Nursing Standard

Leadership, the nurse and the Advanced Nurse Practitioner

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Abstract:	The National Health Service is widely applauded as the highest quality healthcare system in the world (Grint and Holt 2011). However, there have been many changes to healthcare provision in the United Kingdom (UK) in the last eight years. These included the introduction of the Health and Social Care Act (2012) in response to rising costs and increasing clinical delivery demands on the National Health Service (NHS). Later the Mid Staffordshire Public Inquiry (HM Government 2013) identified failings in leadership throughout the NHS. These failings were linked to leadership lacking clear definition across all professions within the healthcare team (HM Government 2013). Within the nursing profession, the role of the Advanced Nurse Practitioner (ANP) is seen as part of the solution to this leadership dilemma. This review considers the relevant research literature that explores leadership in the NHS, the role of the professional in the NHS, nursing identity and leadership and the dialogue between leadership and the role of the ANP.
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Author Comments:	I have responded to the suggestions from the reviewer - The reviewer asked for a clarity in some of my work such as the citations for Engestom - I hope that I have added this by explaining the challenges for the ANP in establishing them self as a leader in the MPT. The reviewer also asked for a definition of the ANP role and how this relates to leadership suggesting the ANP role is not to lead others but more to challenge practice and 'advance nursing' I agree but I do think the evidence also supports that this involves a leadership role, often across professional boundaries. The

	section on impact on patient outcomes I think shows that leadership is not only about leading teams though. Finally I hope my revisions have allowed clearer 'flow' through the piece.

Abstract

The National Health Service is widely applauded as the highest quality healthcare system in the world (Grint and Holt 2011). However, there have been many changes to healthcare provision in the United Kingdom (UK) in the last eight years. These included the introduction of the Health and Social Care Act (2012) in response to rising costs and increasing clinical delivery demands on the National Health Service (NHS). Later the Mid Staffordshire Public Inquiry (HM Government 2013) identified failings in leadership throughout the NHS. These failings were linked to leadership lacking clear definition across all professions within the healthcare team (HM Government 2013). Within the nursing profession, the role of the Advanced Nurse Practitioner (ANP) is seen as part of the solution to this leadership dilemma. This review considers the relevant research literature that explores leadership in the NHS, the role of the professional in the NHS, nursing identity and leadership and the dialogue between leadership and the role of the ANP.

NHS professionals in the 21st Century are cognisant of the financial pressures and acknowledge that they are expected to do more for less (Edwards *et al.* 2014). Aware of the increasingly complex healthcare needs of NHS patients; today's advanced nurse practitioner (ANP) needs to respond to, inform and influence policy, political and practice changes that create new healthcare demands (Rose 2015).

Although some seminal work around multi-professional working is included, this review focuses on sources from 2005 onwards to reflect the developments that influenced the ANP role around this time and since. These include, in 2005 in the United Kingdom (UK), the proposed regulation of the role of the ANP by creating a sub-part of the nursing register for ANPs (aape.org.uk). Despite it not being established, the national consultation and the process of the proposal was a significant point in the history of the ANP in the UK. Another was how the role of the ANP expanded in response to the reduction in the number of hours doctors could work (European Working Time Directive 2009). In 2008 the development of 'Advance Nursing Practice Toolkit' that was adopted across the UK and endorsed by the NMC was also key (www.advancedpractice.scot.nhs.uk/)

. Finally, in 2010 the publication of the UK Department of Health position statement of Advanced Nursing Practice offered a clear definition, including leadership responsibility, assigned to the role of ANP (HM Government 2010a).

The search strategy for the review included identifying sources by searching multiple online databases including Science Direct; CINAHL, Medline; PsycARTICLES and PsycINFO. Initial searches were conducted using the search terms 'leadership' and/or 'nursing', and to explore how the ANP was prepared for leadership; and/or 'education'. The initial search generated a large number of results (26,896). To retain a breadth to the review, the search was refocused using the same databases, and additional search terms which included 'Health profession' and 'Leadership' (917). Limits were added of 'peer reviewed journals' and 'published after 2005' which generated 543 results. All 543 titles and short abstracts were read

in full to identify inclusion of empirical evidence and to exclude duplication. This generated 55 results that were included in the full and final review.

To refine the search to include ANP leadership practice a second search was undertaken. Using the same databases, the search terms ‘nursing’ (209), ‘Advanced Nurse Practitioner’ (52) and ‘leadership’ yielded a further 22 results that were also included in the full and final review. Some studies referred to nurse leaders rather than ANP specifically. These were included in the full review. All reference lists from articles from all searches were also reviewed for additional publications. Finally, ‘grey literature’ such as white papers; publications and policy statements from the professional body NMC and nursing union RCN were also reviewed.

Professional identity and the ‘unstable knot’ of multi-professional working

The ANP participates and contributes to the multi-professional team. A team within which traditional professional boundaries are changing. The recent publication of the multi-professional framework for advanced clinical practice in England emphasises the changes towards core advanced practice skills that cross professional boundaries (Health Education England 2017). Nonetheless, there are challenges in establishing a leadership role for the ANP in the multi-professional team.

The professional identity of each individual professional members of the multi-professional healthcare team has some influence on the leadership approach the professional will employ. A professional has been described and defined by their ability to self-regulate and their level of autonomy in their practice (Freidson 2001). Leadership within healthcare involves many different professional groups all of whom are used to their individual professional autonomy, power and authority (Evetts 2009).

However Engeström (2008) suggests that healthcare professionals work together as an ‘unstable knot’ of interdependent practitioners consistently revising their roles in the multi-professional group. Each profession often makes autonomous decisions independently from,

or peripherally to, each other (Mintzberg and Ivonne 1995). The professional identifies most with others in their profession and often finds it challenging to acknowledge or adopt cultural practices from another profession (Goodrick and Reay 2009, Wenger 1998). This creates challenges for multi-professional working.

Healthcare professionals within the multi-professional team are also said to behave in distinct ways while leading (Barrow *et al.* 2010, Goodrick and Reay 2009). The actions of one professional are modifying or constraining, the present or future actions of another (Foucault 1983). In healthcare, Engeström used the analogy of each profession putting their 'spoons in the soup' without any real awareness of what the other was doing (Engeström 2005).

Successful multi-professional working needs the individual professional to recognise the 'standpoint' of other professionals and thereby enrich their own understanding of complex problems. The reality is often that professionals are working together and demonstrating shared professional values, but they are rarely working inter-professionally (Edwards 2010). There are many professionals that do work closely together to achieve coherent and effective healthcare delivery. Rather than diluting the individual professional's contribution, effective multi-professional teamwork has been described as making the team greater than the sum of each individual profession within the team (Illingworth and Chelvanayagam 2007).

ANPs attachment to their nursing identity

Factors in addition to the multi-professional team factors that influence ANP intentions to become healthcare leaders, including personal historical experience and elements of their nurse identity (Wenger 1998). The historical public perception of nursing as a caring, but not leading, profession may also influence the ANPs desire to take on leadership roles (Barrow *et al.* 2010). This might suggest that ANPs as nursing and multi-professional team leaders need to evolve from the traditionally accepted perception of the professional identity of nursing.

Croft *et al.* (2014) explored the challenges of developing a leadership identity at the expense or instead of a nursing professional identity in the UK. They examined the leadership

views of 32 nurse managers enrolled on a leadership programme. The researchers discovered that the nurse managers were consistently and emotionally attached to their nurse identity which was often 'incongruent' with the nursing leader identity. This was partly because the transition to the new identity of leader was needed to establish their leadership influence. However, the nurse managers were simultaneously losing the influence they had over the nursing group by no longer being seen as a nurse (Croft *et al.* 2014). The nurse managers felt that they were in a 'hybrid' role, part nurse and part leader. While they talked passionately about their nursing roles, the participants were often more negative about the leadership role (Croft *et al.* 2014).

Those in the 'hybrid' management role remained keen to emphasise their attachment to a nursing identity and how different they were from the usual healthcare manager. A second group in the study seemed to have accepted that as leaders they had a new role identity within nursing and this was 'not a rejection or contradiction of older identity but a progeny of it' (Goodrick and Reay 2010 p59). This second group had moved away from hybrid roles to senior management roles and had adopted a distinct healthcare leader identity and consequently felt less reliant on the nursing professional identity (Croft *et al.* 2014).

Gender, nursing and leadership

Alongside nursing professional identity having an association with a caring rather than leadership role, there has been a historic perception of male hierarchy and the influence of gender on the ability to lead. Davies (1996) describes the nature of professional knowledge and adherence to regulations as a patriarchal hierarchy that functions as an environment that can exclude female employees (Davies 1996). Conversely, the scientific nature of medicine has resulted in it exerting a prestigious patriarchal role in healthcare. In contrast, the caring aspect of healthcare, including nursing care, has been described as 'feminised' with 'care' work being deemed less prestigious. Prestige has been aligned with technological and scientific healthcare roles (McMurry 2011, Bell *et al.* 2014). Consequently, nursing is often a

profession most associated with the emotional, caring aspects of healthcare. As such, often less valued by other professionals in the healthcare culture (Bell *et al.* 2014).

The ANP is a member of the nursing profession but since the adoption of the Advanced Practice toolkit (www.advancedpractice.scot.nhs.uk/) has an accepted and defined role of leader in healthcare delivery.

> Advanced practice as a 'level' of practice
>
> In the past, 'advanced practitioner' posts have tended to be characterised principally by high-level clinical and technical competence. Central to the toolkit's 'benchmarking' approach is the idea that advanced practice is a 'level' of practice rather than a particular role. This takes into account the four pillars of practice:
>
> Clinical practice
>
> Leadership
>
> Facilitation of learning
>
> Evidence research and development

Figure 1: Scottish Advanced Practice Toolkit definition

The leadership role of the ANP could be seen to challenge the assumption of a gender-associated, less prestigious contribution to healthcare delivery (Bell *et al.* 2014). The development of the ANP and their leadership of different aspects of healthcare more usually associated with medical practitioners could be seen as diluting the traditional expectation of medical patriarchal dominance (Bell *et al.* 2014). Drawing on this evidence, it may be fair to say that to develop as a leader; the ANP needs to overcome the negative association with the caring aspect of their role and the expectations of their gender but also be educated, supported and empowered into the leadership aspect of the ANP role.

Widening the sphere of ANP leadership

In a study that explored what influences an Irish ANP's ability to enact leadership, Higgins *et al.* (2014) distinguished different aspects of leadership. They defined clinical leadership as

developing practice while professional leadership meant involvement in professional developments at a national and international level (Higgins *et al.* 2014).

The study found that ANPs were able to act as leaders without 'turf wars' arising between different professional groups (Higgins *et al.* 2014 p899). However, the researchers also found that as the ANP was often working as a sole practitioner, the ANP did not have the time to take on activity leading to involvement in professional leadership developments. This lack of time was directly influenced by ANPs taking on what had previously been tasks associated with the medical workforce. This left ANPs unable to develop additional skills and constrained in their participation in leadership outside of the direct care-giving arena (Higgins *et al.* 2014).

As seen in earlier studies (Cotterill-Walker 2012, Gardner *et al.* 2004), another factor that inhibited the ANP's leadership practice was reliance on their immediate line managers, often also nurses, to nominate them to become involved in strategy developments. These strategic developments could either be within or external to the ANPs' employing organisation. The managers of the ANPs were often not involved in national and international strategy development and were reluctant to nominate the ANP into these strategic roles ahead of themselves (Higgins *et al.* 2014). Higgins *et al.* (2014) describe the ANP being limited to the clinical leadership role by their clinical responsibilities, with little involvement in developing 'policy and practice' (Higgins *et al.* 2014 p 900).

Without developing and embedding leadership into education for ANPs and continued support from the other members of the multi-professional team, including their nurse managers, the researchers predicted that the role of the ANP, although an able and educated leader, risked becoming 'sleeping giants' (Higgins *et al.* 2014 p903).

Making the Patient Better

It is important that the preparation and nursing and ANP leaderhip role have demonstrable, positive impact on clinical outcomes for patients. However, identifying specifically how nurse

leaders or ANPs influence patient outcomes has been described as being ‘in a black box’ (Cummings 2013 p707).

It is a difficult task to evidence the impact of the ANP on patient outcomes. Neville and Swift (2012) employed a case study critical analysis of the literature that evaluated the advanced practice role. This is a role that could be undertaken by allied health professionals as well as ANPs. They explored two key aspects of healthcare, the impact on patient outcomes and the impact on healthcare costs the advanced practitioners (AP) role had.

The study found that a positive impact on reducing the cost of care was reliant on how expensive the alternative professional to the doctor was (Neville and Swift 2012). If the doctor substitute was an ANP, for example, this could mean that there was no substantial saving. The study did offer several examples of the positive impact of the AP role on patient outcomes and an overall recommendation that the AP role should assist in proving their impact on patient outcomes, by developing a portfolio of evidence that demonstrated this (Neville and Swift 2012).

More specifically, reviewing twenty research studies that had explored the impact of styles of nursing leadership on patient outcomes, Wong *et al.* (2013) found a significant positive association between nurse leadership and patient satisfaction and a negative association with medication errors and patient mortality. They identified two leadership styles that were employed in the studies they reviewed, ‘transformational’ and ‘authentic’ leadership (Wong *et al.* 2013). Both styles, when employed by the nurse leader placed particular emphasis on their relationship with their followers. This offered an increased likelihood of positive patient outcomes (Wong *et al.* 2013).

Transformational leadership has been described as leading with emotional intelligence. The transformational leader identifies the importance of the follower role and inspires and empowers them (Fischer 2016).

The authentic leader also recognises the influence and importance of the follower and considers context. The healthcare leader applies their leadership in a healthcare context – outside of this context they would adapt their leadership to align with a changed context. (Wong *et al.* 2013).

Figure 2: Defining characteristics of transformational and authentic leadership

Once the positive impact on patient outcomes through ANP leadership practice has been established, it needs to be sustained. The final aspect of ANP leadership practice considers the need to plan for the ANPs of the future.

The nursing profession: recruitment and retention challenges

To positively influence patient outcomes, ANPs need to be prepared effectively. A potential influence on the impact of the role of the ANP leader, is a shortage of nurse leaders; even the role of the ward manager, because of the additional burden of leadership responsibilities has become increasingly unpopular (Enterkin *et al.* 2012). Nurses, who want to retain a clinical focus to their role, may prefer career development for roles such as the ANP but there is also an overall shortage of nurses. Current nursing leaders are an ageing population. This has resulted in nurses taking on leadership roles earlier in their careers and at a time when they are underprepared (Griffith 2012). There is a consequent need to succession plan and develop future ANP leaders.

Driven by the global shortage of nurses, Cowden *et al.* (2011) undertook a systematic review of literature that studied the relationship between leadership styles and retention of nurses. Their nursing team's decision to remain in the nursing profession is directly influenced by the leadership approach the nurse leader chooses to employ (Cowden *et al.* 2011).

Similar to Wong *et al.* (2013), Cowden *et al.* (2011) described two distinct approaches to nurse leadership, those that focused on tasks or those that focused on relationships. They found a positive relationship between nurse leaders who focused on relationships and employ

transformational leadership styles and their nursing team's intention to stay. The nurse viewed the transformational and authentic nurse leader as having influence in their organisation. The nurse that saw that the nursing leader was empowered in the organisation also feels in 'control over their practice' (Cowden *et al.* 2011 p469). In contrast, when a nurse leader used a more autocratic style of leadership with the nursing team this had a negative relationship with nurses wanting to remain in the workplace. For example, a style that was described as 'management by exception', where a leader actively looks for errors being made by nurses in their practice, was associated with the most negative impact on nurse retention in their workplace (Cowden *et al.* 2011 p469).

In relation to succession planning, Keys (2014) undertook a study that explored the characteristics of the next generation of nurse leaders, 'Generation X'[1]. Several factors were identified that might influence the behaviour of this generation in comparison with the older current nurse leaders. These factors included growing up with political uncertainty and being more likely to value teamwork and a flexible approach to working. Generation X nurse leaders, it was suggested, were less likely to be intimidated by authority. They were also described as deriving satisfaction from having a positive impact on their teams' practice but still found that they felt clinically and educationally ill prepared for the leadership role (Keys 2014). Despite this, all of the studies that explored the implications of an increasingly ageing nurse leader population identified the need to succession plan for the nurse leaders of the future. Identifying what is needed to enable nurse leaders and specifically, ANPs will allow a future workforce to be better prepared to take on these roles.

Conclusion

The review identifies ongoing issues, challenges and opportunities to the leadership practice of the ANP. These include the ANP as a leader needing to gain acceptance within the multi-professional team. The ANP should not however, need to be nominated to influence

[1] Generation X describes those born between 1961 and 1981

strategy, practice and policy. Other challenges identified included the ANP or nurse leader not having enough time with their direct care responsibilities to lead. The ANP often does not feel prepared to develop a focus that is external to their employing organisation and an influence on national and international healthcare developments. The importance of the ANP positively influencing clinical outcomes for patients and ensuring cost efficiency within the NHS are clear. Crucially we must adequately prepare and support current ANP leaders, with the reality of an ageing nursing population we must prepare the ANP nurse leaders of the future.

Word Count: 2,966 (excluding abstract and references)

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