



What Is Advanced Practice Nursing?

3

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Abstract

How advanced practice nursing is defined primarily emanates from nurses’ basic functions and responsibilities, where traditional nursing tasks are preserved, but also includes some functions and responsibility areas that have been expanded to an advanced level. To facilitate recognition of the role, its practice, and its implementation in a country’s health system as a whole, each country should clearly define what an advanced practice nursing role entails. Through definitions it is possible to identify new roles, including new areas of responsibility and limitations, in clinical practice. Definitions provide an overview of the type of nursing, care, treatment and services that can be expected from the person engaging in a certain practice. In this chapter, the concept “advanced practice nursing” is described and defined from an international perspective. Thereafter follows a brief introduction to the Caring advanced practice nursing model and how it and its central concepts can be defined, as well as a reflection on the difference between the specialist and advanced levels.

Keywords

Definition · Advanced practice nursing · Characteristics · Caring advanced practice nursing model

Nursing can be practiced on the generalist, specialist, and advanced levels (see Chap. 2). According to the International Council of Nurses, it is necessary to clearly define what the advanced practice nursing role entails to facilitate recognition of the role, its practice, and its implementation in a country's health system as a whole (Schober and Affara 2006; ICN 2020).

Generally, there are two main professional advanced practice nursing roles and titles seen in the international context, i.e., nurse practitioners and clinical nurse specialists (Schober 2016; ICN 2020). One can briefly say that nurse practitioners have mastered advanced nursing practice and are capable of clinical examination, assessment of health needs, diagnostics, further referral, ordering of laboratory tests or radiographic examinations, and adjustment of prescription medications. Though nurse practitioners primarily work in a community healthcare context, they can also work in a hospital context/setting. Clinical nurse specialists are expert nurses with advanced nursing knowledge and skills, who are capable of making complex decisions in a clinical specialty and often utilize a systems approach to influence optimal care (ICN 2020). They are expert nurses who deliver high-quality nursing care to patients and promote quality care and performance in nursing teams.

In the International Council of Nurses' new guidelines for advanced practice nursing, it is emphasized that nurse practitioners are generalist nurses and autonomous clinicians (ICN 2020). A master's-level education should result in the capacity to diagnose and treat conditions based on evidence-informed guidelines that include nursing principles in which there is a focus on treating the whole person rather than only the condition or disease, i.e., a holistic perspective (see Chap. 6). In the nurse practitioner role, clinical expertise in diagnosing and treating health conditions, including prescribing medications, is combined with disease prevention and health management.

Clinical nurse specialists are described as, "a nurse with advanced nursing knowledge and skills, educated beyond the level of a generalist or specialized nurse, in making complex decisions in a clinical specialty and utilizing a systems approach to influence optimal care in healthcare organizations" (ICN 2020, p. 12). Clinical nurse specialists provide a combination of direct and indirect patient care and have a broader and extended range of accountability and responsibility for staff development and improvements in the healthcare delivery system.

3.1 The Concept of Advanced Practice Nursing: An International Perspective

In 2002, the board of directors for the International Council of Nurses recognized a definition of advanced practice nursing. Note that this definition should not be considered normative, because it was developed to facilitate common understanding

and discussion on an international level (Schober and Affara 2006; Schober 2016). According to the International Council of Nurses (2002, 2008), an advanced practice nurse is defined as:

... a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she/he is credentialed to practice. A master's degree is recommended for entry level.

Important key concepts in this definition are:

- Expert knowledge and skills to engage in complex decision-making (complex decision-making skills).
- Clinical competence to maintain expanded responsibility in practice (clinical competencies for expanded practice).
- Advanced practice nursing must be designed in accordance with the needs of each specific country and health system. (ICN 2002, 2008)

Just recently, the International Council of Nurses (2020, p. 6) updated their guidelines on advanced practice nursing. There, an advanced practice nurse is defined as:

... a generalist or specialized nurse who has acquired, through additional graduate education (minimum of a Master's degree), the expert knowledge base, complex decision-making skills and clinical competencies for Advanced Nursing Practice, the characteristics of which are shaped by the context in which they are credentialed to practice (adapted from ICN 2008). The two most commonly identified [advanced practice nursing] roles are [clinical nurse specialists] and [nurse practitioners].

In 2018, in the United Kingdom, the Royal College of Nursing (2018) also renewed their definition and standards on advanced practice, stating that:

Advanced practice is a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

The Royal College of Nursing (2018) also determined that registered nurses working on an advanced level in the United Kingdom must meet the following seven standards:

- Have an active registration with the Nursing and Midwifery Council.
- Practice within the four pillars (advanced clinical practice, leadership, facilitation of education and learning, evidence research and development).
- Have a job plan that demonstrates advanced nursing practice and has equity with peers working at this level.
- Be educated to the master's level.
- Be an independent prescriber.
- Meet the Nursing and Midwifery Council revalidation requirements.
- Demonstrate autonomous evidence.

The specialization and expanded knowledge that an advanced practice nurse has results in a *generalist competency and the ability to take greater responsibility and undertake a more independent professional practice in one's professional nursing function. Yet over time this generalist competency can even develop into specialist competency, depending on the advanced practice nurse's field of work and the type of patients he/she cares for and treats* (see Chap. 2). This means that advanced practice nurses can even undertake tasks that physicians have previously been responsible for. In several countries, e.g., Australia, New Zealand, the Netherlands, the United Kingdom, and the United States of America, advanced practice nurses have non-limited prescriptive authority. In other countries, e.g., Finland, registered nurses with a postgraduate education of 45 credits have limited prescriptive authority (see Chap. 10). Briefly speaking, advanced practice nurses also have an expanded role in relation to several other nursing functions: among others, education/guidance, health preventive/promotive activities, research and development, and leadership (see Chap. 7) (Hinchliff and Rogers 2008; Altersved et al. 2011; Bergman et al. 2013; Wisur-Hokkanen et al. 2015; Schober 2016; ICN NP/APN Network Research Subgroup, Report 2019. <https://international.aanp.org/Research/SG>).

Greater and expanded individual responsibility for a patient's nursing, care, and treatment and more complex clinical tasks require in-depth knowledge of the nursing profession, good interdisciplinary knowledge, and advanced clinical skills. This includes, e.g., the comprehensive and systematic registration of a patient's health history (ability to take adequate anamnesis); advanced-level clinical examination methodology (e.g., heart/lung auscultation, assessment of neurological status); careful assessment of the patient's health needs; clinical decision-making linked to diagnosis, intervention, care, and treatment; and the ability to assess a patient's pharmaceutical treatment (pharmacotherapy) and eventual polypharmacy (often defined as five or more medications daily) (Åberg and Fagerström 2005, 2006; Fagerström 2008, 2009, 2019a; Lindblad et al. 2010; Schober 2016; Kappert and de Hoop 2019).

An advanced practice nurse is concerned about the patient, including the patient's close and extended family. To be able to engage in advanced practice nursing, sufficient clinical experience following one's bachelor's-level education in nursing, further education on the master's level (minimum requirement), and certain personal characteristics are needed.

In nursing literature, one sees three fundamental criteria associated with the implementation of advanced practice nursing: education (expansion of knowledge), authorization (national adaptation), and clinical practice with an emphasis on the patient and the patient's family (Schober and Affara 2006).

Expand knowledge base in accordance with the International Council of Nurses' (2002, 2020) definition of advanced practice nursing, the expanded responsibility inherent to the advanced practice nursing role requires greater competence and further education on the master's level, i.e., both profound theoretical knowledge and master's-level clinical skills. A master's-level advanced practice nursing degree

program can include courses on prescription rights, or such knowledge can be gained from independent (external) courses, either before or after completion of one's master's degree.

National authorization and adaptation Even though a master's-level education is considered a requirement for authorization and the ability to work as an advanced practice nurse, in many countries this criterion can be difficult to meet due to economic and/or educational policy reasons. One should remember that a nurse's actual clinical competence is the most central aspect in advanced practice nursing; even a lower educational level combined with extensive clinical experience, strong self-motivation, and certain personal characteristics can result in advanced-level competency in practice. Standardization, authorization, and accreditation systems for advanced practice nursing vary from country to country (Schober and Affara 2006; Schober 2016). A clear and evident system whereby advanced practice nursing education is standardized, authorized, and accredited on the national level is not only relevant to patient safety but also can even provide advanced practice nurses with a sense of security.

Adequate clinical practice Even the necessity for adequate clinical practice is emphasized (Hamric 2009). In many countries, at least 3–5 years of post-bachelor-relevant clinical work experience are required to be accepted into a master's-level advanced practice nursing degree program. Furthermore, during one's master's-level studies in, for example, Ireland, the United Kingdom, and the United States of America, about 500 h of clinical experience toward the end of the program are required (ICN 2020). Both requirements are intended to ensure that advanced practice nurses demonstrate a high standard when performing tasks. Nevertheless, precise, agreed-upon, international standards and/or principles related to advanced practice nurses' scope of clinical practice do not yet exist.

3.2 Characteristics of the Advanced Practice Nursing Role

In 1992, the International Council of Nurses established an international nurse practitioner/advanced practice nursing network (<http://icn-apnetwork.org/>), overseen by a board of representatives composed of individuals from all parts of the world. Through the International Council of Nurses' NP/APN network, the development of advanced practice nursing throughout the world is supported. The network also includes area subgroups, e.g., education, practice, research, communications, and even fundraising (earmarked for developing countries). To support and develop the definition of advanced practice nursing, the International Council of Nurses has identified the characteristics that an advanced practice nurse should possess and be provided the following recommendations (adapted from International Council of Nurses 2008, p. 29; Schober 2016):

- Educational preparation
 - Educational preparation at the advanced level (beyond generalist nursing education)
 - Formal recognition of educational programs preparing nurse practitioners/advanced practice nurses for the advanced practice nursing role, accredited or approved
 - Formal system of licensure, registration, certification, and credentialing
- Nature of practice
 - Integrates research, education, evidence-based practice, and clinical management
 - High degree of professional autonomy and independent practice
 - Case management/ability to manage own caseload on an advanced level
 - Advanced health assessment, decision-making, and diagnostic reasoning skills
 - Recognized advanced clinical competencies
 - Ability to provide consultant services to other healthcare professionals
 - Plans, implements, and evaluates programs
 - Recognized first point of contact for clients
- Regulatory mechanisms: country-specific regulations underpin NP/APN practice
 - Right to diagnose
 - Authority to prescribe medication (prescriptive authority)
 - Authority to prescribe treatment
 - Authority to refer clients to other professionals
 - Authority to admit patients to hospital
 - Officially recognized titles for nurses working in advanced practice roles
 - Legislation to confer and protect officially recognized titles (e.g., nurse practitioner, advanced practice nurse, clinical nurse specialist)
 - Legislation, policies, or other forms of regulatory mechanism specific to advanced practice nurses

3.3 Definition of Advanced Practice Nursing: A Conceptual, Caring Model

To define advanced practice nursing, concepts and a description of how those concepts can be linked to one another are needed, e.g., a conceptual model. According to Fawcett (2005), a conceptual model or theoretical framework provides a coherent, unified, and orderly way of envisioning related events or processes relevant to a discipline. In nursing literature and research, the terms “conceptual model” and “theoretical framework” are often used interchangeably. Fawcett and DeSanto-Madeya (2013) find that the term “conceptual model” is synonymous with the terms “conceptual framework,” “conceptual system,” “paradigm,” and “disciplinary matrix.” However, conceptual models should not be considered theories that try to explain and predict with precision. Instead, conceptual models can yield guidelines for middle-range theory development (Fawcett 1988).

Using a heuristic perspective to determine the structural hierarchy of contemporary nursing knowledge, Fawcett and DeSanto-Madeya (2013) identified five components that can be used to describe nursing knowledge: metaparadigm, philosophies, conceptual models, theories, and empirical indicators. In nursing, conceptual models have been used to provide a structure for both research designs and nursing practice and to guide the development and testing of interventions and hypotheses based on the tenets of a theory. Conceptual models are also used to explain and interpret study results and relate study findings within the context of science (Radwin and Fawcett 2002).

The aim of the Caring advanced practice nursing model is to provide a framework whereby both abstract ideas, i.e., theoretical perspectives as the cornerstones of the caritative philosophy, and general phenomena, i.e., the core competencies of advanced practice nursing, are organized and made visible. The Caring advanced practice nursing model gives both a philosophical and pragmatic orientation to the nursing, care, and treatment that advanced practice nurses provide to patients. This model can also strengthen professional identity: through clarification of the mission and boundaries of the role as well as the responsibility and accountability inherent to the role. Accordingly, the model contributes to common understanding of what advanced practice nursing is in the nursing profession itself, within professional teams, and in society (Fagerström 2019a). The model can also be used for the further development of distinctive concepts, to investigate the relationships between concepts, to organize ideas, for the development of educational programs/curricula, to design research, or to even develop knowledge on advanced practice nursing.

In international nursing literature, several conceptual frameworks or models of advanced practice nursing are seen (Spross and Lawson 2009). Hamric and Tracy (2019, p. 61) begin their conceptual description by noting that advanced practice nursing is based on the fundamental and core values inherent to nursing science. In Hamric's (2009) model of advanced practice nursing, which has been under development since 1996, the following core competencies are associated with advanced practice nursing: direct clinical practice, expert coaching and advice, consultation, research skills, clinical and professional leadership, collaboration, and ethical decision-making. In Hamric's most recent interpretation of the model, the component "research skills" has been replaced by "evidence-based nursing" (Hamric and Tracy 2019). The International Council of Nurses' definitions and guidelines for advanced practice nursing (Schober and Affara 2006) are largely the same. In international literature, the roles performed by the two main categories of advanced practice nurses, nurse practitioners and clinical nurse specialists, are often described through clinical practice, consultation, education, leadership, and research (Schober 2016; Hassmiller and Pulcini 2020).

When defining advanced practice nursing, the International Council of Nurses emphasizes that the model for each country should be used and modified with respect to the country's culture, tradition, and history (ICN 2020). For example, there is a strong theoretical nursing tradition in the Nordic countries, in which emphasis is placed on both the nurse-patient relationship and humanistic values.

Accordingly, when developing advanced practice nursing in that setting, it is of great importance to preserve this tradition. Underlying the development of the Caring advanced practice nursing model is also an attempt to further develop and build on the international caring tradition represented by Leininger, Watson, Roach, Swanson and Boykin and Schoenhofer (Marriner-Tomey and Alligood 2006).

In other international advanced practice nursing conceptual models, an emphasis on the importance of the nurse-patient relationship is fairly evident, but nursing perspectives on health, ethics, and/or value bases have not been as clearly investigated or stressed. The reason underlying such could possibly be that these aspects are considered self-evident. One strong explanation for why nursing science perspectives are specifically highlighted in current models might be the often-expressed criticism of advanced practice nursing and especially the nurse practitioner role, i.e., that advanced practice nursing is heavily influenced by the medical model and the tendency toward “mini physicians.” Another explanation is that there is a need to more clearly theoretically anchor advanced practice nursing in nursing as a discipline. In the Caring advanced practice nursing model, this is realized by using a theory of knowledge perspective and a theoretical perspective based on four main concepts that are the cornerstones of the theory of caritative caring originally developed by Professor Katie Eriksson (1943–2019), a very well-known and highly appreciated Nordic caring science theorist (Lindström et al. 2006; Fagerström 2019b), thereby providing definition to theoretical reflections in relation to other disciplines as well as deepening the articulation and understanding of the clinical implications of the theoretical perspectives on advanced practice nursing (Fagerström 2019a):

Caritative caring means that we take ‘caritas’ into use when caring for the human being in health and suffering Caritative caring is a manifestation of the love that ‘just exists’ ... Caring communion, true caring, occurs when the one caring in a spirit of caritas alleviates the suffering of the patient. (Eriksson 1992, p. 204, 207)

When developing conceptual models and concepts for advanced practice nursing, it is important to emphasize a setting’s prevailing culture, tradition, and history and purposefully hold on to and strengthen developed and accepted nursing perspectives. The Nordic nursing and caring science perspectives can be summarized in the following central concepts (Fagerström 2011, 2019a, b):

- A holistic approach to the patient as a unique person and to his/her life context and life conditions
- Health
- Ethos as a person-centered fundamental ethical approach
- Caring

These four main concepts are the cornerstones of the theoretical perspective underlying the Caring advanced practice nursing model, i.e., the caritative philosophy that underpins the competence areas’ part of the model, which subsequently influence clinical practice, education, and research.

The Nordic tradition, which is based on the core values of the discipline of nursing, is in many ways reflected in international models of advanced practice nursing. According to Fawcett (1984), the central concepts and themes, i.e., human beings, health, nursing, and environment, are identified and formalized as the metaparadigm of nursing. A holistic view of humankind and health is a consistent theme in international nursing research and theory creation, and the aforementioned core values (components) can be considered essential to the development of nursing. Ethical codes for nurses have been strengthened rather than weakened over the years. The statement “caring as the core of nursing care” does not need any further justification in the discipline of nursing today. According to Hamric (2009, p. 75), advanced practice nursing has a clear theoretical foundation in the discipline of nursing: “The advanced practice of nursing builds on the foundation and core values of the nursing discipline.”

It is interesting to note that, in the United Kingdom, the Royal College of Nurses (2018) has revised their standards for advanced-level nursing practice to now include that registered nurses working on the advanced level should show evidence of being holistic practitioners: the capacity to address nursing as well as medical needs and the ability to “see” the whole person, i.e., fuse biomedical science with the art of caring. Such nurses should furthermore provide health promotion advice, counselling, assessment, diagnosis, referral, treatment, and even discharge patients.

Also in the Dutch competency framework of advanced practice nursing, there is an emphasis on that nurse practitioners are: “independent practitioner[s] ... offering integrated treatment to care recipients based on clinical reasoning in complex care situations, ensuring continuity and quality of treatment, and supporting the care recipient’s autonomy, control-taking, self-management and empowering him or her within the patient journey” (Kappert and de Hoop 2019, p. 8). In this framework, advanced practice nursing is described as a combination of care and cure together with a holistic perspective; an advanced practice nurse focuses on a patient’s illness and on the patient being ill, and the patient as a human being in his/her context is central.

The Caring advanced practice nursing model as defined in this book is in line with the International Council of Nurses’ definitions and guidelines, Hamric’s model, and the other frameworks and international research in the discipline presented throughout the book. It has moreover been inspired by Eriksson’s theory of caritative caring (2018; Lindström et al. 2006; Fagerström 2019b) as well as a person-centered perspective on nursing (see Chap. 5). The model encompasses the Nordic nursing and caring science tradition, in which the importance of a holistic and person-centered approach is emphasized. This definition of advanced practice nursing includes a visionary perspective on advanced practice nursing models with clear clinical autonomy and necessary rights, e.g., the right to prescribe medications (prescriptive authority), the right to referral, and the right to order laboratory tests or radiographic examinations. Accordingly, the definition of advanced practice nursing can be summarized as follows (adapted from Fagerström 2011, 2019a, b):

A nurse with advanced clinical competency shall be able to independently assess, diagnose and treat common acute health problems and conditions related to disease as well as take

responsibility for the management of the follow-up and nursing needed for chronic health problems. Advanced practice nursing is characterized by a holistic view of the patient, caritative caring, and ethos as a person-centered fundamental ethical approach, where both objective and subjective health are focused on. The advanced practice nurse works in an evidence-based manner and is capable of systematically carrying out the comprehensive physical examination of a patient, investigating the patient's health history, and determining the patient's health needs on an advanced level. Based on his/her clinical assessment, the advanced practice nurse has the capacity and is able to make decisions about the patient's health needs and can realize the nursing and treatment measures required. He/she has the right to organize and refer patients for tests, such as laboratory tests or radiographic examinations, the right to prescribe medications, the right to referral as well as the right to admit or discharge patients, i.e., he/she can provide holistic and person-centered caritative nursing, care and treatment. The advanced practice nurse takes responsibility for, leads and coordinates health promotive and health preventative work. Other important areas of responsibility include the evaluation and development of healthcare services, quality assurance and research in own professional field. The advanced practice nurse holds a Bachelor's degree in nursing, has sufficient work experience and has an education equivalent to a Master's level degree in advanced practice nursing.

3.4 What Is the Difference Between Nurse Practitioners and Clinical Nurse Specialists?

In international literature, the discussion of the differences between nursing on the specialist and advanced levels primarily revolves around three factors considered important and which should thus be taken into consideration (Fagerström 2011, 2019a, b):

- Knowledge base and degree and breadth of competency
- Degree of autonomy in clinical practice
- Personal characteristics

How the specialist level of nursing is defined has often been based on an extension of the nursing role, i.e., the responsibility for new tasks: for example, when a nurse specialist stitches a wound or treats a child with an ear infection. An extension of the role entails that new skills and areas of responsibility that have previously belonged to another professional group (e.g., physicians) are integrated into the (new) nursing role. This has occurred in many countries to ensure, e.g., continuity in care and treatment or secure access to treatment.

A clearer expansion of the role occurs when greater responsibility and/or more complicated tasks are transferred from one profession or professional group to another, e.g., the examination of patients with acute and/or undiagnosed infections. This, for example, can include a responsibility for the nursing and treatment of patients who require a prompt diagnosis for acute health problems or patients with chronic health problems linked to diseases such as diabetes, asthma, or cardiac failure. The advanced practice nurse role is characterized by an independent, expanded clinical practice that requires advanced clinical knowledge and the skills relevant

for both stable and non-stable complex situations. Through a visibly expanded role and own area of responsibility, nurses are discernably given clear clinical autonomy—and can therefore be considered an advanced practice nursing role. This advanced, third level¹ of nursing involves a clear development of the nurse’s role and function and should be compared to the nurse’s nursing and treatment outcomes, which in many instances change radically. Based on experiences from many countries, prescriptive authority also appears to be “key” for clear clinical autonomy as well as effective and efficient patient care pathways (Daly and Carnwell 2003; Furlong and Smith 2005; Bryant-Lukosius et al. 2009).

Using a typology of named clinical nursing roles, Roberts-Davis and Read (2001, p. 40) discerned the similarities and differences between clinical nurse specialists and nurse practitioners. Already in 2001, they found that the following competencies are required (primarily) for the nurse practitioner role:

- Carry out a full systematic physical examination including cardiopulmonary and neurological assessment where necessary.
- Take a systematic patient history as “clerking in.”
- Make diagnostic decisions based on interpretation of clinical and other findings such as laboratory results and X-rays.
- Prescribe treatment including medication based on a sound knowledge of pharmacology.
- Devise an individual care plan which includes both nursing and medical management of care (“medical management” would include recommending a course of treatment or investigation).
- Screen patients for early signs of disease and risk factors.
- Carry out, where appropriate to the specific area of clinical practice, simple invasive and non-invasive diagnostic and therapeutic procedures. (Roberts-Davis and Read 2001, p. 40)

In many countries, especially those where advanced practice nursing is a new phenomenon, there is a lack of awareness on the similarities and differences between the nurse practitioner and clinical nurse specialist roles. In a systematic literature review of 118 articles of potential interest (Cooper et al. 2019), researchers investigated the similarities and differences between these roles. Based on the 12 articles ultimately included, the researchers concluded that “both roles are valuable and effective, predominately being clinically based with education, leadership and research components.” They also found that clinical nurse specialist roles were always specialist roles, whereas nurse practitioner roles were more likely to be generalist. In a graphical representation of their findings, one sees that there is a significant overlap of knowledge between the roles. They moreover concluded that when there is regulation and governance, the nurse practitioner role is also clearly defined and structured. Nonetheless, they found that there still exists a lack of governance and regulation in many countries (Fig. 3.1).

¹Generalist, specialist, advanced.

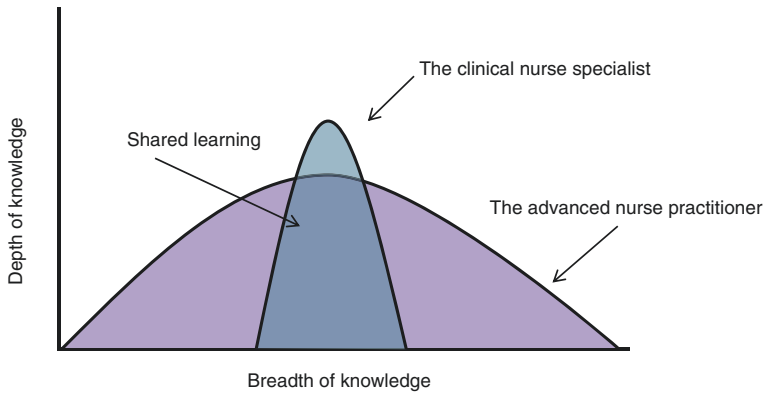


Fig. 3.1 A graphical representation of the difference between an advanced nurse practitioner and clinical nurse specialist (Cooper et al. 2019, p. 1314)

One sees in the list of competencies above certain skills that traditionally have not been performed in the nursing profession. While several are considered to “naturally” belong to the nursing profession, it is through deeper and broader knowledge that an advanced practice nurse can “read” (interpret) and understand patients with more demanding needs. These competencies are needed for clinical decision-making and arise from a broad knowledge base and sufficient work experience. There is international consensus on that it is the ability to engage in clinical decision-making that is what is unique to advanced practice nursing, not specific skills (Hamric 2009; Schober 2016; Tracy 2019).

In the list of Roberts-Davis and Read (2001, p. 40), one can also discern that direct clinical practice and clinical skills are important. In accordance with Hamric’s (2009) model of advanced practice nursing, this means that a nurse educated in advanced practice nursing who works in an administrative, leadership, or educational role yet who does not him/herself engage in advanced practice nursing cannot be considered an advanced practice nurse. Nevertheless, international consensus still does not exist on the importance and necessity of an active, clinical role in relation to whether a nurse can be considered an advanced practice nurse. For example, the Canadian Nurses Association’s definition of advanced practice nursing does not appear to include the same strict requirements for clinical practice (Bryant-Lukosius et al. 2004).

In the United Kingdom, the Royal College of Nursing’s (2018) new standards for advanced-level nursing practice include that registered nurses working on an advanced level must “... Show evidence of: Having the freedom and authority to act autonomously and independently; Being innovative, highly skilled at assessing and managing risk and consciously competent; Have the responsibility for decisions made and actions taken.” It is possible to argue that if one does not actively engage in advanced practice nursing it is difficult to maintain these competencies. Still, the various standards and definitions used in different countries are being steadily developed and updated to include that advanced practice nurses must be clinically active with patients.

3.5 The Advanced Practice Nurse's Knowledge Base and Broad Competence

The first determinative factor for whether a nurse is capable of advanced practice nursing is related to his/her knowledge base and extent of competence, i.e., whether he/she has sufficiently broad knowledge and comprehensive clinical competence to develop independent professional responsibility. In 1978, Carper identified four patterns of knowing in nursing: empirics, ethics, esthetics, and personal knowing. This was modified later on, with the addition of sociopolitical knowing (White 1995). Furthermore, multidisciplinary knowledge, such as knowledge from medical science, pharmacology, or the behavioral sciences and social sciences, is needed.

Daly and Carnwell (2003) emphasize the importance of having the competency to be responsible for undiagnosed patients. This can include, e.g., taking a health history (anamnesis) or completing a comprehensive clinical examination of patients with acute symptoms. To determine/diagnose such health needs requires a sufficiently broad knowledge base and good clinical skills: sufficient clinical experience is an absolute necessity in this context. In addition to broad competence, international research, and experience, in the Canadian Nurses Association's findings on advanced practice nursing, for example, the need for specialization in a chosen area is seen, e.g., gerontology, acute nursing, pediatrics, oncology/palliative care, family nursing, mental health nursing, etc. The need for different specializations can be developed when new advanced practice nursing models are implemented, and again this should vary from country to country and from setting to setting.

3.6 Degree of Autonomy in Clinical Work

The second determinative factor is the degree of autonomy, i.e., how dependent or independent the role is (Castledine 2003; Ball and Cox 2004; Bryant-Lukosius et al. 2004; Royal College of Nursing 2018). Autonomy can be described as the freedom to make decisions based on judgment, expert competence, and clinical knowledge in relevant clinical areas (Ulrich et al. 2003). In advanced practice nursing, there must always exist the possibility, right, and competence to make independent professional decisions and realize nursing and treatment emanating from these. Legal responsibility is therefore of great importance with regard to advanced practice nursing roles (Griffith 2008). National guidelines for advanced practice nursing care and treatment must be developed and anchored in legislation. However, during the start-up phase of new advanced practice nursing models, the local delegation of work tasks and responsibility can be used to provide a temporary solution.

In the Dutch model of advanced practice nursing, specifically the Nurse Practitioner Professional Competency Framework, the autonomous function of nurse practitioners is described as:

Nurse practitioners are independent professionals offering integrated treatment to patients based on clinical reasoning in complex care situations, ensuring continuity and quality of

treatment, and supporting the care recipient's autonomy, control-taking, self-management and empowering him or her within the patient's journey ... a combination of care and cure, holistic perspective, master educated, officially registered (Kappert and de Hoop 2019, p. 8).

In the Dutch model, it is emphasized that the treatment provided includes both medical and nursing interventions.

3.7 The Nurse's Personal Characteristics

The third determinative factor is the nurse's personal characteristics, i.e., to what degree the nurse is motivated, has own capacity, personal qualifications, and a certain willingness to bear expanded responsibility in his/her professional role (Roberts-Davis and Read 2001; Griffith 2008; Gardner et al. 2008). A certain degree of self-awareness and the ability to critically reflect are needed in advanced practice nursing, because these allow the nurse to be able to engage in consulting and leadership functions and assume the role of expert when working with other professional groups (Furlong and Smith 2005). An independent and expanded responsibility requires that a nurse is mature and courageous, both on the personal and professional levels (Wisur-Hokkanen et al. 2015). Personal maturity can take the form of personal wisdom (see Chap. 4). Being courageous means daring to stand up as an advanced practice nurse, taking up "space" and trusting that one's clinical competence is sufficient.

3.8 Conclusion

Post education, an advanced practice nurse has a broader knowledge base than a nurse specialist and is capable of being able to interpret, understand, and assess a broader spectrum of patients' undiagnosed health problems. For example, a nurse specialist with expert competence in wound care does not necessarily also possess the competence to evaluate the signs of acute cardiac problems nor evaluate how serious a problem is. This nurse specialist's competence lies in wound care; he/she does not have the competency to evaluate a patient's overall health condition. Such an ability is a key component in the competency that an advanced practice nurse needs to make independent clinical decisions.

The special competence that an advanced practice nurse needs, therefore, can include but is not limited to a narrow and predefined specialization or area (Roberts-Davis and Read 2001; Daly and Carnwell 2003). Nevertheless, an advanced practice nurse can through years of work experience, e.g., in acute care, gerontology, or palliative care, develop specialist competence in an area. "Nurse practitioner" is the internationally most commonly used advanced practice nursing title, and the nurse practitioner role is considered to include a need for more advanced clinical competence than what is needed for the nurse specialist role. Over time, advanced practice nursing roles and educational programs that also include an in-depth focus on

various specialist areas, e.g., gerontology, acute nursing, pediatric care, oncology/palliative care, family nursing, mental health nursing, etc., will be developed. One even sees in nursing literature evidence of a mixing of the advanced practice nurse and nurse specialist roles (Spross and Hamric 1983; Canadian Nurses Association 2008). In summary, one can reiterate that it is neither specialist nor specific skills that are determinative for and differentiate nursing on the specialist and advanced levels, but it is instead a combination of these aforementioned factors (Carlisle 2003; Castledine 2003; Griffith 2008). Societal needs will influence how various advanced practice nursing roles develop.

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