Advanced and expanded roles in palliative care nursing.

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Chapter

14

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Introduction

This chapter explores contemporary issues around advanced practice nursing roles and their contributions to palliative care. Our approach here is to consider advanced practice as a generic term which includes clinical nurse specialist and advanced nurse practitioner roles. These are extended roles and signify nurses who practise at a higher level than traditional nurses. The roles are shaped by the countries and context in which the nurse is practising. Our aim is to define the concepts and characteristics in advanced practice in order to provide insights into nursing contributions to palliative care.

In this chapter we identify the growing demands for palliative care due to demographic changes alongside the resulting implications for education, professional identify and the scope and development of advanced practice nursing roles. We draw on evidence which demonstrates a 'blurring of professional boundaries' and 'fluid role boundaries' in advanced practice roles and which place the person in need of care at the centre of the service model. We also highlight the difficulties in differentiating between specialist, expanded and advanced roles and suggest further work is required to name, value and assess the contributions of such nursing roles.

Making a difference to people who need palliative care and at the end of life, be they patients or those who support them, is an interdisciplinary endeavour. Nurses provide care as part of an interdisciplinary team so while this chapter has a focus on nursing roles, it does so in recognition of the nursing contribution to a team-based approach to palliative care. This is particularly important when considering the nature of advanced practice where advanced nursing roles may lie at the boundaries between nursing and medicine or other allied health professional roles.

Modernising nursing roles in palliative care

Health services providers internationally are concerned with ensuring that the nursing and midwifery resource is deployed to full advantage. This is driven by numerous factors, including the need to modernise health services to meet growing demands due to an increasing older population, as well as public expectations. Palliative care, as a relatively young specialty, has a particular need to develop flexible and responsive service models, given care provision should be based on needs rather than diagnosis and focused around the preferences of patients and their families.

There exists growing evidence on the important role of nurses in providing safe patient care. The Registered Nurse Forecasting (RN4CAST) study (2009–2011) scaled up evidence across European countries and demonstrated that good nursing workforce strategies are associated with improved patient outcomes (Sermeus et al. 2011). Good staff ratios and nurse qualifications were two key factors shown to improve patient care and safety and staff satisfaction. RN4CAST has generated a large evidence base of nurse workforce issues and has linked higher education attainment with improved patient outcomes (Sermeus et al. 2011). This is important evidence when planning the education needs of the nursing workforce to meet growing demands for palliative and end of life care.

Ensuring the nursing workforce can meet the growing demands for palliative care is challenging. Only a small proportion of palliative care is delivered in specialist settings such as hospices by specialists in palliative care. Most palliative care is delivered in a range of care settings by nurses with or without additional education in palliative care. The growth in numbers of clinical nurse specialists and advanced nurse practitioners, who work in disease-specific roles and have palliative care as part of their remit. complicates the process of identifying role boundaries and the preparation required for such roles. In addition, the development of palliative care specific specialist and advanced roles presents opportunities for both changes and challenges in professional nursing identity concerning the scope of roles in palliative care. In the next section we explore the links between levels of palliative care, education and advanced practice roles.

Levels of palliative care and education preparation for clinical nurse specialist and advanced nursing practice roles

Palliative care has been defined by both the World Health Organization (2002) and the European Association for Palliative Care (1998) as care which aims to improve the quality of life of an individual with a life-threatening illness through the management of physical, psychological, social and spiritual issues. That care is extended to the family of the individual concerned and can continue if required to the period after the death of the individual. Not only must the focus be on the physical, psychological, social and spiritual management of the individual and their family, but cognisance must also be taken of the level of service provided which, in turn, corresponds to the complexity of needs of patients and their families alongside levels of interaction with specialist

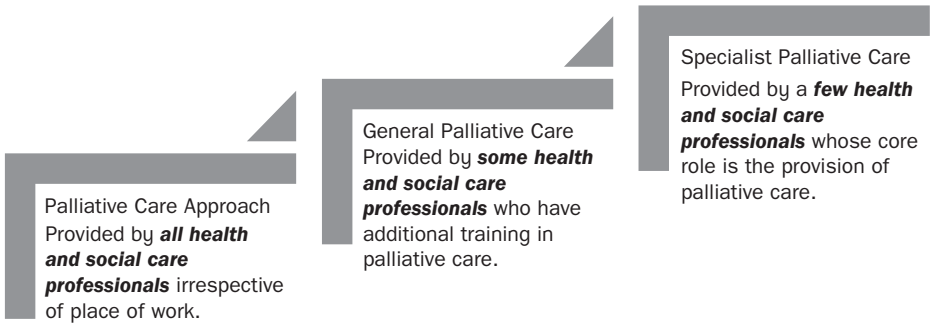

Figure 14.1 Levels of palliative care

palliative services (Radbruch and Payne 2009). The levels of service provision and interaction can be described as the palliative care approach, general palliative care and specialist palliative care, and can be used to identify and indicate the most appropriate level of education and resulting knowledge and skills required for practice, in order to meet patient and family needs (Figure 14.1).

A rapid appraisal of the literature identifies key components of effective models of palliative care which have relevance for the nursing contribution:

- *Case management* to meet the full range of an individual's palliative and other care needs and social well-being.
- *Shared care* which comprises a team around the patient and family from primary, community and specialist services. Shared care and case management are linked, often through nurse specialist roles, which provide an interface between primary, secondary and tertiary care services and also in the coordination of services,
- *Specialist outreach services* have been shown to improve health outcomes in primary care, although more comparisons of specialist palliative care outreach services are required.
- *Managed clinical networks* which may facilitate access for hard to reach or underserved groups. Integrated care which is based on the principles of advocacy and the provision of seamless, continuous care from referral through to bereavement.

(Adapted from Luckett et al. 2014)

It therefore follows that different levels of education and preparation for nurses providing palliative care, irrespective of care setting, will be required to meet the needs of the populations served, recognising the different roles they may undertake. It is notable that the numbers of clinical nurse specialist posts grew during the 1970s and 1980s as the numbers of academic programmes increased to address the growing need for specialisation. Despite this, there exists a lack of agreement about role preparation, role boundaries and the need for accreditation of such roles. For example, in the UK, the clinical nurse specialist or advanced nurse practitioner title is not regulated, unlike in the USA, Australia, Canada and Ireland where they are (Lowe et al. 2012).

The *palliative care approach* is the integration and use of palliative care principles in a range of general care settings such as acute hospitals and nursing/care homes. A range of healthcare and social care professionals, including general practitioners and nurses, provide care, using this approach which embodies excellent person-centred support for family carers. It is generally agreed that all healthcare professionals need to understand the principles of palliative care and their application to physical, psychological, social and spiritual care. Progress has been made in incorporating education about the palliative care approach in the curricula for medical, nursing and other healthcare and social care professionals (Ryan et al. 2014). Indeed, the Council of Europe recommends that all professionals working in healthcare should be confident in their understanding and use of the palliative care principles (Council of Europe 2003).

General palliative care is provided by professionals for patients with an advanced life-limiting condition, and incorporates the integration of the principles of palliative care with the use of advanced clinical skills and knowledge. Such professionals will have improved knowledge and skills in managing difficult symptoms and advance care planning. Many people who die in hospital or community settings require general palliative care provided by those healthcare and social care professionals working in clinical areas such as oncology, older person services or in the community. Healthcare and social care professionals, particularly nurses, working in these areas require good basic palliative care skills and knowledge, alongside some additional training and experience in palliative care (Council of Europe 2003; Department of Health and Children 2001; Radbruch and Payne 2009).

Specialist palliative care is provided by healthcare and social care professionals, whose core activity is the provision of palliative care. The specialist palliative care service is aimed at patients with complex care needs across a range of in-patient and community services. Consequently the provision of specialist palliative care requires staff who have undergone recognised specialist palliative care training, often to Master's level of study or beyond. Specialist palliative care services require a team approach, combining a multi-professional team with an interdisciplinary mode of work. The specialist palliative care team should have expertise in the clinical management of problems in multiple domains in order to meet the patient's complex needs (DOHC 2001; Clinical Standards Board for Scotland 2002; National Consensus Project for Quality Palliative Care 2004). Given the range and scope of competences required by nurses who work in specialist palliative care, advanced education up to and including a Master's degree or beyond should be the ideal.

In a number of jurisdictions, including the UK and Ireland, there is a clinical career pathway for nurses who choose to work and specialise in palliative care. Upon completion and initial registration as a nurse, the individual nurse will work towards attaining a level of experience in clinical care and, upon choosing to specialise in palliative care, can move to work in the area and commence further education in palliative care or may choose to obtain a higher education award in palliative care prior to moving into specialist practice.

What is clear is that those nurses who choose to specialise in palliative care are required to have a minimum of Level 7 (European Commission 2012) education award

Figure 14.2 Levels of education and training for a clinical career

in order to qualify for specialist or advanced practice status as laid down by the Royal College of Nursing (2009) in the UK and the Nursing and Midwifery Board of Ireland respectively (Figure 14.2). A similar picture exists in the USA, Australia and, since 2010, New Zealand, where Master's degree level education or above is required by advanced nurse practitioners. However, in a number of countries across Europe (e.g., Germany, Poland, Romania), specialisation in palliative care nursing is in its infancy and although higher level education and continuing practice development programmes are available, there is no substantive requirement for a Master's degree level qualification to be obtained in order to practise in a specialist palliative care role (Sheer et al. 2008).

The broadening scope of palliative care and the challenges for advancing nursing roles

Nurses in specialist and advanced practice roles make a central and significant contribution to the delivery of palliative care. In particular, clinical nurse specialist posts are established across a number of disease-specific areas incorporating advanced skills in assessment, supportive care and technical skills, many of which may ~~pre1sly~~ have required hospital attendance and/or admission. It is recognised that when a clinical nurse specialist has palliative care in their title or remit that a significant proportion of their time is likely to be devoted to palliative and end of life care. There is evidence from 12 developed countries that advanced nursing practitioners perform as well as doctors, given appropriate education and training for the tasks allocated to them. There is also evidence of high patient satisfaction, mainly due to the way advanced nurse specialists interact with patients and family members and a focus on education and counselling (Delamaire and Lafortune 2010).

As discussed earlier in this chapter, no universally agreed definitions exist of clinical nurse specialist or advanced nurse practitioner roles although it is recognised that such post-holders will have additional education (Figure 14.2). Currently different perspectives exist on whether clinical nurse specialist or advanced nurse practitioner roles differ or are similar. There are suggestions that the clinical nurse specialist role involves direct care provision informed by increased knowledge and skills and the

advanced nurse practitioner role moves into areas of expanded practice such as diagnosis and treatment. However, the evidence is inconclusive and there exists a lack of clarity (Lowe et al. 2012).

As members of the multi-professional healthcare team, nurses spend most time caring for and being with the patient and their family, and so have an intimate picture of the individual and their needs, desires, concerns and fears. Given the major changes in the working patterns of junior doctors, in a number of jurisdictions, as a result of an EU directive, the role of the nurse is poised to further expand in order to meet service needs (Kennedy et al. 2015). Furthermore, the growing recognition of the palliative care needs of individuals with non-malignant diseases and the need for service providers to meet end of life care needs for those affected by non-malignant, life-limiting disease have implications for the development of the nursing workforce (Murray et al. 2006; Chahine et al. 2008; Bausewein et al. 2010; Pinnock et al. 2011; Higginson et al. 2012; McConigley et al. 2012; Higginson et al. 2014; Kimbell et al. 2015; Eriksson et al. 2016). This means there is potential to influence the further expansion of the palliative care advanced practice roles, irrespective of the care setting.

Professional identity and advanced clinical roles

An important aspect of moving to expanded advanced practice nursing roles is the need to ensure that nurses working in palliative care are not seen to extend their role to fulfil tasks and provide care that other professionals would have done in the past and are no longer willing to do so. This is particularly so in the nurse/doctor dyad where both professions may be concerned about role erosion or shifting the role boundaries from those considered traditional to that profession. Similarly there is some evidence that the presence of specialists may erode the opportunities for role expansion of other colleagues who are not in specialist roles. It is also recognised that advance practice roles provide opportunities for holistic care alongside some traditional medical roles around diagnosis and assessment (Lowe et al. 2012, Kennedy et al. 2015).

Effective team working makes best use of the skills and knowledge of its members. Over-zealous demarcation of role boundaries may hinder team working, however, effective team working also requires role clarity and understanding between members. Defining specialist and advanced roles in nursing is challenging due to the inherent differences that exist in such classifications. Nurses who work in hospice or palliative care units are not necessarily nurse specialists, although they may have undertaken some additional education in palliative care. Rather, they are working in a specialist area. This can be confusing for patients, their families and indeed other healthcare and social care professionals in that the same level of knowledge and expertise is used irrespective of place of care, but the titles of those providing the care differs.

The questions arise then as to what precisely defines an advanced practice role in specialist palliative care. Specialisation may be considered to occur as part of the advancement of a profession and in nursing is generally considered to be ‘a good thing’.

Developing specialist and advanced roles contributes to both the advancement of the nursing profession and the delivery of patient-, family- and community-focused care through expanding and moving boundaries forward. Having said that, there is a lack of clarity around how practice might concentrate around a specialism and the knowledge and skills required to achieve this level of practice. Furthermore, we know little about the numbers of specialist and advanced practitioners required and the areas of practice suited to such roles. Linking levels of palliative care (Figure 14.1) to levels of education (Figure 14.2) provides a useful model for the development of specialist and advanced roles but there remains questions about balancing practice restriction with practice expansion, and defining the scope of advanced and specialist nursing practice (Gardner et al. 2007; Lowe et al. 2012; McConnell et al. 2013).

Irrespective of the setting, there are specific skills, attributes and competences associated with specialist practice. In some jurisdictions these are clearly articulated. In Ireland, the National Council for the Professional Development of Nursing and Midwifery (2007) articulated core concepts for the clinical nurse specialist role (Table 14.1). Similar concepts for clinical nurse specialist have also been identified by the Royal College of Nursing in the UK (2009).

The roles of nurses working at advanced practice level in Australia (ANMAC 2015), New Zealand (NZNO 2008), the United States (AANP 1993) and the UK (2012) are also described. Table 14.1 summarises clinical nurse specialist and advanced nurse practice key concepts and descriptors. It can be seen that there are areas of overlap and the key concepts underpinning both clinical nurse specialist and advanced practice roles are linked. The difference in these roles may lie in the levels of expectation and the reach and scope of the advanced nurse practice role as opposed to the clinical nurse specialist role, which lies mainly at the level of the patient and family.

These concepts when demonstrated by the clinical nurse specialist equate to the ability to practise with an increased level of competence and confidence. As such, what is observed is an individual who has clear leadership abilities and a capacity for collaboration, consultation and an ability to see 'the wider picture' when assessing and providing for the needs of the patient and their family. Advanced practice builds on the reach and scope of the clinical nurse specialist role to exert broader influence and development on clinical practice, education, research and leadership (Clinical Standards Board for Scotland 2002; Lowe et al. 2012; Ryan et al. 2014; Kennedy et al. 2015).

The combination of rising incidence of long-term conditions and ageing populations is increasing pressures in meeting the demand for palliative care, and creative use of the nursing workforce is vital. This rising need is in a context where economic and workforce resources are diminishing. The key contribution nurses make to the delivery of palliative care is recognised. Across Europe and internationally the clinical nurse specialist in palliative care is relatively well established although we do not know how many such roles exist. A natural and logical progression is therefore the investigation of the potential benefits and parameters of the advanced nurse practice role in palliative care, a role which is relatively unexplored (Reed 2010).

Table 14.1 Clinical nurse specialist/advanced nurse practitioner key concepts and descriptors

Concept	*Clinical Nurse Specialist (CNS) descriptor*	*Concept*	*Advanced Nurse Practitioner (ANP) descriptor*
Clinical focus	The work of the CNS must have a strong patient focus and must define itself as nursing and provide both direct and indirect care	Autonomy in clinical practice	The autonomous ANP/AMP is accountable and responsible for advanced levels of decision-making which occur through management of specific patient/client caseload
Patient advocate	The CNS role involves communication, negotiation and representation of patient values and preferences in care decisions	Expert practice	Expert practitioners demonstrate practical and theoretical knowledge and critical thinking skills that are acknowledged by their peers as exemplary. They also demonstrate the ability to articulate and rationalise the concept of advanced practice. Education must be at Master's degree level (or higher) in a programme relevant to the area of specialist practice and which encompasses a major clinical component.
Education and training	The CNS holds a remit for education and training which consists of structured and impromptu educational opportunities to facilitate both staff development and patient education.	Professional and clinical leadership	ANPs/AMPs are pioneers and clinical leaders in that they may initiate and implement changes in healthcare service in response to patient/client need and service demand. They must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing/midwifery practice and a commitment to the development of these areas. They provide new and additional health services to many communities in collaboration with other healthcare professionals to meet a growing need that is identified both locally and nationally by health care management and governmental organisations. ANPs/AMPs participate in educating nursing/midwifery staff, and other healthcare professionals through role-modelling, mentoring, sharing and facilitating the exchange of knowledge in the classroom, the clinical area and the wider community.

(Continued)

Table 14.1 (*Continued*)

Concept	*Clinical Nurse Specialist (CNS) descriptor*	*Concept*	*Advanced Nurse Practitioner (ANP) descriptor*
Audit and research	Audit of current nursing practice and evaluation of improvements in the quality of patient/client care are essential requirements of the CNS role. The CNS, as well as keeping up to date with relevant current research to ensure evidence-based practice and research utilisation, must also contribute to relevant nursing research.	Research	ANPs/AMPs are required to initiate and coordinate nursing/midwifery audit and research. They identify and integrate nursing/midwifery research in areas of the healthcare environment that can incorporate best evidence-based practice to meet patient/client and service need. They are required to carry out nursing/midwifery research which contributes to quality patient/client care and which advances nursing/midwifery and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. The application of evidence-based practice, audit and research will inform and evaluate practice and thus contribute to the professional body of nursing/midwifery knowledge both nationally and internationally.
Consultant	The CNS will provide both inter and intra-disciplinary consultations, across sites and services. This consultative role contributes to improved patient management.		

Constructs of advanced practice and relevance to palliative care

The advanced nurse practice in palliative care is a relatively new phenomenon. Although advance nurse practice roles have been developed across a range of healthcare settings which include primary care in the USA and Sweden, and acute hospital services in the UK, Australia and Ireland (Kennedy et al. 2015), the number of advance nurse practitioners in palliative care has not reached the levels seen in other areas of specialty. There is also only limited evidence of research into the potential of the advance nurse practitioner in palliative care (Reed 2010). That said, there appears to be agreement that advance nurse practitioners in palliative care are distinguished by their highly developed clinical skills and knowledge, which are used to develop and deliver care. Key attributes of the advance nurse practitioner in palliative care have also been identified as: critical thinking, autonomous decision-making, and an advanced ability to problem-solve, as well as impeccable assessment, diagnosis and treatment planning. It is also important to note that the advance nurse practitioner role relates primarily to clinical care of patients and their families, but also encompasses research, education and leadership, making the reach and scope of the advance nurse practitioner role different to that of the clinical nurse specialist (Wickham 2003; RCN 2008). The advance nurse practitioner role is also likely to combine holistic care with advanced clinical skills around assessment and diagnosis (Lowe et al. 2012; Kennedy et al. 2015).

The term 'advanced nurse practitioner' has been used inconsistently across a number of roles and jurisdictions. There have been a number of attempts to define competencies, and standards for advanced practice (Lowe et al. 2012). As identified earlier, a degree of inconsistency persists despite the attempts to benchmark standards and competencies for advanced practice.

Optimal healthcare delivery which responds to patient and service needs is arguably dependent on empowering nurses and midwives to expand their scope of practice when patient and service needs make it prudent to do so (D'Amour et al. 2012). In palliative care there is an urgent need to develop new models of healthcare and service delivery to meet the needs of all patients with advanced illness and their families. Expanded levels of autonomy, skills and decision-making for nurses are central to this endeavour, although this has resulted in some confusion in the health service community internationally about the professional role and scope of the advance nurse practitioner. Long-standing difficulties exist in relation to the scope of advanced nursing practice and such roles. In particular, the international literature identifies that balancing practice restrictions with practice expansion coupled with environmental and client-specific contextual factors, is problematic.

The most widely accepted definition of advanced practice is that proposed by the International Council of Nursing:

> A Nurse Practitioner-advanced practice nurse is 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 s/he is credentialed to practice. A master's degree is recommended for entry level.
>
> (ICN 2013)

Despite some of the difficulties around defining advanced practice, there exists agreement that such practitioners require a number of attributes, including the ability to work autonomously, think critically and demonstrate expertise in complex decision-making. Positive role modelling in order to improve, change and deliver evidence-based practice is important for service delivery. Four spheres of advanced practice are identified; leadership, facilitating learning of others, research and advanced clinical practice. Expanded practice may include non-medical prescribing (NMP) and clinical skills in diagnosis which can be identified as an expansion of nursing practice. It is more complex to identify expanded practice in terms of clinical decision-making, leadership and the provision of holistic care.

This means that key issues for palliative care services, considering the introduction of advance nurse practice roles, include the current lack of clarity regarding the contribution to holistic care provision and outcomes, where advance nurse practitioners are positioned within multi-professional teams and the impact on team working (Reed 2010). The perspectives of patients and carers regarding this service model are also necessary. The increasing complexity and availability of options for palliative care and treatment and the needs of patients with non-cancer illness throughout the palliative phase of their illness mean the technical and diagnostic skills of the ANP have attracted attention. In addition, recent changes in UK legislation to allow NMP of controlled drugs (Home Office 2012) supports the successful operation of these roles in the palliative care setting. The UK is recognised as a leader in NMP and although there are developments across North America and Australasia, these jurisdictions do not have the same extended NMP rights as in the UK. A UK survey in 2015 to explore the current position of nurse prescribing in palliative care identified NMP working in palliative care, showing that the 2012 legislative changes have been embraced. However, the findings identified a need to improve the transition between becoming qualified and undertaking active NMP. The authors identified a lack of research in this area and recommended ensuring the provision of proper study leave for nurses and further research to include the patients' perspectives and economic implications (Ziegler et al. 2015).

Advanced nurse practitioners in palliative care

The numbers of advance nurse practitioners providing specialist palliative care are relatively unknown. Furthermore, there exists a paucity of information about the nature of these roles and how these reflect the four spheres of advanced practice; leadership, facilitating learning of others, research and advanced clinical practice.

One example which illuminates attributes of the advanced practice role in palliative care is the evaluation of two advanced nursing practice roles in a specialist

multi-professional palliative care service in Scotland (Kennedy et al. 2015). Two advanced nurse practitioners were supported to complete Master's level studies and worked between a specialist palliative care unit and the acute hospital where they had an advisory role. Three phases of qualitative data collection were conducted over a period of ten months. Twenty-one participants spanning Advanced Nurse Practitioners (n = 2) multi-professional staff (n = 14) and patients/carers (n = 5) took part. Individual and focus group interviews with key stakeholders, observation of the advance nurse practitioners at work and analysis of their reflexive diaries were the data collection methods.

Overall, the findings of this evaluation demonstrate that if the advanced nurse practice role can flourish, it has the potential to shape 'new identities', re-construct the boundaries of nursing roles and emphasise the relationship-based elements of excellent nursing work (Box 14.1). In this study the advanced nurse practitioner roles offered *a unique contribution* to the service and these roles were characterised by *fluid role boundaries*. Throughout, the overarching notion of the *delivery of person-centred care* in the palliative care context was evident.

Box 14.1 Advanced practice in palliative care in action: a patient's perspective

[ANP named] answers all our questions, she doesn't avoid the difficult questions that we've wanted to ask, whether it's on treatment, whether it's on the progress, on the disease or the process or what the hospice can provide or what it can't provide. She's not averse to giving you a cuddle when she knows you're very down and you need it. She seems to have great insight into how you're feeling and she provides for you as an individual need. I've talked – we've talked – about all aspects about my demise, something I haven't done with anybody else . . . (a) because she's made herself available and (b) because we have confidence in her.

The findings showed that in this context the advanced nurse practice role incorporated aspects of nursing alongside the utilisation of skills not traditionally associated with nursing or specialist palliative nursing roles (Box 14.2). This included physical examination; independent non-medical prescribing; initiating, ordering and interpreting investigations, accepting and coordinating admissions/discharges. These skills were integrated with expertise in advanced communication and counselling, ethical and person-centred decision-making and care planning.

Box 14.2 Moving the boundaries of palliative nursing care

Research Observations: ~~[~~ANP and Speciality Doctor reviewed the drug kardex together to note how much analgesia had been used over the last few days~~]~~,

cognitive status and changes, as well as wider disease and indications of sepsis, degree of response to antibiotics, fluids and bloods. During the face-to-face review, the Speciality Doctor followed up on points made by the ANP, gaining more information about how the patient felt. During this time, ANP at times prompted patient about information that patient had previously disclosed but that patient had not yet mentioned to the Speciality Doctor. The patient was reluctant for fluids but ANP and the Speciality Doctor gently negotiated this with the patient and the patient agreed. Following review, the ANP offered her perspective on current and appropriate analgesia which included adjuvant and second line opiates and diagnosis of toxicity, use of fluids, and the judgement that the patient was deteriorating despite antibiotic intervention – the issue of sepsis against a background of advancing disease and unpredictable but short prognosis. There appeared to be agreement from the Speciality Doctor and from this, the ANP amended the kardex and attended to fluids. ANP raised the issue of ensuring patient's family were aware of the situation as unpredictable but most likely deteriorating rapidly.

(Observation, In-Patient Unit, Ward Round, Phase Two)

The findings of this study suggest advanced nurse practice roles have the potential to blur the boundaries between caring and treating/curing although significant further work is required to identify which patient and family outcomes are best met by an advanced nursing role. This study identified and confirmed that the context in which advanced nurse practice roles are developed is important, as acceptance of the role by other members of the interdisciplinary team is linked to the co-construction of a different nursing identity.

Conclusion

There have been a number of attempts to identify distinct levels of palliative nursing care practice which correspond to the palliative and end of life care needs of patients and families across a range of healthcare settings. All nurses require education in palliative care and never more so than in an environment where palliative care should be available to all, regardless of diagnosis and care setting. There is a clear need to ensure that the nursing contribution to palliative and end of life care is supported and developed and that the expansion and advancement of professional nursing identities are supported. The expansion of palliative care nursing roles at each level of palliative care delivery; the palliative care approach; generalist palliative care and specialist palliative care is necessary.

At the specialist level, the nurse has the potential to enhance and improve the quality of care to patients and families while also acting as a resource for the inter-professional team, and other colleagues working in varying clinical settings. At the advanced

level, palliative care nursing has a key role to play in the provision of person-centred, evidence-based care that uses the advanced skills and knowledge of the individual nurse and blurs the boundaries between treatment and care. The planning of advanced nurse practice roles should include prioritising the scope and focus of the post within the four recognised core domains. The introduction of advanced nurse practitioner roles needs to recognise the context in which the post will exist and the implications for key stakeholders as acceptance of the role is linked to the co-construction of a different nursing identity.

As palliative care nursing continues to evolve and expand, it is important that these advances be supported in both their design and development, in order to ensure that palliative care nursing remains person-centred and central to the provision of care to individuals with life-limiting conditions and their families. There exists a need to define, defend, evaluate and name the work of expanded and advanced nursing roles in palliative care if patient and family care outcomes are to be met.

Learning exercise 14.1

As a nurse providing palliative care, reflect on your current role and responsibilities taking time to consider how you currently articulate the key concepts and descriptors described in Table 14.1. Some questions to consider:

- What level of palliative care am I providing?
- Do I consider I am performing my current role as specialist level?
- Do I consider I am performing my current role at an advanced level?
- What key activities do I undertake that I think represent holistic care in palliative care?
- What attributes do I have that I consider contribute to my professional identity as a palliative care nurse?

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