Abstract
There have been several changes to healthcare services in the UK over recent years, with rising NHS costs and increasing demands on healthcare professionals to deliver high-quality care. Simultaneously, public inquiries have identified suboptimal leadership throughout the NHS, which has been linked to a lack of clear leadership across the healthcare professions. In nursing, the role of the advanced nurse practitioner is regarded as a solution to this leadership challenge. This article examines the background to the development of the advanced nurse practitioner role. It also explores the various factors that may affect nurse leadership and the role of the advanced nurse practitioner, including professional identity, gender, nursing’s strategic influence, clinical outcomes, and recruitment and retention. The article concludes that while advanced nurse practitioners can positively influence clinical outcomes and cost efficiency, they must also be adequately prepared to undertake a leadership role.

Development of the advanced nurse practitioner role
A significant development in advanced nursing practice occurred in 2004, with the reduction in the number of hours junior doctors could work under the European Working Time Directive (British Medical Association 2016). This meant that there was a need for other clinicians, including nurses, to undertake advanced practice roles (McBride 2004).

In 2005, the Nursing and Midwifery Council (NMC) proposed regulation of the role of the advanced nurse practitioner by developing a subsection of the nursing register for advanced nurse practitioners. In 2007, the UK government set out proposals for the reform of professional
regulation, stating that this would ‘encompass the development of standards for higher levels of practice, particularly for advanced practice in nursing’ (Department of Health (DH) 2007). While it was concluded that a separate section of the NMC register for advanced nurse practitioners was not necessary, partly because of a drive to reduce the burden of statutory regulation (NHS Scotland 2008a), the national consultation was significant in the development of the advanced nurse practitioner in the UK because it brought attention to the role.

The introduction of the UK-wide Advance Nursing Practice Toolkit (NHS Scotland 2008b) in 2008, which was supported by the NMC, was another important step in the development of the advanced nurse practitioner role. The toolkit provided further clarity to the advanced nurse practitioner role and acted as a repository for resources relating to advanced practice such as competency guidance (Royal College of Nursing 2010), frameworks for specialties such as neonatal nursing (NHS Education for Scotland 2010), and specific guidance such as the skills required to deliver high-quality acute mental healthcare (NHS Education for Scotland 2008).

Another development was the publication of the DH (2010) position statement on advanced nursing practice, which provided a clear definition of the advanced nurse practitioner role, including guidance around clinical practice, leadership and collaborative practice, improving quality and developing practice, and developing self and others.

Factors affecting advanced nurse practitioners as leaders

Advanced nurse practitioners have a responsibility to understand the increasingly complex demands on the NHS, including the ageing population and innovations in clinical treatments (Hardy et al 2013). Advanced nurse practitioners should also understand the necessity of responding to, and influencing, changes to healthcare policy and practice (Rose 2015). As such, clinical and strategic leadership are integral to the advanced nurse practitioner’s role.

This article explores some of the main challenges for advanced nurse practitioners in relation to leadership, some of which represent historical attitudes, while others reflect developments in the NHS, including workforce pressures and changes to the demographics of the nursing population. It examines the following themes with reference to how they might affect the ability of advanced nurse practitioners to become leaders:

- Terminology
- Professional identity
- Individual identity
- Gender
- Strategic influence
- Clinical outcomes
- Recruitment and retention

Terminology

The terms ‘leadership’ and ‘management’ are often used interchangeably; however, there are differences between them. Effective leaders do not necessarily have nominated or formal designated authority, and their leadership is achieved through empowering others with an emphasis on an interpersonal relationship with the team. In contrast, managers could be described as more outcome driven, and involved in planning, organising and controlling resources, including staffing.

In addition, there are contrasting styles of leadership, which can influence the ability of the advanced nurse practitioner to ensure effective teamwork. For example, transactional leadership approaches focus on achieving targets, thus reflecting the principles of management rather than those of leadership. In contrast, transformational leadership approaches, which are often employed in the NHS, involve setting a vision and motivating people to achieve common goals (Fischer 2016).

Transformational leadership has been described as a partnership between the leader and their colleagues, which is focused on working collaboratively (Jonas et al 2011). The transformational leader categorises themselves as a group member and exerts power through the group, rather than exerting hierarchical power over the group’s members (Oakes et al 1994). The complex and changing nature of healthcare can be overwhelming for healthcare professionals, and transformational leaders should be able to use their emotional intelligence to empathise with their colleagues, enabling the team and the leader to jointly explore any challenges they encounter (Giltinane 2013).

Professional identity

Advanced nurse practitioners form part of the multiprofessional team. However, the traditional role boundaries within multiprofessional teams are changing. The Multi-Professional Framework for Advanced Clinical Practice in England (Health Education England 2017) emphasises the change towards core advanced practice skills that cross traditional role boundaries as identified in Box 1.

There are, however, challenges in establishing a leadership role for advanced nurse practitioners in multiprofessional teams. Leadership in healthcare involves various professional groups, all of which are accustomed to exercising their individual professional autonomy, power and authority (Evets 2009). Engeström (2008) suggested that healthcare professionals work together as an ‘unstable knot’ of interdependent practitioners, consistently revising their roles in the multiprofessional team and making autonomous decisions independently from, or peripheral to, each other. In addition, individuals tend to identify most with other members of their profession, and can often find it challenging to acknowledge or adopt practices from another profession (Wenger 1998, Goodrick and Reay 2009).

Individual healthcare professionals within the multiprofessional team also have distinct leadership behaviours (Goodrick and Reay 2009, Barrow et al 2011). Successful multiprofessional working requires individual team members to recognise each other’s viewpoints and understand the elements that individual members can contribute. However, the reality often involves healthcare professionals working together and demonstrating shared professional values, but
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Effective leaders do not necessarily have nominated or formal designated authority, and their leadership is achieved through empowering others with an emphasis on an interpersonal relationship with the team.

Wong et al (2013) found a significant association between positive nurse leadership and reduced patient mortality, medicine errors and hospital-acquired infections.

Key points

- Many nurses working in the NHS understand the organisation and acknowledge that they are expected to ‘do more for less’ (Edwards et al 2014). While nurses may experience ongoing challenges in their practice, there are also opportunities for nurse leadership to emerge.
- Advanced nurse practitioners have a responsibility to understand the increasing complex demands on the NHS, including the ageing population and innovations in clinical treatments (Hardy et al 2013). Advanced nurse practitioners should also understand the necessity of responding to, and influencing, changes to healthcare policy and practice.
- Effective leaders do not necessarily have nominated or formal designated authority, and their leadership is achieved through empowering others with an emphasis on an interpersonal relationship with the team.
- Wong et al (2013) found a significant association between positive nurse leadership such as transformational leadership styles and higher levels of patient satisfaction. They also found an association between positive nurse leadership and reduced patient mortality, medicine errors and hospital-acquired infections.

### BOX 1. Core advanced practice skills required in clinical practice

Healthcare professionals working at the level of advanced clinical practice should be able to:

- Practise in compliance with their respective code of professional conduct and within their scope of practice
- Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of their competence and professional scope of practice, including when working with complex, uncertain and incomplete information
- Act on professional judgement about when to seek assistance, demonstrating critical reflection on their practice, self-awareness, emotional intelligence and openness to change
- Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate, for example history-taking, holistic assessments, identifying risk factors and mental health assessments
- Demonstrate effective communication skills
- Use expertise and decision-making skills to inform clinical reasoning
- Initiate, evaluate and modify a range of interventions, which may include prescribing medicines, therapies, lifestyle advice and care
- Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events
- Act as a clinical role model and advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks

(Adapted from Health Education England 2017)
more usually associated with doctors, such as prescribing, could be regarded as a dilution of the patriarchal dominance of medicine (Bell et al 2014). To develop as leaders, advanced nurse practitioners must overcome the negative gender expectations that have traditionally been associated with nursing and access the education and support that will empower them to view leadership as part of their role.

**Strategic influence**

In a study of Irish healthcare that explored the factors that influenced advanced nurse practitioners’ ability to lead, Higgins et al (2014) stated that clinical leadership involved the nurse developing their practice, while professional leadership required involvement in strategic developments at a national and international level. However, the researchers found that advanced nurse practitioners did not have the time to take on strategic activities that might lead to involvement in professional leadership (Higgins et al 2014). This lack of time was directly linked to advanced nurse practitioners undertaking what had previously been regarded as medical tasks, which limited their participation in leadership outside direct clinical practice (Higgins et al 2014).

Another factor that inhibited advanced nurse practitioners’ ability to lead was a reliance on their immediate line managers, often nurses themselves, to nominate them for involvement in strategic developments, either externally or within their organisation (Gardner et al 2004, Cotterill-Walker 2012). Managers are often not involved in national and international strategy development and can be reluctant to nominate advanced nurse practitioners into these strategic roles ahead of themselves (Higgins et al 2014). Higgins et al (2014) described advanced nurse practitioners as being limited by their clinical responsibilities, with little involvement in developing policy and practice.

According to Higgins et al (2014), without leadership being embedded in advanced nursing practice educational programmes, and without continued support from other members of the multiprofessional team including nurse managers, there is a risk of advanced nurse practitioners’ leadership potential being unfulfilled.

**Clinical outcomes**

It is important that advanced nurse practitioners have a demonstrable positive effect on clinical outcomes. However, understanding the ways in which advanced nurse practitioners can influence patient outcomes is challenging (Cummings 2013).

Neville and Swift (2012) undertook an analysis of the literature evaluating advanced practice roles, which included those undertaken by advanced nurse practitioners and allied health professionals. The analysis provided several examples of the positive effects of the advanced nurse practitioner role on patient outcomes, such as reduced waiting times and decreased length of inpatient stays, and recommended that advanced practitioners should be prepared to provide evidence of their positive effect on patient outcomes by maintaining a portfolio of evidence (Neville and Swift 2012).

More specifically, in a review of 20 research studies exploring the effect of nurse leadership styles on patient outcomes, Wong et al (2013) found a significant association between positive nurse leadership such as transformational leadership styles and higher levels of patient satisfaction. They also found an association between positive nurse leadership and reduced patient mortality, medicine errors and hospital-acquired infections (Wong et al 2013).

**Recruitment and retention**

One potential influence on the effectiveness of the advanced nurse practitioner role is a shortage of nurses prepared to act as leaders. For example, the role of ward manager has become increasingly unpopular because of the additional burden of leadership responsibilities (Enterkin et al 2013). While nurses who want to retain a clinical focus to their role may want to develop their career by becoming advanced nurse practitioners, there is also an overall shortage of nurses. Similarly, the age profile of nurse leaders is increasing, which has resulted in many of these nurses retiring and therefore younger nurses adopting leadership roles earlier in their careers and at a time when they might be underprepared (Griffith 2012).

Cowden et al (2011) undertook a systematic review of the literature and found there was a positive relationship between nurse leaders who used transformational leadership styles and nurses’ intentions to remain in post. Nurses viewed leaders who employed transformational leadership as having influence in their organisation. Conversely, Cowden et al (2011) found that an autocratic, task-oriented style of leadership, for example ‘management by exception’, in which the leader only intervenes when colleagues make errors or fail to meet performance standards, negatively affected nurse retention.

Keys (2014) undertook a study that explored the characteristics of

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**BOX 2. Characteristics of advanced practice**

Advanced practitioner roles have tended to be characterised by high levels of clinical and technical competence. Central to the Advanced Nursing Practice Toolkit (NHS Scotland 2008b) ‘benchmarking’ approach is the idea that advanced practice is a level of practice rather than a distinct role. This incorporates the four pillars of practice, which are:

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence research and development

Advanced practice is also characterised by several underpinning principles, including:

- Autonomous practice
- Critical thinking
- High levels of decision-making and problem-solving
- Values-based care
- Improving practice

(Adapted from NHS Scotland 2008b)
a potential future generation of nurse leaders, identifying several factors that might influence their behaviour compared with older nurse leaders. Positive factors included being more likely to value teamwork, being less likely to be intimidated by authority and deriving satisfaction from having a positive effect on their teams’ practice. However, Keys (2014) also found that the younger generation of nurses often felt clinically and educationally ill-prepared for the nurse leadership role and would benefit from initiatives focused on improving their preparation, such as tailored support and feedback.

Studies that explored the implications of the ageing nursing population on leadership identified a need to develop a succession plan for the nurse leaders of the future (Cowden et al 2011, Griffith 2012, Enterkin et al 2013, Keys 2014). Identifying the factors required to develop nurse leaders and, specifically, advanced nurse practitioners, could result in a future workforce that will be better prepared to adopt a leadership role.

**Conclusion**

Healthcare services in the UK have experienced a period of significant change, which has led to a relaxing of the traditional role boundaries between various healthcare professions. This has meant that, while there are opportunities for nurses who want to become advanced nurse practitioners and adopt a leadership role, they may experience significant challenges. These challenges may include being accepted as leaders in the multiprofessional team, finding time to undertake a leadership role outside of their clinical responsibilities, and being prepared to engage with strategic healthcare developments. It is important that advanced nurse practitioners can positively influence clinical outcomes for patients as well as ensuring cost efficiency within the NHS. However, if advanced nurse practitioners are to undertake a leadership role, they must be adequately prepared and supported. If this support is not available, the ageing nursing population will result in a significant reduction in the number of nurse leaders being available in the future.

**References**


