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## Advanced practice nursing–Promoting organisation clarity and connectedness: A mixed methods approach

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### ABSTRACT

**Background:** Workshops conducted in 2011 with Advanced Practice Nurses identified a lack of consistency and clarity regarding titles, role definition, reporting systems and access to professional development. These findings were consistent with published literature.

**Aims:** To make transparent Advanced Practice Nurses' scope of practice using a validated tool in order to:

- Align the workforce to organisational goals
- Standardise position descriptions and classifications
- Promote professional governance
- Foster organisational connectedness

**Methods:** This was a two-phase mixed methods exploratory study. Phase One employed a validated survey tool to determine the scope of practice for Advanced Practice Nurses (April 2012). Workshops were conducted in Phase two to develop a clear understanding of Advanced Practice Nurses' perspectives of role titling, reporting and professional engagement (June 2012).

**Findings:** The survey achieved a 77.8% response and identified 23 different titles were used by Advanced Practice Nurses in the organisation. There were very few title-differentiating responses to the 41 activities listed against the five domains of advanced nursing practice. The workshops identified four themes: role clarity, creating links, professional development and reporting.

**Discussion:** The stakeholder engagement presented within this study identified a 'future state' for the advanced practice nursing workforce and confirmed organisational structure, titling, appointment, credentialing and visibility of this vital element of our nursing workforce.

**Conclusions:** The unique contribution of Advanced Practice Nurses to the organisation can be supported through improved nursing governance, connectedness and organisational visibility.

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### Problem or issue

Evidence regarding APN role titles and scope of practice has largely been driven by academia. The literature addressing APN scope of practice from an organisational perspective is limited.

### What is already known?

There is an international lack of consensus regarding APN role titles and scope of practice

### What this paper adds

Strategies that developed empiric evidence regarding the APN workforce can be translated into a practice environment, highlighting how engagement with an APN workforce can successfully clarify APN role titles and scope of practice at an institutional level.

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## 1. Introduction

Following a series of workshops conducted with their Advanced Practice Nursing (APN) workforce prior to the organisation moving from an old to a new physical site, the Nursing Services division recognised the experiences of their APN workforce mirrored the international literature. These workshops identified APN perceived their contribution and recognition across the organisation was challenged by:

- A lack of title consistency
- A lack of role definition
- Inadequate systems supporting integration of their various roles across the organisation.

In addition, inconsistent professional reporting lines contributed to the potential for nurses to work outside of their scope of practice and/or position description. The majority of APNs had direct line managers who were medical heads of department, with no professional connectedness to the nursing leadership of the hospital. This lack of nursing oversight meant decisions regarding the scope of APN practice was determined by medical staff, rather than from within the nursing profession.

A mixed methods approach was selected as the optimal mechanism to address these identified gaps in both the published literature and organisation needs with respect to the APN workforce. Use of a mixed methods approach supported the collection of demographic data regarding the workforce and their current scope of practice. Quantitative data identified topics requiring further investigation that were explored within workshops with the APN to capture their unique perspectives.

This paper reports one organisation's approach to the application of empiric evidence, developed within academia, to their own APN workforce.

## 2. Literature review

Literature relating to the role and scope of the advanced practice nurse (APN) has burgeoned across the last two decades. Developing a clear and consistent understanding regarding the APN role and scope is more challenging than finding agreement regarding what being an APN entails. In a general sense, an APN delivers care of an extended scope within an autonomous framework which serves to maximise nursing knowledge and promote the profession (Bryant-Lukosius & DiCenso, 2004; Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004; Castledine, 2002). This is distinct from advanced nursing practice, which refers to the continuum of increasingly complex skills and abilities employed by a nurse across their professional tenure (Nursing and Midwifery Board of Australia, 2016). Persistent heterogeneity across APN roles and scope of practice are linked to international variability regarding organisational structures, endorsement, minimum academic qualifications, titling and professional development (Ackerman, Norsen, Martin, Wiedrich, & Kitzman, 1996; Chang, Gardner, Duffield, & Ramis, 2010, 2012; Lloyd Jones, 2005; Lowe, Plummer, & Boyd, 2011; Ackerman, Norsen, Martin, Wiedrich, & Kitzman, 1996). The bulk of literature relating to the role and scope of advanced practice nursing has been driven from authors embedded within academic institutions, not by the APNs themselves. This may indeed reflect the very autonomous nature of the APN role, such that they have not collaborated together independent of academia, to provide their perspective on the ongoing challenges of role clarity and scope of practice. Indeed, lacking from the literature to date has been an individual health care organisation response to the

challenge of developing and supporting an effective APN workforce.

The breadth of practice and classification of APNs has often evolved at a departmental level and in the absence of an organisation-wide approach to their service (Bryant-Lukosius, & DiCenso, 2004). Additionally, the level of professional development opportunities and mentoring available to this group of nurses is highly variable (O'Connell, Gardner, & Coyer, 2014). As a result, the inherent variance in this nursing workforce sector has increased with time. This was the experience for APNs at the Royal Children's Hospital, Melbourne, a quaternary paediatric referral centre.

The governance and regulation of APN titles and roles varies internationally. In the United States, Canada and Australia, clarity does exist with respect to the Nurse Practitioner title, however other APN titles, such as Clinical Nurse Specialist and Clinical Nurse Consultant, have variable scopes of practice internationally (Lowe et al., 2011; O'Connell et al., 2014). This has created a situation whereby specific role "competencies" across specified domains of advanced practice are seen to be better indicators of APN roles than the titles those APN carry (Bryant-Lukosius et al., 2004).

In 2005, work was undertaken by the Australian Nursing Federation (now the Australian Nursing and Midwifery Federation [ANMF]), to produce competency standards for the Advanced Registered Nurse (Gibson, 2005). Building upon the competencies expected for all Registered Nurses, nurses practicing in an advanced practice role are expected to demonstrate additional competencies in the domains of Conceptualising Practice, Adapting Practice and Leading Practice. Subsequently, Chang, Duffield and Gardiner conducted a series of studies within Australia exploring this issue of APN competencies across domains of practice (Chang et al., 2010, 2012; Gardner, Duffield, Doubrovsky, & Adams, 2016). Building upon the work of Ackerman and Mick (Ackerman et al., 1996; Mick, 2000), Chang et al. and Gardner et al. developed a tool to determine how nurses functioning in APN roles perceived their practice across the domains of Direct and Comprehensive Care, Support of Systems, Education, Research and Publication and Leadership. The outcome of this work was the identification of 40 activities across 5 domains that were strongly identified to be part of the APN role. Participants ranked their level of identification with each of the activities by stating the extent to which they undertook that activity on a 5 point scale ranging from 'to a very great extent' through to 'not at all'. Whilst acknowledging the subtle language differences between the work conducted by Chang and colleagues and the APN domains developed by the ANMF, there exists strong synergy between the two independent pieces of work in terms of clarifying expectations of nurses working in APN roles. As a result of these collective works, health care organisations now have access to a validated tool to assist in defining the domains of practice for APN positions, resulting in improved professional recognition and visibility for nurses functioning in these roles.

This highlights the very important role hospital administrators, and most importantly, nursing administrators, have in supporting the development of APN roles within health care organisations (Beal, Steven, & Quinn, 1997; Bryant-Lukosius et al., 2004). Without senior nursing leadership, APN role development is driven by stakeholder expectations, individual interpretation and lacks a connectedness to the organisation's key objectives. This then renders unique challenges to determining the value-add of APN roles both to patient outcomes and organisational goals (Bryant-Lukosius & DiCenso, 2004). Health care organisations cannot be passive recipients of the empiric knowledge generated by academia relating to APN role and scope of practice. Each organisation must develop their own internal regulatory processes to improve the introduction and development of their own APN roles (Lowe et al., 2011).

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