Chapter 12:          Advancing nursing practice in pain
management

**Martin Christensen**

**Eloise Carr**

## Introduction

The purpose of this final chapter is to capture the thematic analysis of the contributions to 'advancing practice' embedded in this book. The process for this is briefly described below. We do not intend this to be an in-depth theoretical discussion but rather a pragmatic perspective on the issues we believe, informed by these contributors, to be central to advancing practice in the context of pain management.

At the beginning of this book we offered a description of what constituted advanced and advancing practice in terms of the attributes and knowledge inherent in developing and advancing practice not only in pain management but nursing practice as well. Central to this development is the knowing-how knowing–that framework which conceptualises the knowledge and action seen with clinical decision making. Within this framework, in particular the knowing-how element, we suggest there are a number of variables which form the knowledge which instructs the knowing-that. For example the knowing-what is embedded within pattern recognition, knowing-how is derived from practical and experiential learning and knowing-why which is theoretical knowledge, all of which culminates into the knowing-that – the deliberative action based on an extensive understanding of the situation. A trademark provided by the contributors in this book.

Whilst it might not be readily self-evident that these traits are visible within the examples contained in the preceding chapters, this framework serves as an underlying theme of advancement and if questioned further it would become apparent that these practitioners exhibit these different knowledge strands in a clinical environment. It might well be evident to some readers that this framework has a number of different applications for example when developing a knowledge integration model for practice or for mapping knowledge against key competencies such as the Department of Health's Knowledge and Skills Framework (DH 2004). In the context of this book we're using it to define the advancing practice of specialist pain practitioners as they forge the boundaries of nursing practice with many creating roles traditionally seen within the realm of medical practice. We are, not, however, suggesting that the vignettes portrayed within this book set a precedent as to what advanced and advancing practice are, moreover they represent different perspectives as to how these individual practitioners have advanced practice within the sphere of pain management and have crossed those 'blurred' boundaries between nursing, medicine and other health professionals. Admittedly overturning the traditional hierarchical models of care delivery is not easy. Many of the practitioners' narratives provide good examples of interprofessional cooperation and working, in order to develop the service, but more importantly to promote effective patient care and enhance the patient experience of the

health care service.

## Emerging Themes

As described at the outset of this book the aim of this chapter was to thematically capture keys aspects related to the nursing contribution to advancing practice in pain management. This was achieved by reviewing each chapter, and in particular the knowledge contribution, and coding key aspects. These were then collapsed to inform three main themes. First, it is the notable the presence of independence and entrepreneurship which is evident throughout many aspects of the narratives presented here (especially chapter 7). Second, is the emergence of clinical leadership, as evidenced by crossing boundaries and the development of services, and finally interprofessional working. Whilst it would be ideal to discuss professional independence and entrepreneurship in order to provide insight for others to follow and implement, we have chosen to focus on clinical leadership and interprofessional working which we believe significantly strengthen the premise of advancing and advanced nursing practice. These themes are not surprises as many documents discussing advanced practice and the required competencies indicate such qualities are essential to the notion of 'advanced' practice (Royal College of Nursing, 2003; Por 2008). It is reassuring that these strong themes emerge in these narratives to validate the practitioners endeavours, but we suggest they go further to elucidate practice which moves beyond describing the competencies for advanced practice, and reveal the complexity of working at this level and the uniqueness of each endeavour. They make transparent the journey experienced by these advanced practitioners in the context of pain management.

### *Clinical Leadership*

Today's nurse leaders inspire a shared image of clinical practice by instilling a strong sense of direction and vision (Cain, 2005; Siriwardena, 2006). There is an expectation of course that in order to advance practice the leadership qualities that epitomise practice should seen to:

> *"…adjust the boundaries for the development of future practice, pioneering and developing new roles responsive to changing needs…advancing clinical practice, research and education to enrich professional practice as a whole."* (United Kingdom Central Council, 1994)

This couldn't be more evident in the Department of Health's (2000a) 'A Service for All Talents: Developing the NHS Workforce', where one of the recommendations had a major impact on the nursing career structure: that of establishing specialist and consultant nursing posts. Key to this was the importance placed on attaining higher academic awards, increased professional autonomy and clinical responsibility. However, the term leadership often meant adopting a shared vision and a strong belief value in what was being achieved normally from one person. Yet clinical leaders have additional characteristics that often set them apart from the traditional

leadership role (see Table 12.1) (Siriwardena, 2006), the core values seen with nurse consultants and clinical nurse specialists.

This list of what constitutes leadership qualities is not exhaustive, moreover, it would be easy to suggest that the work portrayed in this book demonstrates these core clinical leadership values and in some cases this is clearly noticeable. Take for example the setting up of a nurse-led femoral-nerve block service. As part of her role Mandy Layzell (chapter 2) suggested that:

> *"As team leader I am responsible for ensuring that the service is run safely. I will provide support and supervision for my colleagues in the team and discuss any issues that are raising concern. I regularly review that audit data we collect to ensure that the procedure is performed safely and that patients are benefiting, progress is disseminated to management and specialist committee members. In addition I am responsible for ensuring that the relevant documentation is up to date and evidence based."*

Again this is identified in Gillian Chumbley's work (chapter 3) in developing a nurse-led ketamine service for individuals experiencing acute and chronic post-operative pain. Whilst primarily she discusses the setting up of the service to administer ketamine, there is an underlying theme of clinical leadership:

> *"To adopt a new method of working into routine practice, it takes an individual who is passionate about the benefits, who has collated the scientific evidence, has recognised a gap in the management of patients and who can identify how the change can be incorporated into current practice. This is made easier, if you are known and respected by the organisation. Although the sub-roles of educator, researcher and consultant are the basic requirements to move practice forward, it is essential to be recognised as an experienced expert in your field. An advanced practitioner has to have a working knowledge of the scientific evidence and be comfortable conversing with colleagues at this level. For advanced nursing practice to be taken seriously, we have to use the correct language. Higher educational degrees give nurses the confidence, knowledge and skills to recognise, disseminate and utilise robust research."*

As exemplified here the transformational leadership qualities allow engagement in a process where one or more people connect with each other in a way that elevates leaders and followers to higher levels of motivation and in doing so accelerates progress. The importance of leadership is embedded in the NHS reforms and made explicit in the Department of Health publication (2008) *'A High Quality Workforce: NHS Next Stage Review' which not only emphsises the role of leadership in workforce development but emphsisies the shift in health care from secondary to primary care.* Throughout this book it is evident that a number of new initiatives have been developed and created to drive a new culture of care which nursing leadership is at the forefront. Many contributors to the book would agree that clinical leadership is an important means of

strengthening nursing and establishing effective inter-professional team collaboration, all of which requires adaptability and receptivity to change – the central tenant to the NHS Plan (Department of Health, 2000b).

## Crossing boundaries and the Development of Services

Continuing health reforms and health-care pressures have meant that traditional medical roles are now being undertaken by suitably trained, educated and competent nurses. Whilst this calls for a greater co-operation between the professions, it is the responsiveness to service user need that is the driving force behind a more streamlined approach to the way care is delivered. Where there are a number of examples within the book that discuss the entrepreneuralship associated with developing services, it is evident that key to these developments is the meeting of an unmet need; this is illustrated in the setting up of an acupuncture service (Ruth Heafield and colleagues, chapter 6):

> *"The development of any new service requires careful consideration of the political, clinical and governance issues therefore advanced skills are required to understand and manage the complexity of issues during negotiation and implementation of such services. The development of an acupuncture service in the current climate requires all these skills and more. The nurse must be aware of the current funding pathways and ensure that the service is sustainable and appropriately placed linking into existing services to serve the best interests of the clients. The educational aspects of staff training and development are crucial for the development and maintenance of the service. This is of particularly importance currently as mandatory registration for acupuncture is, as discussed earlier, a hot political debate. Careful consideration must also be taken to identify the potential risks of the service and systems put in place to minimise those risks and record and manage any untoward incidents".*

Despite the excellence in meeting unmet needs such as those portrayed above there is clearly a degree of autonomy present, discussed in this context as the developing of practice but also one's own role, and with this comes development of clinical judgement. We make this connection explicit in chapter one where we suggested that a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice is in a position to advance and develop practice. However, it is becoming more prevalent that higher educational awards are paramount in gaining acceptance in these advancing roles for example:

> *"For nurses to undertake these clinics some advanced education in pain management would be required and ideally they would need to be a prescriber in primary care to optimise cost benefit. There are now a significant number of specialist pain nurses who have undergone a degree in this subject and have been closely involved in the care of*

*patients in pain for many years". (Ruth Heafield, Chapter 6)*

Therefore it would seem that in order to advance practice in pain management, achieve a degree of autonomy and be seen to setting new standards of care delivery outside the typical norm, nurses are encouraged to undertake advanced educational courses. In reflecting on the development of a master's programme in pain management, Ann Taylor (chapter 11) recognised that her own higher level education set the precedent for others to follow. She suggests that:

> *"I feel that I crossed traditional boundaries and made connections. Importantly I saw the need for IPE and felt comfortable taking this forward. The MSc in Medical Education helped me to think more laterally about solving the problem of engaging and supporting adult learners who were also senior health professionals. It also gave the confidence to take forward the major changes we recently have obtained approval for. In defining an 'advanced nursing contribution' may be a higher level degree is important in this. In justifying an advanced nursing contribution, it has made me reflect on whether the outcome, i.e. a successful interprofessional MSc in Pain Management, is partly due to me being a nurse or partly due to being who I am? Did it take a nurse to do what I have done? Could it equally have been a doctor, physiotherapies, psychologist etc? As a nurse working within ICU, I was used to working within an interprofessional team that in the main was built on trust and respect and therefore, it may have been this nursing experience that contributed to my desire to make the planned course an interprofessional one".*

Ann raises an important issue in that the crossing of boundaries also sets the other exemplars within the book into the context of advancing practice in pain management. This couldn't be more prominent where individual practitioners in the course of their work are undertaking patient case loads to offset, in some cases, medical case work and prescribing responsibilities. Therefore this leads nicely onto interprofessional team working.

## Interprofessional Working

The focus of the book on nursing does not negate the importance of working effectively within an Interprofessional team. Indeed it is often the ability to do this which enables the development of the service to flourish. This emergent theme was present in each chapter and we use the term to capture a range of activities including; working effectively within an interprofessional team, working across professional groups and participating in interprofessional education.

Each chapter makes references to the importance of working alongside other health professionals; doctors, physiotherapists, managers, pharmacist etc.

> *"Support from the multidisciplinary pain team (nurses, anaesthetists, pharmacists, physiotherapists and psychologists) was fundamental to the evolution and success of the*

*project" (*Felicia Cox, chapter 5*)*

The importance higher educational qualifications and the ability to  work  with  other  professional groups is nicely clarified by Gilliam Chumley (chapter 3) who felt the best developments occurred when a multidisciplinary approach was adopted:

> *In the last decade there has been a  melding  of  nursing  and  medical  roles  within  pain services. What was seen as the domain of the anaesthetist or physician has been cultivated and developed by nurses who are highly trained, often to Master's or PhD level. Nurses have the advantage of working within the pain service  full  time  and  can  devote more hours to its expansion.  The role of the consultant nurse has allowed services to advance a stage further by treating  their  own  clinical  caseload  and  having  designated time for education and research.  That is not to say that nurses  should  work  in  isolation; the best developments occur when there is a multidisciplinary approach.*

The ability to work effectively in an interprofessional team is fundamental but not  without difficulties with different professional cultures inherent within the organisation (Hall  2005).  Trudy Towell (chapter 10) reflects on the study by Stenner and Courtenay (2008) who found that a lack of understanding of nurse prescribing among healthcare professionals could be a barrier.

> *"this reflected my experiences where there was a lack of  medical  staff  understanding  of nurse prescribing and the knowledge base required. This can create a barrier as staff  are not working seamlessly across boundaries as they do not  understand  each  others  roles and responsibilities."*

The confidence to reach out to other professional  groups  and  include  them  in  the  process  of change was highlighted by Paul Bibby (chapter 8) as he developed a new community service:

> *"Following an interim appraisal I approached GP practices  and  consulted  directly  about the service.  It was clear from this that, as the evidence suggests GPs felt  more  involved and able to stake their claim in this project".*

Similarly Ruth Day and Dee Burrows (chapter 7) capture the importance of the  ANP  being  able to work with patients, professionals and carers to form alliances  which  traditionally  would  have been undertaken by doctors:

> *"Karin demonstrates not just clinical expertise (which  is  expected  from  a  clinical  nurse specialist) but also an ability to bring  people  together  (patient,  healthcare  professionals and carers) to form an alliance which supports the patient. This is  a  development  clearly called for in the ANP competencies. It is one  which  some  years  ago  might  have  been undertaken by doctors but the development of different roles in nursing has  given  us  the*

> *opportunity to develop these alliances in a much more transparent fashion, using the latent leadership skills of senior clinical nurses".*

A further important component of activity of those engaged in advancing practice was their involvement in interprofessional education. They often possessed a high level of knowledge and understanding of their subject and were keen to contribute to changing knowledge and attitudes. Eileen Mann (Chapter 4) identifies the importance of making this contribution:

> *They may also be called upon to become more closely involved in the pain education of other health care professionals (Ann Neuropathic)*

Interprofessional learning has been described as the process being where two or more professions purposely interact in order to learn with, from and about each and this interaction can ultimately lead to improved effectiveness and the quality of care (CAIPE 2002). This is, however, often difficult to attain in some circumstances because of professional differences. Referred to as tribalism (Beattie, 1995), traditional educational and professional needs evolved separately with deep rooted boundaries between them (Baxter & Brumfitt, 2008), the result being a different practical and philosophical approach to patient care. Whilst training and learning often meant intra-professional independence and autonomy; current policy changes in health care provision has meant that there is a blurring of roles and a role redesign to offer greater flexibility to meet patient demand (Skills for Health, 2006; Baxter & Brumfitt, 2008). A number of studies have evaluated the effectiveness of inter-professional education, some reaching the conclusion that in certain cases it proves to be beneficial. In a pilot study to assess the effectiveness of interprofessional pain workshops, Carr et al (2003) found that interprofessional practitioner learning was positively evaluated and that knowledge transfer between the professional groups meant an increase in pain assessment and a reduction in pain referrals to the acute pain team. What this signifies that not only does interprofessional education and learning work but it also means a positive outcome for patients experiencing acute and chronic pain. This is clearly evident in Ann Taylors work (chapter 10) where she developed a Masters programme in Pain Management. Comments from the nursing team demonstrated an overwhelming confidence in being able to deliver effective pain management and IPE was crucial to this development. Ann comments:

> *"…the nurses were able to construct knowledge based on what they had gained from the course and their own intuitions in order to make sense of themselves and their practice. All the nurses spoke of being more mature and having improved self-esteem and all described instances where they no longer had to rely on external validation for their self-identity. The nurses spoke of the knowledge they had constructed in providing them with an improved ability to care and described the continued use of frameworks to underpin practice. These frameworks were constructed by the nurses and were based upon their experiences and knowledge of interprofessional pain management and they felt more satisfied in their clinical roles. The nurses now perceived themselves as being part of a team rather than outside it, they felt valued, respected and capable. The nurses spoke of making connections that helped tie together pockets of knowledge and spoke of understanding that all knowledge was relative. The nurses wanted nursing to be seen as*

*important in the care of patients in pain and spoke of making a difference; they now wanted to be respected for being nurses. Armed with the academic knowledge, confidence and self worth, they provided examples of how they impacted on the care of patients in pain."* (Ann Taylor)

There is an underlying theme within Ann's work that incorporates not only the educational perspective but the interprofessional collaboration that ensures patient needs are effectively catered for. It is through this socialization of professional, cultural and attitudinal beliefs where the improvement in services stems from. Additionally Carr et al (2003) suggested that key to delivering interprofessional pain education should ideally be the targeting of patients and their families to ensure acceptance of inadequate pain relief becomes a thing of the past.

## Advancing practice in pain management

What we have attempted to portray in this book is that advancing practice encompasses many guises, from the development of nurse-led clinics to entrepreneurial incentives that not only enhance patient care and outcome but development of the profession. The major themes to emerge have centred on clinical leadership, crossing the nursing-medical boundary and interprofessional team working. Providing an alternative approach to knowing-how and knowing-that allowed us to identify the knowledge required for advancing practice. We make the distinction that advancing practice involves a number of different facets and knowing-that is based on a choice of action which is informed from knowing-how, knowing-why and knowing-what (Chapter 1); a different perspective than those of Ryle (2000) and Rolfe (1998). What is crucial is the integration of the knowing-how knowledge into and supporting the knowing-that; the latter cannot function without a full appreciation and understanding of the former. It can be noticeable in some individual practitioners whereby they have neither developed or can make those theoretical and practical links, for example a diabetic nurse may know everything to do with diabetes but fail notice when her patient becomes hypoglycaemic (the knowing-why), or a critical care nurse's ability to change a tracheostomy dressing (the knowing-how) and finally a surgical nurse observing cardiac arrhythmias but not able to identify the causative factors (the knowing-what). Therefore, in order for knowing-that to become meaningful it is an amalgamation of these three facets and having done so can be judged to be advancing practice.

It has become evident that a dichotomy exists, not only between what advancing and advanced practice are, but also within the concept of advanced practice itself. This can be explained by the very nature of what constitutes advancing and advanced practice. The rhetoric within the literature identifies who advanced practitioners are, either by role definition or by the attributes of the individual. Not readily explained is what actually constitutes advanced practice, nor is a practical definition offered of either advancing or advanced practice. This has invariably led to the confusion as to what advancing and advanced practices are. As a result, we have developed a working definition of advancing practice to challenge the current discourse and define it as:

*The ongoing procedural development of problem-solving, analytical and synthesis skills*

*which allow practitioners to integrate practical knowing-how, theoretical knowing-why and experiential knowing-what into a pragmatic knowing-that knowledge to improve patient care/user need.*

Important features within this definition are the three themes which are central to advancing practice: the practical/experiential and theoretical knowledge and the integration of this knowledge into a purposeful, autonomous knowing-that knowledge. There are some difficulties in defining practical/experiential knowledge because this is seen within the domain of practice and is often perceived as the hands-on, observational and social interaction knowledge that develops over time (Benner, 1984; Rolfe et al., 2001; Estabrooks et al., 2005). This type of knowledge could be likened to what Carper (1978) refers to as aesthetic knowing or similar to Benner's (1984) intuitive knowing, knowledge which is gained through the "gut feeling" type of experience and in which knowledge is a gathering process of scattered details and particulars of practice combined into an experienced whole, or equated with gaining knowledge through the use of experiential, practical patient cases (Benner, 1984*)*. This experience provides a rich case study base of knowledge to be drawn upon. There are some notable similarities between these different perceptions of practical knowledge in that this could easily be compared with the work of the expert practitioner attributes which were mentioned previously. However, Fulbrook (2003) put forward the notion that knowledge to inform practice is contained within a variety of different sources, methods and methodologies. He referred to this as pragmatic epistemology which:

*…is about practical knowledge which incorporates all forms of knowing – it is the utilisation of knowledge within a practice setting: the value of knowledge for practice and the value of knowledge generated from practice.* (Fulbrook, 2003, p.301)

Therefore what Fulbrook (2003) is that clinical experience/expertise together with a diverse approach to 'evidence-based practice' culminates in effective patient care and improved practice. Whilst agreeing with Fulbrook (2003) in principle, the application of pragmatic knowledge in this context goes beyond his definition because what is important in terms of advancing practice is the *integration* of the different types of knowing and the understanding associated with this – the link between thinking and doing. Developing a mixture of knowing-how (practical knowing), knowing-why (theoretical knowing) and knowing-what (pattern recognition) leads to knowing-that – the choice of action determined by the practitioner's understanding of the situation.

## Conclusion

Therefore what is ever present throughout the book is that advancing practice in pain management is encapsulated in our concept of advancing practice as being a developmental process. It is easy to see that the knowing-how knowing-that framework can be used to define almost any aspect of nursing practice. Indeed if one were to consider this framework outside of nursing per say then its versatility is transferrable to any profession. But it is within nursing that that this framework has its founding. Unlike medicine, the pragmatic approach that many of the

authors have illustrated here goes a long way in establishing nursing as a rising profession in health care provision. Some critics may argue that these are mere examples of nurses taking on the roles of medical colleagues. However, we suggest that it is the innovative and creative aspects of care provision that are being portrayed here. Admittedly, nursing is potentially at a cross-road with the opportunity to really grab opportunities for leadership. Too often time is wasted trying in discussion rather than getting on with the developments and as such we are attempting to highlight the importance of sharing experiences which not only demonstrate the competencies but also capture the complexity and reality of these initiatives through knowledge, skills and attitudes and therefore able to facilitate in unleashing the potential.

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