

Advanced nursing roles: survival of the fittest?

Proliferation of innovative advanced roles such as clinical nurse specialists, nurse practitioners and the broader roles of consultant nurse and community matron is increasing in the UK especially where they substitute for physicians^(1,2,3). Role diversity is valuable if it improves health and wellbeing for patients and workers but are the new roles all sustainable? Drawing on recent studies from the UK, including work on consultant nurses by King's College London's Management Department and the National Nursing Research Unit⁽⁴⁾, we consider whether some advanced roles are more likely to flourish and survive than others..

Consultant vs. specialist nurses

The consultant nurse/midwife/health visitor role was introduced by the Department of Health in England in 2000 for all branches of acute and primary care. Clinical nurse specialist posts, established in England in the 1980s, are more numerous.

The purpose of the consultant role is to improve practice and patient outcomes, strengthen leadership in the professions and help retain nurses by establishing a new clinical career opportunity. Some overlap occurs with specialist nursing posts in that half the consultant's time is spent in expert practice but, whereas the specialist works principally with patients in a clearly-defined area of clinical practice, the consultant role is expected to be more strategic and broad-based, to improve the practice of others and occupy a leadership position in nursing similar to that held by medical consultants.

Context of innovation

The establishment of consultant posts in NHS trusts without new funds from central sources meant that other initiatives could not be funded. This led to increased scrutiny by managers and other professionals wanting resources diverted elsewhere. Constant and premature scrutiny makes the consultant role vulnerable⁽⁴⁾. For example, improving practice through the work of others requires time for planning, baseline outcomes assessment, development, staff training and implementation of the change before its effects on patients can be evaluated. Achieving all that in less than five years is unlikely.

We need to understand the drivers behind decisions to introduce these new roles. Have advanced roles been established to pioneer progressive change in nursing or are they fulfilling workforce needs of the medical profession and responding to pressure from the health service to cut costs?⁽²⁾ Specialist nurses who substitute for physicians may be sustainable because they have clear role boundaries, their impact is amenable to clinical outcome measurement and unambiguous evidence exists for their effectiveness^(2,6). For consultant nurses, whose tenure has been less than five years, there is evidence that evaluation is undertaken before the role has had time to develop fully, making decisions about its effectiveness premature and misleading. This is a problem for primary care particularly⁽⁷⁾.

What is known

- Role substitution by nurse specialists and practitioners replacing doctors has been shown to have a positive impact on patient outcomes and experiences⁽²⁾.
- Consultant nurses have so far made their greatest impact in practice and service development rather than in patient outcome and cost-benefit^(6,8).
- It is difficult for consultant nurses to demonstrate impact when their effects are made indirectly through the work of others^(6,9).
- However, evidence of positive impact by consultant nurses on patient outcome is beginning to emerge, in critical care for example⁽¹⁰⁾.
- Sustainability of new roles depends on continued organizational support from managers, peers, other professionals and funding^(6,7,11,12). Consultants have been left to cope without support after the posts have been established and filled⁽⁴⁾ when what they need, in particular, is support to improve their leadership skills⁽⁷⁾.

Conclusion

The specialist is more likely to survive than the consultant if pressure by the health service to cut costs takes precedence over the need for development and growth in nursing and if decisions about the consultant's value are made prematurely. Hasty decisions on sustainability of advanced roles will threaten the more strategic consultant role because of the time needed to pioneer new developments.

Key issues for policy

- Research published early in the life of broad-based advanced roles in nursing, such as consultant nurses, cannot reach reliable conclusions about their impact on patient outcome and costeffectiveness. At least five years before impact is evaluated would be realistic to allow for planning, development and implementation of change.
- Research evaluations completed at an appropriate time will ensure that decisions made about the role's sustainability are reliable. An appropriate time is when consultant nurse innovators have had time to mature and craft their roles according to local requirements.

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