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Title: The journey from nurse to advanced nurse practitioner: applying concepts of role-transitioning

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Abstract

The Registered Advanced Nurse/Midwife Practitioner role was established in the Republic of Ireland in 2001, representing an important nursing role development. Currently 420 advanced practitioners are registered with the Nursing and Midwifery Board of Ireland and provide advanced nursing practice to clients in over 40 specialities. This number is increasing exponentially in response to emerging-future population-based service needs and is projected to achieve a critical mass of 750 advanced practitioners by 2021. Health service provision is regarded as being enhanced by advanced practice performance outcomes.

This discussion paper explores nurse to advanced nurse practitioner transitional journeys, a concept not previously researched in-depth from an Irish perspective. Benner, Woods, and Bourdieu's theories are explored to review if an advance practice career trajectory results in unique nurse to advanced practitioner role-transitioning. Contextualising possible personal, professional and educational transitions may enable the promotion of effective scaffolding to enhance smooth transitioning for aspiring advanced practitioners in to advanced nursing practice roles.

Key words:

Advanced Nurse Practitioner (ANP), advanced nursing practice, candidate Advanced Nurse Practitioner (cANP), role-transitioning, communities of practice, professional identity.

Introduction

Ireland has a government funded health care system although access is means tested, with around 37% of the population having free access and the rest pay subsidized fees for elements of care while some aspects are free for all. There are special access systems for those with long-term conditions and to cover pregnancy, childbirth and those on long-term medications and there is an agenda of continuous improvement to the service. For example, The Commission on Nursing Report: A Blueprint for the Future (Government of Ireland 1998) championed a complete revision of the structure of Irish nursing that included a recommendation for the establishment of advanced practice roles. The Registered Advanced Nurse Practitioner (RANP/ANP) role represents an important nursing role development within healthcare in Ireland. Currently 420 advanced practitioners are registered with the Nursing and Midwifery Board of Ireland (NMBI) working across over 40 specialities. Significantly, the Health Service Executive (HSE) as provider of public health services in Ireland, who are governed by the Department of Health (DOH), have pledged to increase the number of advanced nurse practitioners in response to population demand and emerging-future service needs. The current planned workforce projection is in line with current Irish Sláintecare strategy and by 2021 there will be a critical mass of 750 practising advanced practitioners in Ireland addressing population-based service needs (DOH 2019).

Advanced nursing practice

Advanced nursing practice has been in existence internationally for over fifty years with the United States spearheading developments in the 1960s. Begley et al. (2010) acknowledge that many countries subsequently followed suit including Australia (1995), the UK (1999), New Zealand and Canada (2000) and Ireland (2001). Currently over fifty nations

are recorded as formally providing advanced nursing practice. The ICN define the key attributes of an advanced nurse practitioner as:

A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the contexts and/or country in which s/he is credentialed to practice. A Master's degree is recommended for entry level. (ICN 2019)

In the Irish context, RANPs' domains of practice (Figure 1) are identified in the Advanced Practice (Nursing) Requirements and Standards (NMBI 2017, p.16).

Figure 1



Emanating from the six domains of practice, advanced practitioners are required to achieve the following competency standards:

- apply ethically sound solutions to complex issues related to individuals and populations;
- utilise advanced knowledge, skills, and abilities to engage in senior clinical decision making;
- actively contribute to the professional body of knowledge related to his/her area of advanced practice;
- negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected;
- to manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment;
- lead in multidisciplinary team planning for transitions across the continuum of care.

Standard achievement is demonstrated by cues, cues are defined as 'key generic examples of competency performance' (NMBI 2017, p.16-19) as illustrated in figure 2.

Figure 2 NMBI Advanced Practice (Nursing) Requirements and Standards Cues (NMBI 2017

p.16-19)



International evidence identifies advanced practitioners as having a beneficial impact on health service provision due to their specialist knowledge, wide scope of qualifications and their ability to provide a complete episode of care (Begley et al. 2010, Carney 2016, Fealy et al. 2018, DOH 2019). The concepts of accountability, higher-level decision-making and autonomy are synonymous with advanced practice resulting in a unique nursing role in comparison to other frontline nurses. Understanding why some nurses choose advanced

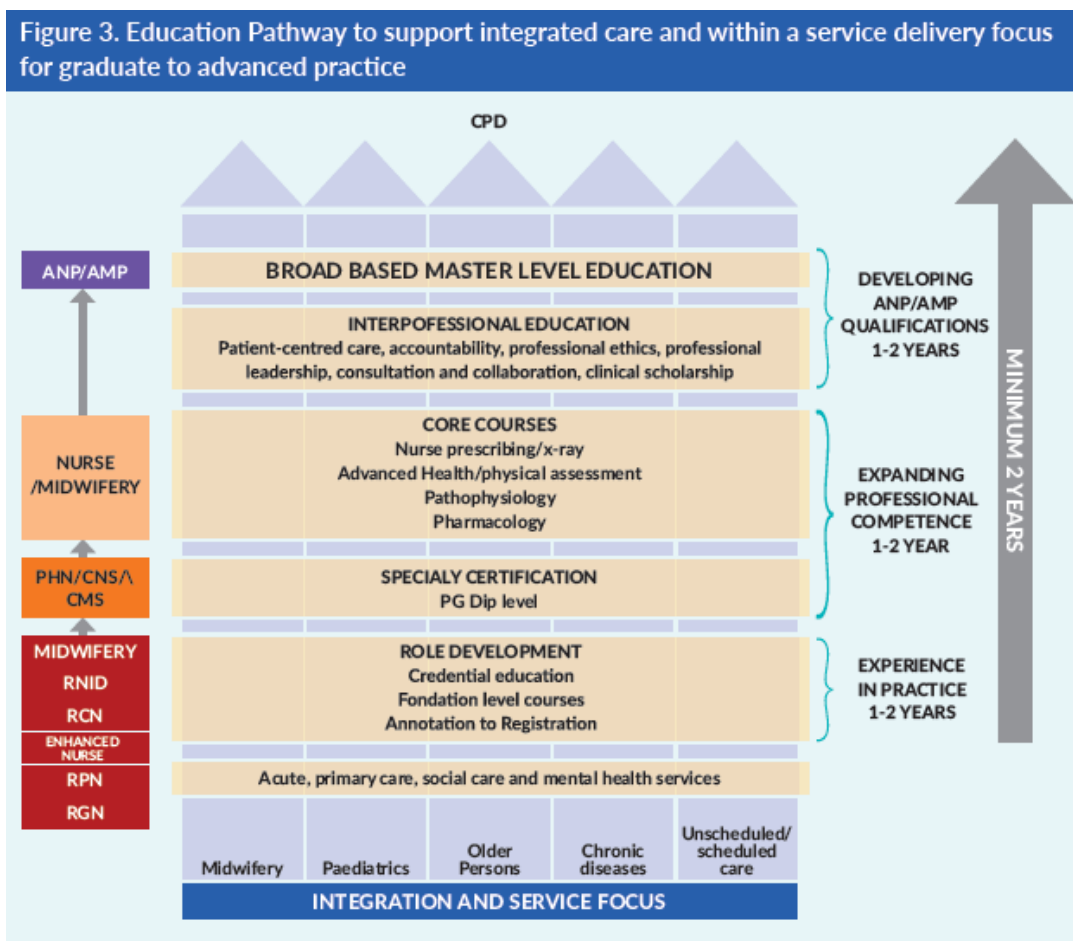
practice roles is key to exploring commonalities that may influence a move into an advanced practice career trajectory. Are there aspects of previous clinical, managerial or educational experiences that influence nurses to opt for an advanced practice career pathway, or is it personality-based? Alternatively, could it be simply opportunistic, experiential or situational? The multifaceted complexity of people and practice makes a definitive answer to this conundrum elusive. Nurses appear to have a myriad of personal, contextual and professional factors that motivate and influence their career pathways towards or away from advanced practice. Influencing factors can include contexts, events, status, capital, opportunities and barriers.

Pierre Bourdieu, a French philosopher, terms this the ‘fuzzy logic of practice’ where actors are predisposed to see a course of action as obvious, when others may see it as impossible (Bourdieu 1990). Fatalistic determinants of ‘being at the right place at the right time’ may be levied, however the underlying reasons why a person is positioned to start with, counters the philosophical doctrine of fatalism. For example, other nurses may be in the same position but do not opt for the advanced practitioner career trajectory. It is suggested a combination of determining factors exist, however O’Shea (2008) reflects that a driving force appears to come from within the nurses themselves as a desire to be based clinically close to the patient. It is important to develop this understanding as it can serve to inform and promote effective advanced practitioner recruitment, retention and role-transitioning.

The journey from nurse to advanced nurse practitioner

Possible transitional passages experienced by nurses moving to advanced practice career pathways have been explored by Woods 1999; Furlong and Smith 2005; Jones 2005; Duchscher 2009; and Barnes 2015. Following a two-year pilot study, a revised Irish educational pathway for attaining ANP status (Figure 3) was launched by the Irish DOH in

July 2019. Key changes include a revised streamlined timeframe from graduate to advanced nursing and broad-based masters level education. A credentialing model is promoted that supports nurse capability progression and enables a nurse to become an ANP in a minimum of two years post-registration rather than the original pathway of seven years (McGowan 2019).



Applying concepts of role-transitioning

Moving to an advanced practice role with a minimum of 2 years post-registration has been supported by Casey et al.'s (2015) Evidence Review. This new model however adds an increased emphasis on the promotion of effective role-transitioning as previously advanced practitioners required a minimum of seven-years experiential professional advancement prior

to becoming a RANP (NMBI 2019). This new model will be valuable to review possible impacts on advanced practitioner recruitment, retention and role-transitioning.

In the three decades since Benner's (1984) seminal 'From Novice to Expert' was published, debate continues regarding nurses' professional transitional journeys. Benner theorised that nurses undergo a series of transitional phases throughout their nursing journey, a possible career trajectory is from novice to expert. Her study's findings state nurses may progress through five stages of skills acquisition: novice, advanced beginner, competent, proficient and expert. It is now recognised that this professional advancement model is not always linear and is context specific, as for example when an expert moves to a new specialism and has to develop new skills. This scenario brings into question whether advanced practice continuums of novice to expert may differentiate into additional advanced practice levels as Benner suggested. Rather it may be that new skills are easier to acquire because of the nurse's previous experience. Woods' (1999) longitudinal research discovered three discrete stages mark the transitional processes when journeying into advanced practice roles. He termed these sequential stages: idealism of reconstruction, organisational governance and resolution. Resolution signals a levelling where advanced practitioners accept organisationally imposed role limitations and work within the pre-negotiated parameters. A recent editorial by Corbally and Lees-Deutsch (2019) questions current Irish perspectives regarding advanced practitioner resolution.

This focuses on how support-scaffolding for advanced practitioners could augment successful role-development and optimise recruitment and retention practises for advanced practitioners. This is key if the proposed critical mass of 750 advanced practitioners is achievable and sustainable by 2021.

ANPs' community of practice: the development of a shared professional identity

Role theory, theories of socialisation and communities of practice provide some underpinning theoretical reasoning why transitional processes are influenced by, and in turn influence, the development of a shared professional identity. ANPs' candidacy model includes clinically-based experiential learning to an equivalent of 500 hours and broad-based masters level education (Figure 3). Socialisation to cultures and norms of a nurse's role occurs through exposure to formal and informal education in nursing practice environments (Johnson et al. 2012; ten Hoeve et al. 2013). Experiential learning actively supports professional identity development by promoting role-modelling and mentorship for ANP candidates to learn their artistry, craft, knowledge, skills and clinical wisdom. A shared professional identity within ANPs' communities of practice enables collective awareness of values and practices inherent in the advanced practitioner role. Replication emerges as candidates transition and flourish into registered ANPs.

ANPs reconstruct their professional-selves as higher-level advanced practitioners influenced by a multiplicity of factors. Social theorists, including Habermas (1964) and Bourdieu (1990), consider personal and professional transitions to be individualistic processes. However, a change in occupation or role is an example of a transitory experience that involves alterations in a person's perceived sense of self. Learning the art and science of a new advanced practice nursing role involves situational, personal, professional and cultural change. Experiences of harmony or disharmony in situations of transition, Bourdieu (1990, p.108) analogises to 'the fish in water' or 'the fish out of water' experience. ANPs' perceptions of themselves, and how they perceive other clinicians view them, has a significant impact on their role-identity formation with a potential for professional transitional shock occurring. Transitioning is a period of change where dispositions alter, looking at these changes enables insight into the 'fuzzy logic of practice' (Bourdieu 1990).

Organisational, clinical and educational support-scaffolding to augment transitional passageways

Kennedy et al. (2011) suggest transitional support scaffolding may help in the process of advanced practitioner role-transitioning, as a deconstruction of their former role takes place simultaneously with a reconstruction of their new identity. This can then be used to feed-forward for those facilitating ANP programmes to promote the development of support-scaffolding through the formation of formal and informal mentoring and group networking systems for example to augment smooth transitional passageways, from nurse to candidate ANP, and from candidate to registered advanced nurse practitioner. A preceptorship model between an experienced expert ANP and a novice ANP enabling frequent contact, evaluations and positive reinforcement may protect against possible feelings of isolation, enhance professional advancement and build confidence. Promoting social-scaffolding networking may champion effective communication channels to develop a sense of unity, promote shared collegial support and enhance professional advancement of advanced nursing practice.

Conclusion

This discussion paper has reviewed the evolution of advanced nursing practice with a specific focus on the advanced nurse practitioner role in the Republic of Ireland. The NMBI (2017) domains of practice competencies, standards and cues were explored. The advanced practice career journey from graduate to advanced nursing practice was considered through exploration of Benner, Woods and Bourdieu role-transitional theories.

Key points

- Advanced nursing practice is a significant contemporary nursing role that was established in 2001.
- The advanced nursing practice role is unique within healthcare in the Republic of Ireland with specific domains of practice competencies, standards and cues.
- Models of role-transitioning enable insight in to possible personal, professional and educational transitions ANPs experience on their trajectory from graduate to advanced nursing practice.
- Understanding ANPs' role-transitions can be used to feed-forward in to the development of possible organisational, clinical and educational support-scaffolding to enhance smooth passage from nurse to registered advanced nurse practitioner.

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