



# The development and evaluation of the role of an Advanced Nurse Practitioner in dementia— an action research project

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## Abstract

This action research project developed a new role of Advanced Nurse Practitioner (ANP) in dementia from first principles in response to the needs and requirements of the healthcare professionals already working in the service. In Phase 1 of the project, 42 workers were interviewed to determine their needs, hopes and fears of the role, from which a preliminary job description was constructed. In Phase 2, this role was implemented and continuously modified through regular reflective interviews with the ANP, resulting in some major changes to the original job description. In the final phase, the impact of the role was evaluated through interviews with patients who had used the new service, and questionnaires to the healthcare workers interviewed in Phase 1. The role that emerged from the project was therefore grounded in practice and proved to be an attractive proposition to the local healthcare trust. © 1997 Elsevier Science Ltd.

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## Introduction

This paper reports on the findings of a research project conducted at the *Centre for Study in Dementia Care* in Portsmouth, to develop and evaluate the role of a nurse practitioner in dementia inductively from first principles. That is to say, rather than constructing a role by generalising from previous research and existing theory, the development of the role of the nurse practitioner 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 nurse practitioner is presented below, this is used only to define the broad parameters within which this particular post was developed.

McMahon (1988) used the term 'nurse practitioner' interchangeably with 'primary nurse' to describe a nurse who took responsibility for a group of patients in a Nursing Development Unit (NDU), a nurse-led ward or clinic for patients "whose condition is sufficiently stable such that they do not require frequent contact with medical staff, [and] would be likely to benefit most in a nursing unit where nursing

becomes the fundamental therapy, supported by a multidisciplinary team" (Ersser, 1988).

The nurse practitioner is therefore an independent practitioner with the professional autonomy to take her own clinical decisions, to plan her own therapeutic interventions, and "to try out innovations in practice and to evaluate their effectiveness" (McMahon, 1991).

More recently, the Post-Registration Education and Practice report (PREP) has rejected the term 'nurse practitioner' as both ambiguous and misleading (UKCC, 1993), and has replaced it with the specialist and the advanced practitioner. Specialist practice is concerned with the development of a specific area of nursing, of which the UKCC lists a total of 39 (UKCC, 1993) from accident and emergency nursing to Family Planning Nursing.

Advanced practice, on the other hand:

is concerned with adjusting the boundaries for the development of future practice, pioneering and developing new roles responsive to changing needs, and with advancing clinical practice, research and education to enrich professional practice as a whole. (UKCC, 1994)

Although it would appear that the specialist practitioner is more concerned with content, and the advanced practitioner with process, the distinction between the two is not altogether clear, and could itself justifiably be described as ambiguous and misleading.

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For example, specialist practitioners are described as being able to:

monitor and improve standards of care through supervision of practice, clinical nursing audit, developing and leading practice, contributing to research and supporting professional colleagues. (UKCC, 1994, p. 9)

This is almost identical to the role of the advanced practitioner, described a year earlier as:

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)

It was as a result of this confusion that the project team decided to construct its own role, loosely based on the autonomous and decision-making practitioner outlined by the NDU movement. The philosophy underpinning the project is therefore that this new role of Advanced Nurse Practitioner should be developed in response to perceived need at grassroots level rather than by managers or academics who have little current clinical experience and who are not in touch with the needs of patients and carers.

Thus, although the above descriptions were used as a foundation for the role of the Advanced Nurse Practitioner, 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 above 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. The action research approach has been described as:

the systematic study of attempts to change and improve... practice by groups of participants by means of their own practical actions and by means of their own reflection upon the effects of those actions. (Ebbutt, 1985)

Usher and Bryant (1989) proposed four criteria for action research. It is, they claimed, 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 and Bryant, 1989)

This project meets all of the above criteria by being carried out by practitioners themselves, in this case, by the Advanced Nurse Practitioner and a research nurse who works in the day hospital where the ANP is based; by transforming the practice situation through the introduction of the new post of ANP as part of the research process; by involving the ANP in reflecting on her practice and modifying her role accordingly; and by publicly reporting on the methodology and findings of the project through journal publications and conference presentations.

However, as Usher and Bryant pointed out, the action researcher–practitioner is not content merely to carry out the research study and publish the findings; this approach to research seeks to bring about change as part of the research process itself. Furthermore, the researcher–practitioner does not want to bring about just any change, but change felt 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”.

Action research is therefore, by its very nature, subjective, since 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 she will have a notion of what constitutes desirable change in the situation under investigation.

In the case of this study, the researchers did not have any clear ideas or preconceptions about the role of the Advanced Nurse Practitioner 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 action research. Whereas the objective, scientific, external researcher attempts to remain neutral to the situation under examination, the action researcher–practitioner brings with her an agenda to improve practice, and a body of professional knowledge and experience as to exactly what improved practice *means*, and 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 healthcare professionals with regard to the proposed Advanced Nurse Practitioner role. Semi-structured group interviews were conducted with a wide range of

professional, support, 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 the 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, generalise and conceptualise from those reflections, and modify her practice accordingly in an experiential learning cycle (Kolb and 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—Role evaluation:* This final phase consisted of two parts: firstly, of interviews with the carers, and where possible, the patients seen by the ANP, to determine their satisfaction with the service provided; and secondly, of questionnaires sent to the healthcare 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.

The project design clearly called for an exceptional person to develop the role of the ANP, and the right appointment was considered crucial to the success of the project. Not only would she be expected to take on a demanding clinical and educational role, but would also have to reflect honestly and publicly on the successes and shortcomings of her practice, be flexible and open to new ideas, be prepared to take risks, learn from her mistakes and attempt to meet the varied demands of a disparate group of people.

The nurse appointed to the post managed to convince the selection panel that she possessed all of these qualities. As well as extensive experience of working with the elderly, she had a degree in psychology and a background in higher education. But more importantly, she demonstrated excellent interpersonal skills, a warm and open manner, and was prepared to listen, reflect, and respond in a confident and assertive fashion. These characteristics were to prove invaluable on a number of occasions, and without her strength of character, the project would never have reached completion.

### Phase 1—Assessment of needs

#### Method

Phase 1 took place over a three month period before the ANP came into post, and consisted of five semi-

structured group interviews with 42 healthcare 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 semi-structured group interviews were loosely based around three questions:

1. What (if anything) do you see as the role for an ANP in dementia?
2. If the role of the ANP was to develop as you have described, what *positive* effects do you feel it could have on the way you work?
3. If the role of the ANP was to develop as you have described, what *negative* effects do you feel it could have on the way you work?

### Findings

#### Question 1—What do you see as the role of the ANP?

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 sub-categories and three categories (Table 1). These categories were used to generate a provisional job-description for the Advanced Nurse Practitioner which included:

- a remit for early detection of potential problems, and for early 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 practise;
- establishing an open access drop-in centre;
- building links and working closely with healthcare 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

Table 1.  
The anticipated role of the ANP

<b>1.1.0</b>	<b>Service</b>
1.1.1	Service development
1.1.2	Liaison and collaboration with other services
<b>1.2.0</b>	<b>Healthcare professionals</b>
1.2.1	Education
1.2.2	Staff development
<b>1.3.0</b>	<b>Patients and carers</b>
1.3.1	Outreach
1.3.2	Early intervention
1.3.3	Open access
1.3.4	Autonomous practice
1.3.5	Expert/specialist service
1.3.6	Health education
1.3.7	Counselling

data was then implemented, evaluated and modified while the ANP was in post in Phase 2 of the project.

Questions 2 and 3 elicited the anticipated positive effects (hopes) 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 healthcare workers impinging on the role of the ANP had to be addressed and responded to if the ANP was to successfully integrate into the team; and secondly, the findings would serve as valuable baseline data when the project was evaluated in Phase 3.

*Question 2—What might be the positive effects of the role?*

The same three categories were employed as for Question 1, namely 'Service', 'Healthcare Professionals' and 'Patients and Carers'. Data for this question can be found in Table 2.

*Question 3—What might be the negative effects of the role?*

Data for this question were categorised in the same way and can be found in Table 3.

Additionally, several informants 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 informants expressed a wish for the role to succeed.

### Summary of Phase 1

Phase 1 of the project had two aims. The first was to generate an initial job specification for the role of

Table 2.  
The anticipated positive effects of the ANP role

<b>2.1.0</b>	<b>Service</b>
2.1.1	Stronger multi-disciplinary team
2.1.2	Reduced admissions to hospital
2.1.3	Cheaper, more cost-effective service
2.1.4	Stronger focus on community care
<b>2.2.0</b>	<b>Healthcare professionals</b>
2.2.1	Staff development    Education Support Supervision Reflective practice
2.2.2	Enhanced role of the nurse
2.2.3	More appropriate referrals
2.2.4	More proactive work
2.2.5	More patients assessed and maintained in the community
<b>2.3.0</b>	<b>Patients and carers</b>
2.3.1	Earlier detection, diagnosis and referral
2.3.2	Reduction in crisis situations
2.3.3	More accessible service
2.3.4	Improved quality of care and quality of life

Table 3.  
The anticipated negative effects of the ANP role

<b>3.1.0</b>	<b>Service</b>
3.1.1	The day hospital might become redundant
3.1.2	The service might become overloaded
3.1.3	The cost of the service might initiate a shift in skill mix to employ more lower grade staff
3.1.4	Social services might be seen as a cheaper option
<b>3.2.0</b>	<b>Healthcare professionals</b>
3.2.1	An increased workload for colleagues of the ANP
3.2.2	A threat to existing roles
3.2.3	A devaluing of the rest of the team
3.2.4	A placing of unrealistic expectations on CPNs to emulate the role
3.2.5	Doubt as to whether the ANP role would be any different from the existing CPN role
<b>3.3.0</b>	<b>Patients and carers</b>
3.3.1	Raising of expectations that could not be met
3.3.2	The medical aspect of dementia might be neglected

an Advanced Nurse Practitioner, grounded in practice and responsive to the needs both of the service and of the patients and their carers. The second was to explore the hopes and fears of other service providers that such a role might produce, in order to establish a baseline for evaluation during Phase 3.

### Phase 2—Process evaluation

The second phase of the project was designed to evaluate and modify the role of the ANP while she was in post in response to the changing needs of service users and providers. This was accomplished through regular unstructured reflective interviews with the ANP and occasionally with other team members. These interviews took the form of reflection-on-action by the ANP, facilitated by the research nurse. Reflection-on-action has been defined as:

the retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analysing and interpreting the information recalled. (Fitzgerald, 1994)

However, this project extends that definition, and is concerned not only with uncovering, analysing and interpreting knowledge, but with applying that knowledge back into practice. The reflective interviews therefore resulted in a number of major changes to the role, including the abandoning of the base in the GP practise and the open access drop-in centre, and the setting up of a memory group.

Although the interviews were recorded, the aim was not to produce transcripts for later analysis, but for the ANP to reflect on her past practice in order to formulate action plans for the future. The transcripts were merely a record of the way in which the role developed, describing the thoughts, feelings and frustrations of the ANP, along with her perceptions of her working relationships with other professionals, and it is therefore not appropriate to reproduce them here.

### Phase 3—Role evaluation

The aim of Phase 3 of the project was to evaluate the impact of the role of the ANP generated in Phase 1 and modified in Phase 2, and included interviews with carers as well as with the practitioners originally interviewed in Phase 1.

#### Interviews with carers

A total of 16 carers and one patient who had had contact with the ANP were interviewed for Phase 3 of the project to ascertain their views and opinions of the service provided. Interviews were conducted using a structured interview schedule during or immediately following their involvement with the service, and focused on issues of expectations, limitations, and satisfaction with the service.

#### Expectations of the Advanced Nurse Practitioner

Expectations of the ANP were mixed. Very few informants had any clear expectations of this new role, although several had specific but limited expectations, such as wanting help with getting equipment or finding out about existing resources, or just wanting someone to talk to. One informant, who had been given the telephone number of the ANP by Help the Aged, expected only to be referred back to her GP, and was delighted when her expectations were not met!

#### Limitations of the Advanced Nurse Practitioner

Only three informants felt that the ANP did not fully meet their current needs. One informant identified the need for a self-help group and for health education, another wanted improved services for the under 60 age group, and the third required more regular attendance than the ANP could provide. The remainder of the informants felt that their expectations had been met.

#### Satisfaction with the Advanced Nurse Practitioner

Satisfaction with the ANP was high, with only one informant expressing dissatisfaction. Specific comments included:

- Expected to be referred elsewhere and to wait, but this was a fast service. Within 48 hours she had visited. Amazing.
- Pointed us in the right direction. Suggestions given with choices, and followed through.
- Very nice person to talk to. Seen more as a friend, always welcome.

Of the 17 informants, 15 said that they would use the service again, one did not reply, and one said they would continue to use the service "if there was nobody else and the CPN didn't come in". Fifteen informants said they would recommend the service to others, with

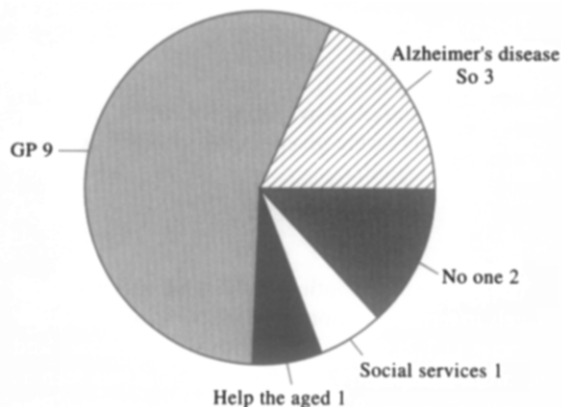


Fig. 1. Alternative sources of help,  $n = 17$ .

two claiming that they had not had enough experience of it to decide.

When asked where they would have gone if the ANP service had not been available, one informant would have gone to Help the Aged, one to a Social Worker, two would not have gone to anyone, three would have gone to the Alzheimer's Disease Society, and nine of the 17 would have returned to their GPs (Figure 1), although comments included:

- GP felt he couldn't do much except take care physically.
- Would have stuck with GP although not much faith in him.
- Try GP one more time. If no luck, change GP.

#### Interviews with healthcare practitioners

The aim of these interviews was to follow up the practitioners interviewed in Phase 1 of the project to ascertain whether their expectations about the role of the ANP had been met, and questionnaires were therefore sent to all the practitioners who took part in the group interviews in Phase 1. The questionnaire for Phase 3 employed open questions to determine firstly whether the role envisaged by the practitioners, and from which the job description was constructed, was similar to the role that eventually emerged at the end of the project; and secondly to determine whether the positive and negative impact foreseen by the practitioners on their own role had been realised.

#### Question 1—The role of the Advanced Nurse Practitioner

It can be seen from Table 1 that the anticipated role of the ANP from Phase 1 was divided into the three broad categories of 'Service', 'Healthcare Professionals' and 'Patients and Carers', with each of these categories being further subdivided. Data from the Phase 3 questionnaires was coded back into these categories to determine the extent to which the developing role met the criteria identified in Phase 1.

The role of the ANP, as perceived by her professional colleagues, largely followed the criteria established in Phase 1. As might be expected from such a broad and extensive job specification, however, certain elements were given greater prominence than others by the ANP.

### *Service*

The service contribution of the ANP was perceived largely in terms of liaison and collaboration with other agencies (1.1.2), particularly with social services and the multi-disciplinary hospital team. She was seen as “a sort of liaison officer between clients, carers, CPNs and the day hospital”, and as “a fore-runner with a unique position to liaise between all agencies”. Comments about involvement with specific professional groups included:

- frequent contact to discuss issues relating particularly to the early stages of dementia, appropriateness of referrals to CPNs and medical staff, and co-working with particular clients with regard to assessment, managing and monitoring (social worker);
- regular contact via telephone regarding dementia care in general and individual patient care. Fairly frequent face to face contact exchanging views and ideas in patient care (district nurse);
- she has referred patients via [the consultant] or GPs for further mental and physical assessment to exclude treatable causes of forgetfulness (associate specialist in dementia).

She was also identified by colleagues as liaising with community psychiatric nurses, with rest home proprietors, with speech therapists, with senior nurse managers, with general nurses with GPs and with nurse educators.

### *Healthcare professionals*

The educational role of the ANP (1.2.1) was given far more prominence than her staff development role, and was perceived as extending to a wide range of other professions apart from nursing, including: “raising the profile of dementia and making it a desired area to work in”; acting as “a resource person with extended knowledge of present and past developments in dementia care”; and “she identifies and develops new services and concepts of care to support primary and secondary care and the specialists involved”.

### *Patients and carers*

The ANP’s work with patients and carers was seen as the largest aspect of her role, with six of the seven sub-categories being mentioned by informants. Key elements of this part of her role included outreach (1.3.1) by maintaining a high community profile through leaflet drops and a telephone hotline; early

intervention (1.3.2) by providing an open referral system and help and support to patients and carers before they formally entered the system; open access (1.3.3); non-medical autonomous practice (1.3.4); an autonomous or specialist service (1.3.5); and health education (1.3.6).

### **Question 2—Positive impact of the role of ANP**

As with Question 1, the responses to this question were coded back into the original categories of ‘Service’, ‘Healthcare Professionals’ and ‘Patients and Carers’, and further coded into the sub-categories identified in Phase 1.

### *Service*

Almost all the perceived benefits to the service fell into the category of developing a stronger multi-disciplinary team (2.1.1), with the ANP being seen as a “forerunner with a unique position to liaise between all agencies”.

### *Healthcare professionals*

Staff development (2.2.1) was seen as the major part of the role of the ANP in her work with healthcare professionals. Very positive comments about the perceived staff development benefits came from colleagues from all disciplines and all levels of experience and status within the service. General comments included the ANP acting as a role model for key workers, as being an educator, an advisor, a resource for expertise, a researcher, as being in a position to question and evaluate dementia care, and as “giving recognition [to dementia] as a speciality, [which] encourages staff to develop their own skills and awareness”. More specific comments included:

- Supervision, through which she has made me discuss my clients with my colleagues on a regular basis (mental health nurse);
- She has helped my thinking about reflective practice, supervision and discussion on what we do and why (mental health nurse);
- She has led me to take a more holistic approach, working more closely with carers and community care (mental health nurse);
- I give more time to individual needs, however impractical or unattainable they at first seem, both to colleagues, clients and carers. This has been highlighted by the support given by the ANP to nurses’ care plans (mental health nurse);
- By valuing my practice she has increased my self-esteem. She has made me aware that as a CPN I see mostly people with multiple problems and there are a lot of people with dementia that don’t come to the CPN service which may need other types of help (CPN);
- Co-working has been beneficial in assessing stages

of dementia and suggestions for management. Ongoing support and monitoring has enabled successful relationships to be built between clients, nurses and other professionals (social worker);

- With the ANP's help, I have been more positive in my attitude to administering care to patients and carers in dementia care (district nurse);
- Support and encouragement, especially with memory clinic, which was something I had wanted to be involved in for some time but had no one to do it with me (speech therapist).

In addition to her staff development role, it was also perceived that the ANP enhanced the role of the nurse (2.2.2), largely by personal example. The majority of comments in this sub-section were made by mental health nurses, and included observations about her role as an educator, health promoter, advice giver and practitioner. Some comments identified the ANP as pioneering specific aspects of the extended role of the nurse, an "improved role" with "less bureaucracy and more flexibility"; for example, "she has shown that an open referral system can work" (comment from CPN). Others identified a more general element of role enhancement, for example, "she has elevated the status of the nursing team and has provided an alternative pathway for clients to receive care" (senior nurse), providing "a greater opportunity to function autonomously" (mental health nurse), and "the ANP role has enhanced the speciality status of the unit" (nursing assistant).

#### *Patients and carers*

Several informants identified the benefits to patients and carers of the ANP's ability to make a quick assessment and early intervention for new referrals (2.3.1). One informant saw the role of the ANP as being "to liaise between GPs and consultants if necessary, so that she picks up cases early for further evaluation and assessment" (Associate Specialist in Dementia), while a CPN commented that "it has been good to be able to give a number [to patients and carers] to deal with general enquiries and to be able to advise people how to bypass GPs if necessary. Patients may have benefitted from earlier intervention and so may carers". The ANP was therefore seen both as a person to whom GPs could refer for a quick assessment and intervention, and also as a way of circumventing the often time-consuming referral route via the GP.

Providing a more accessible service was identified as another of the major benefits to patients and carers. The ANP was seen as providing an easy and direct referral system with less bureaucracy, as providing a route which bypassed the usual first stage of referral of the GP, and to offer a friendly, face-to-face service.

Improved quality of care and quality of life was seen as a third major benefit to patients and carers. General comments about the ways in which the ANP improved quality of care and quality of life included

the provision of support, information and advice, acting as a liaison person, and as an advocate. She was seen to relieve distress and prevent admission, was perceived as having more time to give to her clients, both in terms of the number of visits made and the time spent on each visit.

#### **Question 3—Negative impact of the role of the ANP**

Negative comments about the impact of the role of the ANP were coded into the sub-categories identified in Phase 1. Very few of the anticipated fears about the impact of the ANP were realised.

#### *Service*

None of the fears identified in Phase 1 about the impact of the role of the ANP on the service as a whole were mentioned.

#### *Healthcare professionals*

Two informants identified extra work as a result of the ANP (3.2.1). The associate specialist in dementia noted that the ANP "added some more work on the already excessive workload"; while a mental health nurse claimed "the ANP does not always follow up and do the first assessment on clients on the unit, but passes her work on to colleagues who are already over stretched with their own work".

#### *Patients and carers*

None of the fears identified in Phase 1 about the impact of the ANP role on patients and carers were realised.

The majority of the informants had nothing negative whatsoever to say about the impact of the role of the ANP. The feelings of most staff are summarised in the following comment by a nursing assistant:

- I personally feel there have been no negative effects with the role of the ANP in my working environment. Initially I think perhaps there was a slight apprehension with trained staff on the unit in the early teething stage, but we each as individuals and as a team adjusted and resolved these challenges. In a reasonably short time Cathy has been accepted and valued as a member of the unit.

#### **Summary of Phase 3**

The role which emerged from this research project incorporated a number of the criteria identified from Phase 1 and ignored or only partially incorporated several others. The decision as to which criteria to develop rested largely with the ANP herself, and grew out of the ongoing reflection-on-action reported in Phase 2. Of the three aspects of the role, working with patients and carers was the most developed. The ANP

was perceived by her colleagues as an autonomous expert/specialist practitioner who had established an open access outreach service concentrating on early intervention in dementia through an open referral system. Her role was also seen as liaising and collaborating with other services, and as including a teaching/education component.

Benefits of the role again focused on patients and carers, and included quick assessment, early intervention, easier accessibility through a simple and direct referral system, less bureaucracy, and an improved quality of care and quality of life. The ANP was also valued very highly by her colleagues, and other direct benefits included the development of a stronger multidisciplinary team, increased staff development, and an enhancing of the role of the nurse through the personal example of the ANP.

Very few negative outcomes were identified, but two informants claimed that the implementation of the ANP role had resulted in a greater workload for her colleagues.

### Conclusion

The strategy adopted in this project is based on a research methodology 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. To a large extent, the promise of the action research methodology has been realised; not only has a new Advanced Nurse Practitioner role been developed and evaluated, but it has also resulted in a noticeable improvement in the service for people with dementia.

However, 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 generalised 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, the focus has been almost exclusively on internal validity. This 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 so specific that they are not readily generalisable to other settings. The role for the Advanced Nurse Practitioner generated from this project cannot simply be applied elsewhere.

However, it is possible to make a number of general observations as a result of this study which might be of use to researchers and practitioners:

### *Observations on the methodology*

- The personal, interpersonal, intellectual and educational qualities of the project ANP are of utmost importance, and will greatly influence the success of the project.
- Training for the ANP should be flexible and ongoing, responding to specific needs as they arise.
- It is important to engage a wide range of respondents, and the data gathered from them should not be weighted. It was found in this study that nursing assistants provided information of value equal to or greater than senior clinical and managerial staff.
- The involvement of clinical staff in the study was of particular value in gaining acceptance of the new role, which was initially viewed as threatening by some staff.
- It was found to be valuable to allow staff to acknowledge and address their fears about the impact of the role.

### *Observations on the findings*

- Many staff taking part in this study recognised the existence of an unidentified and potentially large group of sufferers from early stage dementia who are not known to the services.
- The ANP was valued as much by other health care professionals as she was by nurses.
- The project identified a major need for staff development and education across all disciplines.
- The ANP role in many cases provided an alternative to the GP for both initial assessments and ongoing clinical intervention.
- The role of ANP which emerged from this project was perceived as enhancing and extending the professional role of the nurse.
- The value of reflection-on-action as a method of practice development was highlighted. The unstructured interview method employed in this study could provide an effective model of clinical supervision.
- Contrary to current thinking, user involvement in this study produced data of limited value. This was perhaps unique to this particular user group, but patients and carers offered little in the way of expectations of the role or suggestions for its development.

### Implications of the findings

- The large and unrecognised group of early dementia sufferers poses enormous funding implications for the health service. A large initial financial outlay would be required in order to identify this group and address their needs, but there is the possibility of long-term savings with dementia sufferers being maintained for longer in the community as crises



are successfully averted through continuing low-level maintenance visits. This is an area which clearly warrants further investigation.

- The services provided by the ANP as an alternative to GPs has implications for who should fund the role.
- There is a need and desire for much greater networking and liaison between services and for multidisciplinary team building, and the ANP could play a key role in this process.
- If roles are to change and develop, a flexible and open-minded response is required by managers and practitioners alike.

These conclusions should be read with caution, however, and more important than the outcome of the study is the method: the findings from this study might not be readily generalisable to other settings, but then they were never intended to be. Indeed, the aim of the study was not to generate findings at all, but to initiate change. However, what is generalisable is the methodology, the process by which the role was generated.

In many ways, the methodology of this study is simply a much accelerated example of what happens naturally when any new post is developed. However, it should be borne in mind when considering this study that the continuing role of the ANP will not be subject to the same stresses and strains as during the development of that role. Furthermore, because the process took place rapidly under controlled conditions as a funded research project, the end result is a very attractive proposition to healthcare purchasers.

The real evaluation of the success of this project is the fact that at the end of the funded period, funding

was taken up jointly by the University of Portsmouth and the Portsmouth HealthCare Trust despite severe financial restrictions within both organisations.

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