"> • Acts as a role model and clinical expert in the clinical specialty • Supports nurses in professional development and career planning • Participates in undergraduate and graduate nursing, and health education through preceptorship/supervision, consultation, and/or joint appointment at the university level • Plans, implements and evaluates needs-based continuing education for staff and clinical partners to promote quality patient care
<p>Leadership/Administration</p> <ul style="list-style-type: none"> • Acts as a mentor to nursing colleagues and others to improve and support nursing practice • Provides leadership in the development, implementation and evaluation of quality management programs/initiatives • Participates in, and supports nurses in, continuous quality improvement initiatives evaluating effectiveness of interventions/nursing services on patient and service outcomes • Participates in and provides leadership on intra- and inter-disciplinary committees related to the development of policies, procedures, protocols, guidelines, standards, education or research • Anticipates emergent and future issues/changes and provides leadership and vision in short- and long-term planning; contributes to strategic planning at all levels

Table 1 continued

Leadership/Administration continued

- Provides leadership in program development, implementation and evaluation
- Recruits, selects and retains employees and provides professional development and performance appraisal
- Hires and supervises clinical and support staff as appropriate
- Manages budgets and resources as appropriate
- Shares expertise and provides consultation beyond the boundaries of the institution into regional, provincial, national and international communities in areas of specialization
- Demonstrates an understanding of legislative and socio/political issues that influence decision making and develops strategies to influence health outcomes and health policies; provides leadership in shaping public policy in health care
- Collaborates with academic institutions through shared projects and/or through joint appointments
- Contributes to the broader context of nursing knowledge through scientific presentations and publications

patient population. The following recommendations assist clinical teams in identifying whether an advanced practice nurse would enhance the quality of patient care and program development:

- nurses previously identified as advanced practice nurses in TOH, and whose responsibilities include the scope of ANP framework, have been jointly identified by the Clinical Director and Chief of Nursing and automatically converted and re-titled with a revised salary scale;
- specialty clinical teams, in consultation with the Clinical Director and the Medical Department Head, assess the need for ANP positions within their programs. Opportunities for financial support of positions should be identified (i.e., reorganization within the program, research grant, external funding, physician contribution). Requests for ANP position are submitted to the Portfolio Executive;
- consultation services are offered by an ANP Consultation Team to team members/administrators considering ANP roles;
- an assessment tool (criteria against which a program can assess the feasibility of an ANP role) is available during the assessment phase.

Implementation Recommendations. To avoid difficulties associated with implementing ANP positions, the following recommendations will ensure a support network, minimize the risk of role isolation, avoid confusion over the purpose and competencies of ANP, and ensure support of the roles by administrators, team members and colleagues:

- a position profile is developed for each position by the clinical teams in consultation with the Chief of Nursing. The profiles are complementary to the job description but describe the uniqueness of the specific position;
- a transition plan is being used to introduce all ANP positions. Recognizing the lack of masters-prepared

nurses and that some nurses at TOH without graduate education may be candidates for identified ANP position, it is recommended that these candidates be supported as a 'fellow' in the position with different outcome expectations and infrastructure supports until graduate education is complete;

- education of all team members and administrators is mandatory for programs considering and introducing an advanced practice nurse. An education package describing the ANP framework is available and modifiable for each specific position being considered.
- medical directives allow all nurses to expand their practice beyond the traditional boundaries of the scope of nursing. Advanced practice nurses take a lead in the identification, development, implementation and evaluation of medical directives;
- a profession support network, the ANP Workgroup, allows advanced practice nurses meet formally on a regular basis to discuss professional issues and other issues that may impact their roles;
- research and clinical fellowships will be developed to provide intensive support and guidance and protected time in developing ANP roles.

Evaluation Recommendations. Each individual advanced practice nurse is evaluated. A performance appraisal form, reflective of the job description and position profile, and corporate and program priorities (reflected in annual objectives), supports the process of evaluation.

In addition, evaluation of the overall benefits of ANP must and will be undertaken. The Ottawa Hospital will take a lead role in exploring opportunities for research initiatives to further evaluate the impact of ANP on patient outcomes, health care services and nursing professional. This research will advance our knowledge about the contribution of ANP to the care of patients and to the health care system.

Summary

The process undertaken at TOH proved to be thorough and sound in achieving the goal of developing a framework within which to move forward with the implementation of ANP roles.

Clearly, the more pure clinically focused 'physician assistant' role is not within the ANP role. The graduate degree requirement is largely unnecessary and the academic and research skills rarely required. We will work with the physicians and program health care teams to clarify where an ANP is most appropriate or where a physician assistant role is required to ensure effective meeting of defined needs and optimal use of the health care dollar. At this time, programs have requested assistance in determining the 'fit' of an APN role. Support will be provided to ensure consistent application of the framework and effective integration of the ANP role.

Conclusion

Advanced practice nurses can positively impact the delivery of health care and client outcomes. To maximize the benefit of those roles and ensure their sustainability, ANP positions must be clearly defined and strategically assessed and evaluated regarding their benefits to a specific program of care, specific patient populations. Infrastructure supports should minimize role isolation and confusion, and have the support by administrators, team members and colleagues.

Authors

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References

- Alberta Association of Registered Nurses. (1992, Re-endorsed 1998). Scope of Nursing Practice. Edmonton, AB: Author.
- Alcock, D. (1996). The Clinical Nurse Specialist, Clinical Nurse Specialist/Nurse Practitioner and other titled nurses in Ontario. Canadian Journal of Nursing Administration, 9(1), 23-44.
- American Nurses Association. (1995). Nursing's Social Policy Statement. Washington, DC: Author.
- Brooten, D., Naylor, M. D. (1995). Nurse's effect on changing patient outcomes. Image Journal Nursing Scholarship, 27, 95-99.
- Burgess, A. W., Lerner, D. J., D'Angostino, R. B., Vokanos, P. S., et al. (1987). A randomized control trial of cardiac rehabilitation. Social Sciences and Medicine, 24(4), 359-370.
- Canadian Clinical Nurse Specialist Interest Group. (1997). Canadian Clinical Nurse Specialists in Action – Standards. Ottawa: Author.
- Canadian Nurses Association. (November, 1999). DRAFT Core Competencies for Nurses in Advanced Nursing Practice. Ottawa: Author.
- Canadian Nurses Association. (May, 2000). Advanced Nursing Practice. A National Framework. Ottawa: Author.
- Davies, B., & Hughes, A. M. (1995). Clarification of advanced nursing practice: Characteristics and competencies. Clinical Nurse Specialist, 9(3), 156-132.
- Dunn, K., & Nicklin, W. (1995). The status of advanced nursing roles in Canadian teaching hospitals. Canadian Journal of Nursing Administration, 8(1), 111-135.
- Hadad, B. (1992). Advanced nursing practice: Issues and trends. Clinical Nurse Specialist, 5(4), 18-22.
- Hamric, A., Spross, J., Hanson, C. (1996). Advanced nursing practice: An integrative approach. Philadelphia: W.B. Saunders Company.
- Howlett, M., & Tamlyn, D. (Fall 1999). Advanced practice nursing: Parameters for successful integration. Health Care Management/Forum Gestion des soins de sante, 12(3), 12-18.
- Kurz-Cringle, R., Blake, L.A., Dunham, D., Miller, M.J., & Anecillo, C. (1994). A nurse-managed inpatient program for patients with chronic mental disorders. Archives of Psychiatric Nursing, 8(1), 14-21.
- Lipman, T.H. (1988). Length of hospitalization of children with diabetes: Effect of a clinical nurse specialist. Diabetes Education, 14(1), 41-43.
- Pozen, M. W., & Stechmiller, J.A., Harris, W., Smith, S., et al. (1977). A nurse rehabilitator's impact on patients with myocardial infarction. Medical Care, 15(10), 830-837.
- Ramsey, P., Edwards, J., Lenz, C., Odom, J.E., & Brown, B. (1993). Types of health problems and satisfaction with services in a rural nurse-management clinic. Journal of Community Health Nursing, 10(3), 161-170.
- Registered Nurses Association of British Columbia. (1998) Advanced Nursing Practice: Towards a Definition. Vancouver, BC: Author.