International Council of Nurses
Advanced Nursing Practice

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Foreword

Today, nurses across the world are at the forefront of innovation and development in health care. Advanced nursing practice is one of the dynamic and exciting developments we have seen evolve over the past few decades as a result. This book offers the reader an insight into the inception of advanced nursing practice, describing the numerous developments occurring in all regions. In documenting the many opportunities and challenges raised through health systems reform, the book offers a range of solutions and frameworks and maps out an agenda for the future. In short, this text provides a valuable insight into a significant component of nursing practice in the 21st century.

To be effective, advanced nursing practice must be anchored within the local health system and tailored to meet the needs of the client or population group. This means that globally, advanced nursing practice, while sharing many similarities, also looks different in different parts of the world. This is reflected and illustrated through the authors’ own extensive international experience, and the evidence they have gathered from key informants and practitioners in the field through dialogue and questionnaires.

The various chapters tackle significant issues in the development of advanced practice. Every chapter draws extensively on the rich data available and offers a range of illustrations on how nurses and nursing have responded to the needs of often underserved populations or communities across the world. The use of vignettes, coupled with the various models and frameworks, provides readers with a range of approaches rather than a single prescriptive solution, and gives grounded and practical illustrations of the issues faced by nurses at the forefront of these developments.

Front-line nurses are not alone in developing innovative responses. Educators, policy makers, regulators, the public, other disciplines and researchers all have a role to play. Indeed, without the support and contribution of these stakeholders, the scope of advanced nursing practice is limited and progress in its development and implementation delayed.

Affara and Schober have done the profession an important service by drawing together such a rich resource into a single text. Advanced nursing practice has seen great progress over the past decades, but the journey is far from over. Nurses, regulators, educators and policy makers from across the world will
continue to develop this work to meet the needs of the public. As nursing practice evolves and changes, advanced nursing practice has an important role to play. This role will continue to develop as part and parcel of wider health systems reform and this text offers insights into that future.

Hiroko Minami
President
International Council of Nurses
Preface

For us who nurse, our Nursing is a thing, which, unless we are making progress every year, every month, every day... we are going back.

Florence Nightingale, 1872¹

Countries in membership with the International Council of Nurses (ICN) are reporting that changes in health care have given impetus to the development of innovative models of care and new roles for nurses. However, these shifts in health systems have created uncertainty over boundaries of practice, appropriate models of care, legal status, professional accountability and responsibility, and questions about the nature and level of education required. Nurses and key stakeholders are searching for information and guidance to help shape new roles to match the current realities and needs of their practice settings.

The purpose of this book is to examine what is happening in the field of advanced nursing practice internationally. It deals with themes that are important to the development and acceptance of advanced practice nurses as a valid and necessary part of the health workforce. In exploring recurrent issues and emerging international trends, the authors discuss the distinctive nature of advanced nursing practice, role definition, practice development, education, regulation and research. In addition, the book draws on successful experiences and discusses strategies for managing change when implementing sustainable advanced nursing practice roles, in a way that will be helpful to those seeking, or are currently engaged in workforce development.

The authors draw on their international experience especially that obtained through their close association with the initiation and development of ICN’s International Nurse Practitioner/Advanced Practice Nursing Network. Key informants, a review of the literature and other unpublished sources complement experiences of the authors. Key informants have been used as, apart from in a few countries, little has been documented about what is happening in this area. The key informants have been selected on the basis that they are formal and informal leaders, influential leaders or experts who know what is going on in one or more aspects of advanced nursing practice in their country.

¹ Nightingale, F. (1872). For us who nurse.
The 49 key informants from 24 countries represent experienced clinicians, nurse regulators, nursing association staff, educators, researchers and nurses holding governmental positions. All the key informants were asked to complete a questionnaire which can be found in Appendix 1.

Across the spectrum of persons consulted, experiences examined and literature reviewed, similar issues and questions recurred, and need to be examined and addressed if advanced nursing practice is to take hold. These have been succinctly summarised in a WHO document on promoting the development of advanced practice in the Eastern Mediterranean Region (EMR) in this way:

- Agreement that the role is needed
- Agreement on how the role will enhance health care services
- Support (human and financial) for appropriate educational standards
- Agreement on inter- and intra-professional issues
- Consensus on competencies required for the role
- Clarity on legal and ethical considerations
- Methods for introducing advanced practice nurse roles
- Procedures for title protection
- Conformity in standard treatment guidelines
- Recruitment and retention policies for students, faculty and clinicians (WHO-EMR, in press).

Through this book, the authors hope to contribute to the debate around the areas identified by WHO-EMR. Concepts, strategies, and problematic areas in relation to the nature of advanced nursing, role development, regulation, education and research are explored. Vignettes, illustrations and examples drawn from actual experience are used to depict how nurses working in very different situations and settings are moving towards the advanced practice roles. Tools such as environmental scans, questions for debate and guidelines, as well as additional resources, are provided to assist readers who are interested in promoting an appropriate place for advanced nursing practice in modern health care systems.

The authors found there is no ideal model of advanced nursing practice emerging, and no one system that would suit nursing in all its variability worldwide. Major difficulties and a lack of clarity exist around the identity, standards, role in the health system and education of advanced nursing practice. Accordingly, this publication will be useful as a guide intended to assist in the development and implementation of advanced nursing practice while taking account of situational factors in individual countries, the profession’s stage of development in that context and the profession’s particular goals.

It is hoped that this book proves useful to nurses and others, whether in direct practice, education, involved with regulatory bodies or professional nursing...

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organisations seeking to initiate role development, strengthen its acceptance within health services, set up educational programmes, or reinforce the current advanced practice role in their country, and those for whom the service is intended.

It is envisaged that it can be used by:

- Professional groups (national nurses’ associations, professional regulatory bodies, policy makers, educators) seeking to inform key groups of the role, potential impact and benefits of having advanced practice nurses
- Professional groups directly involved in developing the role or evaluating and/or reforming existing systems, policies or practices
- Educators, administrators and decision makers in institutions providing the education who need further understanding of this aspect of professional role
- Policy makers involved in health workforce planning and in establishing health workforce regulatory policies, and members of the public interested in promoting advanced nursing practice services in their communities.

What you will find in this book

Chapter one surveys the current state of advanced nursing practice internationally and discusses how international agreement was arrived at over the definition of an advanced practice nurse.

Chapter two examines the nature of advanced nursing practice and the characteristics of the role. Issues that surround titling, scope of practice, competencies, and a number of controversial areas such as prescribing and diagnosing are discussed. Tools for developing a scope of practice are included.

Chapter three on role and practice development suggests a process for carrying out an environmental scan. It proposes using a stakeholder analysis which looks at how groups of people affecting the emergence and development of advanced nursing practice might react, and a SWOT analysis to identify key factors that may impact on the advanced nursing practice role in terms of the strengths, weaknesses, opportunities and threats existing in the environment. Strategies for implementing and sustaining the role are suggested and vignettes are used to illustrate the ways that advanced nursing practice is emerging in diverse settings. The vignettes are intended as a resource for those seeking to persuade key decision-makers to support advanced nursing practice development.

Chapter four focuses on regulatory and legislative matters. It places advanced nursing practice regulation within the larger arena of professional regulation. Models and frameworks are suggested to guide in the formulation of adequate and supportive regulatory/legislative framework for advanced practice nurses. A process for exploring the regulatory environment is suggested.

Chapter five discusses education for advanced nursing practice. Curriculum development, faculty preparation and managing the clinical practicum are some of the areas explored. Sample course descriptions, preceptor guidelines and evaluation forms are provided in the appendices. Vignettes are used to
describe different routes adopted to prepare advanced practice nurses in diverse settings.

Chapter six starts with a short discussion on the theoretical perspective of advanced nursing practice, and suggests the type of research and environment that would assist in supporting advanced nursing practice knowledge and practice development. An international research agenda for advanced nursing practice is identified. Ways to enhance knowledge and skills are discussed.

Chapter seven envisages future prospects for advanced nursing practice in areas such as: primary health care; managing chronic conditions and offering home care services; in the growing telehealth areas; and as nurse entrepreneurs. The authors conclude by identifying four critical challenges that need serious attention if advanced practice nurses are to evolve and find a place in national health systems that use their potential for the full benefit of individuals, families and communities.

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Chapter 1
Introduction

Advanced nursing practice: a growing presence

Halfan Mahler during his term as Director General of the World Health Organization (WHO) declared to the WHO Executive Board:

*If the millions of nurses in a thousand places articulate the same ideas and convictions about primary heath care, and come together as one force, then they could act as a powerhouse for change (WHO, 1985).*

These words continue to resonate today for nurses around the globe as they harness their experience, energy, knowledge and commitment to improve the quality of care through adapting and expanding practice. For instance, we learn that in many of the island countries in the Western Pacific:

*nurses diagnose, and treat patients on a regular basis; dispense medication; provide all maternal and child health care including deliveries; provide some dental care, perform minor surgical procedures, keep statistics (in Fiji nurses even do the census); and provide community outreach services (Abou Youssef et al., 1997, p. 9).*

During the 1990s, the International Council of Nurses (ICN) monitored the growing presence of advanced nursing practice roles as countries reformed health systems, and sought innovative health care options in efforts to keep up with demands, trends and economic constraints. There appeared to be a better acceptance of new nursing roles and practice models, which included initiatives such as nurse prescribing of medications and treatments; diagnosis and ordering of laboratory tests; and referral and admitting rights.

Schober (2002) identified a number of other factors contributing to a greater demand for an expanded scope for nurses. These included overcoming access barriers to primary health care (PHC); rising demands for specialised nursing services; the growth in home health care nursing where more clients needed complex care; the desire for professional advancement; and escalating disease rates worldwide.
ICN: Advanced Nursing Practice

The New Zealand Ministry of Health (NZMOH), recognising the existence of increasing numbers of highly educated nurses with advanced clinical and leadership competencies, believed this untapped potential could be released for greater use in health care if nurses are facilitated to:

- Use their knowledge and skills more effectively
- Pioneer innovative services provision
- Enhance the access to, and quality of, primary health care
- Contribute positively to health gain (NZMOH, 2002, p. 4).

As more evidence emerges suggesting that optimising the nursing contribution to health care through expanding their role is an effective strategy for improving health services (WHO-EMRO, 2001; WHO, 2002; NZMOH, 2002; Buchan & Calman, 2004), authorities are more prepared to seek solutions that include this option. Mounting costs, limited fiscal resources, increasing health challenges, and rising public expectations for health care have encouraged governments to accept that adequate coverage and access to the health services are more important than who provides them. In 2002 WHO commented:

*Shortages in many countries of health care professionals mean that new approaches to organizing teams of staff are required; traditional role boundaries may be a hindrance. Skills that have been the province of physicians may become common practice for nurses, while some nursing roles may be taken over by health care assistants (WHO, 2002).*

Also, as Schober & McKay (2004) point out, recent models of practice tend to be more collaborative when there is ‘mutual recognition of discrete and shared competencies and respect for the interests and roles and responsibilities of all participants’ (p. 8). The trend to partnership and collaboration in practice is compatible with the scopes of practice in the new roles nurses are beginning to carve out.

Advanced nursing practice: patterns of development

This section gives an overview of what the authors have uncovered about the existence of advanced nursing practice or similar type roles around the world. The authors, aware that there are developments going on in this area that are not documented or not accessible for various reasons, have drawn heavily on the information provided by the key informants who have been generous and patient with explaining how advanced nursing is evolving in their situation.

In a fluid international context deciding what constitutes advanced practice is not easy, especially as international understanding of the role differs and consensus on title does not exist. Therefore, for the purposes of charting the presence of advanced nursing practice in this chapter, the authors have included what is reported and considered by the key informants to fall under the broad category of advanced practice as they understand it.
The expanded role of the nurse is not a modern phenomenon. Keeling and Bigbee (2005) trace the roots of advanced nursing practice in the USA to the 19th century. The term specialist began to be employed in the early years of the twentieth century as more postgraduate courses in specific areas of practice became available. Nurse anaesthetists, nurse midwives and psychiatric clinical nurse specialists (CNS) led the way, but the growth of hospitals in the 1940s and the development of medical specialties and technologies stimulated the evolution of CNS. These nurses were judged to practise at a higher level of specialisation than that already present in nursing (Schober, 2005), and are the precursors of the modern CNS. In the 1960s, nurse practitioners (NP) were created in the USA to provide primary health care services to populations with unmet needs, and promote community-based continuity of care. As this group began to push the boundaries of nursing practice even further, they faced greater challenges from other groups, especially physicians who considered NPs to be encroaching on their domain of practice.

Advanced practice nurse (APN), an umbrella term coined in the USA to cover the types of nurses working in diverse advanced roles, is defined by the American Nurses Association as ‘a registered nurse (RN) who has met advanced educational and clinical practice requirements beyond the 2–4 years of basic nursing education required of all RNs’ (ANA, 1993). By 1993, the ANA estimated there were about 140 000 APNs, which in the USA context included clinical nurse specialists (CNS), nurse practitioners (NP), nurse anaesthetists (NA) and nurse midwives (NM).

Nurse midwives and nurse anaesthetists began to appear in Korea in the 1950s. By the 1980s they were joined by community health nurse practitioners (CHNP) carrying a wide range of responsibilities (Kim, 2003; Schober & Affara, 2001). This latter category, created to serve isolated rural areas and fishing villages, was recognised through legislation after sustained political action by nurses. Nurses were able to support their proposals with data documenting that nurses, in contrast to other health professions, were more successful in providing efficient services to these populations (Cho & Kashka, 2004). Later, home care nursing was added to the advanced practice categories, and in 2000 the title was legally changed from special field nurse to advanced practice nurse. Now ten types of APNs are recognised through certification (Kim, 2003).

In Japan the first master of nursing programme aimed to prepare nurse researchers, but as medicine diversified and specialised it became clear that nursing had to develop practice to fit this development. The first CNS graduate programme was in psychiatric and mental health nursing and graduated its first students in 1986 (key informant, personal communication). Certification came later when the Japanese Nurses’ Association (JNA), in partnership with the Japanese Association for Nursing Programmes in University (JANPU), initiated a postgraduate course in 1994 for certified nurse specialists. In addition to completing a masters degree in nursing-related studies and earning a specified number of credits in an area of specialisation as defined by the JANPU, to become a CNS a nurse must be certified by JNA (ICN Credentialing Forum, 2004a). By