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No (potential) conflict of interests

Leadership practices of London based Advanced Nurse Practitioners – A case study analysis

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AIM

To explore the expressed views on leadership
of the participants

Background

- Nurses have not historically been seen as leaders

Advanced Practice: Four Pillars



Social Constructionist

- We were interested in their views as a community and so our underpinning theoretical perspective acknowledged this.
- An intersubjective reality created by discourse between individuals and which constructs their identity within the social environment.

Methodology

- Case exploration is an established approach used within clinical healthcare practice.
- A combined instrumental and collective case study

Methods

- Eight participants were interviewed
- The data was initially analysed individually and then compared with the other participants; employing a structured thematic analysis.

Participant ANPs

- DGH Male 2 years as ANP
- Community Specialist Female 3 years as ANP
- General Practice Female 5 years as ANP
- General Practice Female 18 years as NP/ANP
- General Practice Female 25 years as NP/ANP
- A&E Female 3 years as ANP
- General Practice Male 10 years as ANP
- A&E Male 2 years as ANP

Placement on the leadership pyramid:

- ***Leadership: Nature/Nurture: Confidence: Autonomy***
- I am the absolute, pinnacle leader.
- I will lead, but I'm still very happy to do the basic.
- You could take ten random people and teach them the same things about leadership but only one of them would be a really outstanding leader.
- I have that knowledge to say and that confidence to say.

Motivating the team:

- ***Leadership qualities: Role Model: Leading Others: Empowering Others: Communication: Resolving Conflict: Line Management: Support for you as a Leader***
- As well as offering leadership we're nourishing leadership.
- See me as somebody they can model themselves on.
- Understanding people and understanding the way different people function.
- So much easier to lead.. If they have the same values and beliefs.
- They know how to manage services.. It's a bit different to having real leadership qualities.
- Listen to their feedback, take their ideas on board, try to involve people as much as possible'.

Retreating to the safety of the nursing profession: Credibility

- ***Credibility: Basic Nursing Care: Knowledge***
- You need credibility and that's why I've got here because I can do the job. I can do the job really well.
- You are actually doing the same but maybe you bring that extra knowledge in as well.
- I just feel that my knowledge level is different and I probably see things differently.

Assumed and Accepted Medical Hierarchy: Doctors

- ***Doctors: Disempowered***
- Sometimes for other professionals it's quite hard to infiltrate.
- They still know that I'm not a doctor.
- It's been three years of a battle, of people understanding what an ANP is.
- You don't have to be nominated as a leader.

ANP's impact on patient outcomes: Managing Change

- ***Managing Change: Networking: Save Money; Maintain Quality and Governance***
- People don't cope with change very well.
- That sort of networking really helps your confidence.
- I think, particularly in the current climate, we've got lots of constraints on our work, financial constraints, we don't have enough resources.
- One goal is obviously governance for the patient.
- There's always someone above you putting pressure on you to achieve those targets.

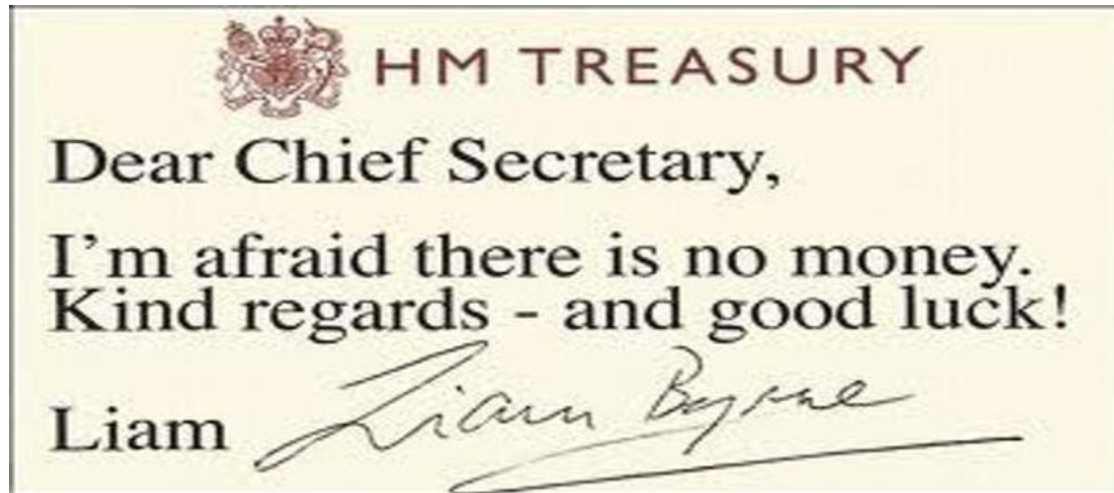
Discussion

- Nursing leading nurses

Discussion

- Locus of Control

Value for money



Discussion

- Impact on patient outcomes

Limitations and recommendations

- Small study; Single interview; Self-report
- Does not reflect the role of the Advanced Clinical Practitioner
- Applied and consistent leadership education
- Longitudinal study
- Wider geographical representation
- Action research

Conclusion

- Exemplary leadership
- ‘challenge the process’