

# The ANP role within Specialist Palliative Care, how do our colleagues view it?

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## BACKGROUND

Advanced Nurse Practitioner (ANP) roles focus on meeting patient health needs by maximising the use of nursing knowledge and skills and improving the delivery of nursing and health care services (Bryant-Lukosius and DiCenso 2004). Such roles require graduate education, and involve autonomous and expanded practice relating to clinical practice, education, research, professional development and leadership. While the role of the Clinical Nurse Specialist is well established within Palliative Services (Skilbeck & Payne 2003), the potential of the role of the ANP is still largely unexplored (Reed 2010).

Since 2009, two Macmillan Palliative ANP posts, have been based within Cornhill Macmillan Centre, Perth, Scotland. This centre provides Specialist Palliative Care including Day Care Services, Community Macmillan and Hospital Palliative Care Team support and a 10 bed In-Patient Unit (IPU). The ANP posts were evaluated positively in 2011 by researchers from Napier University, Edinburgh, the results of which were published. A key point was the ongoing planning and evaluation of the ANP role since the scope, accountability and complexity of such posts provide challenges for sustainability and succession planning (Kennedy et al 2015).



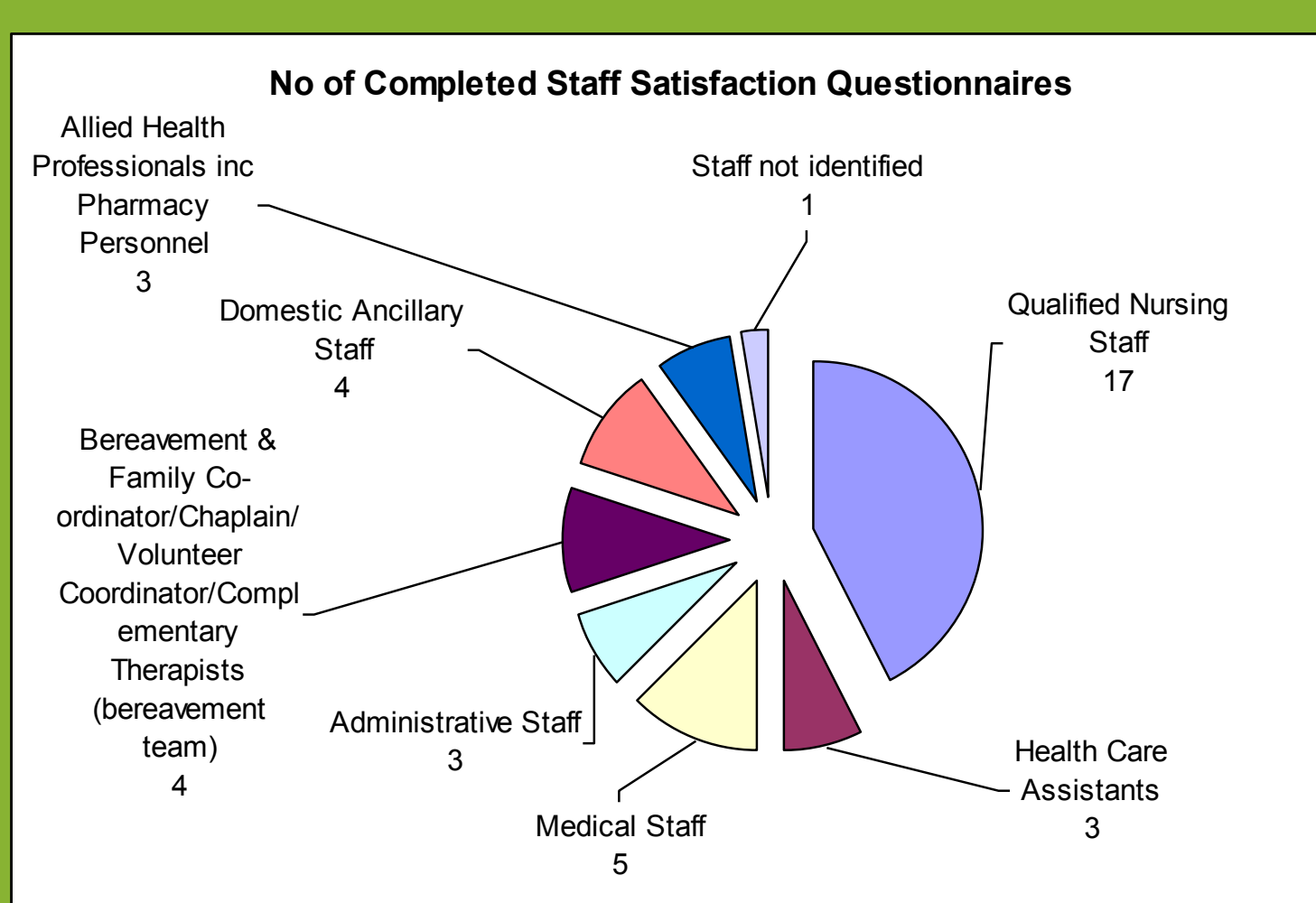
## METHOD

### Staff Satisfaction Questionnaires

In the Spring of 2015, the two ANPs with the help of NHS Tayside Governance Department devised and distributed a staff satisfaction questionnaire to a wide variety of their colleagues in the local Multi Disciplinary Team within Specialist Palliative Services. These questionnaires comprised of 12 specific questions in relation to the role of the ANP and their contribution to the service in regard to the key domains identified within advanced nursing practice from professional/academic/strategic/organisational standpoints, with particular reference to non-medical prescribing, quality and continuity of care and whether staff would consider the ANP role as a future career development. Staff were asked to rate their responses from either strongly agree, agree, strongly disagree, disagree or not applicable and comments as appropriate.

Five broader questions offered the staff an opportunity to comment on aspects of the ANP role and their contribution to the service from the individual staff perspectives.

- The return rate was 80 % (40 out of 50 forms returned)
- Responses from 98 % of the staff identified the group of staff to which they belonged.

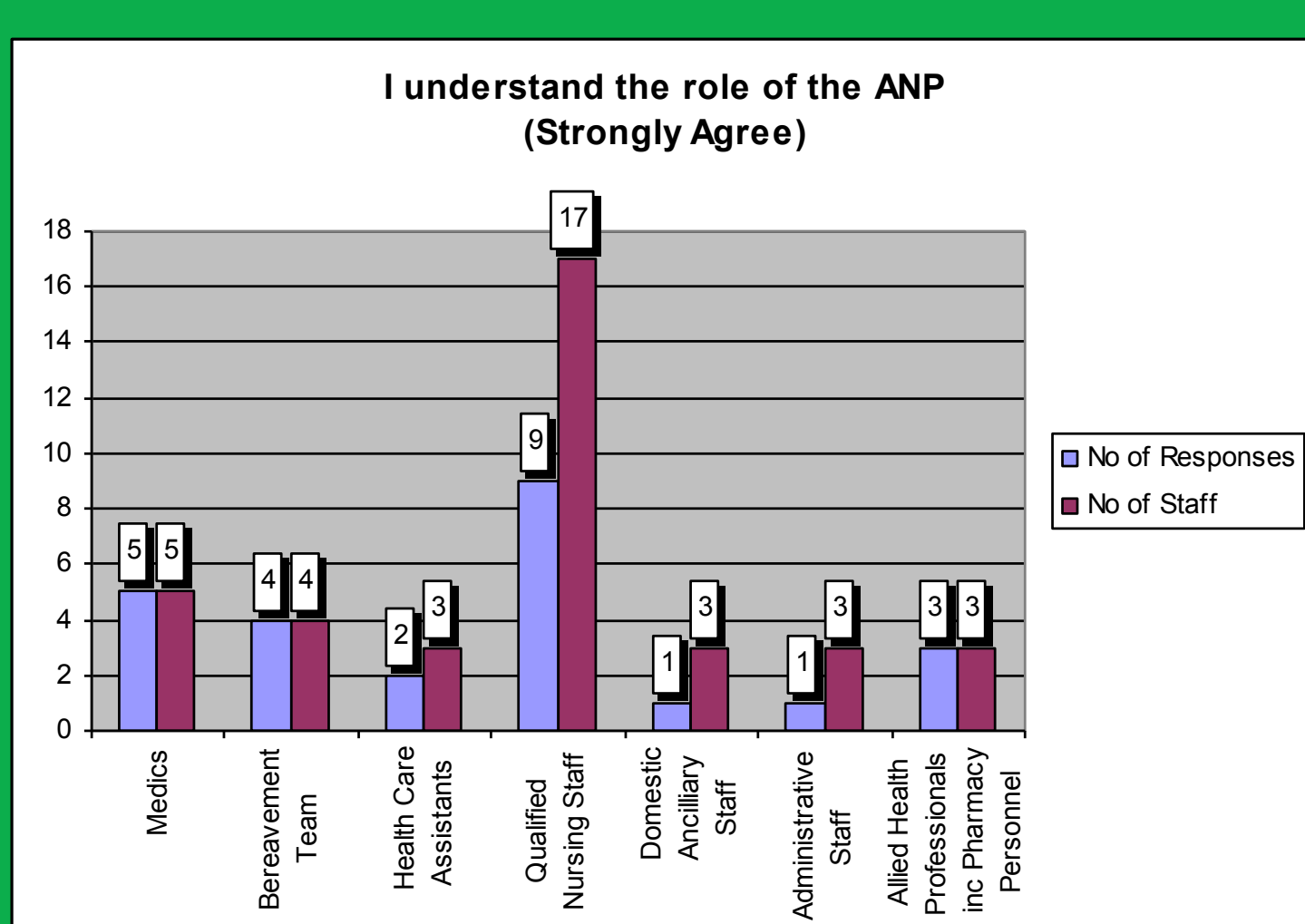


## RESULTS AND COMMENTS

### I understand the role of the ANP?

*"dynamic and changing" "supportive"*

All of the medical staff strongly agreed that they understood the role of the ANP.

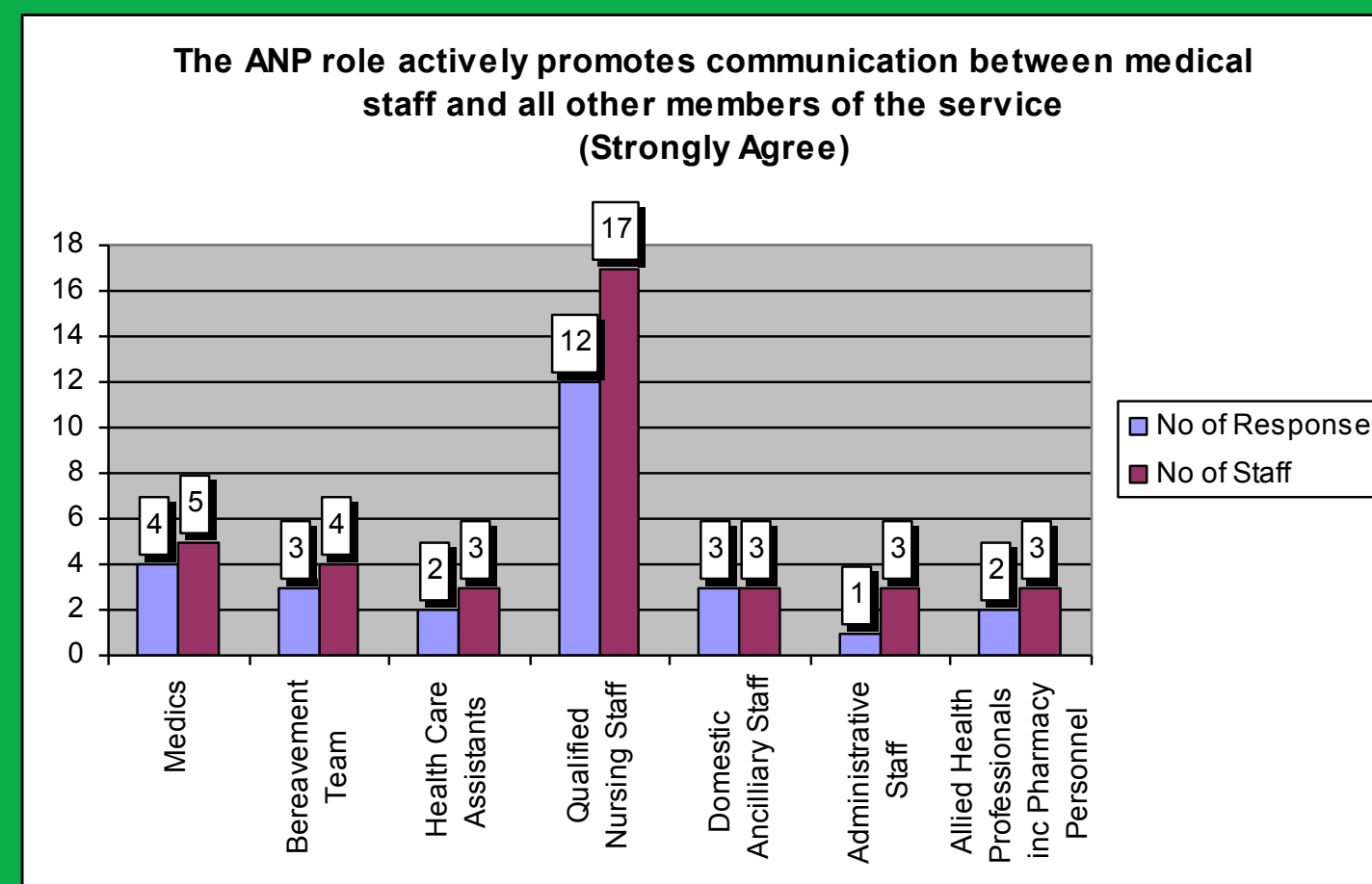


## RESULTS AND COMMENTS CONTINUED

### The ANP role actively promotes communication between medical staff and all other members of the service?

*"a juggling act" "risk of dependence" "pivotal"*

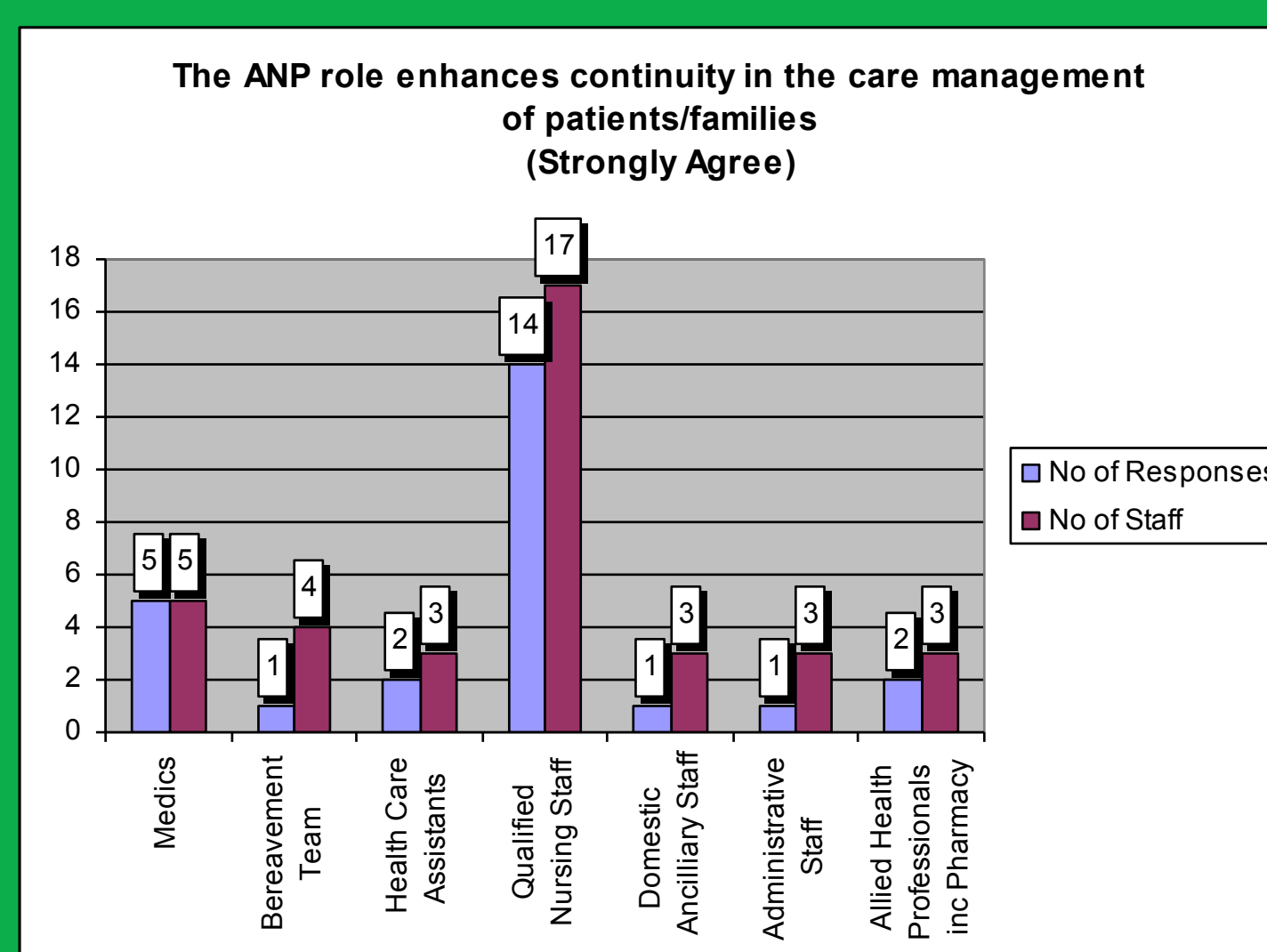
Staff strongly agreed that the ANP role actively promotes communication between medical staff and all other members of the service. However medical staff did highlight risk of dependence and potential to hinder direct communication with medical staff.



### The ANP role enhances continuity in the care management of patients/families?

*"role model" "links across service" "continuity/source of information"*

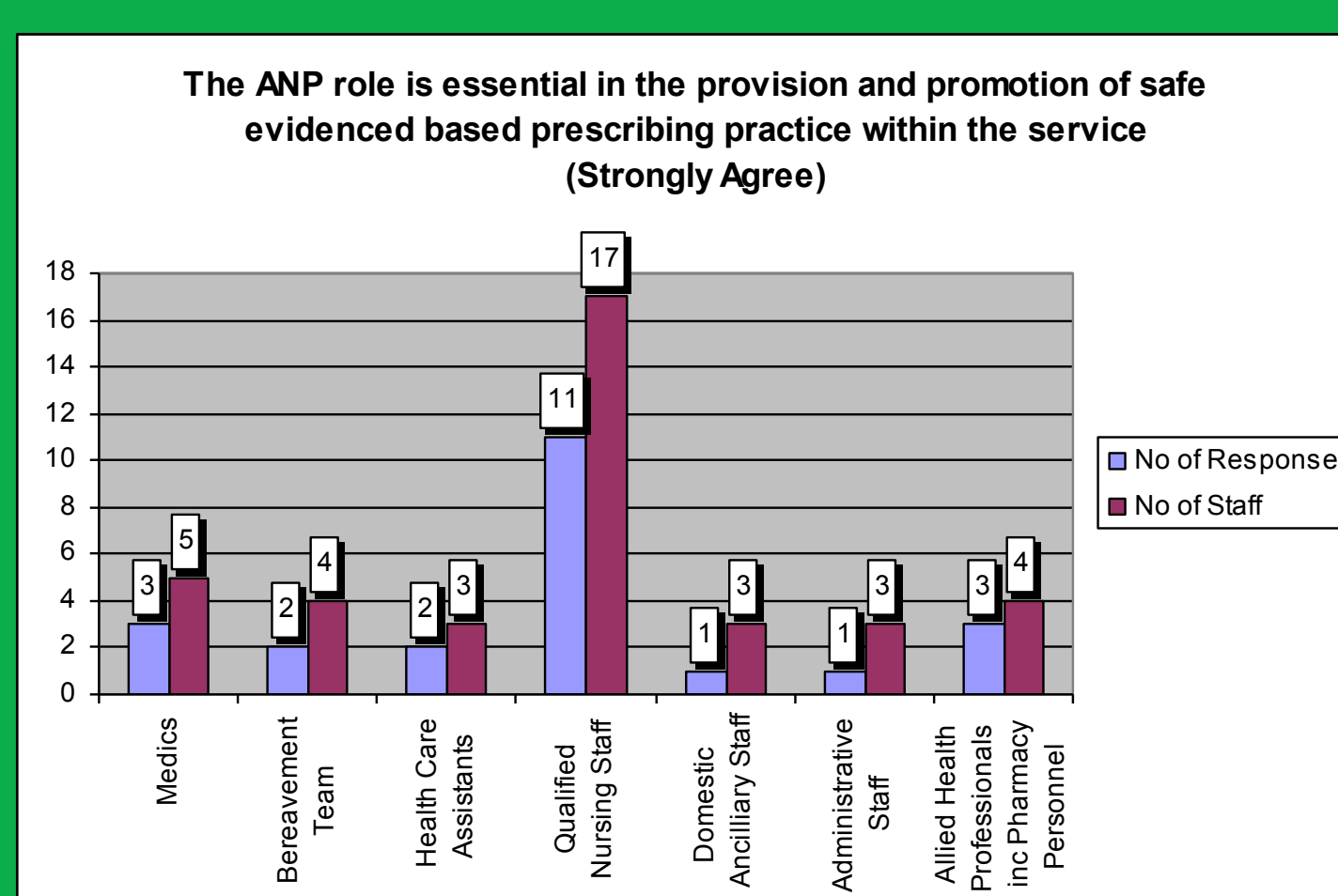
Medical and nursing staff saw that the ANP role provided continuity in the care management of patients and families.



### The ANP role is essential in the provision and promotion of safe evidenced based prescribing practice within the service?

*"attention to detail" "accuracy" "review regularly"*

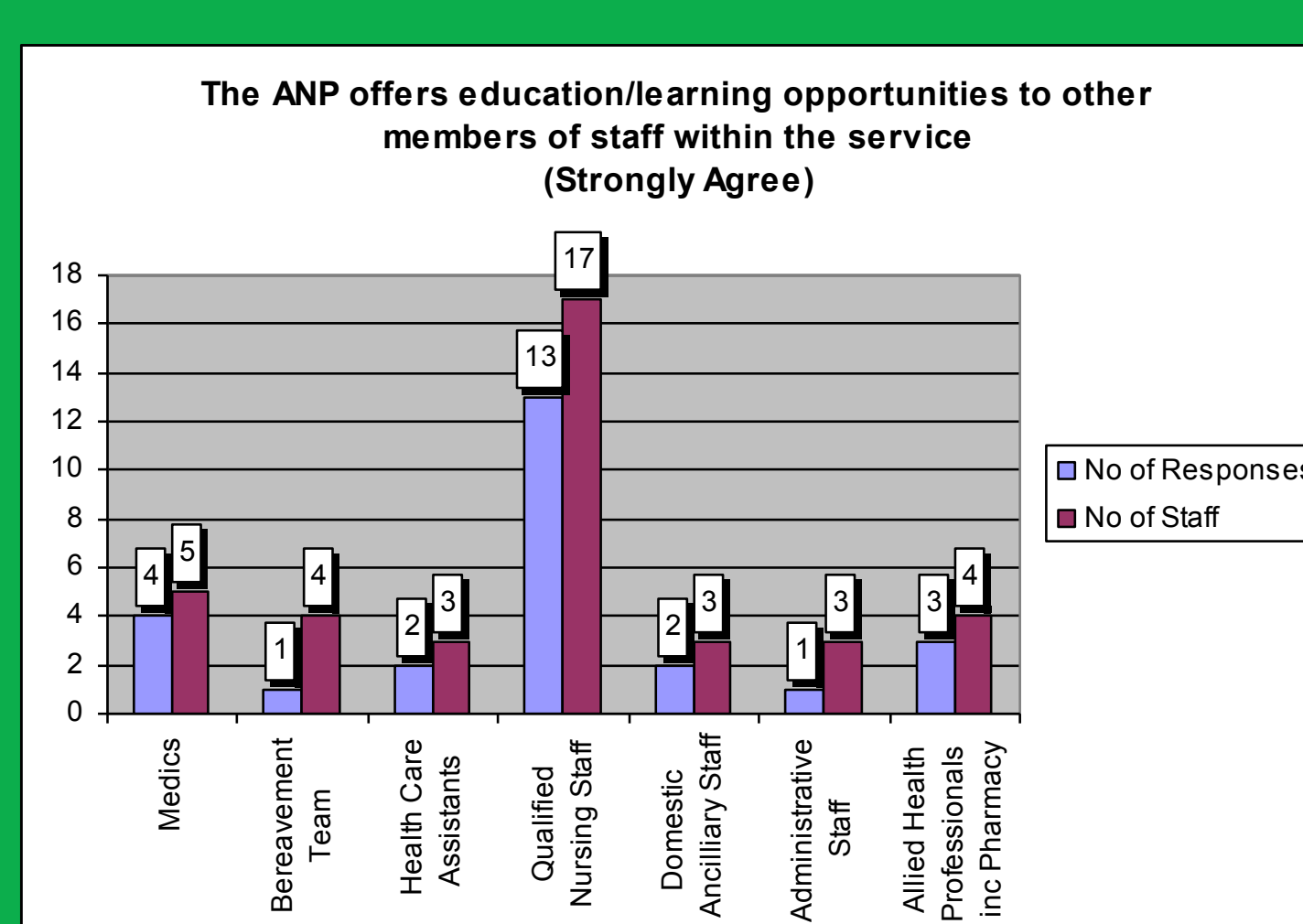
Again staff strongly agreed that the ANP role contributed to the promotion of safe evidenced based prescribing within the service.



### The ANP offers education/learning opportunities to other members of the staff within the service?

*"willing/appropriate/case-based" "formal and informal"*

Provision of education/learning opportunities seen as a central part of ANP role.



## OTHER GENERAL COMMENTS AROUND THE ANP ROLE INCLUDED:

'they appear to have a strong connection to patients, family and all levels of staff members'. (Health Care assistants)

'witness care, kindness and efficiency in them both'. (Bereavement team)

'an integral role within the Specialist Palliative Care Service' and 'could be further enhanced with a development opportunity being offered to others which would promote the service being delivered'. (Administrative team)

'differing expectations of role', 'valuable members of the team', 'good positive role models for junior staff within the unit and supportive of wider service', 'additional level of care and understanding for the patients and their relatives through increased knowledge and communication'. (Nursing staff)

'hope that the ANP role continues with a specific role in education' as 'ideally the inclusion of junior doctors to the service would free up some clinical time for the ANPs and hence enhance their role in supervision/education for nursing and medical staff whilst still providing excellent clinical input', 'allows for smooth running of the service', 'very appreciative of the role and the benefit to the service from education, staff support, symptom advice and at times a 'listening ear', 'A job well done' (Medical staff)

## CONCLUSIONS

Overall, staff have indicated a high level of satisfaction with the ANP role operating alongside the medical team in Cornhill Macmillan Centre with clear benefits to continuity of care, greater communication, education provision and promotion of safe evidence based prescribing. Some disadvantages of the role were also highlighted, these included the risk of deskilling nursing staff, the recognition that the ANP role as promoting advanced nursing practice rather than medical practice and the recognition that the role is highly demanding with clinical demands, time constraints and staff expectations.

## RECOMMENDATIONS

**CLINICAL CARE:** Junior medical staff will join the ANP/ Medical team in 2016 and it is hoped that this will allow opportunities for the ANPs to develop clinical shadowing opportunities for nursing staff both in the IPU and Community.

**LEADERSHIP and CONSULTANCY:** 59% of the nursing staff responded that they would be interested in the ANP role as a future career development. There is now an acknowledgement of the need to invest in a developmental role /Trainee ANP for the benefit of future service provision.

**EDUCATION:** Recognition of the need to increase opportunities for inpatient nursing staff to access educational/ support sessions and develop clinical responsibilities.

**RESEARCH and FACILITATING EVIDENCED BASED CARE:** The development of ANP roles is increasingly common within a range of specialities, however, the function, impact and potential of these roles is relatively unexplored. There is ongoing need to consider further exploration through evaluation of the patient/family evaluation of the impact of the ANP role within Specialist Palliative Services on the patient/carer experience.

## REFERENCES

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