



ROLES FOR ADVANCED PRACTICE NURSES: CREATION, APPLICATION, AND ASSESSMENT ROLES IN ADVANCED PRACTICE NURSING:

Mariam Shaker Aljasser, Ahlam Muteb Almutairi, Taghreed Saleh Bin Jawir, Rania Hassen Alallawi, Haifa Mohammad Hawswai, Ashwaq Abdrhman Alzid

Abstract:

formulation, application, and assessment Objective. The six issues that influenced the introduction of advanced practice nursing (APN) roles are discussed in this paper: the lack of clarity surrounding the terminology used in APN, the underutilization of all APN role domains, the role's emphasis on physician replacement/support, the failure to address environmental factors that undermine the roles, and the limited application of evidence-based approaches to inform development, implementation, and evaluation. Context. The number and variety of APN positions have significantly increased as a result of health care reorganization in various nations. It's frequently unclear how much of advanced nursing practice these professions actually reflect. Realizing the full potential and impact of APN positions on health is hampered by incorrect conceptions of their purpose, inconsistent titling and educational preparation, and misuse of APN terminology. Problems with role overload, role conflict, and inconsistent stakeholder acceptability are commonly mentioned while discussing the implementation of APN roles.

Keywords: role barriers, role implementation, role evaluation, advanced nursing practice, and nursing

Introduction:

The difficulties posed by the creation of APN positions indicate that the terms "advanced nursing practice," "advancement," and "advanced practice nursing" need to be used more carefully and consistently. The work that nurses perform in their jobs is referred to as advanced nursing practice (APN) and is crucial in defining the objectives and particulars of newly created APN responsibilities. The notion of advancement delineates the multifaceted extent and duty of advanced nursing practice and sets it apart from alternative nursing professions. The term "advanced practice nursing" refers to the entire discipline, which includes a range of these positions and the settings in which they are used.



All the articles published by Chelonian Conservation and Biology are licensed under a [Creative Commons Attribution-NonCommercial4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/) Based on a work at <https://www.acgpublishing.com/>

Enhancing planning and addressing the structures, resources, and environmental elements required for advanced nursing practice could prevent many obstacles to attaining these roles' full potential.

Conclusions. This document offers suggestions for the potential introduction of APN jobs in the future. In order to support a nursing orientation to advanced practice, encourage full utilization of all role domains, create environments that support role development, and provide ongoing evaluation of these roles in relation to predetermined goals, among other things, a collaborative, systematic, and evidence-based process is required.

The next frontier in nursing practice and professional development is advanced practice nursing, or APN. It is a perspective that makes it possible to challenge accepted wisdom, generate fresh insights for nursing, and provide better nursing and medical care (Patterson & Haddad 1992, Davies & Hughes 1995, Elliott 1995, Sutton & Smith 1995). For this reason, the advancement of APN is crucial for both society and the nursing profession. This study describes six difficulties that affect the development, implementation, and evaluation of APN roles and makes recommendations for their future introduction. Misuse of words, uneven titling and educational preparation, and differing views of the objective of APN jobs are all signs of role confusion (Dunn & Nicklin 1995, Woods 1997, Brown 1998, Styles & Lewis 2000, Chang & Wong 2001). This issue is addressed by distinguishing between "advanced practice nursing" and "advanced nursing practice." This allows us to look at five other issues: the absence of goals and roles for APNs that are clearly defined, the role's emphasis on physician replacement and support, the underutilization of the entire range of APN role domains, environmental factors that compromise APN roles, and the scant application of research and evidence-based approaches to direct the creation of new APN positions.

The APN roles' global context

APN positions such as advanced practice case managers, clinical nurse specialists, and acute care nurse practitioners have increased at a rate never seen in the previous ten years in several nations.

practitioners (Ellicott 1995, Alcock 1996, Dillon & George 1997, Pinelli 1997, Offredy Keane & Richmond 1993) 2000, Chen 2001, Pulcini & Wagner 2001, Chang & Wong 2001, White 2001). The majority of newly created APN positions are in acute care environments. Long into the twenty-first century, there will likely be a growing need for APNs, as these positions expand in ambulatory and community settings. The successful implementation of Advanced Practice Nurse (APN) roles faces numerous obstacles, despite the necessity for this higher level of nursing practice (Dunn & Nicklin 1995, Beal et al. 1997, Woods 1998, Irvine et al. 2000, Center for Nursing Studies and the Institute for the Advancement of Public Policy 2001, Guest et al. 2001, Seymour et al. 2002). Variability in legal and regulatory systems, titling, role autonomy, prescriptive authority, role functions, educational preparation, and the degree to

which these responsibilities have been appraised are among the preliminary findings of an international survey of the roles (ICN 2001). It is not evident, therefore, which jobs actually represent advanced practice.

Doubt over terminology

Roles in advanced practice nursing can be customized to meet the complex and ever-changing needs of the health care system, including the need for flexible service delivery. While variation in APN responsibilities is desirable and expected, advanced nursing practice requires consistency in basic attributes. However, there is misunderstanding regarding the nomenclature used to characterize APN duties within the nursing profession. According to Brown (1998), CNA (2000), Styles & Lewis (2000), and others, the words advanced nursing practice and advanced practice nursing are frequently used interchangeably. To define and then develop the roles to their maximum potential, it is vital to comprehend how these connected concepts differ from one another.

advanced practice in nursing

Advanced nursing practice explains the tasks or "doings" of nurses in their positions. Although there isn't a single definition, it is generally agreed upon that advanced nursing practice optimizes the application of nursing knowledge, beyond the traditional scope of nursing, involves highly independent practice, and advances the profession (ANA 1995a, CNA 2000, RCNA 2000, Castledine 2002). Being a change agent is an intrinsic part of advanced nursing practice, which entails working in tandem and consulting with decision-makers and healthcare professionals. Advanced clinical practice, which solely pertains to patient care in a clinical setting, should not be confused with advanced practice, another name for advanced nursing practice (Brown 1998). Many models agree that the main goal of advanced nursing practice is clinical practice (Calkin 1984, Dunphy & Winland-Brown 1998, Hamric 2000, Ackerman et al. 1996). Other role categories generally associated with education, research, professional growth, and organizational leadership are included in advanced nursing practice (CANO 2001). The definition of role domains differs between advanced nursing practice models. For the advanced practitioner/consultant nurse, Manley (1997) distinguished four integrated sub-roles pertaining to education, research, direct and indirect expert practice, and consultation. The operationalization of the subroles necessitated the possession of knowledge and abilities pertaining to transformational leadership, cooperation, and organizational development. Eight categories of work are identified under the Synergy Model for clinical nurse specialists (Moloney-Harmon 1999). Three spheres of influence (patient/family, nursing, and systems thinking) are impacted by role domains linked to clinical judgment, clinical investigation, teaching/learning, collaboration, and systems thinking.

The idea of progress

Three features set advanced nursing practice apart from basic nursing practice: advancement, which encompasses specialization and expansion; expansion, or acquiring new knowledge and skills; and role autonomy beyond the traditional boundaries of nursing practice. Specialization or providing care for a particular population of patients with complex, unpredictable, and/or intensive health needs (ANA 1995b).

"The integration of theoretical, research-based, and practical knowledge that occurs as part of graduate nursing education" is the broad definition of advancement (ANA 1995b, Page 14). Innovation, a practice-oriented mindset, and the integration of information and abilities are examples of implicit traits. Professional action that advances the creation of new nursing knowledge or enhances nursing care is considered innovative (McGee & Castledine 2003; Davies & Hughes 1995). Evaluating nursing interventions, strengthening the nursing role in innovative care delivery models, or assisting in the modification of health care policies and practices are examples of professional activities. Without dedication to the core principles of the profession, innovation or the growth of nursing practice cannot take place. These principles include a patient-centered, health-focused, and holistic nursing approach to practice (McMahon 1992, Watson 1995, Chinn & Kramer 1999).

advanced nursing practice

The term "advanced practice nursing" describes the entirety of a particular subset of nursing practice. According to Styles and Lewis (2000), the APN field is shaped like a pyramid. Environmental elements serve as the foundation for the ultimate goal of advanced practice nursing, or APN positions. APN in this sense encompasses advanced nursing practice, but it goes beyond it. APN comprises a range of APN positions, their respective contexts, environmental factors influencing the nature and purpose of APN roles, and the structures and resources that enable advanced nursing practice (see Table 1).

roles in advanced practice nursing

Nurses practicing at an advanced level can be found in a range of roles within advanced practice nursing (ANA 1995a, Brown 1998, RCNA 2000). There is less difficulty differentiating between APN tasks in nations like the United States, where there is law, regulatory processes, and protected titles for clinical nurse specialists, nurse midwives, nurse anaesthetists, and nurse practitioners. Nevertheless, the majority of nations lack protected titles, and there is no global consensus regarding the usage of titles to identify APN functions. When a title—such as "nurse specialist"—is given to several roles with distinct functions, levels of education, and practice areas, role confusion results (Alcock 1996, Bamford & Gibson 2000, Whyte 2000). More accurate indicators of Advanced Practice Nurses (APN) responsibilities than position titles alone

include role competencies related to clinical practice, teaching, research, organizational leadership, and professional development. There is growing consensus that APN positions require graduate training in addition to practice experience (ANA 1995a, CNA 2000, RCNA 2000, ICN 2003).

Environmental elements and environments for advanced practice nursing Local conditions, culture, the health care system, the government, the nursing profession, and the APN community are just a few of the settings that have an impact on the creation, application, and assessment of APN roles (Brown 1998; Read 1999, Hamric 2000, Styles & Lewis 2000). Local circumstances include the workplace, organizational the employer's organizational structures and the local healthcare system's culture (Brown 1998, Hamric 2000). Organizational structures consist of agreements, guidelines, and protocols that specify and uphold the autonomy, responsibility, and accountability of a role; delineate work schedules and workloads; offer payment methods; record the provision of resources and assistance; and enable cooperation, referral, and consultation with other healthcare providers (Brown 1998, Read 1999, Hamric 2000, Guest et al. 2001).

It is dependent on research to support the development of APN roles, document their efficacy, and justify the necessity for certification, licensure, and certification for specialty-based practice (Brown 1998, Hamric 2000, Center for Nursing Studies, and the Institute for the Advancement of Public Policy 2001). (Roy & Martinez 1983, Kleinpell 2001). For the purpose of encouraging the efficient use of APN roles and maintaining role consistency, it is crucial to define and make clear APN roles both inside and outside the profession (Dunn & Nicklin 1995, Read 1999). The ability of the nursing profession to effectively advocate for legislation and rules that support APN is another factor that influences role development (Roy & Martinez 1983). The evolution of APN roles is influenced by the APN community, which consists of social networks, specialized groups, educational institutions, and advanced practice nurses (Roy & Martinez 1983, Brown 1998). For instance, the Nurse Practitioner/Advanced Practice Network, which was founded by the International Council of Nurses (ICN 2001), links advanced practice nurses and offers tools and data based on evidence to assist the growth of APN jobs throughout the world.

Not defining APN roles in accordance with a methodical needs and goal identification process

Instead of starting new APN roles with clearly defined objectives derived from systematic need assessments and a clear understanding of APN roles, organizations frequently launch new APN roles as a response to a particular health care issue (Dunn & Nicklin 1995, Alcock 1996, Cameron & Masterson 2000, Center for Nursing Studies and the Institute for the Advancement of Public Policy 2001). According to assessments of national initiatives, many organizations fall short of identifying the specific needs of the local community when it comes to defining new responsibilities for APNs and outlining how they will carry out government priorities for

enhancing healthcare (Guest et al. 2001, Read et al. 2001). There are many differences in how APN jobs are understood and applied because in the lack of well-defined goals, APN responsibilities are shaped by the expectations of stakeholders including managers, healthcare providers, and nurses in the role.

Studies assessing APN positions

Evaluation studies show that APN roles have value added that goes beyond simply delegating medical tasks. Meta-analyses conducted in primary care have demonstrated that nurse practitioners and physicians have similar health outcomes and offer care that is comparable in terms of evaluation and diagnostic accuracy (Brown & Grimes 1995, Horrocks et al. 2002). However, better patient satisfaction and the caliber of treatment in terms of patient education, communication, and documentation were also linked to nurse practitioner care. Numerous studies have assessed the effects of the Transition Model in acute care, where advanced practice nurses offer continuous care between the hospital and home (Brooten et al. 2002). When compared to patients getting standard care, high-risk elderly, neonatal, and obstetric patients who were randomized to APN care experienced shorter hospital stays, fewer rates of readmission, lower medical expenses, more health-promoting behaviors, and higher satisfaction with their care. In oncology, women who were randomized to APN treatment after getting a breast cancer diagnosis experienced a higher quality of life than those who received conventional care (Ritz et al. 2000). Individually designed, comprehensive, and multifaceted techniques were given to patients receiving APN care for the management of dyspnea in advanced lung cancer in order to enhance physical performance, accept decreased lung capacity, and cope.

cognitive impairment and emotional suffering (Bredin et al. 1999, Corner et al. 1995, 1996). individuals in the APN group had better physical symptoms, less dyspnea, less anxiety, and improved performance status when compared to individuals randomized to standard supportive treatment.

According to these research, a nurse orientation to practice characterized by coordinated, integrated, holistic, and patient-centered care intended to maximize health, quality of life, and functional capability makes up the value added component of APN jobs. When APN positions are introduced as a complementary addition to the care model rather than a transfer of role functions between care providers, opportunities for innovation and better patient and health care systems outcomes arise.

Underutilization of APN role domains in their entirety

The underutilization of the entire range of APN role areas and the degree to which roles are really promoted constitute a third problem. The non-clinical facets of their work are valued by advanced practice nurses, and engaging in these activities enhances their sense of fulfillment in

their roles (McMillan et al. 1995, Sanchez et al. 1996, Mick & Ackerman 2000, Sidani et al. 2000; Guest et al. 2001). It is commonly reported that there are obstacles to engaging in education, research, and leadership activities, including inadequate administrative support and conflicting time demands related to clinical practice and medical functions (McFadden & Miller 1994, Sanchez et al. 1996, Beal et al. 1997, Irvine et al. 2000, Sidani et al. 2000). The Strong Model indicates that different APN responsibilities have different amounts of time allotted to different job domains; yet, in order to support innovative nursing practice, a balance between clinical and non-clinical tasks is necessary (Ackerman et al. 1996).

The previously discussed APN model of care for dyspnea in lung cancer patients is a prime illustration of the progress made in nursing and the necessity of roles for nurses that go beyond providing clinical care. It takes the chance for professional development, scholarly and reflective work, and cooperation with other advanced practice nurses and nurse researchers to create and assess new nursing treatments and care models (Corner et al. 1995, Plant et al. 2000). Disseminating research findings, educating nurses and other healthcare professionals to embrace new methods, and enacting systemic change are all necessary for integrating new practices into current care models.

For advanced practice nurses, the synthesis of role abilities outlined by Davies and Hughes (1995) is a difficulty; others argue that this represents an idealized vision of APN (Woods 1997). Even when clinical practice makes up less than 50% of a worker's workload, time management and role overload issues are documented.

(Guest et al., 2001) time. This shows that the problem isn't that APN positions are too broad in their multidimensionality, but rather that there isn't enough focus on articulating and communicating role priorities and attainable goals for how different aspects of the role will satisfy the requirements of patients and the healthcare system. When APNs are unprepared to handle conflicting, disproportionate, and unforeseen role demands, role overload results. Setting reasonable role expectations for members of the healthcare team and facilitating efficient decision-making to resolve workload conflicts both depend on having clearly stated goals. Having well-defined objectives is also crucial for devising tactics that facilitate the execution of job priorities. The most neglected part of APN roles is frequently research. It is common for nurses to lack the information, expertise, resources, and experience necessary to engage in research projects and assess the effects of their advanced practice nurse (APN) position (Bamford & Gibson 2000, Sidani et al. 2000, Guest et al. 2001, Read et al. 2001). A vital component of advancement and chances to create new nursing knowledge are lost in the lack of administrative and practical supports to grow the research component of APN employment.

Ignorance of environmental elements undermining APN roles
An evaluation of the local, societal, health care system, nursing, and APN-related elements that affect advanced nurse practice is necessary for the creation of new APN roles. The legitimacy,

efficacy, use, and overall impact of APN roles are significantly impacted when impediments and measures to support role adoption are ignored due to a lack of planning and attention to systems' preparedness for the function. The Centre for Nursing Studies and the Institute for the Advancement of Public Policy (2001) conducted a study on primary care nurse practitioners (PCNP) in Canada, which highlighted the significance of environmental assessments. These assessments look at government policies and stakeholder perceptions of APN roles in local environments. Variations in role preparation were caused by inconsistent educational strategies and graduate school access, which made doctors and nurses doubt the qualifications of PCNPs. Expanded practice and use of PCNP knowledge were constrained by legislation and physician reluctance (Centre for Nursing Studies and the Institute for the Advancement of Public Policy 2001). These obstacles are the result of policies that do not address reimbursement challenges and physician worries about revenue loss, as well as the failure to create APN jobs that enhance rather than compete with current roles.

Conclusion:

The basis for outlining six factors impacting the introduction of APN jobs and offering suggestions to enhance their introduction in the future has been established by definitions of advanced nursing practice and APN. These characters' introductions are just as intricate and dramatic as the roles themselves. Their impromptu introduction prevents them from being used to their full potential. The ongoing advancement of APN and initiatives to "move forward the nursing care provided to society" will depend on the creation and assessment of methods to remove structural obstacles to the adoption of APN roles (Davies & Hughes 1995, p. 160).

References:

- Ackerman M., Norsen L., Martin B., Wiedrich J. & Kitzman H. (1996) Development of a model of advanced practice. *American Journal of Critical Care* 5, 68–73.
- Alcock D.S. (1996) The clinical nurse specialist, clinical nurse specialist/nurse practitioner and other titled nurse in Ontario. *Canadian Journal of Nursing Administration* Jan–Feb, 23–44.
- Alford R.R (1975) *Health Care Politics. Ideological and Interest Group Barriers to Reform.* University of Chicago Press, Chicago, USA.
- ANA (1995a) *Standards of Clinical Practice and Scope of Practice for the Acute Care Nurse Practitioner.* American Nurses Association, Washington, DC, USA.
- ANA (1995b) *Nursing's Social Policy Statement.* American Nurses Association, Washington, DC, USA.
- Bamford O. & Gibson F. (2000) The clinical nurse specialist: perceptions of practising CNSs of their role and development needs. *Journal of Clinical Nursing* 9, 282–292.

Beal J.A., Steven K. & Quinn M. (1997) Neonatal nurse practitioner role satisfaction. *Journal of Perinatal Neonatal Nursing* 11, 65–76. Bredin M., Corner J., Krishnasamy M., Plant H., Bailey C. & A'Hern R. (1999) Multicentre randomised controlled trial of nursing intervention for breathlessness in patients with lung cancer.

British Medical Journal 318, 901–904.

Brooten D., Naylor M.D., York R., Brown L.P., Hazard Munro B., Hollingsworth A.O., Cohen S.M., Finkler S., Deatrck J. & Hougblut J.M. (2002) Lessons learned from testing the quality cost model of advanced practice nursing (APN). *Journal of Nursing Scholarship* 34, 369–375.

Brown S. (1998) A framework for advanced practice nursing. *Journal of Professional Nursing* 14, 157–164.

Brown S. & Grimes D. (1995) A meta-analysis of nurse practitioners and nurse midwives in primary care. *Nursing Research* 44, 332–339.

Bryant-Lukosius D (2004) A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing* 48, 530–540.

Calkin J.D. (1984) A model of advanced nursing practice. *The Journal of Nursing Administration* January, 24–30.

Cameron A. & Masterson A. (2000) Managing the unmanageable? Nurse executive directors and new role developments in nursing. *Journal of Advanced Nursing* 31, 1081–1088.

CANO (2001) Standards of Care, Roles in Oncology Nursing, Role Competencies. Canadian Association of Nurses in Oncology, Kanata, Ontario, Canada.

Castledine G. (2002) Higher level practice is in fact advanced practice. *British Journal of Nursing* 11, 1166–1167.

Centre for Nursing Studies and the Institute for the Advancement of Public Policy (2001) The Nature of the Extended/Expanded Nursing role in Canada. A Project of the Advisory Committee on Health Human Resources. Centre for Nursing Studies, Newfoundland, Canada. Retrieved on 15.3.2002 from <http://www.cns.nf.ca/research/research.htm>.

Chang K.P.K. & Wong K.S.T. (2001) The nurse specialist role in Hong Kong: perceptions of nurse specialists, doctors, and staff nurses. *Journal of Advanced Nursing* 36, 36–40.

Chen C. (2001) The Current Issues in Advanced Nursing Practice in Taiwan. Report Submitted for the Education/Practice Subgroup of the International Nurse Practitioner/Advanced Practice Nursing Network, ICN. Retrieved on 25.4.2002 from <http://www.inc.ch/NPTaiwan>.

Chinn P.L. & Kramer M.K. (1999) *Theory and Nursing Integrated Knowledge and Development*, 5th edn. C.V. Mosby, Toronto, Ontario, Canada.

CNA (2000) *Advanced Nursing Practice. A National Framework*. Canadian Nurses Association, Ottawa, Ontario, Canada.

Corner J., Plant H. & Warner L. (1995) Developing a nursing approach to managing dyspnoea in lung cancer. *International Journal of Palliative Care Nursing* 1, 5–10.

Corner J., Plant H., A'Hern R. & Bailey C. (1996) Non-pharmacological intervention for breathlessness in lung cancer. *Palliative Medicine* 10, 299–305.

Davies B. & Hughes A.M. (1995) Clarification of advanced nursing practice: characteristics and competencies. *Clinical Nurse Specialist* 9, 156–160.

Dillon A. & George S. (1997) Advanced neonatal nurse practitioners in the United Kingdom: where are they and what do they do? *Journal of Advanced Nursing* 25, 257–264.

Duffy E. (2001) *Nurse Practitioner/Advanced Practice Nursing Roles in Australia*. Report Submitted for the Education/Practice Sub-group of the International Nurse Practitioner/Advanced Practice Nursing Network, ICN. Retrieved on 24.4.2002 from <http://www.icn.ch/NPAustralia>.

Dunn K. & Nicklin W. (1995) The status of advanced nursing roles in Canadian teaching hospitals. *Canadian Journal of Nursing Administration* Jan–Feb, 111–135.

Dunphy L.M. & Winland-Brown J.E. (1998) The circle of caring: a transformative model of advanced practice nursing. *Clinical Excellence for Nurse Practitioners* 2, 241–247.

Elliott P. (1995) The development of advanced nursing practice.

British Journal of Nursing 4, 633–636.

Guest D., Peccei R., Rosenthal P., Montgomery J., Redfern S., Young C., Wilson-Barnett J., Dewe P., Evans A. & Oakley P. (2001) *Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants*. Report to the Department of Health. University of London, Kings College, London.

Hamric A. (2000) A definition of advanced nursing practice. In *Advanced Nursing Practice: An Integrative Approach* (Hamric A.B., Spross J.A. & Hanson C.M., eds), W.B. Saunders, Philadelphia, pp. 53–73.

Horrocks S., Anderson E. & Salisbury C. (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *British Medical Journal* 324, 819–823. Hutchinson B., Abelson J. & Lavis J.N. (2001) Primary care in Canada:

so much innovation, so little change. *Health Affairs* 20, 116–131. ICN (2001) International Survey of Nurse Practitioner/Advanced

Practice Nursing Roles. Submitted by the International Nurse Practitioner/Advanced Practice Nursing Network, Research Subgroup, International Council of Nurses. Retrieved 25.04.2002 from <http://www.icn.ch/forms/networksurvey>.

ICN (2003) Definition and Characteristics of the Role. International Council of Nurses. Retrieved 05.05.2003 from <http://www.icn-apnetwork.org>.

Irvine D., Sidani S., Porter H., O'Brien-Pallas L., Simpson B., McGillis Hall L., Graydon J., DiCenso A., Redelmeir D. & Nagel L. (2000) Organizational factors influencing nurse practitioners' role implementation in acute care settings. *Canadian Journal of Nursing Leadership* 13, 28–35.

Keane A. & Richmond T. (1993) Tertiary nurse practitioners. *Image*

25, 281–284.

Kleinpell R. (2001) Measuring outcomes in advanced practice nursing. In *Outcome Assessment in Advanced Practice Nursing* (Kleinpell R.M., ed.), Springer, New York, pp. 1–50.

Kleinpell-Nowell R. (1999) Longitudinal survey of acute care nurse practitioner practice: year 1. *AACN Clinical Issues* 10, 515–520. Knaus V.L., Felten S., Burton S., Fobes P. & Davis K. (1997) The use of nurse practitioners in the acute care setting. *Journal of Nursing*

Administration 27, 20–27.

Kommenich P. (1998) The evolution of advanced practice in nursing. In *Advanced practice nursing emphasizing common roles* (Sheehy

C.M. & McCarthy M.C., eds), F.A.Davis, Philadelphia, pp. 8–46. Lynch M.P., Cope D.G. & Murphy-Ende K. (2001) Advanced practice issues: results of the ONS advanced practice nursing

survey. *Oncology Nursing Forum* 28, 1521–1530.

Manley K. (1997). A conceptual framework for advanced practice: an action research project Operationalizing an advanced practitioner/ consultant nurse role. *Journal of Clinical Nursing* 6, 179–190.

- Marsden D., Dolan B. & Holt L. (2003) Nurse practitioner practice and deployment: electronic mail Delphi study. *Journal of Advanced Nursing* 43, 595–605.
- Martin P.D. & Hutchinson S.A. (1997) Negotiating symbolic space: strategies to increase NP status and value. *The Nurse Practitioner* 22, 89–102.
- Martin P.D. & Hutchinson S. (1999) Nurse practitioners and the problem of discounting. *Journal of Advanced Nursing* 29, 9–17. McFadden E.A. & Miller M.A. (1994) Clinical nurse specialist practice: facilitators and barriers. *Clinical Nurse Specialist* 8, 27–33.
- McGee P. & Castledine G. (2003) *Advanced Nursing Practice*, 2nd edn. Blackwell, Oxford.
- McMahon R. (1992) Therapeutic nursing: theory, issues, and practice. In *Nursing as Therapy* (McMahon R. & Pearson A., eds), Chapman & Hall, London, pp. 1–25.
- McMillan S.C., Heusinkveld K.B. & Spray J. (1995) Advanced practice in oncology nursing: a role delineation study. *Oncology Nursing Forum* 22, 41–50.
- Mick D.J. & Ackerman M.H. (2000) Advance practice nursing role delineation in acute and critical care: application of the Strong Model of advanced practice. *Heart & Lung* 29, 210–221.
- Mitchell A., Patterson C., Pinelli J. & Baumann A. (1995) Assessment of the Need for Nurse Practitioners in Ontario. The Quality of Nursing Worklife Research Unit, Hamilton, Ontario, Canada.
- Mitchell-DiCenso A., Pinelli J. & Southwell D. (1996a) Introduction and evaluation of an advanced nursing practice role in neonatal intensive care. In *Outcomes of Effective Management Practice* (Kelly K., ed.), Sage, Thousand Oaks, pp. 171–186.
- Mitchell-DiCenso A., Guyatt G., Marrin M., Goeree R., Willan A., Southwell D., Hewson S., Paes B., Rosenbaum P., Hunsberger M. & Baumann A. (1996b) A controlled trial of nurse practitioners in neonatal intensive care. *Pediatrics* 98, 1143–1148.
- Moloney-Harmon P.A. (1999) The synergy model in practice. *Critical Care Nurse* 19, 101–104.
- Mundinger M. (1999) Can advanced practice nurses succeed in the primary care market? *Nursing Economics* 17, 7–14.
- Mundinger M.O., Kane R.L., Lenz E.R., Totten A.M., Tsai W., Cleary P.D., Friedewald W.T., Siu A.L. & Shelanski M.L. (2000) Primary care outcomes in patients treated by nurse practitioners or physicians. *Journal of the American Medical Association* 283, 59–68.

Offredy M. (2000) Advanced nursing practice: the case of nurse practitioners in three Australian states. *Journal of Advanced Nursing* 31, 274–281.

Patterson C. & Haddad B. (1992) The advanced nurse practitioner: common attributes. *Canadian Journal of Nursing Administration* Nov–Dec, 18–22.

Pinelli J.M. (1997) The clinical nurse specialist/nurse practitioner: oxymoron or match made in heaven? *Canadian Journal of Nursing Administration* Jan–Feb, 85–110.

Plant H., Bredin M., Krishnasamy M. & Corner J. (2000) Working with resistance, tension, and objectivity. Conducting a randomised controlled trial of a nursing intervention for breathlessness. *NTresearch* 5, 426–436.

Pulcini J. & Wagner M. (2001) Perspectives on Education and Practice Issues for Nurse Practitioners and Advanced Practice Nursing. Report prepared for the Education/Practice Subgroup of the International Nurse/Practitioner/Advanced Practice Nursing Network, ICN. Retrieved 25.4.2002 from <http://www.inc.ch/NPpreamble>.

Read S.M. (1999) Nurse-led care: the importance of management support. *NTresearch* 5, 408–421.

Read S., Jones M.L., Collins K., McDonnell A., Jones R., Doyal L., Cameron A., Masterson A., Dowling S., Vaughan B., Furlong S. & Scholes J. (2001) Exploring New Roles in Practice (ENRIP) Final Report. University of Sheffield, Sheffield. Retrieved 8.3.2003 from <http://www.snm.shef.au.uk-research-enrip.pdf>.

Ritz L.J., Nissen M., Swenson K.K., Farrell J.B., Sperduto P.W., Sladek M.L., Lally R.M. & Schroeder L.M. (2000) Effects of advanced

nursing care on quality of life and cost outcomes of women diagnosed with breast cancer. *Oncology Nursing Forum* 27, 923–932.

Roy C. & Martinez C. (1983) A conceptual framework for CNS practice. In *The Clinical Nurse Specialist in Theory and Practice* (Hamric A.B. & Spross J.A., eds), Gruen & Stratton, New York, pp. 3–20.

RCNA (2000) Advanced Practice Nursing. Royal College of Nursing, Australia, Deakin West. Retrieved on 10.4.2003 from <http://www.rcan.org.au/content/advancedpracticenursing.gtml>.

Sanchez V., Lee K.A. & Bosque E.M. (1996) A descriptive study of current neonatal nurse practitioner practice. *Neonatal Network* 15, 23–29.

Seymour J., Clark D., Hughes P., Bath P., Beech N., Corner J., Douglas H., Halliday D., Haviland J., Marples R., Normand C., Skilbeck J. & Webb T. (2002) Clinical nurse specialists in palliative care. Part 3. Issues for the Macmillan Nurse role. *Palliative Medicine* 16, 386–394.

Sidani S., Irvine D. & DiCenso A. (2000) Implementation of the primary care nurse practitioner role in Ontario. *Canadian Journal of Nursing Leadership* 13, 13–19.

Spitzer W.O. (1978) Evidence that justifies the introduction of new health professionals. In *The Professions and Public Policy* (Slayton P. & Trebilcock M.J., eds), University of Toronto Press, Toronto, pp. 211–236.

Spitzer W., Sackett D., Sibley J., Roberts R., Gent M., Kergin D. & Olynich A. (1974) The Burlington randomized trial of the nurse practitioner. *New England Journal of Medicine* 290, 251–256.

Styles M. & Lewis C. (2000) Conceptualizations of advanced nursing practice. In *Advanced Nursing Practice: An Integrative Approach* (Hamric A.B., Spross J.A. & Hanson C.M., eds), W.B. Saunders, Philadelphia, pp. 33–51.

Sutton F. & Smith C. (1995) Advanced nursing practice: new ideas and new perspectives. *Journal of Advanced Nursing* 21, 1037–1043.

Thibodeau J.A. & Hawkins J.W. (1994) Moving toward a nursing model of advanced practice. *Western Journal of Nursing Research* 16, 205–218.

Watson J. (1995) Advanced nursing practice...and what might be.

Nursing & Health Care: Perspectives on Community 16, 78–83.

White M. (2001) Nurse Practitioner/Advanced Practice Nursing in the UK. Report submitted to the Education/Practice Subgroup of the International Nurse Practitioner/Advanced Practice Nursing Network, ICN. Retrieved on 25.4.2002 from <http://www.icn.ch.NPUK>.

Whyte S. (2000) Specialist nurses in Australia: the ICN and international regulation. *Journal of the professional nurse* 16, 210–218.

Wilson-Barnet J. (2001) The background to the development of the consultant nurse, midwife, And health visitor roles: a literature review. In *A Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants*. Report to the Department of Health University of London, King's College, London.

Woods L. (1997) Conceptualizing advanced nursing practice: curriculum issues to consider in the educational preparation of advanced practice nurses in the UK. *Journal of Advanced Nursing* 25, 820–828.

Woods L. (1998) Implementing advanced practice: identifying the factors that facilitate and inhibit the process. *Journal of Clinical Nursing* 7, 265–273.