



Original research

Developing the role of Swedish advanced practice nurse (APN) through a blended learning master's program: Consequences of knowledge organisation



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ABSTRACT

This paper reports on a research study conducted with a group of nurses in Sweden enrolled in a newly developed blended learning master's programme to become advanced practice nurses (APNs). As background, the paper presents the regional needs the programme is intended to address and describes how the programme was designed. The aim was to understand how, from students' perspective, the nurse master's programme structured knowledge for their future position as APNs. The research question focuses on how the master's programme prepares students by meeting their diverse needs for knowledge. Empirical material was collected at two times during the students' first and second years of study through semi-structured qualitative interviews. The findings highlight the process in which these master's students gained a more advanced identity of becoming APNs. This process demonstrates how students perceive their current position as nurses based on a discourse of knowledge in relation to the practical and theoretical knowledge they encounter in the master's programme. This article concludes by recommending that attention should be paid to developing APN role models in the current Swedish healthcare system.

1. Introduction

Creating a master's programme for advanced practice nurses (APNs) is a challenge because of the diversity in nursing roles (Heale and Rieck Buckley, 2015; Vrijhoef, 2014), changes in healthcare services (Freund et al., 2015) and varied regional needs (ICN, 2015). Researchers report that advanced practice nursing has become a global role (e.g. Schober, 2006). To understand how master's programmes should be organised, Maton and Moore argue that “we need to understand knowledge for understanding education” (Maton and Moore, 2010, p. 2). Moreover, the APN role demonstrates a growing body of knowledge both in nursing practice and in the nurse programmes with their specific characteristics and forms. Such knowledge can be organised as both practical and theoretical. Instead of dichotomising the two forms of knowledge, educators should bridge the gap between practical and theoretical knowledge cultures for meaningful academic learning (German Millberg et al., 2014). To achieve this, German Millberg et al. (2014) argue for the importance of teachers' didactical choice, which embraces both the planned and enacted activities in students' learning as well as the teacher-student relationship (Hudson, 2008). Teachers in nurse education are encountering new challenges in didactical designs

as programmes change from campus-based education to distance education and blended learning (Bergström, 2010). In a study of the curriculum perspective of distance nurse education, Bergström (2011) reports on the communicated meaning in learning outcomes ranging from descriptive to analytical levels. Learning outcomes based on the descriptive levels (Anderson and Krathwohl, 2001) support a learning process based on memorising and repetition of content, similar to the process of acquiring practical knowledge based on repeated training. In contrast, learning outcomes based on verbs containing analysis or problem solving skills (Anderson and Krathwohl, 2001) show increased abstraction where practical and theoretical knowledge have the potential to be merged and integrated. This paper reports how a group of seven students experienced the didactical design of an APN master's program regarding the intersection between practical knowledge structures and theoretical knowledge structures. Before setting out the aim and research questions, a brief introduction to the context and the regional needs that this master's programme aimed to solve.

1.1. Background and context

This study is framed and contextualised by the regional needs in the

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northern part of Sweden. Umeå University especially serves students in three sparsely populated northern counties: Västerbotten with 11,3 inhabitants per km², Västerbotten with 4,8 inhabitants per km², and Norrbotten with 2,6 inhabitants per km² (SCB, 2015). There is a shortage of medical doctors in the region and it is served to a large extent by doctors on costly, short-term contracts. Due to the lack of doctors, interprofessional teamwork (Kvarnström et al., 2017) where the APN do some of the traditional doctors work, for example ward rounds in surgical care and physical assessments and referrals in primary health care (Bergman et al., 2013). As a step towards solving this situation, the county council and Umeå University developed a (two-year) 120 credits (Swedish Higher Education Authority, 2013) master's programme in nursing. In Sweden specialist nursing and midwifery programmes lead to both a postgraduate diploma and an academic degree of a (one-year) master, 60-credits. There are 12 different postgraduate diploma specialisations and midwifery. Admission requirements for master programmes are a bachelor degree in nursing, and for the postgraduate diplomas also a graduate diploma in nursing and a registration by the Swedish National Board of Health and Welfare as a nurse (Swedish Council for Higher Education, 1993). Clinical experience of at least 1 year as a registered nurse is required for admission to the specialist nursing and midwifery programmes.

However, for the new master's in nursing 120-credits programme, only an academic degree was achievable since the issue of professional titling and legislation for APNs is not yet solved in Sweden. The programme reported on in this paper was designed to be flexible enough to meet the regional needs and the interests of each student. Out of 120 credits, only three courses on quantitative and qualitative methods and an academic paper worth 30 credits are mandatory. The other 90 credits were freely chosen from a course catalogue of 7,5 and 15 credit courses. Examples of courses were: Clinical Assessment, Health Promoting Family Focused Nursing, Pharmacological Treatment and Prescriptions for Nurses, Nursing care in diabetes, Oncology and Cancer nursing, Psychiatric Nursing and Psychiatric Diagnosis and Treatment, Nursing in allergy, asthma and chronic obstructive pulmonary disease, Chronic Heart Failure Care and Dialogue with a cognitive approach.

In order to document the unique knowledge each student had achieved in his/her choice of master specialisation a diploma supplement was to be appended to the degree certificate after achieved 120 credits (Swedish Council for Higher Education, 2016)

All courses were offered as blended-learning courses with one to four campus meetings per semester. Between the campus meeting, teacher-student and student-student communication was provided through web-based video conferencing (Adobe Connect) and asynchronous through the platform Moodle. To date, few studies in the Swedish context have focused on the organisation of knowledge in APN master's programmes and on students' perspective on how such knowledge is presented.

1.2. Aim

This study takes as its starting point a group of seven APN students taking a nurse master's programme at a Swedish university. From students' perspective, this article is an attempt to contribute to an understanding of how a nurse master's programme structures knowledge in the new role students adopt as APNs. The following research question was formulated:

- How does the nurse master's programme prepare students for the APNs' diverse needs for knowledge?

2. APNs and nurse master's programme

There is wide variation in the educational requirements, regulation and practice of APNs around the world (Pulcini et al., 2010). In Europe, the United Kingdom and the Netherlands have come a long way in

addressing issues of legislation and practice (Van Der Biezen et al., 2016), and among the Scandinavian countries, Finland started an APN programme in 2005 and the APN role in health care is becoming increasingly established (Jokiniemi et al., 2015). In Sweden, the University of Skövde was the first to have an Advanced Clinical Nurse Specialist programme for APNs in primary health care in the early 2000s, although that programme is not running currently (Lindblad et al., 2010). At Linköping University, a Nurse Practitioner programme in surgical care was developed with the surgical NPs in the US as role models, and the first students have recently graduated (Jangland et al., 2016). In Sweden, the APN role is not yet generally accepted in health care.

The term “APN” does not have a common definition (Zahran et al., 2011). This paper understands the role of APN based on the International Council of Nurses' definition, which defines it as:

“an advanced clinical practitioner is a professional 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 master degree is essential” (ICN, 2015).

This essentially means that master's programmes need to equip students with knowledge they will need for handling a broad range of practices. However, numerous research articles have studied the APNs' knowledge in practice with the aim of outlining what kind of knowledge APNs really have. One aspect of the debate concerns the need for standardised knowledge among APNs (e.g. Currie et al., 2007; Gardner et al., 2006), while other researchers argue about the diversity in the role and with regard to regional needs (Sheer and Wong, 2008). In a literature review of APNs' practices, Mantzoukas and Watkinson (2006) identified seven themes of generic features as described in the APNs' practice in 46 articles and book chapters: the use of knowledge in practice; critical thinking and analytical skills; clinical judgment and decision-making skills; professional leadership and clinical inquiry; coaching and mentoring skills; research skills; and changing practice. Similarly, Carryer et al. (2007) found three core roles of APNs: dynamic practice, professional efficacy, and clinical leadership. These roles have implications for a set-up of knowledge. In the first role, the APN would have the knowledge and skills for a wide range of contexts. The second APN role emphasises knowledge of autonomy and collaborative skills. In the third role, the APN would have knowledge required by a clinical leader for guided development of health care. In addition, they found that APNs “must deal with complexity and non-linear reasoning in health care and they must draw upon creative and non-standard solutions to achieve optimal outcomes of the client” (Gardner et al., 2006, p. 605). In nurses' caring of patients, Mantzoukas and Jasper (2007) demonstrate five different knowledge types: personal practical knowledge, theoretical knowledge, procedural knowledge, ward cultural knowledge and reflective knowledge. In a Finnish study, Nieminen et al. (2011) explored APNs' clinical competencies, understood as clinical knowledge in this article. These clinical competencies were studied in relation to the Aristotelian view of knowledge based on epistēmē, technē, and phronesis. The findings indicate five themes that range from clinical competence in the caring practice to competence of development practice and in leadership. The knowledge question at the advanced level of nurse education has a strong relationship to curriculum and curriculum development. Woods (1997) presents two types of curriculum in advanced nurse education: 1) at a generalist level aimed at primary care students, and 2) at a specialised level. The generalist curriculum embraces general knowledge and skills in nursing practice while the specialised curriculum focuses on a narrow area of knowledge. Woods argues that the generalist approach has the potential to miss processes that could be applied to complex problems. Further, Furlong and Smith (2005) consider how the healthcare systems have started to explore what the clinical role of advanced nurses would be.

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