The NHS is facing significant challenges due to financial and political restraints that make high-quality patient care ever more difficult to deliver (Hammond et al, 2017). Decreases in the number of junior doctors and the hours they work, along with a growing population of ageing patients who have comorbidities and complex needs, has led to new measures in an attempt to safeguard the future of healthcare provision (Reynolds and Mortimer, 2018). This includes the development of:

- Advanced practitioner/advanced nurse practitioner (ANP) roles, involving nurses and allied health professionals taking on responsibilities that were once the preserve of doctors (Ryley and Middleton, 2016);
- The role of physician associate, which is open to qualified health professionals and bioscience graduates and involves undertaking a range of tasks and responsibilities under the supervision of a doctor (Curran and Parle, 2018).

The most established of these roles is the ANP, which the Royal College of Nursing (2018) has stated should be fulfilled by nurses who are highly skilled, highly educated and able to act with supreme autonomy. Nurses transitioning into this role can find themselves in an unfamiliar world, where the boundaries of nursing and medicine are blurred (Joel, 2013). Any role transition can bring anxiety, stress and uncertainty (Williams and Sibbald, 2001) and, in the case of ANPs, the changes in responsibility can be so immense that these factors can inhibit development (Barnes, 2015a). Role transition is recognised as a complex process (Meleis et al, 2000) and theory around it proposes conditions that can lead to both positive and negative transition experiences (Chicca and Bindon, 2019).

In historical terms, the role of the ANP is still relatively new, and there is a lack of:...
Clinical Practice

Research

- Role clarity;
- Standardisation across the spectrum of ANPs;
- Equal training opportunities.

This has led to concerns about whether the successful transition of the first ANPs in the 1990s can be sustained (Corbally and Lees-Deutsch, 2019).

ANPs are pioneering changes to the medical landscape and nurses transitioning from traditional to advanced roles need to have their voices heard to inform the content of future training programmes. This article describes a study to capture the thoughts and feelings of nurses as they transition into ANPs.

Literature review

A literature search was made using the CINAHL, Medline, Embase, PsychINFO, Healthcare Management Information Consortium and Health Business Elite databases. Entering the search term ‘advanced nurse practitioner’ returned 320 publications; these reduced to 174 after duplicates were removed. However, few of the articles focused on the thoughts and feelings of trainee ANPs or offered exploratory data of their personal journeys moving between roles.

A qualitative evidence synthesis by Moran and Nairn (2017) highlighted 11 international studies dating from 1998 encompassing the transition to advanced roles by nurses and allied health professionals that included evidence of worry and fear among this cohort. A study of Dutch trainee ANPs by Maten-Speknijder et al (2015) found they experienced a “crisis of confidence” and “loss of professional identity”, and identified six key areas for improvement in training programmes to alleviate negative transition experiences. These included:

- Providing mentorship;
- Better orientation and understanding of the role;
- Robust training in clinical skills.

Method

Qualitative research is the best way to observe human emotion, and experience and record participants’ lived experience in a health setting (Calvin and Holloway, 2015). This approach was used to capture the experiences of a small group of nurses transitioning to advanced practice, with data gathered using semi-structured interviews.

The most-appropriate candidates were recruited through purposive sampling to ensure the data captured was as useful as possible. Six trainee ANPs were selected for interview from an acute medical unit in a busy city-centre hospital in England, where they assessed, diagnosed and initiated treatment for patients presenting as medical emergencies with acute illness under the supervision of medical colleagues.

Trainee ANPs were invited to join the study by email after permission had been secured from their employing trust and line manager, who acted as gatekeeper. The only criteria for inclusion was being a trainee ANP. There were no exclusions on grounds of gender, age or years of nursing experience. All six trainee ANPs on the unit agreed to be interviewed; this was more than the minimum of three participants acceptable for this type of study, as outlined by Robinson (2013).

The hospital-based training programme required trainee ANPs to complete a portfolio of competencies to demonstrate clinical knowledge and proficiency in a range of clinical procedures, and each was assigned to a medical consultant who was responsible for deeming them competent to practise. The expected length of training was 2-3 years. The trainee ANPs in this study were at various stages: three were nearing the end of their training and the other three had been in post for almost 12 months. All had previously worked in senior nursing roles, including as matron, nurse practitioner and specialist nurse, and had 10-25 years’ experience in nursing.

Unstructured interviews are preferred in qualitative research (Ellis, 2016), but such a process was considered too time-consuming for a bustling acute medical ward. As a result, participants attended semi-structured interviews, each lasting 30 minutes, at their place of work. The interviews were conducted face-to-face in a secure office at a time convenient to the participant. Questions focused on participants’:

- Understanding of the role;
- Training experiences;
- Professional identity.

These have been detailed in Box 1.

Answers were recorded, before being transcribed and numbered by the researcher, who then deleted the recording. Each transcript was analysed for recurring words and phrases, which were then coded and grouped into themes, before being compared to seek common lines of thought.

Limitations and ethics

It is important to acknowledge that the interviewer was also a trainee ANP. Being an ‘insider’ can enhance a study by allowing a greater understanding of the phenomenon being studied (Bonner and Tolhurst, 2002), but can also raise concerns about insider bias (Greene, 2014). To protect against bias, interview questions were open-ended, allowing participants to express themselves freely and without coercion. Participants were also invited to check the completed transcript of their interview, with an experienced researcher supervising the process.

Although the sample size was small and interviews were short, the qualitative nature of the study meant there was no intent to generalise or to prove any particular hypothesis.

The project was approved by the Health Research Authority and ethical approval was received from the participants’ employers and the university for which the study was undertaken. Participants received an information leaflet outlining the study,

Box 1. Interview questions

- Tell me about your nursing career to date
- What do you envisage is the future of the role?
- What was your understanding of the ANP role before commencing training?
- Now you are training as an ANP can you say how, if at all, your understanding of the role has changed?
- How do you find the role of trainee ANP differs from your previous experience of being new to a position, for instance as a student nurse or newly qualified nurse?
- How does the role differ from your previous nursing experience?
- Describe any challenges you are facing, or have faced, within your training?
- What have you found beneficial in your training and are there any improvements to be made?
- Tell me about the attitudes of other nurses and medical staff towards you in this role
- Are there any differences compared with how they approached you as a general nurse?
- What do you find rewarding about the role?
- What do you envisage is the future for ANPs?
- What advice would you give to fellow nurses considering advanced practice?

ANP = advanced nurse practitioner.
Although able to assess patients, some advanced nurse practitioners believed their seniority was not always acknowledged which made them feel like junior staff members and signed consent forms that gave the interviewer permission to record, transcribe and analyse the data they provided. The information sheet stated that they were under no obligation to participate and could leave the study and withdraw their interview data at any time.

Results
Four main themes emerged from an analysis of the data; these are outlined in Box 2 and explored more fully below.

Transition
Participants were aware of being in a period of transition. Their language conveyed a feeling of journeying towards a future role and crossing into an unfamiliar environment. One described being in “no man’s land” (Participant 5) and another referred to feeling as though in an “alien environment” (Participant 2). Further observations were that it was like “a bridge between the nursing and medical staff”, and “being in limbo” (Participant 4) or “stepping across a border” (Participant 6). One participant said: “I think because it’s a new role you’re still finding your feet with it. It’s a very long process and I’m stuck from going from a really experienced senior nurse to working somewhere in the realms of medicine.” (Participant 4)

Loss of professional identity
Most participants felt they had lost seniority by training as an ANP, and described the anxiety and frustration of returning as a junior – which is how they believed medics viewed them, despite their wealth of nursing experience. Participant 1 expressed frustration that she had “gone from a senior, the most senior nurse, to a very junior post” and that there was no acknowledgment of her 25 years of experience. Another felt she had lost her standing as a senior nurse: “I feel like I’ve gone from being a very senior nurse to being a junior under senior medics, where they don’t always appreciate that we’re senior nurses training in an expanded role.” (Participant 6)

Participants were distressed by feeling they had left behind their “nursing roots”. All were keen to retain their identity as nurses and were concerned they “didn’t always feel like a nurse”. One spoke of “taking off my nurse’s hat”, stressing: “We’re not doctors and we never will be doctors, and I don’t think any of us want to be doctors. We’re proud to be nurses.” (Participant 6)

The need for structured training
Mentoring support from medical consultants was unanimously viewed as a positive experience. All participants spoke highly of their consultant mentors and felt they took the role of trainee ANP seriously. Participant 4 said: “You get a massive amount of time from your consultant. They do invest time in you. You know every day there’s a ward round and you get good opportunity for feedback from your consultants”.

Language used by all interviewees depicted consultants as “supportive”, “understanding” and “willing to give time”. Nonetheless, participants called for a more-standardised approach to their training. They spoke of feeling “fear” and being “scared” when they first started their training, and agreed this was largely due to the lack of a clear structure regarding training expectations. Participant 6 explained: “You do have a consultant mentor and they are supportive … but I feel that the underlying structure is lacking. It just seems to be feeling your way in the dark”.

Participant 4 said: “The practice is not regulated, it’s not got a specific training programme.”

Participants also felt the training experience would be enhanced by having an ANP mentor, who could serve as something of a role model. Participant 6 commented: “As much as it’s great to shadow our consultants and spend time with the doctors, I think it would be beneficial to shadow an actual ANP. You don’t know what the role is when you come into it and you’re sort of trying to find that out while trying to learn the job.”

Job satisfaction
Greater autonomy, skill development and being able to diagnose and treat patients were sources of great job satisfaction among the cohort. All agreed their transition was both worthwhile and rewarding, and said they would recommend the role to other nurses seeking career progression. Participant 2 commented that having the autonomy to treat patients effectively was key to her job satisfaction: “I love my role. It’s making a big difference to patients’ lives in a way more than you can as a nurse. I’m able to treat them [patients] on a level where I’m actually making the
All participants thought ANPs had a bright future and agreed strongly that the NHS needed them. Participant 4 spoke of the benefits ANPs bring to a “struggling NHS” and described it as “the way forward”. Participant 1 recognised that: “…the numbers are growing in the amount of ANPs in hospital and in the GP surgeries.”

Discussion
As the NHS navigates its way through adverse conditions, nurses’ readiness to take on new responsibilities is helping this battle-weary institution stay afloat; the role of ANP signals a sea change in the established hierarchy of the NHS, as nurses develop skills and responsibilities that were once the preserve of physicians. Despite the huge significance of this, and the challenges it poses for the nursing profession, few studies have explored the views and experiences of nurses making the transition from general to advanced practice.

In an unpublished thesis cited by Moran and Nairn (2017), Davis-Kennedy (2014) recorded the stress and fear ANPs experienced when transitioning to advanced practice, while Williamson et al (2012) found a major source of distress for advanced practitioners was feeling they did not belong to either the medical or nursing teams. Evidence from other studies has suggested much of the anxiety experienced by nurses in advanced practice is due to a change in professional identity (Barnes, 2015a; Barnes 2015b). Our study adds weight to these findings, while shining a new light on the experiences of trainee ANPs.

Participants saw themselves as anchorless and adrift, and they struggled with a perceived loss of seniority and the fear of losing their professional identity as nurses. There was also a feeling that training was largely based on a model designed for medics, and a sense of unease about being a nurse trying to fit into a medicalised role. Participants were appreciative of the time afforded them by their mentor consultants but felt there was need for ANP mentors to complement the medical training; this supports an analysis by Chicca and Bindon (2019) that recognised the need for robust support to promote positive transition.

The study was a ringing endorsement of the ANP role, with all participants finding the work satisfying and believing there was a bright future for advanced practitioners in healthcare. The main sources of job satisfaction mentioned – greater autonomy, skills development and providing advanced patient care – echo the findings of O’Keeffe et al’s (2015) study of advanced nurses and midwives in Ireland.

Conclusion
The NHS is increasingly relying on ANPs to provide services previously delivered by doctors, but the way is fraught with uncertainty for nurses transitioning into this role. Trainee ANPs in this study enjoyed a positive transition. The NHS is increasingly relying on ANPs to provide services previously delivered by doctors, but the way is fraught with uncertainty for nurses transitioning into this role. Trainee ANPs in this study enjoyed a positive transition.

Following this study, we propose three measures that could improve the transition experience (Box 3). It would be beneficial to repeat the study with this strategy in place to see how it influences ANPs’ experience of transition.

Box 3. How to improve the experience of transition

- Recruit ANP mentors who have been through the transition process and can offer robust support, education and orientation to trainees
- Standardise and structure ANP training
- Provide clear goals to support transition

ANP = advanced nurse practitioner.

References
Royal College of Nursing (2018) RCN Standards for Advanced Practice for Nurses. Bt/RCAcademicPractice