Review of advanced nursing practice: the international literature and developing the generic features

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Aim. The aim of this article is to review the nursing literature on the notion of advanced nursing practice (ANP) and consequently provide clarifications on the concept of advanced nurse practitioner by developing its’ generic features.
Background. This paper commences by critically reviewing the concept of advanced nursing practice as it is portrayed within the literature. From this review, a series of contradictions emerged in terms of definitions and roles. On further analysis of the literature the core aims and goals of the ANP are revealed.
Methods. An informative and narrative systematic literature review was undertaken, using specific inclusion and exclusion criteria. The mass of retrieved material was carefully screened and methods of data saturation were used. Consequently, the material was read, re-read and indexed as to develop seven thematic units that formed the generic features of the ANP.
Findings. The generic features that emerged are: (i) the use of knowledge in practice, (ii) critical thinking and analytical skills, (iii) clinical judgement and decision-making skills, (iv) professional leadership and clinical inquiry, (v) coaching and mentoring skills, (vi) research skills and (vii) changing practice.
Conclusion. Reviewing the literature on the concept of ANP, a great variety of definitions, conceptualizations and roles emerged. Nonetheless, on a closer reading, a common goal was identified, which was the attainment of practice and professional autonomy via ANP roles for enhanced practice provision. Eventually, from the reviewed literature, seven generic features of the ANP were developed, thus providing clarification to the role and the characteristics of the ANP.
Relevance to clinical practice. Clarifying the confusion surrounding advanced nursing practice and gaining an in-depth understanding of its’ generic features would facilitate practitioners, practice educators and clinical managers to develop those skills that would allow them or their staff or students to practise at an advanced level.
Introduction

Throughout 1990s, the nursing literature demonstrated an almost unanimous desire to develop a nurse practitioner intended to function at an advanced level. Nevertheless, most of this literature was in confusion or in disagreement with regard to what this new role of the advanced nurse practitioner (ANP) should entail and what the philosophy underpinning both educational preparation and public expectation ought to be. Indeed, most of the literature duly conceded that the role of the ANP was clearly in a process of formation and that at the time it was by no means clear what the ANP was or what it should look like in the future (UKCC 1997, Rolfe 1998a).

This paper examines in a critical manner some of the key concepts of advanced nursing practice as developed and portrayed by the international nursing literature within the last decade. This review identifies the mixed, confusing and conflicting image of the ANP. Consequently, the main arguments of the various schools of thought regarding advanced nursing practice are juxtaposed and the paper continues to synthesise from these seemingly incongruent perspectives the generic features of the ANP. Thus, on one hand assisting nurses in practice understand the qualities they ought to aim if they want to practice at an advanced level, and on the other hand facilitating educationalists with broad and flexible indicators, and guiding benchmarks with regard to the content that modules need to facilitate if they aim at developing the ANP. Also this paper intends to aid managers and virtually evaluated as to demonstrate the overall added value of such a role (Madden-Styles 1996, Smith 2005). Lastly, it is argued that various definitions on the ANP are either too restrictive and delimiting to allow an understanding of the wider picture or too broad and malleable as to enable particular settings to identify with such definitions (National Council of State Boards of Nursing 1993, Hamric 1996, UKCC 1997, Davies & Hughes 2002).

The concept of advanced nursing practice emerged in the early part of the 20th century in the USA due to a series of socio-political and professional forces. The concept of advanced nursing practice was initially associated with some form of specialization and was linked with the nurse anaesthetist and nurse midwife and consequently with the clinical nurse specialist and nurse practitioners (Bigbee 1996, Ketefian et al. 2001). Similarly, albeit with a relevant delay in the 70s, 80s and 90s, the concept of advanced nursing practice developed in other countries outside the USA, such as UK, Canada, Holland, Australia and Brazil in the form of nurse practitioner, clinical nurse specialist, nurse consultant and ANP (Frost 1998, Ketefian et al. 2001, Pearson & Peels 2002, Daly & Carnwell 2003, Bryant-Lukosius & DiCenso 2004, van Offenbeek & Knip 2004).

However, recent literature acknowledges that linking specialization to advanced practice does not only create multiple and possibly antithetical definitions and roles, but most importantly limits the scope of advanced nursing practice. It is recognized that, while specialization may be one element of the ANP, nevertheless, it should not be defined only by that, but rather be underpinned by a conceptual framework that identifies unique and common elements, and core characteristics. These common elements and core characteristics, whilst including specialization need to go beyond that as to develop, articulate and refine the generic features for the ANP that can clearly be conveyed to future ANPs via education, explicitly presented to policy makers and managers, and overtly evaluated as to demonstrate the overall added value of such a role (Madden-Styles 1996, Ketefian et al. 2001, Hamric 2002, Hamric & Hanson 2003).

One such definition that expands the concept of advanced practice beyond specialization and specific roles is that of

Background

The evolution of the ANP

The concept of ANP in the literature appears to lack a concerted agreement on the core characteristics and roles of such a practitioner. The nursing literature has come to accept that the role and definition of the ANP should not be seen as a homogenous category, but rather as a set of multiple and potentially heterogeneous sub-roles that require explication and clear identification of intended goals (Ketefian et al. 2001, Carnwell & Daly 2003, Bryant-Lukosius & DiCenso 2004). Furthermore, it is viewed by the literature that a consensus on the definition of ANP is lacking, that different settings attribute different meanings to ANPs and that in certain settings the concept of ANP is a relatively unwrought and virtually an undefined one (Davies & Hughes 2002, Manning 2004, van Offenbeek & Knip 2004, Furlong & Smith 2005). Lastly, it is argued that various definitions on the ANP are either too restrictive and delimiting to allow an understanding of the wider picture or too broad and malleable as to enable particular settings to identify with such definitions (National Council of State Boards of Nursing 1993, Hamric 1996, UKCC 1997, Davies & Hughes 2002).

Key words: clinical effectiveness, clinical nurse specialist, critical thinking, practice development, advanced nursing practice
Hamric (1996) who maintains that ‘advanced nursing practice is the application of an extended range of practical-, theoretical- and research-based therapeutics to phenomena experienced by patients within a specialized clinical area of the larger discipline of nursing’ (p. 47). Hamric along with Hanson expands this definition in a later article, where they define as the core competencies of the ANP ‘direct clinical practice, expert coaching and guidance, consultation, research, clinical and professional leadership, collaboration and ethical decision making’ (Hamric & Hanson 2003, p. 263).

Issues of conflict on the concept of advanced nursing practice

Despite of the definitions above, it appears that different settings conceptualize advanced nursing practice in very different and conflicting ways. For instance, a series of authors consider advanced nursing practice to be equated to the notion of a clinically specialized nurse possessing a degree of expertise in a specific area of practice and being primarily involved in managerial and task management responsibilities (Ingersoll et al. 2000, Laurent 2000, Lewis 2002). However, a series of other authors consider advanced nursing practice to be the exclusive province of the ANP title that is protected by governmental and statutory legislations and relate this title to newly developed clinical posts. These ANPs require special preparation and are viewed as the extension of nursing into the domains of other health professions, rather than the development or expansion of the nursing discipline (Castledine 1998a, McGee 1998a, Daly & Carnwell 2003, Higgins 2003, Loftus & Weston 2003).

Lastly, there is that part of the literature that views the concept of advanced nursing practice to be neither a result of specialization, nor attained by virtue of being bestowed with the relevant title. Instead, they view the concept as a generic or an umbrella term that includes elements of advanced practice within the discipline of nursing (Castledine 1998a, Elliot 1998, Reveley & Walsh 2000). Some of these elements of advanced practice are the ability to discover, innovate and expand the nursing profession by utilizing multiple types of knowledge and skills along with research evidence and academic thinking processes. Such characteristics would enable the ANP to collaborate confidently with the multidisciplinary team and offer leadership and expert coaching that would allow motivation, empowerment and dissemination of competent practice, thus clearly demonstrating the contribution of nursing to the health care of society (Castledine 1998a, Read 1998, Hamric & Hanson 2003, Thompson & Watson 2003). These rather confusing variations of the literature with regard to the role of the ANP on a closer reading reveal a set of common aims, intentions and qualities, which takes us to our next point.

Areas of convergence on the role of the ANP

Overarching these rather different conceptualizations on advanced nursing practice is a shared connection, albeit somewhat missed, in the background of the variety of arguments. This area of convergence is the attempt of the nursing discipline to emancipate itself from organizational and cultural restrictions and to achieve a high degree of professional autonomy. For instance, those viewing advanced nursing practice as a result of practice specialization consider that there is an opportunity in the health market that ought to be seized upon by nurses and argue for the substitution of roles of other professionals with specialized nurses that would be practising on advanced level (Pearson & Peels 2002, Daly & Carnwell 2003). Such specialist nurses will have more control and autonomy in carrying out activities such as diagnosing, assessing (e.g. tissue viability), intervening (e.g. prescribing) and referring to other professionals based on their clinical judgement (McGee 1998a, Daly & Carnwell 2003, Verger et al. 2005).

Similarly, those advocating for a title of ANP anticipate that there is an existing void in the health services relating to patient demand and waiting lists. However, the advocates of such a title consider that this role ought to be extended in new environments, such as those of Nurse Developing Units or Nurse-led clinics or Nursing triage, where again nurses will have greater degree of autonomy and professional decision making. These ANPs, in contrast to specialist nurses, are considered to be primarily nursing-focused and -orientated practitioners that avoid fragmentation of nursing care. Moreover, such ANPs will have to acquire and implement further knowledge and skills emerging from other disciplines, such as technical skills, and management and educative capabilities. Therefore, these ANPs will have to amalgamate nursing knowledge with other types of knowledge, will have to function at a higher level of practice and will be acting as the interface between medical and nursing care (Castledine 1998b, Gerrish 2001, Carnwell & Daly 2003, Loftus & Weston 2003).

However, the perilous risk of equating advanced nursing practice with the specialist nurse is the medicalization of the nursing profession and nurses acting as a replacement or a substitute for medical personal rather than providing advanced nursing care (McGee 1998b, Tye & Ross 2000, Pearson & Peels 2002). On the other hand, if advanced nursing practice is associated with a defined title and consequently with prescriptive roles of practice, such as
those of nursing development units, nurse-led units and nursing triage, then the advanced nurse practice role, whilst it will be much more nurse-orientated, nonetheless it will run the risk of becoming just another type of specialization. This is what Pearson and Peels (2002) caution when they maintain that, ‘in the process of expanding nursing roles and removing existing barriers, some things might be lost ... and general nursing roles [will become] denigrated’ (p. 3). Similarly, McGee (1998b) believes that ‘inevitably it is envisaged that only a small number of nurses will undertake this type of practice’ (p. 177). Therefore, what is suggested by both authors is that this type of nursing will be delimited to a very small and elite number of practitioners that will be considered ANPs primarily by the authoritative image of their workplace and work title, rather than their practice provision.

Beyond the two conceptualizations above, there is another part of the literature that anticipates advanced nursing practice not just being an additional layer of practice to be added to specialist practice, but more of a developmental process in the career of nurses (Rolfe 1998b). In fact, advanced nursing practice for this part of the literature is neither about extending nor expanding roles (whilst not negating that this might be a by-product of it), but primarily about developing both personally and professionally within the discipline of nursing (Elson et al. 2005). Fulbrook (1998) concluded that advanced nursing practice is ‘a complex composite of knowledge and experience applied in a unique way according to each situation through the medium of self’ and described it as ‘pure nursing’ (p. 100). Likewise Castledine (1998a) argues that ‘advanced practice is something a little different: it is as if nurses moved through a specialist stage and have now emerged as generalists again, but with more knowledge and skill in nursing and able to apply their expertise over several areas without losing sight of holistic principles’ (p. 5).

For these nurses, advanced nursing practice is viewed as an all inclusive nursing activity that intends to develop individual nurses and the discipline as whole via critically utilizing knowledge, experience and personality in order to create a practitioner who functions at an advanced level irrelevant of setting. This is what the American Nurses’ Association (1995) in a policy statement referred to when it acknowledged that ‘advancement [in nursing practice] involves both specialization and expansion and is characterized by the integration of a broad range of theoretical-, research-based and practical knowledge’ (p. 14). In other words, while it is recognized that specialization roles as Clinical Nurse Specialist and Nurse Practitioner ones may be part of the advanced nursing practice, this alone is not adequate and it is required that such specialized roles be integrated within broader nursing frameworks or conceptual models as to provide professional identity, role delineation and a disciplinary matrix of nursing such as holistic care (Brykczynski 1996, Madden-Styles 1996, Bryant-Lukosius & DiCenso 2004).

Summarizing these three different perspectives with regard to the ANP, the emerging common goal is that of professional autonomy of the nursing discipline. This professional autonomy should emanate from the ability to critically and analytically look into experiences, to develop and utilize the multiple types of knowledge and to implement this developed knowledge into practice as to offer high quality of nursing to patients, and to develop other nurses and the environment where nursing takes place. The rest of this paper will focus upon these commonalities of advanced nursing practice and will go on to develop the generic features of the ANP as it is conceptualized in the literature.

**Methodology**

The methodology used to research the topic of advanced nursing practice was an extensive review of the international literature on the relevant topic. This literature review, whilst not lacking in rigour and depth, is not intended to function as a meta-analysis, as it does not limit the review on just the analysis of quantitative research findings. On the contrary, it takes into account findings emerging from qualitative studies, literature reviews and discussion papers as to acquire in-depth and more sophisticated understanding on the topic. The literature review technique implemented to research the topic was an informative and narrative type with the intent to summarize the current state of knowledge in order to provide a comprehensive and accessible account on the topic (Gould 1994, Skilbeck & Payne 2003).

The literature search on advanced nursing practice was done in two stages. In the first stage, a number of keywords (e.g. advanced nursing practice, specialist nursing practice, nursing practice and nurse practitioners) were used alone and in combination to search the databases of ovid, CINAHL and medline. No language restriction was used in the search; however, only English articles were retrieved, but attention was paid as to include in the review articles that were written in English from a variety of countries, such as USA, UK, Canada, Holland Australia, Brazil and Ireland. The second stage of the process involved working through the search results to identify a subset of relevant articles from the initial trawl, and adding other works identified in the references of these articles using a ‘snowballing’ technique (Scallan 2003). Furthermore, search and handpicking of books from the university library on the relevant topic completed the
compilation of the relevant literature. The inclusion criteria were publications on the concept of advanced nursing practice within the last 15 years, as the ANP role has formally been accepted as a unique role in the discipline of nursing within this period.

Approximately, 600 articles and 22 book chapters were retrieved satisfying the inclusion criteria and consequently a process of shifting retrieved citations commenced (Jones Lloyd 2004). Initially, the titles of the retrieved material were reviewed and from this initial review very few papers were rejected. Consequently, the abstracts were screened and from this process over 400 articles were excluded primarily because the concept of advanced nursing practice was not the prima facie of the article or because the articles superficially used the term advanced nursing practice or because the materials were personal statements and editorials. Eventually, the full text of 137 articles and book chapters were screened and by implementing data saturation technique these were reduced to 46 articles and book chapters that were incorporated in this article (Booth 2001, Jones Lloyd 2004). However, special attention was taken as to include a comprehensive list of seminal articles and articles with conflicting arguments.

Following the collection phase was the analysis of the aggregated literature by reading and re-reading the relevant papers, picking out key and major points, and writing them down on index cards. Consequently, these points were collated and contrasted and finally, from this interpretative process, seven themes emerged that identify the generic features of the ANP:

- The use of knowledge in practice;
- Critical thinking and analytical skills;
- Clinical judgement and decision-making skills;
- Professional leadership and clinical inquiry;
- Coaching and mentoring skills;
- Research skills;
- Changing practice.

Generic features of advanced nurse practitioner

The use of knowledge in practice

From a review of the literature, the ANP’s use of knowledge in practice appears to be grounded within a debate about the value of scientific vs. intuitive knowledge (Benner et al. 1999), or propositional vs. dialectical knowledge (Lomax & Parker 1996). Essentially, it is about the difference between ‘knowing that’ and ‘knowing how’. Ryle (1949) first coined the expression ‘know-how’ and Polanyi (1958) used it in his description of the two kinds of knowledge. Carper (1978) also weighs into this debate by identifying essential patterns of knowing such as empirics (scientific knowledge or ‘knowing that’) and personal knowledge (‘tacit’ knowledge or ‘knowing how’).

Benner et al. (1999) endorse this dual perspective on knowledge by suggesting that good clinicians must draw upon the best scientific evidence available to make sound clinical judgement as well as enhance the skills of reasoning to develop the best account of a clinical situation. This is an interpretive process that results in making the best clinical judgements under circumstances of uncertainty (Benner et al. 1999). Through constant engagement, practitioners are made acutely aware that nursing is a humanistic as well as a scientific pursuit (Seymour et al. 2003). Similarly, Manning (2004) considers that advanced practitioners possess different types of knowledge that they ought to integrate in their practice and Elson et al. (2005) argue that ANPs should integrate the various sets of knowledge by utilizing critical reflection. Similarly, Pearson and Peels (2002) advocate that advanced nursing practice is typified by three basic principles, namely experiential knowledge, theoretical knowledge and the clinical implementation of these types of knowledge as to produce high standards of clinical performance.

This inclusive view of what constitutes knowledge for practice reduces the temptation to see nursing knowledge as arising from either an art or a science base. Indeed, the scientific inquiry model and a view of knowledge as ‘received’ do not fully account for how nurses think and make judgements in practice (Gendrop & Eisenhauer 1996). An awareness of the ‘science vs. art’ debate surrounding the use of knowledge in practice is important for ANPs. The relevance of knowledge is that it provides a building block for developing the skills required of an ANP.

Critical thinking and analytical skills

Being able to draw upon different kinds of knowledge enables the ANP to develop critical and analytical skills. Critical thinking is self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer. It demonstrates the ability to explore the evidence, concepts, methods and the criteria or contexts upon which that judgement is based (Facione 2001).

Benner et al. (1999) suggest that being critical is about active thinking in practice. They use the term ‘thinking-in-action’ to describe the patterns and habits of thought and action that are directly tied to responding to patients and families and the demands of a changing situation, and for noticing when clinical assumptions and expectations are not being met (Benner et al. 1999). Davies and Hughes (2002) in

their attempt to define the areas of competence for ANPs consider that critical thinking and analytical skills are essential components of the ANP and view reflection-in-action as an inherent process in achieving them. In similar fashion, Reveley and Walsh (2000) consider critical thinking, reason and analysis as characteristics of a higher level of practice pertaining to advanced nursing roles. Lastly, Graham (2003) conducting a reflective narrative on leading a nursing development unit amongst others suggests that, for advanced nursing roles to develop, there is a need of change to take place and it requires the critical appraisal of practice and seeing things differently. In specific, Graham argues that ‘what is required is for leadership which can explain, search and integrate a number of views, opinions and attitudes, and seek a new understanding through dialogue’ (p. 221).

Thus, an integral feature of the ANP is the potential to think critically about present clinical situations and interpret them in terms of the immediate past condition of the patient. This process is aided by anticipation; effective clinical forethought requires not only the best scientific understandings of a particular patient problem, but also the clinical wisdom gained through experience.

Clinical judgement and decision-making skills
Advanced nurse practitioners are expected to demonstrate expertise in clinical judgement and decision making. ‘Thinking-in-action’ and ‘reasoning-in-transition’, or reasoning about the changes in a situation are processes that can help the ANP to enhance his or her skills of clinical judgement through the development of reasoning and clinical understanding over time (Benner et al. 1999). Similarly, Davies and Hughes (2002) view clinical judgement and decision making as one of the competencies required by the ANP, which typically includes determining what to observe, deriving meaning from the observed and selecting appropriate nursing actions. Hamric et al. (2000), Ketefian et al. (2001) and Furlong and Smith (2005) all consider clinical judgement and decision making as core functions of the ANP and link them to issues of clinical autonomy and professional accountability. Carnwell and Daly (2003) in their research findings demonstrate that the main way ANPs can have an impact in practice is through their clinical judgement and decision-making, which can severely be curtailed by the lack of autonomy.

Therefore, the ability to take account of the gains and losses in understanding a situation as transitions occur is instrumental to developing practical reasoning skills that would allow for justifiable and accountable clinical judgements and decisions to be undertaken. Such clinical judgement and decision-making skills lead to professional accountability and practice autonomy. This results in an advanced level of response-based clinical practice.

Professional leadership and clinical inquiry
As a professional leader, the ANP is expected to demonstrate clinical inquiry in practice. Clinical narrative writing, as a basis for knowledge development, allows the ANP to explain what he or she knows as a clinician engaged in practice. Narratives can uncover the practical knowledge, or everyday understanding and the critical thinking processes used to achieve this (Benner et al. 1999). Graham’s (2003) narrative on leading a nursing development unit concluded that advance practice requires a process of leadership, which embraces a scholarly perspective. This leadership according to Graham allows the practitioner to ‘conceptualize the value of experience, values and beliefs, and the nature of nurse–patient relationship’ (p.221).

In this way, the ‘know-how’ can be recorded, even though the ‘knowing that’ or theoretical knowledge may be incomplete. Although ‘knowing that’ and ‘knowing how’ are related, the relationship is not linear. ‘Knowing how’ may precede ‘knowing that’. Indeed, much of ‘knowing how’ may be so contextual and situational that it does not lend itself to being captured in formal theoretical terms (Benner et al. 1999). The necessity for practice knowledge in clinical reality that enables both collaboration with others, and the development of others knowledge and practice by utilizing transformational leadership skills is a reoccurring theme that threads throughout the literature on advanced nursing practice (Hamric et al. 2000, Davies & Hughes 2002, Duffy 2002, Higgins 2003, Hamric & Hanson 2003). Ultimately, clinical inquiry that leads to the development of clinical knowledge and to the promotion of clinical judgement is a key feature for creating a leadership style that would allow for improved clinical practice of both the ANP and those collaborating with the ANP.

Coaching and mentoring skills
Advanced nurse practitioners are required to demonstrate that they are strong clinical leaders who embody the best of nursing practice based on the extensive cumulative knowledge they have gained from experience and the sciences. Their ability to lead and influence the reasoning of colleagues in the patient’s best interest depends on authoritative clinical knowledge and wisdom, the ability to listen and enhance others’ strengths, and the conviction to act as a moral agent.
(Benner et al. 1999). Morton-Cooper and Palmer (2000) advocate that coaching is the supportive exchange of instructions, advice and positive feedback that is the necessary in developing effective clinical skills and abilities.

This concept of coaching, facilitating and mentoring is a reiterating theme within the literature regarding advanced practice and it refers either to ANPs coaching and mentoring other colleagues to develop personally and professionally or coaching and facilitating patients to progress through their disease. Ervin (2005) and Graham (2003) both make the case that ANPs ought to possess coaching qualities as to support and empower others to implement new ideas and evidences in practice in order to develop practice. Manning (2004) on the other hand purports that 'the ANP educator serves to facilitate the patient’s progress through the stages of change by serving as resource person, motivator and coach' (p. 223). Lastly, Hamric and Hanson (2003) include ‘expert coaching and guidance’ (p. 263) as one of the core ANP competencies.

Thus, the skills of clinical leadership that characterize expert and advanced nursing practice include facilitating and coaching both patients to progress through their situations and other healthcare colleagues to develop clinically. Indeed Benner et al. (1999) consider coaching others in interpreting, forecasting, and responding to patient transitions, bridging the gaps in patient care, building and preserving collaborative relationships, and transforming care delivery systems as core aspects of advanced practice.

Research skills

Critical thinking and analytical skills can enable ANPs to make discoveries that subsequently help prioritize research agendas. Many good questions and puzzles for scientific studies come from clinical practice (Benner et al. 1999). Equally, as a clinical expert, the ANP’s knowledge base can provide the basis for demonstrating effective literature searching skills for both research and educational purposes. Davies and Hughes (2002) argue that ANPs interpret, communicate and use research to guide clinical practice, and generate research by investigating nursing practice. Hamric and Hanson (2003) consider research as a core competence of the ANP. Sperhac and Strodtbeck (2001) argue that the basis for advanced nursing practice is the ability of the practitioner to be knowledgeable about the research process, the research use and the research analysis. Lastly, Manley’s (1997) model for advanced nursing practice evolves around the research role of the ANP as she considers research to be a central feature of advanced nursing practice.

Changing practice

Lastly, the ANP’s role is not fulfilled unless knowledge, experience and research are translated into practice to change and improve practice. Both Edwards (2001) and Giuliano (2003) advocate that syllogistic knowledge or theory is not sufficient for practising nurses because it falls short of providing guidance as to how it ought to be applied in practice and how to successfully meet practical ends in daily practice. Moreover, liberal and emancipatory theorists such as feminists, critical theorists and action researchers advocate that merely developing critical skills for assessing theoretical knowledge is not only of little benefit for practice, but is in essence counterproductive and dangerous and thus an unwelcoming endeavour. For these writers, critical analysis of practice without actually returning to practice, to change practice is equated with the notion of condoning, defending and perpetuating the status quo of dominant values. It is viewed as if the analysis of practice and its compartmentalization into the various theories of knowledge is intended to fit daily practice into a set of predefined theories. However, fitting practice to predefined theories is conceived as agreeing to the rules of the dominant scientific epistemology and consequently legitimizing current practices as scientific. In this way, such practitioners become part of an established panel of experts that possess knowledge, which not only corresponds, but also as well represents a single and absolute truth (Maxwell 1997, McCormick & Roussy 1997, Varcoe 1997, Gaventa & Cornwall 2001).

Thus, the acceptance of an epistemology where practice is required to fit into predefined theories is at least a troubling, if not an ill-forged concept when we are referring to the ANP. For the ANP, it is not sufficient simply to critically analyse practice and relate it to already established types of knowledge or evidences, because this omits two important issues. Firstly, it neglects the questioning element of who defined this established knowledge as such, how this predefined knowledge formation has already influenced the individual’s practice and what is the practitioner’s role in perpetuating or not already well-established knowledge and practice. Secondly, it also neglects the potential to implement best practice, because established knowledge is understood as right or wrong knowledge, but that does not necessarily coincide with what is good or bad practice. As Rorty (1989) points out to conceptualize knowledge as right or wrong knowledge is altogether a too simplistic approach. Instead, he argues that good practice requires a different kind of knowledge embedded in the doing. Thus, knowledge is about making change rather than discovering facts (Rorty 1989, Calder
2003). This need for action or praxis that will lead to transformation, alteration and modification of the status quo is also agreed upon by the critical and reflexive paradigms, which view this notion of praxis as the ultimate and integrative goal of advanced nursing practice (Kim 1999, Johns 2000, Rolfe et al. 2001).

Therefore, advanced nursing practice requires a different kind of advanced knowledge, one that is identified as knowing in practice that enables changes and transformations in order to address issues that are considered to be significant, valuable and worthwhile (Reason & Bradbury 2001). This particular kind of knowledge of the ANP, albeit in a different context, is captured and condensed in Shotter’s understanding on ‘knowing of the third kind’ (Shotter 1993). Shotter uses the verbal form of ‘knowing’ to describe this particular knowing in practice, rather than the noun ‘knowledge’, emphasizing that such knowing is not a thing to be discovered and stored up in journals, but rather arises in the process of living and doing. Similarly knowledge becomes of little avail for the ANP, if it does not return to practice in order to change it. For the ANP, knowledge is an active process that emerges from practice and returns to practice.

Conclusion

In tracing the history of the ANP, the review of the literature in this paper presented the confusion surrounding this role. It was discovered that much of this confusion was grounded in the perceived interchangeability of nursing roles. Furthermore, even when the same titles have been used, it is not necessarily implied that there is a similar understanding of role preparation and practice performance with regard to the ANP. Nonetheless, these variations on the concept of the ANP, when further analysed, proved to be underpinned by a common goal and desire, whilst not always explicit. This common goal and desire was the attainment of practice autonomy and professional integrity within the nursing discipline as to improve the provision of care.

However, attaining this goal requires that certain ostensible characteristics or features be clearly present and explicitly presented with regard to the ANP. Hence, this literature review was followed by an analytical discussion on the generic features for achieving the desirable aims of advanced nursing practice. Analysis of these generic features was carried out and explicit links were made as to how these features can assist nurses to practice at an advanced level, thus providing clarification to an often misused and at times abused concept. Furthermore, such understanding of the generic features of the ANP would facilitate practitioners, educators and clinical managers to develop those skills that would allow them or their staff or students to practice at an advanced level.

Contributions

Study design: SM, SW; data collection and analysis: SM, SW and manuscript preparation: SM, SW.

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