

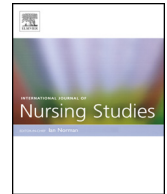


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Review

A systematic review of the effectiveness and roles of advanced practice nursing in older people

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ABSTRACT

Objectives: To identify, assess and summarize available scientific evidence about the effect of interventions deployed by advanced practice nurses when providing care to older people in different care settings, and to describe the roles and components of the interventions developed by these professionals.

Background: In older people, evidence of advanced practice roles remains dispersed along different contexts, approaches and settings; there is little synthesis of evidence, and it is not easy to visualize the different practice models, their components, and their impact.

Design: Systematic review.

Data sources: Sixteen electronic databases were consulted (1990–2014). The research also included screening of original studies in reviews and reports from Centers of Health Services Research and Health Technology Agencies.

Review methods: Studies were assessed by two reviewers with the Cochrane risk of bias tool. They were classified depending on the type of follow-up (long and short-term care) and the scope of the service (advanced practice nurses interventions focused on multimorbid patients, or focused on a specific disease).

Results: Fifteen studies were included. In long-term settings, integrative, multi-component and continuous advanced practice nursing care, reduced readmissions, and increased patients' and caregivers' satisfaction. Advanced practice nurses were integrated within multidisciplinary teams and the main interventions deployed were patient education, multidimensional assessments and coordination of multiple providers.

Conclusion: Positive results have been found in older people in long-term care settings, although it is difficult to discern the specific effect attributable to them because they are inserted in multidisciplinary teams. Further investigations are needed to evaluate the cost-effectiveness of the two modalities detected and to compare internationally the interventions developed by advanced practice nurses.

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What is already known about the topic?

- Advanced practice nursing is getting an expanding presence around the world. Older people with multiple chronic conditions and functionality problems are the most frequent target populations for these services.

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- There are many studies about advanced practice nursing services, but they are dispersed along different contexts, approaches and settings.

What this paper adds

- In long-term care settings, significant results were found in the reduction of mortality, admissions, improvements in patients' self-care, and the increase in patients' and caregivers' satisfaction.
- Inconclusive results were found in quality of life, and no effects were detected in falls reduction.
- The mechanisms by which the outcomes are achieved seem to be related with educational interventions, advanced skills for multidimensional assessments and ensuring continuity of patient care by the coordination of multiple providers.

1. Introduction

The Association des Infirmières et Infirmiers du Canada (AIC) (2008), defines advanced practice nursing (APN), as “an advanced level of nursing practice that maximizes the use of specialized skills and nursing knowledge in order to respond to the customers' needs in the health sphere”. In the United States, the introduction of these nursing roles with a high level of autonomy, dates back to the mid-1960s, whereas in Canada, those roles were introduced in the 1970s (Martin-Misener et al., 2010), but in many other countries they are irregularly developed. Many of these initiatives were launched to fulfill gaps in services traditionally carried out by physicians (DiCenso et al., 2010), in order to improve access to care, particularly in under-served areas (Delamaire and Lafortune, 2010), and as a consequence to the reduction of physicians workforce internationally (Dowling et al., 2013; Olson and Chioffi, 2005; Por, 2008). Despite this expansion, advanced practice roles are still difficult to define precisely because the term encloses a heterogeneous variety of practices, usually associated to local circumstances belonging to the setting where they are developed (Gardner et al., 2007).

2. Background

In recent years, use of APN has been widely extended in several countries. Their roles can be distinguished from basic practice through their level of specialization, advancement, and role expansion (Dowling et al., 2013). They usually integrate research, training, practice, and management (Bryant-Lukosius et al., 2004). They tend to develop a high degree of professional autonomy, with their own caseload of patients, advanced skills for health status assessment and decision-making or diagnostic reasoning. Moreover, they are able to act as consultants for different health professionals (Mantzoukas and Watkinson, 2007). Leadership, professional autonomy, and working in multidisciplinary teams are key to effective performance of the APN role (Dowling et al., 2013). Newhouse et al. (2011) concluded that a collaborative approach between APNs with physicians and other providers leads to higher quality of care and better health care systems.

All of these previous features contribute to the integration of additional skills and responsibilities, which seem to be essential for APNs' autonomy (Dowling et al., 2013). Reimanis et al. (2001) carried out an evidence-based literature review aimed to examine the provider and patients satisfaction associated with nurse case management in acute and community care settings. This review resulted in the extraction of variables that could define their role in a holistic, comprehensive and complete way. Those variables describer provider satisfaction, autonomy, multidisciplinary collaboration, patient satisfaction, nurse case management's effect on staff nurses, professional status, job stress, and role conflict.

On the other hand, Manley's (Manley, 1997) model is more centered on the skills and competencies that the APN should develop for their performance. Those skills are classified into three groups. Firstly, the academic grade to access to this role (which usually is master or PhD), an extensive client-based practice, and a certification of expertise in practice. Secondly, defined sub-roles as expert practitioner, educator, researcher and consultant. Finally, the skills and competencies previously mentioned were put in place as a change agent, a collaborator, a clinical leader, a role model and a patient advocate.

In recent years, the concept of 'complex chronic disease' has been introduced, which is linked to the concept of aging and frailty, and determined by the presence of multiple and complex chronic conditions. The most differential characteristics of this group of patients are the simultaneity of several chronic diseases, the occurrence of multiple hospital admissions and health services utilization, the presence of polypharmacy, and a reduced personal autonomy. In addition, there are additional factors such as older age, living alone or lack of family support, or risk of falling, among others (Contel et al., 2012). In this sense, APNs are in an ideal position to cover many of the demands of care of this population group (Carroll et al., 2007; Clark et al., 2010; Contel et al., 2012). Moreover, several models of APN delivery of services for older people have been developed in a wide variety of health contexts (Low et al., 2011; Oeseburg et al., 2009), such as transitional care (Brand et al., 2004), case management (Leung et al., 2004) or services for older people with heart diseases (Blaha et al., 2000; Duffy et al., 2010), aimed to improve quality of life or reduce hospital admissions. Also, APNs have been employed to carry out interventions in patients with dementia (Callahan et al., 2006), in older people with low incomes and acute health problems (Counsell et al., 2007), or in the community, giving support to families and patients to manage resources (Thompson et al. (2008) and Donald et al. (2013), found positive results in terms of improvement of health status, behavior and patient satisfaction in residential settings.

The domains of practice do not appear to have a central role in the design of APN roles in many instances, and a widespread variability in the level of practice and job content have been reported (Chang et al., 2012), despite the availability of some instruments to define the service parameters of these professionals (Gardner et al., 2013).

There exists a broad range of APN modalities, as well as a lack of conceptual frameworks to categorize the scope of

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