Experiences of the advanced nurse practitioner role in acute care

Alison Cowley and colleagues explain why advanced nurse practitioners are valued members of acute healthcare teams in older people's wards

Abstract

The aim of the service evaluation presented in this article was to explore the multidisciplinary team’s (MDT) experiences and perception of the advanced nurse practitioner (ANP) role on an acute health care of the older person ward. A qualitative case study was carried out comprising semi-structured interviews with members of the MDT, exploring their experiences of the ANP role. An overarching theme of ‘Is it a nurse? Is it a doctor? No, it’s an ANP’ emerged from the data, with three subthemes: the missing link; facilitating and leading holistic care; and safe, high quality care. The ANP role is valued by the MDT working with them and provides a unique skill set that has the potential to enhance care of older patients living with frailty. While there are challenges to its introduction, it is a role worth introducing to older people’s wards.

Keywords

acute care, advanced nurse practitioners, comprehensive geriatric assessment, frailty, multidisciplinary team, older people
Nottingham University Hospitals NHS Trust piloted the role of ANP on acute health care of older people (HCOP) wards. It involved training six ANPs in-house and via a master’s degree in advanced clinical practice. The trainee ANPs were each allocated to a HCOP ward, under the supervision of a consultant geriatrician. An interim service evaluation at one year showed a high level of support for the role from ward sisters and consultants, with some early clinical benefits including improved communication between the multidisciplinary team (MDT). This resulted in the bringing together of nurses and doctors to ensure a more focused approach to patient care with each profession having a greater appreciation of the work of other professions (Goldberg et al 2014). The evaluation did not investigate the experiences, expectations and views of other members of the MDT, who are integral to the delivery and success of CGA models of care. Furthermore, since the initial service evaluation, one of the ANPs has qualified.

**Evaluation**

**Aim** The aim of the service evaluation presented in this article was to explore the MDT’s experiences and perception of the ANP role on an acute HCOP ward, focusing specifically on perceived effect and acceptability of the qualified ANP.

**Method** A qualitative case study was carried out comprising semi-structured interviews with members of the MDT, exploring their experiences of the ANP role. Participants were identified by the study team and one of the ANPs who had had regular interactions and clinical experience of working with the qualified ANP. This ensured that they had experience of the phenomenon of interest and were able to provide diverse views reflecting their role in the wider team.

Participants were approached by the investigator in person and provided with a participant information sheet. They were given the opportunity to ask questions and were asked to contact the investigator by email if they were interested in taking part in the service evaluation. Informed written consent was obtained before data collection. Interviews were held in a private room on the ward at a time convenient to the interviewee and carried out by AC, a clinical academic physiotherapist who had had no involvement in developing or running the ANP programme. Interviews were audio recorded and all data were pseudo-anonymised, with participants given an evaluation study ID number which was kept in a secure, password-protected file.

Interview questions were developed by the evaluation team based on the goals of the project to:

- Formally evaluate and provide recommendations to improve services for frail older patients in the acute hospital.
- Enhance communication with family and carers, the MDT and the community.
- Provide nursing leadership locally, regionally and nationally.
■ Provide better continuity of care on wards, enhancing training and long-term decision making.
■ Increase medical skills on the wards.

A purposive sample of participants with experience of working with the ANP was identified. Data were transcribed by an independent transcriber and the audio recordings and manuscripts were subjected to repeat listening by the investigator. Themes and codes were identified using a content thematic approach, developed by the investigator and verified by the study team through group discussions.

Ethical considerations Ethical approval was not required for this service evaluation. Permission to undertake it was obtained from the head of the department and the hospital’s audit and service evaluation department.

Findings

Eight participants were recruited, representing core members of the MDT who had daily and repeated interactions with the ANP. Participants included a physiotherapist, occupational therapist, senior foundation training doctor, staff nurse, senior staff nurse, ward sister, pharmacist and ward discharge co-ordinator.

An overarching theme summarised as ‘Is it a nurse? Is it a doctor? No, it’s an ANP’ emerged from the data. This comprised three subthemes: the missing link; facilitating and leading holistic care; and safe, high quality care (Figure 1).

The overarching theme described participants’ confusion about what the role comprised, but also the widespread recognition that it was somehow greater than the sum of its parts. By drawing together traditional nursing and medical skills, the ANP role created a well-respected and well-received role in the clinical area in which it was introduced.

The missing link This subtheme encompassed how participants viewed and constructed the role of the ANP in terms of clinical skill set, role identity and how these bridged the gap in processes, professions and team dynamics on the ward.

Bridging the gap There was a strong belief that the role successfully brought together traditional medical and nursing skills that benefited team working and patient care. The ANP was described as the ‘missing link that pulls us together’ (staff nurse), with clinical skills, knowledge and experience seen to be bringing something extra to the ward environment.

‘You’ve got the best of both worlds. You’ve got a bit of a nurse and a bit of a doctor. And patients can relate to them more because they have a nursing background’ (ward sister).

Nursing and medical participants spoke of how the perceived barriers between their professions were challenged by the ANP role, and historic barriers broken down. This facilitated team dynamics and cohesion, and improved patient care.

‘It doesn’t matter how many years you’re qualified and how high up you are, sometimes it is easier to approach a nurse than it is a doctor because there isn’t a barrier of “I’m a doctor” or “You’re just a nurse” (senior staff nurse).

‘It has helped break [down] the barrier between the doctors and the nurses which can exist, to make it more of a team...so I think overall it is looking positive and I’m glad she’s here’ (doctor).

The ANP was viewed unanimously as filling a gap in provision of appropriately trained medical staff to deal with the needs of complex and frail older people. All eight participants valued the ANP’s presence as an ‘extra body’, as described by an discharge co-ordinator.

Establishing role identity Role identity covered participants’ understanding of the identity of the ANP and how it was experienced in the day-to-day clinical context by other MDT members and how it was believed to affect patients. Participants often expressed that their understanding of this role was not do. This led to confusion and uncertainty among participants about whether what they were seeing on a day-to-day basis was a true reflection of what the role was intended to fulfil.

‘When I came on the ward no one talked through exactly what her role was, but making sure people are aware as there may be aspects of [the role] that I’m not necessarily aware of’ (physiotherapist).

The merging of traditional medical skills with nursing skills was viewed by some as having the potential to cause confusion, when participants considered the perception of the ANP from the perspective of patients, relatives and carers.

‘Some patients might find the ANP confusing. This is a nurse that is assessing me, they’re not a doctor, so where is the doctor... because they would expect a doctor in this environment, and then, to have a nurse, they might feel like it’s a bit of a cop-out’ (senior staff nurse).

Despite this, the ANP was commonly viewed as having a clear vision of the role competencies and this was played out in clinical and communication
skills, challenging existing beliefs on the boundaries of nursing roles.

‘Another challenge is how other doctors perceive her. I’ve had experiences where other specialty registrars won’t speak to her because she’s a nurse, which is horrible and wrong, but it’s an issue. Once they realise what the ANPs do, what their skills are, and a few times she’s talked people round by speaking coherently and saying the person’s got this and this wrong, I want you to see them because of this, they can’t say no’ (doctor).

Clinical skill set Participants described how the ANP combined nursing and medical clinical skills during patient interactions, bringing them together to deliver a holistic, patient-centred assessment. The medical skills that the ANP role encompassed were said to include clinical assessments, reviews and diagnosis, prescribing medications and ordering relevant tests which were viewed to be outside traditional ward-based nursing practice.

‘As far as I can make out, [the ANP] is along the same levels as a junior F1 and F2 level doctor. So somebody that can prescribe medication, do the initial patient assessment, working alongside the consultant, and provide care on the ward... it’s a greater understanding of the different types of medication they can use, because my understanding is that they’ve had two years’ worth of university education in terms of looking at specific medical conditions, what treatments they can give to the patient, what investigations might they need so... they’ve got more of the diagnostic skills that maybe the nursing staff or myself just might not have’ (occupational therapist).

The medical level at which the ANP practised was viewed to be on a par with junior medical staff, but some spoke of how her nursing experience, including in the community setting, enhanced the value of the role and knowledge.

‘She has a lot of community expertise, she’s actually bringing that in quite often and helping us in our decision making in terms of discharge planning as to what is available out in the community. Her experience has been really useful’ (physiotherapist).

However, there was some confusion among participants about the boundaries and autonomy of ANP practice.

‘Doctors still carry the full responsibility’ (pharmacist).

The nursing clinical skill set that was brought to the ANP post was less clearly defined among participants. It was expressed as understanding the background about why certain tests and assessments were required. These were described as being delivered with compassion and a holistic approach, which created greater empathy for the demands that other team members faced in their clinical roles.

‘She knows what it’s like to be the staff nurse, the routine of the boy and just knowing about the care side of it all. The doctors do know about the care side, but don’t tend to participate in that side’ (staff nurse).

The doctor also recognised the value of this holistic and pragmatic approach to care.

‘For example, we want a urine sample for a patient we think might have a urinary tract infection. It’s easy for us to just write “urine sample” and then move on, without thinking about the practicalities. So having that other element of, “Hang on, we can do this or this” and putting a nursing hat on and thinking how are we actually going to do this?’ (doctor).

Facilitating and leading holistic care This subtheme illustrates how participants expressed the pivotal role that the ANP played in leadership on the ward, and facilitating a holistic, patient-centred and team approach to care. This was seen as valuable from the perspective of nurses including the ward sister, as well as members of the wider MDT who found that daily interactions with the ANP provided enhanced opportunities to discuss evidence-based research and thus created more efficient daily clinical care.

Understanding and valuing team contributions Detailed knowledge of other team members’ roles, skills and requirements was viewed as useful in streamlining work and facilitating holistic care. Some participants viewed the experience that the ANP had previously had in the community setting as essential in helping the team decide on the most appropriate next destination for the patient.

‘They’re looking at the patient from a therapy point of view as well [as medical], because they’ve got quite good understanding of the occupational therapist and physiotherapy role, so when they do initial assessment of the patient, when I look at their initial interview in the notes, they are thinking along the lines of what questions do the physiotherapist and the occupational therapist need to know. Are there stairs at the place? Has the patient got a package of care? They’re asking the appropriate questions that save myself and the physiotherapist doing that groundwork as well. So, whereas the doctors might know they live alone, there’s no breakdown of what the preadmission
level of function [is] and things like that’ (occupational therapist).

Opportunities for inter and intraprofessional learning ‘In interactions with her, I say I think we should do this, or if she comes and asks me something, we have a discussion, whereas with the doctors it’s “Yes that’s fine with us” or “That’s not fine”, without any further discussion. So we have more of an evidence-based discussion. I can learn from this, but she can learn as well’ (pharmacist).

Safe, high quality care This subtheme encompassed how the ANP role facilitated accountability and continuity of care on the wards and was described as pivotal in raising the standard of care quality on the ward in question. Participants discussed the challenges they faced in terms of accountability of care and delegation of tasks, especially when many staff were not always on the ward due to 12-hour shift patterns and other clinical commitments.

‘Because she is always in the board rounds with the team… she knows what we’ve talked about, she’s reviewed the patient and often comes to the right member of staff to liaise and pass on, hand over, information. So it’s just meant it’s a bit clearer and bit more effective’ (physiotherapist).

‘From a nursing point of view, it’s easier to see and understand why investigations may have been requested, or things have been done, for whatever reason… it makes it a lot easier, I wouldn’t have to keep chasing up people and saying, “Have you done this?” or “Do we need that?” I can read it, I know straightaway and then I just carry on’ (senior staff nurse).

The ward-based ANP was seen as a continuous presence binding together all aspects of clinical care.

Discussion
This service evaluation provides new knowledge about how the ANP role is perceived and experienced by MDT members. To the authors’ knowledge this is the first time it has been explored in this setting.

A study in Australia and New Zealand exploring ANPs’ perception of their role (Carryer et al 2007) found that professional efficiency, dynamic practice and clinical leadership were viewed as core domains of practice. These findings are supported by MDT perceptions in this study where the ANP was viewed as a clinical and multiprofessional leader on the ward.

The evaluation revealed that the role was well received and valued by members of the MDT, but as it was a new role to the trust, participants reported confusion about the practical limitations, professional expectations and governance arrangements. This was a case study of one ANP working on a HCP ward, and as such the results may not be generalisable. However, similar findings were reported by Li et al (2013) and Adkins et al (2014) who studied the effect of ANPs on care delivery in the emergency department and major trauma centre settings, and found that confusion over the scope of ANP practice among clinicians and managers had a negative effect, at times, on the extent to which they could deliver care.

The studies also found that traditional role boundaries were challenged reporting ‘nurses who practise in doctors’ clothing’, drawing similarities with the findings of this study. Role conflict has been observed in other studies that explored advanced practice roles (Dowling et al 1995, Carryer et al 2007, Williamson et al 2012), so ensuring clear definition of roles, responsibilities and expectations is paramount.

Dalton (2013) found that nurses working on medical wards during the day were more inclined to approach medical staff as their first point of contact, however, participants in this study reported a greater sense of ease in accessing the ANP, explaining that the ANP often understood their issues with greater empathy than medical colleagues and the discussion provided opportunities for interdisciplinary education.

These advanced interprofessional communication skills formed part of the competency framework for ANPs in the trust (Goldberg et al 2014) to ensure that attributes such as leadership, communication and coaching skills were given equal weighting alongside their clinical skill development. The findings are supported by other studies (Carryer et al 2007, Auerhahn et al 2012, McDonnell et al 2015).

The RCN (2012) has published guidance on the development of ANP roles but how these roles are operationalised and delivered as part of acute multiprofessional teams is largely unexplored.

Advanced practice roles provide nurses with the opportunity to develop extended skills and responsibilities. Brom et al (2015) sought to evaluate the perception of nurses working in ANP roles and found that providing support and mentorship were important factors in job
satisfaction and stress levels. This study highlights the importance of providing robust support and mentoring for nurses practising in novel roles.

Conclusion
The findings of this evaluation provide an insight into how the role of the ANP is perceived and experienced by the MDT on a daily basis.

The ANP role was valued by all participants, although some were unsure of the boundaries of practice and recognised that this was often limited by existing processes and historical professional boundaries.

The ANP was viewed as having a blended clinical role comprising nursing and medical skills that, when combined, provided holistic and individualised patient care as well as facilitating other clinical roles.

The effect of 12-hour shift patterns and a large number of locum staff on the ward meant that the ANP was viewed as a valuable source of continuity of care, and the methodical and robust assessment and treatment plans that were followed enabled others to feel that they had increased accountability during their practice.

Further evaluation and empirical research into how patients and carers perceive the ANP role and its cost effectiveness is needed.

Implications for practice
The advanced nurse practitioner role is valued by the multidisciplinary team and provides a unique skill set that has the potential to enhance care of older patients with frailty. While there are challenges to its introduction, the role is worth introducing on wards specialising in the care of older patients with frailty.

References


