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An action research project to develop and evaluate the role of an advanced nurse practitioner in dementia

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Summary

- This paper outlines the first phase of a project to generate and evaluate the role of an advanced nurse practitioner inductively from first principles.
- The role was developed by interviewing a wide range of health-care professionals, carers and patients.
- The resulting role is responsive to perceived need at grassroots level rather than to the needs of managers with no clinical experience.
- Although the role might not be generalizable to other settings, the method can be applied to any role in any clinical area.

Keywords: advanced nurse practitioner, action research, needs assessment.

Introduction

This paper outlines a research project being conducted at the Centre for Study in Dementia Care in Portsmouth, to develop and evaluate the role of an advanced nurse practitioner (ANP) in dementia inductively from first principles. That is to say, rather than deductively constructing a role by generalizing from previous research and existing theory, the development of the role of the ANP was grounded in the specific needs of a particular service and of particular patients and carers. Thus, although a very brief review of the literature relating to the role of the ANP is presented below, this is used only to define the broad parameters within which this particular post was developed.

The concept of the ANP is often confused with that of the clinical nurse specialist (CNS). However, with clarification from the UKCC's (1993) Post-registration Education and Practice (PREP) report, it is becoming generally accepted that whereas the role of the CNS is, as the title suggests, narrowly focused on a particular clinical specialism, the nurse practitioner is concerned with extending or expanding the role of the nurse to include 'lecturing and research responsibilities as well as clinical practice' (McMahon, 1988).

The role of nurse practitioner has been further developed to include the concept of the autonomous practitioner with access to beds for patients 'whose condition is sufficiently stable such that they do not require frequent contact with medical staff, would be likely to benefit most in a nursing unit where nursing becomes the fundamental

therapy, supported by a multidisciplinary team' (Ersser, 1988).

The PREP report specifies two levels of practitioner beyond primary nursing practice, namely specialist and advanced practice. This paper is concerned with the role of the ANP, which has been described as one of:

> monitoring and improving standards of care through supervision of practice, clinical nursing audit, developing and leading practice, contributing to research and supporting both primary and specialist nurses. (UKCC, 1993, p. 5)

The philosophy underpinning the project is that a new role such as the ANP should be developed in response to perceived need at grassroots level rather than by a team of managers who have no clinical experience and who are not in touch with the needs of patients and carers. Thus, although the above description was used as a foundation for the role of the ANP, the post was not advertised with a job description, but with a simple person specification which called for a graduate nurse with experience in both dementia care and research. This philosophy of developing and expanding the role of the ANP as a result of empirical research findings is consistent with the UKCC's statement that 'Advanced nursing practice is concerned with adjusting the boundaries for the development of future practice, pioneering and developing new roles responsive to changing needs' (UKCC, 1994).

A grant of £40 000 was obtained from the General Nursing Council Trust to fund the ANP, a part-time research nurse and secretarial support, as well as training and equipment expenses.

Project design

The project was designed as an action research initiative in which the role of the ANP was to be developed and refined over a period of 18 months. This approach to research, which attempts to implement change through the research process itself, has been described by one of the authors in a previous paper as Level 3 research, where

> the purpose of Level 3 research is not just to describe or explain, but to change.... The Level 3 research process itself initiates change. (Rolfe, 1994, p. 972)

Level 3 research is based on a methodology taken from the field of education (Usher & Bryant, 1989), and can be described as an approach to research which

- is carried out by practitioners, or at least, that researchers are actually participating in the practices being researched, and working collaboratively with practitioners;
- improves practice through transformation of the practice situation;
- involves a process of reflection on, and understanding of, action and its outcomes, and of acting through understanding;
- is systematic in its approach, and is open to public scrutiny and critique

(from Usher & Bryant, 1989).

It can be seen that this approach to doing research breaks down the division between researcher and practitioner by encouraging the nurse to reflect on her own practice, thereby addressing that most intransigent of issues in nursing, the theory–practice gap (see Rolfe, 1993).

Furthermore, the Level 3 researcher is not content merely to carry out the research study and publish the findings; this approach to research seeks to 'improve practice through the transformation of the practice situation' (Usher & Bryant, 1989). The aim is therefore to bring about change, and not just any change, but change felt by the researcher–practitioner to be desirable. In the words of Schön (1983) 'the practitioner has an interest in transforming the situation from what it is to something he likes better'.

Level 3 research is therefore, by its very nature, subjective, as the changes that it attempts to bring about are changes which are considered desirable by the researcher. That is not to say, however, that the researcher will approach the study with an anticipation of the findings; rather that he or she will have a notion of what constitutes desirable change in the situation under investigation.

In the case of the study to be outlined here, the researchers did not have any clear ideas or preconceptions about the role of the ANP that would emerge from the project, only that they wished to bring about positive and desirable change in the care of people with dementia. Arguably, this is the main advantage to the researcher–practitioner role and the philosophy of Level 3 research. Whereas the objective, scientific, external researcher attempts to remain neutral to the situation under examination, the Level 3 researcher–practitioner brings with them an agenda to improve practice, and a body of professional knowledge and experience as to exactly what improved practice *means*, and that this agenda shapes and directs the research.

The project was designed in three phases.

PHASE 1. ASSESSMENT OF NEEDS

This first phase of the project was designed to ascertain the perceived needs and expectations of relevant health-care professionals with regard to the new ANP role. Semi-structured group interviews were conducted with a wide range of professional and voluntary workers, and the

findings were content analysed and used to construct a provisional job description for the ANP, thereby ensuring that the role was responsive to the needs of the service. At the end of this first phase, the ANP came into post.

PHASE 2. PROCESS EVALUATION

The second phase was designed to evaluate and modify the role of ANP while she was in post, in response to the changing needs of the service users. This was achieved through a process of reflection-on-action (Schön, 1983), whereby the ANP kept a reflective diary of her work, including critical incident analysis, and took part in regular in-depth interviews with the project research nurse. By constantly monitoring her work in this way, the ANP was able to reflect on her experiences and interventions, generalize and conceptualize from those reflections, and modify her practice accordingly in an experiential learning cycle (Kolb & Fry, 1975). In this way, a dynamic, immediately responsive role was developed, grounded in the needs and requirements of the service users and providers.

PHASE 3. PROJECT EVALUATION

This final phase consisted of two parts. The first part consisted of interviews with the carers, and where possible, the patients seen by the ANP, to determine their satisfaction with the service provided. The second part was made up of semi-structured group interviews with the health-care practitioners interviewed during phase 1 to enquire whether their needs and expectations and those of the service as a whole had been met by the project.

This paper will focus on the findings from the first phase of the project. Phases 2 and 3 will be the subject of a later paper when the project has been fully evaluated.

Method and findings

Phase 1 took place over a 3-month period before the ANP came into post, and consisted of five semi-structured group interviews with 42 health-care and medical professionals who would be likely to impinge on the role of the ANP, including hospital managers, ward-based and community nurses, occupational therapists, social workers, hospital-based doctors, GPs and rest home workers and managers. The full list of participants can be found in Table 1.

The semi-structured group interviews were loosely based around two questions:

1 What (if anything) do you see as the role for an ANP in dementia?

Table 1 Respondents in phase 1 of the project ($n = 42$)

8	Staff from day hospital
6	CPNs — elderly services
4	Rest home proprietors
3	GPs
3	Community nurses
3	Social work assistants
2	Social workers
2	Nurses — care of the elderly
2	Directors of quality services
1	Senior nurse manager — elderly services
1	Clinical manager — rest home
1	Associate specialist — elderly psychiatry
1	Speech therapist
1	Occupational therapist
1	Secretary — Centre for Study in Dementia Care
1	Home-care manager
1	Facilitator — elderly screening project
1	Lecturer — care of the elderly

2 If the role of the ANP was to develop as you have described, what effects, both positive and negative, do you feel it could have on the way you work?

The data collected from question 1 were content analysed and coded into categories. In all, over 50 units of meaning were extracted and placed in 11 subcategories and three categories (Table 2). These categories were used to generate a provisional job description for the ANP which included:

- a remit for early detection of, and intervention in, dementia;
- developing a high community profile through leaflet drops and poster and media campaigns;
- establishing a telephone helpline;
- establishing a base in a local GP practice;
- establishing an open access drop-in centre;
- building links and working closely with health-care workers from other services;
- developing a staff education and development programme, including offering courses to existing programmes within the University of Portsmouth.

The provisional job description generated from these data was then implemented and modified while the ANP was in post in phase 2 of the project.

The data from question 2 were divided into anticipated positive effects (perceived benefits) and negative effects (fears) of the implementation of the role of the ANP. These data were important for two reasons: firstly, the expectations and fears of the health-care workers impinging on the role of the ANP had to be addressed and responded to if the ANP was to integrate successfully into the team; and

Table 2 Analysis of interview data: question 1 on the role of the ANP

1.0 Service	
1.1 Service development	Pinpoint unmet needs. Provide a fresh outlook. Service evaluation
1.2 Liaison and collaboration with other services	Liaise with social services. Liaise with community services. Liaise with multidisciplinary hospital team. Collaborate with GPs. Collaborate with specialist agencies. Collaborate with voluntary agencies. Links with voluntary services. Links with other services
2.0 Health-care professionals	
2.1 Education	Open debate and raise awareness. Provide education, advice and information to primary health-care team; GPs and receptionists; other professionals; nursing staff; other staff in day hospital; voluntary staff; support workers; and Alzheimer's Disease Society. Act as resource and provide advice. Create a resource centre. Introduce new ideas
2.2 Staff development	Supervision of CPNs. Role development with CPNs
3.0 Patients and carers	
3.1 Outreach	Maintain a high community profile. Advertise through leaflet drops. Advertise through notices. Advertise through the media. Establish ANP as a focal point for carers. Act as publicity agent for the service. Provide a telephone hotline
3.2 Early intervention	Provide help before the patient is in the system. Focus on prevention. Focus on crisis prevention. Provide early referrals to case managers. Early detection of possible problems. Early support of patients and carers. Set up support systems for carers
3.3 Open access	Provide open access clinics. Provide an easily accessible service
3.4 Autonomous practice	Function as an autonomous practitioner. Provide an autonomous non-consultant led service
3.5 Expert/specialist service	A knowledgeable person. Establish carers' support groups. Establish a memory clinic. Undertake assessments as an expert. Introduce new philosophies of care. Only a small caseload (or none). Spend majority of time with clients. Expert in dementia care. Specialist in dementia care. Carry out MSQ testing. Provide crisis intervention
3.6 Health education	Provide education to clients and carers. Provide information to carers. Provide advice to carers and others. Provide education to families
3.7 Counselling	Listen to and work with carers. Adopt a counselling role.

secondly, the findings would serve as valuable baseline data when the project was evaluated in phase 3.

The same three categories were employed as for question 1, namely 'service', 'health-care professionals' and 'patients and carers'.

SERVICE

Anticipated benefits to the service included a stronger multi-disciplinary team, reduced admissions to hospital, a cheaper, more cost-effective service, and a stronger focus on community care. Fears about the impact of the ANP on the future of the service included worries about the day hospital becoming redundant and that the service might become overloaded. Several concerns were expressed about the expense of the post, including worries of a shift in the skill-mix to employ more lower grade, cheaper staff, and the fear that social services may be seen as a cheaper option.

HEALTH-CARE PROFESSIONALS

Anticipated benefits to the staff were mainly concerned with staff development, and included issues of education, support, supervision and reflective practice. It was also thought that the implementation of the post of ANP would enhance the role of the nurse, and lead to more appropriate referrals and more pro-active work, with more patients being assessed and maintained in the community. Feared negative impact on the staff included an increased workload for colleagues of the ANP, a threat to existing roles and a devaluing of the rest of the team. The Community Psychiatric Nurses (CPNs) appeared to feel particularly threatened by the role, and three opposing and contradicting views emerged. Some CPNs felt annoyed that the ANP was a role which they had wanted to take on themselves, but from which they had been blocked for a number of years. Some felt that it would place unrealistic expectations on the CPNs to emulate the role, while other CPNs wondered whether the role of the ANP would actually be any different from their existing role.

PATIENTS AND CARERS

Anticipated benefits to patients included earlier detection, diagnosis and referral, a reduction in crisis situations, a more accessible service, improved quality of care and improved quality of life. The only fears about the impact of the ANP on patients were that it might raise expectations in patients and carers that could not be met, and that the medical aspect of dementia might become neglected.

Finally, several respondents expressed fears for the ANP herself, that it could be a lonely role, lacking in support, that it could be stressful, and that the huge expectations placed on the post-holder might not be met. Overall, however, enthusiasm for the new post was high, and most respondents expressed a wish for the role to succeed.

Conclusion

The aim of this paper has been to present a strategy for generating a job specification for the role of an ANP which is grounded in practice and responsive to the needs both of the service and the patients and their carers. The approach described is based on a research methodology referred to as Level 3 research, which draws heavily on action research and participative techniques, and which sees the outcome of research as being positive change in the situation being investigated.

There is often a trade-off in research design between internal and external validity, where internal validity refers to the degree to which the methods employed measure what they are supposed to measure in a meaningful and accurate way, and external validity is the degree to which the findings can be generalized to wider populations. The reason for this is that the more in-depth and meaningful the data are with reference to the subjects being studied, the less they usually apply to other people outside the study.

In the case of this project, internal validity was achieved because the study was carefully set up to generate meaningful and relevant data from *this* particular group of practitioners, patients and carers in *this* particular setting. However, the price to be paid for this is low external validity, in other words, the findings from this study are not readily generalizable to other settings. The role for the ANP generated in this study cannot simply be applied elsewhere.

Therefore, what is important is the method rather than the outcome. In many ways, the method is simply a much accelerated example of what happens naturally when any new post is developed. However, because the process is taking place rapidly under controlled conditions as a funded research project, the end result should be a very attractive proposition to health-care purchasers, and the project team are currently negotiating with the local trust to continue with funding for the post when the research project is completed.

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