**Advanced nursing practice in palliative care: what is the evidence base?**

Sonja McIlfatrick

Deborah Muldrew

Those of us involved in delivering healthcare recognise that we are in a time of profound transition, particularly within the complex post-pandemic world. Consumer expectations, complexities of healthcare and a global shortage in the nursing workforce present significant challenges. Nursing leaders need to both pause and reflect, as well as adapt and develop new innovative ways to carry the nursing profession into the future. Reports from both the International Council of Nurses (ICN) and the 74th World Health Assembly have advocated for an investment in nursing leadership, in order to encourage nurses to engage and manage the current challenges (ICN, 2020; Burton, 2021). Different care models and practices need to be developed; one area that is under consideration is advanced nursing practice.

An Advanced Nurse Practitioner (ANP) has been defined by the ICN as one who ‘has acquired, through additional education, the expert knowledge base, complex decision-making skills and clinical competencies for expanded nursing practice, the characteristics of which are shaped by the context in which they are credentialed to practice’ (ICN, 2020). In effect, an ANP provides complex care using expert decision-making skills, alongside acting as an educator, leader, innovator, and contributor to research. Based upon the work of Hamric et al (2009), the core competencies of ANPs have been divided into four areas: direct clinical care; leadership; research and evidence-based practice; and education.

Within direct clinical care, ANPs are expected to work autonomously, provide clinical judgement and report quality issues using a person-centred approach, as well as diagnose, prescribe and treat patients within complex care. As leaders, ANPs are expected to develop and sustain partnerships and networks, engage stakeholders, provide professional and clinical advice, demonstrate resilience and develop robust governance systems. As educators, an ANP must keep their own knowledge and skills up to date while educating, supervising and mentoring colleagues. Lastly, as researchers, ANPs must contribute towards research that monitors and improves healthcare, critically appraise research and evaluate outcomes, and advocate for the development of a supportive research culture.

While such roles have been developed in other areas such as emergency care, primary care and oncology, they remain underdeveloped in palliative care, despite the demand for palliative care services having changed and grown. According to Sleeman et al (2019), an estimated 48 million people in 2060 (47% of all deaths globally) will die with serious health-related problems—an 87% increase compared to 2016. Consequently, the need to integrate advanced practice roles into palliative care practice has never been greater.

Internationally, different models have been developed. For example, the advanced nurse role in the US and Australia are well developed and include a protected title, with clear requirements for preparation and supervision in practice. Across Europe, there is no consensus on what advanced practice is, or what roles and role preparation should be included. In addition, not every country recognises or supports advanced practice within their regulatory nursing professions (Lee et al, 2020). For example, the UK’s national advanced clinical practice framework was developed in 2017. However, a nation-wide evaluation of the role across England demonstrated that considerable variation was found in the role titles, scope of practice, job descriptions and educational backgrounds of ANPs (Fothergill et al, 2022).

In Ireland, a recent report into the impact of ANPs across rheumatology, respiratory medicine, older person care and unscheduled care concluded that they positiviely impacted patient satisfaction and education, as well as increased continuity, access to care and the rate of avoidable hospitalisations (Department of Health, 2021). However, the evidence-base for palliative care literature is limited. While the ANP role was seen as a valuable source of extending palliative care into oncology (Ferrell et al, 2021), traditional forms of educational preparation were seen as insufficient for specialists in the palliative field (Pawlow et al, 2018).

Opportunities for ANPs within palliative care include improving communication, particularly around early palliative care consultations (Sabolish et al, 2022) and end-of-life care prognostic discussions (Kalowes, 2015). A qualitative study that explored the contribution of ANPs to multi-professional palliative care found the ANPs operated as the ‘thread running through the week’ and helped ensure the continued high quality of the local palliative care teams (Kennedy et al, 2015). However, while Kennedy et al (2015) argued that the fluid boundary between nursing and medicine was a valuable role model for leadership, the boundaries between the nursing and medical role needs to be carefully considered. ANPs are not meant to operate as ‘mini-doctors’—they are designed to contribute their own unique skill sets across clinical care, education, research, and leadership, working to the top level of their licence.

ANP roles is not without its challenges. Such challenges include considerations of levels of preparation and role of clinical supervisor in practice, practical aspects related to governance, regulation and supervision, as well as the need for continuous professional development and necessity to ensure that research aspects are not forgotten. Many questions remain around the development of such roles for professional practice, although it is clear that such roles are becoming more significant—it is hard to envisage the world of palliative care without nurses. Nurses are the largest workforce in palliative care. Their contributions to the legacy of palliative, holistic and compassionate treatment, as well as the development of a ‘total pain’ approach across the trajectory of living and dying, is evident.

The ANP role provides a vast array of new opportunities for nursing, including building new models within health policy and the implementation of new strategic leaders within specialist- and generalist- palliative care organisations. What is needed now is an evidence base to inform future direction and contribute to clinical practice and patient and family outcomes.

**References**

Burton E. ICN Report 74th World Health Assembly. 2021. https://www.icn.ch/system/ files/2021-07/74TH%20WHA%20REPORT.pdf (accessed 23 June 2022)

Department of Health. Final evaluation report on the impact of implementing the draft policy on graduate, specialist and advanced nursing practice September 2020. 2021. https:// www.gov.ie/en/publication/55c2c-final-evaluation-report-on-the-impact-of-implementing-the-draft-policy-on-graduate-specialist-and-advanced-nursing-practice-september-2020/# (accessed 23 June 2022)

Ferrell B, Virani R, Han E, Mazanec P. Integration of palliative care in the role of the oncology advanced practice nurse. J Adv Pract Oncol. 2021;12(2):1–12. https://doi.org/10.6004/ jadpro.2021.12.2.4

Fothergill LJ, Al-Oraibi A, Houdmont J et al. Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey. BMJ Open. 2022;12(1):1–10. http:// doi.org/10.1136/BMJOPEN-2021-055475

Hamric AB, Spross JA, Hanson CM, Hamric AB. Advanced Practice Nursing: an integrative approach. 4th ed. London: Saunders/Elsevier; 2009

International Council of Nurses. The global voice of nursing in the year of the nurse and Covid-19 pandemic. 2020. https://issuu.com/icn9/docs/web\_icn\_ra\_2020\_v08 (accessed 23 June 2022)

Kalowes P. Improving end-of-life care prognostic discussions: role of advanced practice nurses. AACN Adv Crit Care. 2015;26(2):151–166. https://doi.org/10.1097/ nci.0000000000000086

Kennedy C, Brooks Young P, Nicol J, Campbell K, Gray Brunton C. Fluid role boundaries: exploring the contribution of the advanced nurse practitioner to multi-professional palliative care. J Clin Nurs. 2015;24(21–22):3296–3305. https://doi.org/10.1111/ jocn.12950

Lee G, Hendriks J, Deaton C. Advanced nursing practice across Europe: work in progress. Eur J Cardiovasc Nurs. 2020;19(7):561–563. <http://doi.org/10.1177/1474515120917626>

Pawlow P, Dahlin C, Doherty CL, Ersek M. The hospice and palliative care advanced practice registered nurse workforce: results of a national survey. J Hosp Palliat Nurs. 2018;20(4):349–357. <https://doi.org/10.1097/njh.0000000000000449>

Royal College of Nursing. Standards for advanced level nursing practice. 2018. https://www. rcn.org.uk/professional-development/publications/pub-007038 (accessed 23 June 2022)

Sabolish RM, Wilson JM, Caldwell HK. Palliative care in a pandemic: a retrospective review of the impact of early palliative care consultation during the coronavirus disease 2019 pandemic. J Hosp Palliat Nurs. 2022;24(1):50–56. https://doi.org/10.1097/ njh.0000000000000807

Sleeman KE, de Brito M, Etkind S et al. The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. Lancet Glob Heal. 2019;7(7):e883–e892. http://doi.org/10.1016/S2214-109X(19)30172-X