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DISCUSSION PAPER

Time to clarify – the value of advanced practice nursing roles in health care

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Abstract

Aim. This article presents a discussion of the importance of providing meaningful advanced practice nursing role definition and clarity to improve international standards of nursing titles and scopes of practice.

Background. A plethora of international literature exists discussing advanced practice nursing roles and their contribution to healthcare delivery in various countries. However, lack of consistency around title, role definition and scope of practice remains.

Data sources. CINAHL and Medline databases were searched using 'nurse practitioner', 'nurse practitioner role', 'nurse practitioner practice', 'nurse practitioner in public health', 'advanced practice nursing roles' and 'development of new nursing roles' with articles limited to years 1995–2010. Citations used in those articles were also explored. All cited articles were in the English language.

Discussion. This article supports the need to strengthen the Nurse Practitioner role in health care and professional clarity is identified as a strategy to enhance this. Themes around role clarity, professional identity, ability to enhance healthcare provision and inter-professional issues are examined. The need to more clearly articulate advanced nursing roles in light of the evolution of the Nurse Practitioner role is highlighted. Much work has already occurred in this domain and a means of adapting and broadening these developments for a wider, more global audience whilst maintaining local context is discussed.

Conclusion. Although evidence exists that advanced practice nursing roles are increasing internationally, uncertainty around role clarity remains. This is problematic because the valuable contribution of nursing roles is lost, if the ability to clearly express their function does not exist.

Keywords: advanced practice nursing, clinical nurse consultant, clinical nurse specialist, nurse practitioner, nursing models, nurse roles, professional regulation, role clarity

Introduction

Healthcare agencies around the globe are consistently faced with the challenge of providing high quality care to those in need. In an international climate of financial austerity around health dollar spending, together with emergent technology, ageing populations and issues with sustaining work forces, discussion and debate around global challenges continue to find solutions in the provision of adequate, efficient and cost-effective health care. Advanced practice nurses (APN) have been accredited in many countries now; however, nurse practitioners (NPs) have been hailed as the panacea to many of the current healthcare issues, particularly in relation to primary health care, health education and health promotion.

The title of NP is becoming an entrenched term in the healthcare workforce. Many countries including the United States of America (US), Canada and the United Kingdom (UK) have had a long history of NP role development and practice. In Australia, although smaller in numbers and newer in implementation than other international models like the USA, the term NP is gaining national attention both politically, in terms of the current health reform agenda, and through media coverage of the political discourse involving the Australian Medical Association (AMA) and other groups. Despite the global interest in developing NP roles to meet consumer needs and to enable the provision of adequate, efficient and timely health care, there are still inconsistencies in defining the explicit nature of the role, protection of the NP title, its scope of practice and the credentialing processes required. It is suggested that these variations in role definition, function and preparation create some of the barriers that hamper adequate utilization of the NP role and hamper reform of existing healthcare provision.

Throughout this article, recent literature is brought together discursively to broaden the NP and APN discussion. Arguments are made to strengthen the importance of the NP role in health care. Themes around role clarity, professional identity, ability to enhance the provision of health care and inter-professional issues are examined. This discussion highlights the need to more clearly articulate advanced nursing in light of the global evolution of the NP role. This discussion provides an opportunity to contemplate the need for clarity of existing nursing roles to more clearly elucidate their value and function and the benefits of a cohesive professional posture.

Background

Advanced practice nursing roles such as clinical nurse specialist (CNS) and clinical nurse consultant (CNC) have evolved globally in a variety of specialty clinical areas (Dunphy *et al.* 2009). There are many instances of this role existing internationally with developments occurring in parallel to other socio-political changes, such as redefining women's roles, increasing technology, the need for nursing more complex health issues and responding to the desire of a clinical career path for nurses (Keane *et al.* 2008). Traditionally, the CNS role, using the US context and the CNC role in Australia were set in organizations. The roles were predominantly developed around a consultancy type position, with some indirect patient care being maintained (Ackerman *et al.* 1996). The numbers of CNS/CNC positions increased over the 1970s and 1980s as academic programs proliferated and to address the increasing need for clinical specialization and decreased number of inpatient days. The success of these roles was hampered by the difficulty in clearly defining their merit in terms of economic justification, resulting in decreasing numbers in the face of organizational cost cutting in the US (Dunphy *et al.* 2009).

There has been considerable attention given to the subject of what it is specifically that distinguishes CNC and NP roles. Although falling under the APN umbrella, definition and clarity of these roles is reported differently in the literature. It is argued by some authors that the roles are melding together in their functions and therefore should be combined as one APN role (Roberts-Davis & Read 2001, Daly & Carnwell 2003). Other research and reviews have found clear distinction between the roles and argue that their differences and their impact on healthcare delivery are exclusive, although both falling in the scope of APN (Lincoln 2000). Mick and Ackerman (2002) suggest that both the CNC and the NP roles are pathways to advanced practice.

To provide some clarity to the issue of whether NP and APN are one and the same (Plager *et al.* 2003, p. 411) provide an interesting perspective with their prism analogy. So, as APN roles enter the prism on one side, the light splitting effects of the prism on the other side create a number of exiting roles, each with their own role differentiation together with some shared functions. The closest description aimed at distinguishing these APN/NP/CNS roles found in the literature relates to the indirect nature of the CNS role compared with the direct care provision of the NP (Ackerman *et al.* 1996). The direct care of the NP includes provision of care by way of initial assessment of problems/concerns, establishment of diagnosis following appropriate diagnostic testing if required and formulation of a management plan, which may include prescription of medicines. The CNS/CNC, however, provides the ongoing improvement of patient care through management/case management of a patient group with differentiated problems (Dunn 1997, Roberts-Davis

& Read 2001, Plager *et al.* 2003). In fact, Gardner *et al.* (2007) suggests the differentiation in the role divergences is that APN roles are those involving the use of increased knowledge and skill, with the distinction lying in the NP role including diagnosis and treatment.

Data sources

The search strategy included a review of electronic databases including CINAHL and Medline using the search terms 'nurse practitioner', 'nurse practitioner role', 'nurse practitioner practice', 'nurse practitioner in public health', 'advanced practice nursing roles' and 'development of new nursing roles' between the years 1995–2010. A large number of returns were obtained from this search and these were scanned for relevance to role development, implementation of new nursing roles and defining new NP roles and practice. There is a plethora of literature discussing various aspects of NP roles, such as defining the NP role, describing various settings in which NP roles exist, factors associated with role implementation and problems associated with working as a NP. Given the relative lack of Australian literature compared with the international perspective, the confusion over role title and description and the differing healthcare systems, it was necessary to cover as much literature as possible.

Given the large amount of returns, the search was initially restricted to those available as full text articles. As the material was scanned for relevance, further articles were requested through the library delivery service. The search was also limited to the English language publications. Relevant citations used in these articles were also explored.

Discussion

Nurse practitioner

Role development

Historically, the NP was introduced to meet health service gaps, with the literature describing the first reported NP role in the US in the mid 1960s (McIntosh *et al.* 2003, Driscoll *et al.* 2005). This paediatric NP role was implemented due to the short supply of medical doctors, particularly in rural and regional areas and the need to provide a specialist tier of advanced nursing assessment and intervention. Other NP services have been prompted by a need to increase the number of providers who are able to deliver quality and cost-effective health care (Chenoweth *et al.* 2005, Lee & Fitzgerald 2008, Jennings *et al.* 2009). Appointments of NP have also been created to more effectively use the existing skilled human resources (Chakravarthy 2008), to relieve emergency department (ED) overcrowding (Davidson & Rogers 2005, Cashin *et al.* 2007, Keane *et al.* 2008), and others in targeted areas of growth need and increasing specialty areas like mental health, aged care, renal and oncology services.

The NP role provides an opportunity for the provision of a holistic approach to an episode of patient health care. With extensions to traditional Registered Nurse (RN) scope of practice, this occurs through the combination of advanced clinical nursing practice, built upon the fundamentals of basic nursing practice rather than in isolation of these (Bryant-Lukosius *et al.* 2004). These authors state the need for clarity about the nursing approach that is patient centred and health focused, and as such, complementary to existing models rather than as a substitute. Furthermore, the need for clarity is crucial in defining the NP roles as extensions to the practice of nursing care rather than the substitution of tasks (Hanson & Hamric 2003). Through the recognition of NPs as experienced nurses, able decision makers and providers of a range of care assessments, patient services and subsequent outcomes can improve.

For the NP to provide adequate management, it is necessary to involve the crossing of professional boundaries. It is recognized that NP combine some practice features of medicine with the fundamental aspects of nursing, but remain nursing oriented (Reay *et al.* 2003, Running *et al.* 2006, Gould *et al.* 2007). The NP role is also attributed with a focus on health promotion and health education as foundations of health care, in the context of the person in their psychosocial environment. The competence of NPs to manage patient care in a comparable manner to physicians, with high levels of patient satisfaction, combined with increased advice on education, health promotion and follow-up advice has been well reported in the international literature (Barr *et al.* 2000, Phillips 2007, Chen *et al.* 2009, Jennings *et al.* 2009).

Role clarity

The confusion over the naming of nursing roles and their various functions or scopes of practice has confounded nursing and other healthcare professionals for some time and serves to feed role dissonance (Bryant-Lukosius *et al.* 2004, Gardner *et al.* 2007). With the introduction of new nursing models of care to fill perceived gaps in healthcare provision or improve access, it is important that the public, other healthcare providers and indeed nurses themselves have an clear understanding of the various nursing roles (Gardner *et al.* 2007). For NPs to have an impact on the provision of health services, a clear understanding of their practice is also imperative. Clarity is required for regulation that provides consistency in the approach to health care, ensuring a

benchmarking process, whereby practice standards can be met and maintained (Currie *et al.* 2007, Phillips 2007). Indeed, the Canadian Nurses Association (CNA) position highlights the need for a ''co-ordinated national approach'' (CNA 2008); however, this could arguably be broadened to an international approach for the same reasons.

Advanced practice is a contemporary issue for the International Council of Nurses (ICN), particularly with the growing interest and demand for advanced practice roles to meet various healthcare needs. As such, a specific Nurse Practitioner/Advanced Practice Nursing Network was established in 2000 to encourage global networking and support. Early attempts by the ICN to define an NP/APN has led to the following definition ''…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 2008, p.29). The Australian Nursing and Midwifery Council (ANMC) define APN as a 'level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, planning and implementation, diagnosis and evaluation of the care required.' Advanced practice, the ANMC argue, is the basis for the role of NP (ANMC 2006, p. 5).

Considerable professional discourse over the terms NP and APN continue as to whether or not they are equivalent (Hamric *et al.* 2005, Schober & Affara 2006). APN roles are highlighted in relation to specialty nursing practice, rural and remote practice, long-term illness and ageing and research and consultancy; with nursing regulation boards in several countries in the Asian Pacific Region (APR) mandating practice for APNs and NPs. There has been continuing debate, however, over the definition of advanced practice and what it is that an NP actually does in relation to advancing practice. For example, in Singapore, there is no NP regulation, but there is an advanced practice accreditation. In Australia, there is no advanced practice accreditation, but there is NP accreditation. In the UK, delay in providing title protection has led to an unstructured development of the NP role. The title of NP in the UK is not protected, or under any regulatory governance, unlike the role in other countries such as Australia, Canada, Ireland and the US. In addition, there is a lack of consistency about the skills required by a NP in the UK clinical setting, the educational preparation required prior to licensure/endorsement and in the subsequent measures for maintenance of competence to practice and regulation (Wilson & Bunnell 2007).

One area of convergence in the advanced practice, NP debate is related to nursing recently redefining itself in an advanced practice paradigm. Nursing has gained considerable ground with the advent of NP roles in assisting to separate it from traditional organizational and cultural limitations. Nursing is now challenging the traditional boundaries of practice and achieving a high degree of professional autonomy (Mantzoukas & Watkinson 2006, Wong & Chung 2006). Such autonomy has led to the establishment of nurse-led private clinics, NP services, assessment and evaluation services, primary health care and prescribing and referral changes, which have stemmed from the extensions to practice through advanced practice recognition and acceptance. It is argued that the growing NP movement is having an impact on furthering professional acceptance (Pulcini *et al.* 2010).

Although developing and refining the NP role across various jurisdictions, there is the flow on effect of needing to define the grounding upon which this advanced practice role is built. The NP is not a ''new role'' in the sense that APN just graduated that way, but rather it is a process of cementing the building blocks of knowledge and experience, gradually shaping the development of advanced nursing practice. To construct confidence in the advanced practice roles of nursing, ''basic'' nursing must also be recognized for its value.

Standardization of advanced nursing practice

Furlong and Smith (2005) discuss the difficulty of providing authorization for advanced nursing practice without defined standards and clarity and suggest that there is a need to provide consistency in education and regulation standards. In attempting to better define the roles, particularly for APN/NP roles, it is essential for professional unity to exist to provide a cohesive and acknowledged set of practice parameters. It is accepted that there can be a range of basic to advanced nursing positions, with varying responsibilities; however, governance is imperative through regulation for public protection to be maintained (Christofis 2001). These varying nursing roles form the structure of the nursing profession, based upon and in a nursing philosophical approach, with appropriate education, experience, knowledge and clinical judgement (Hanson & Hamric 2003).

There are recurring reports in the literature discussing the importance of continuing work on providing consistency around role clarity, scope of practice, entry level education, credentialing and so on (Duckett 2005, Furlong & Smith 2005, Howie-Esquivel & Fontaine 2006, Phillips 2007, Burman *et al.* 2009). There is a dedicated and committed approach to continue work in an attempt to enhance the consistency of definition, educational preparation and scope of practice globally.

Experience in the US has led to a positive example of collaboration amongst nursing groups to further this approach. Work by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing APRN Committee, has demonstrated how two groups can come together and work towards consistency in APN roles. Recognition of the need to provide clarity through alignment of nomenclature around APN roles to ensure patient access and safety has resulted in a joint report (APRN Joint Dialogue Group Report 2008) around issues of regulation education and practice standards. The CNA 2010 have published a Core Competency Framework that has collaboration from a variety of stakeholders to provide a basis for consistency of NP roles across jurisdictions in Canada.

In Australia, the call for consistency of definition has been acknowledged through significant work undertaken by the National Nursing & Nursing Education Taskforce (N^3ET, 2005) (Department of Human Services Victoria). Australia has established significant legislative and policy changes to assist with the NP role development such as title protection and prescriptive authority, in some jurisdictions. Although still falling behind many of the early expectations for the development of the NP role (Appel & Malcolm 2002), with national registration becoming a reality in Australia, it is hopeful that consensus on role definition, scope of practice and educational preparation will be more congruent.

Whilst recognizing positive achievements in providing clarity to date, it would be premature to suggest the issue of clarity has been accomplished. A number of authors have advocated for an international standardization of NP roles to resolve some of the confusion perceived by other professionals (Furlong & Smith 2005, Currie *et al.* 2007, Por 2008). Indeed, various haphazard and ineffective approaches to advanced practice do little to promote and regulate the nursing profession and its outcomes, thereby confounding the confusion about clinical practice and credentialing for NP. It is only through a standardized approach and establishing a universal collective professional understanding that the critical debates surrounding healthcare reform and nursing roles in this paradigm, which include NPs can develop.

Inter-professional context

In an attempt to make the workforce more productive and the patient journey more patient centred, it has been necessary to break down the traditional silo effect of health care. In this traditional model, medicine secured its place as the gatekeeper and decision maker in all patient health matters. With this in mind, there has been strong resistance to the crossing of long-established boundaries by some in the medical profession, and attempts to do so are perceived to be akin to mutiny. In a reform environment, which requires for changing to a more efficient and accessible healthcare system, it is inevitable that some of the functions traditionally carried out by one healthcare group will ultimately be consumed by another, redefining professional boundaries (Brush & Capezuti 1996, Wilson & Bunnell 2007).

Role boundaries and the blurring of these professional boundaries through the development of the NP role have created challenges for the nursing profession in terms of defining what it is that nursing is and does. The pace of role changes and advanced practice has been varied depending on the setting and embedded resistance to change. The model of NP practice, with greater autonomy and extensions to practice has produced dissent and lack of support amongst some nursing leaders and colleagues (Phillips 2007). The essential components of the NP role, necessary to fully encompass the patient needs in a holistic manner were seen as moving too far from the traditionally accepted nursing perspective (Dunn 1997, Walsh 1999, Phillips 2007, Por 2008). The elevation of status was also perceived as unacceptable by other nursing colleagues and created a sense of isolation for the NPs (Cummings *et al.* 2003, Dunphy *et al.* 2009).

In the context of NP practice, it is important to note that the incorporation of ''medical'' functions are only a portion of the comprehensive patient centred delivery of care (Fitzsimmons *et al.* 1999, Dawood 2000, van Soeren & Micevski 2001, Way *et al.* 2001). The incorporation of these extensions to traditional Registered Nurse (RN) practice (including prescriptive authority) into the nursing model, enhances care delivery (Dawood 2000) and provides a means of delivering complete care with the aim of reducing fragmentation. It is of no consequence whether this is seen as invading medical territory, the aim of NP practice is to provide nursing care to groups of patients in a timely, appropriate, ethical and efficient manner.

This divergence from the traditional RN role and subsequent professional autonomy has also drawn some concern from the medical fraternity, worried they may lose their patients to NPs (Wilson & Bunnell 2007), and hence their power (Appel & Malcolm 2002). In contrast (Kilpatrick 2008) suggests that NPs might better deliver care due to the very nature of an integrated approach to practice. Through the application of nursing knowledge and experience, the NP facilitates a challenge to the existing and dominant medical discourse. Far from encroaching on medical territory, it is argued that these functions define the very essence of traditional nursing practice from an historical perspective (Weiland 2008). The ability of the NP to intersect professional boundaries in their clinical practice should serve

What is already known about this topic

- Advanced practice nursing has a variety of definitions depending on the country and setting.
- Nurse Practitioner roles have developed in response to increasing and unmet healthcare needs in many settings.
- There are inconsistencies around advanced practice nursing and nurse practitioner role definition, education standards and credentialing.

What this paper adds

- Engages nursing profession in the debate for role clarity.
- Progresses the Nurse Practitioner reform agenda in the context of establishing interprofessional practice.
- Identifies need for continuing work to address the need for professional clarity around nursing roles and their positive effects on healthcare delivery.

Implications for practice and/or policy

- There is a need to progress advanced practice nursing roles in a coordinated way to provide clarity.
- Improved definition of nursing roles can be achieved through professional unity.
- Professional clarity promotes a wider understanding of nursing in the global context and assists in raising the profile of nursing as a profession.

to provide a better understanding of patient needs. Furthermore, such a process may well provide the reason why NPs are often reported as assisting the co-ordinated approach of the multi-disciplinary team (van Soeren & Micevski 2001).

It is important to focus on the nursing nature of this role, define it in terms which provide unity and which are clear to inter-professional colleagues. Without a doubt, there is much pointless effort expended on arguing territorial claims, when definition of the role in nursing terms, by nursing leaders and nursing organizations, which would alleviate much of these concerns. The beneficiaries of such leadership are nurses, patients and ultimately the health system through clear descriptions of terms, expectations and therefore measurable outcomes, which have benchmarking capability.

Implications for nursing

The provision of health care into the future is recognized as an international challenge. To achieve efficient and economical outcomes, it is necessary to restructure the current systems of care delivery and reconsider how health services can be improved. Nurses are well placed to assist in this reform agenda. Advanced nursing practice roles, such as NP, CNS and CNC are recognized as key players in the drive for a more efficient work force through their capacity to negotiate issues of health and social wellbeing in a variety of settings – both institutional and community, acute and chronic. This provides an opportunity to establish nursing roles capable of providing the most appropriate care, in the most efficient manner and in the most suitable setting.

Clarity around what each of the advanced nursing roles offer is paramount to take advantage of this opportunity to improve healthcare delivery. It is difficult to provide evidence of efficiency and cost effectiveness without clarity and consistency of roles. This is only possible when definitions clearly articulate the advanced roles and functions, indicating how they make differences. Clear definition then leads to standardized measures that can provide verification of efficiency, cost effectiveness and realization of patient outcomes with respect to health care.

The previous discussion highlights the existence of more than one advanced nursing role. Professional maturity and respect is required to accept that the various nursing roles complement each other, just as all nursing roles complement other health professional groups in the multidisciplinary team. It is important for nursing professional, regulatory and accreditation bodies to affirm the value nursing roles add for sensible discussion to continue around standardization, education requirements and competency standards. It is important to declare a publicly unified stance to gain acceptance from other professional groups and the public, for the significant value nursing brings to a variety of healthcare settings.

The potential benefits of this approach are substantial. The provision of clarity around nursing roles brings with it, a sense of professional identity and the ability to provide consistent measures of outcome for the various roles and the different scopes of practice that nursing roles embody. These outcome measures can then highlight benefits or shortcomings, leading to continued, evidence-based improvements in ongoing reform. Organizations are then clear in the expected advantages of advanced practice nursing roles and can evaluate and appraise the roles based on those expectations.

It is important to be vocal and active in the development of public health policy, so that a variety of perspectives can be considered. This can be achieved through recognition of the various works to date, particularly in countries where the role is well established in the healthcare setting. Through collaboration of efforts, previous works can be expanded and put to beneficial use to lift the profile of nursing in all its variations.

Conclusion

This article has drawn together the various accounts of ANP and NP roles in the literature. ANP and NP roles have been discussed from a variety of perspectives, some of which describe similarities in their functions and others which describe their differences. It is evident that the ANP/NP roles have been implemented in many countries worldwide and that each has its own idiosyncrasies to best fit individual contexts.

It is important, however, that work continues to provide definition to these advanced nursing roles. A system of accepted terminology worldwide will assist in defining and therefore recognizing the worth of nursing in its generalist and specialist functions. Conceptualizing the role of nursing in its many different constructs for inter-professional clarity, will enable a more robust engagement in healthcare reforms and policy change discussions around the role nurses have in healthcare delivery and reform.

The favourable impact of nurses working in autonomous positions has continued to heighten awareness of the global possibilities of this role in addressing healthcare crises. This is not an argument about substitution, rather a philosophical look at the status quo to address issues of increasing healthcare concern combined with a diminishing number of doctors, rather than their ineffectiveness.

Recommendations

- Further research be undertaken to properly define the value of each of the APN roles in terms of delivering patient outcomes.
- The ICN, in partnership with individual national nursing bodies continues the drive for consistency in defining advanced practice nursing roles to assist with professional international regulation.

Research into the NP role continues to determine its future path forward. This is particularly prudent to progress and better inform the evolution of NP across countries where the role is still in its infancy.

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Author contributions

GL, VP, TO and LB were responsible for the drafting of the manuscript. GL, VP, TO and LB made critical revisions to the paper for important intellectual content.

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