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### Literature search results

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### Search details

Changing role of nurses and clinical nurse specialists especially in end of life and palliative care.

### Resources searched

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar; Google Advanced Search

**Database search terms:** (changing OR evolving OR develop OR develop* OR emerging OR emerg* OR enhance* OR expand*) adj1 (role* OR function* OR responsibility* OR job) adj2 nurs*; (changing OR evolving OR develop OR develop* OR emerging OR enhance* OR expand*) adj1 (role* OR function* OR responsibility* OR job); “clinical nurse specialist”*; CNS; “advanced practice” adj1 nurs*; (palliative OR hospice OR terminal) adj1 care; HOSPICE AND PALLIATIVE NURSING; PALLIATIVE CARE; TERMINAL CARE; HOSPICE CARE; “end of life”; CLINICAL NURSE SPECIALISTS; ROLE CHANGE;

**Evidence search string(s):** ((changing OR developing OR emerging OR evolving) (role OR roles OR function OR functions OR responsibility OR responsibilities)) (CNS OR "nurse specialist" OR "nurse specialists")

((changing OR developing OR emerging OR evolving) (role OR roles OR function OR functions OR responsibility OR responsibilities)) (CNS OR "nurse specialist" OR "nurse specialists") ("end of life" OR palliative OR "terminal care" OR "hospice care")

(role OR roles OR function OR functions OR responsibility OR responsibilities) ("clinical nurse specialist" OR "clinical nurse specialists" OR CNS OR "nurse specialist" OR "nurse specialists" OR "advanced practice" OR "advanced practitioner")

((changing OR developing OR emerging OR evolving) (role OR roles OR function OR functions OR responsibility OR responsibilities)) (nurse OR nurses OR nursing)

**Google search string(s):** (nurse or nurses) ("developing role" OR "extended role" OR
Summary

There is quite a lot of research on the changing role of nurses, less so in the case of clinical nurse specialists especially in end of life and palliative care.

Guidelines and Policy

European Association for Palliative Care

Core competencies in palliative care: an EAPC White Paper on palliative care education – part 1 2013

NHS Improving Quality

Optimising the role and value of the interdisciplinary team 2013
Route to success: the key contribution of nursing to end of life care 2011

NHS National End of Life Care Programme

Route to success: the key contribution of nursing to end of life care 2011

Royal College of Nursing

Learning from the past setting out the future: developing learning disabilities nursing in the United Kingdom 2014
Inflammatory bowel disease nursing. Results of an audit exploring the roles, responsibilities and activity of nurses with specialist/advanced roles 2012

The majority of IBD nurse specialists have been in post for less than five years and are in their first specialist nursing role. There are low levels of formal qualification despite good study leave allocation and reasonable appraisal processes.

The number of IBD nurses in post are increasing but still fall short of the recommended level. Those nurses identified work considerably longer hours than contracted and have poor levels of clinical supervision. There are poor levels of administrative support. Nursing services are often suspended, or partially suspended, when the nurse is away.

Factsheet on Specialist Nursing in the UK 2012
Clinical Nurse Specialists: adding value to care 2010
Specialist nurses. Changing lives, saving money 2010
Maxi nurses: nurses working in advanced and extended roles promoting and developing patient-centred health care 2005

Royal College of Physicians

Future hospital: caring for medical patients 2013

Together for Short Lives

The Future of Hospice Care Implications for the children's hospice and palliative care sector 2013

Encourage nurses to develop expertise in palliative care, even though this may be a challenge.

World Health Organization
Palliative care for older people: better practices 2011

**Evidence-based reviews**

**Journal of Advanced Nursing**
Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review 2011

**Kings College London**
Advanced Nursing Roles: survival of the fittest 2007

**National Institute for Health Research**
Effectiveness of specialist nurse services in acute hospital settings

**Published research – Databases**

   **Author(s)** Morton, Richard, Krakover, Brian, Hudson, Timothy, Alexander, Brian
   **Citation:** JEN: Journal of Emergency Nursing, 01 November 2013, vol./is. 39/6(576-580), 00991767
   **Publication Date:** 01 November 2013
   **Source:** CINAHL
   Available in *fulltext* at *Journal of Emergency Nursing*; *JEN*. Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

2. QI: Nursing's "evolving responsibility".
   **Author(s)** Wickman, Mary, Drake, Diane, Heilmann, Heather, Rojas, Rafael, Jarvis, Corrine
   **Citation:** Nursing Management, 01 October 2013, vol./is. 44/10(30-38), 07446314
   **Publication Date:** 01 October 2013
   **Source:** CINAHL
   Available in *fulltext* from *Nursing Management* at *Ovid*

   **Author(s)** Braithwaite, R Scott
   **Citation:** New England Journal of Medicine, 05 September 2013, vol./is. 369/10(981-981), 00284793
   **Publication Date:** 05 September 2013
   **Source:** CINAHL
   Available in *fulltext* from *New England Journal of Medicine* at *Free Access Content*
   Available in *fulltext* at *New England Journal of Medicine, The*; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
   Available in *fulltext* from *New England Journal of Medicine* at the ULHT Library and
4. Expanding the role of advanced nurse practitioners... N Engl J Med. 2013 May
16;368(20):1935-41.
Author(s) Stowers, Ray E
Citation: New England Journal of Medicine, 05 September 2013, vol./is. 369/10(982-982),
00284793
Publication Date: 05 September 2013
Source: CINAHL
Available in fulltext from New England Journal of Medicine at Free Access Content
Available in fulltext at New England Journal of Medicine, The; Collection notes: On first
login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from
Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from New England Journal of Medicine at the ULHT Library and
Knowledge Services' eJournal collection

Author(s) Strech, Scott, Wyatt, David A.
Citation: AORN Journal, 01 September 2013, vol./is. 98/3(260-266), 00012092
Publication Date: 01 September 2013
Abstract: Health care has a long-held perception of perioperative nurses as providers who
advocate for patients and who carry out physician orders. According to the Institute of
Medicine’s 2010 report on the future of nursing, not only must that view evolve, but nurses
also must play a leading role, in partnership with physicians and other health care
colleagues, if health care reform is to succeed. Several factors will prepare nurses for this
new role of partnering to advance health, including advancing their formal education,
developing leadership as a core competency, acquiring leadership skills, and being active
in new models of leadership (ie, mentorship, volunteering, advocacy).
Source: CINAHL
Available in fulltext from AORN Journal at EBSCOhost
Available in fulltext at Association of Operating Room Nurses, AORN Journal; Collection
notes: On first login to a ProQuest journal you will need to select ‘Athens (OpenAthens
Federation)’ from Select Region, and then ‘NHS England’ from Choose your Library.

6. Developing the role of the nurse as a link advisor for research and a champion for
nutrition in the neonatal intensive care unit.
Author(s) Westbury, Jan A., Johnson, Mark J., Pond, Jenny P., Toy, Christina F.,
Anderson, Linda S., Blake, Elizabeth, Leaf, Alison A.
Citation: Journal of Neonatal Nursing, 01 August 2013, vol./is. 19/4(198-205), 13551841
Publication Date: 01 August 2013
Source: CINAHL

7. ALL CHANGE FOR NURSING.
Author(s) Oxtoby, Kathy
Citation: Nursing Standard, 29 May 2013, vol./is. 27/39(61-61), 00296570
Publication Date: 29 May 2013
Abstract: Ian Kessler speaks to Kathy Oxtoby about his research into the changing roles of
nurses and healthcare assistants and speculates what the future holds.

Source: CINAHL
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library
Available in fulltext at Nursing Standard; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

8. Expanding the role of advanced nurse practitioners--risks and rewards.
Author(s) Iglehart, John K
Citation: New England Journal of Medicine, 16 May 2013, vol./is. 368/20(1935-1941), 00284793
Publication Date: 16 May 2013
Source: CINAHL
Available in fulltext from New England Journal of Medicine at Free Access Content
Available in fulltext at New England Journal of Medicine, The; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from New England Journal of Medicine at the ULHT Library and Knowledge Services' eJournal collection

9. AHRQ Envisions Expanded Roles for Nurses.
Author(s)
Citation: AACN Bold Voices, 01 April 2013, vol./is. 5/4(7-7), 19487088
Publication Date: 01 April 2013
Source: CINAHL
Available in fulltext from AACN Bold Voices at EBSCOhost

10. The role of nurses in commissioning services within primary care.
Author(s) Leach, Katherine, Burton Shepherd, Alison
Citation: British Journal of Community Nursing, 01 April 2013, vol./is. 18/4(187-192), 14624753
Publication Date: 01 April 2013
Abstract: This article is a critical reflection on the role of the nurse in commissioning a service within the primary care setting. It will use the fictitious example of commissioning a nurse-led crisis prevention service in the London borough of Lambeth as an exemplar to highlight the difficulties surrounding the commissioning process. In placing particular focus on the prevalence of smoking, it is suggested that designing services based around tackling "clusters" of unhealthy risk factors such as smoking, diet and excessive alcohol consumption may be a more holistic approach to delivering better healthcare outcomes for more socioeconomically deprived populations as opposed to previous national siloed attempts (Buck and Forsini 2012;1). It will argue that despite multifaceted and evolving roles, community nurses are ideally placed to recognise compounding risk factors detrimental to health as they work at the interface between the individual and their environment. This awareness can be used to positively impact on the commissioning process but only if greater attention is paid towards enhancing leadership skills throughout nursing, and the rhetoric of effective collaboration across agencies is translated into practice (Ham et al, 2012; NHS Commissioning Board (NHS CB), 2012), NHS Alliance, 2011).
11. Emerging nursing roles for late effects care for children and young adults with cancer.

**Author(s)** Warnock, Clare, Siddall, Janice, Freeman, Jenny, Greenfield, Diana

**Citation:** European Journal of Oncology Nursing, 01 April 2013, vol./is. 17/2(242-249), 14623889

**Publication Date:** 01 April 2013

**Abstract:** Abstract: Introduction: Annually around 3500 children and young adults are diagnosed with cancer in the UK. While five year childhood cancer survival rates are high, many will experience long-term health problems as a result of their illness and its treatment. Providing late effects services is vital for this group of patients. The skills and expertise needed for nurses working within these services has not been systematically clarified or agreed. Purpose of the research: To identify and compare the views of managers and nurses on the ideal and existing role of nurses in the provision of late effects care. Methods and sample: Structured questionnaires were utilised to collect data in two phases. Phase 1 captured the views of 80 health service managers and clinicians on ideal roles; Phase 2 captured the perspectives of 36 nurses in existing roles. Questionnaires were distributed via children, teenage and young adult treatment centres across England, UK. The data were tabulated using descriptive statistics while differences were analysed using chi-squared tests. Key results: The findings identified ideal and actual roles from the perspectives of managers and nurses. Differences were identified in a number of domains. The nurses' role was clinically and patient-care focused, containing fewer elements relating to service development, research or education. Conclusion: Our work has identified existing and ideal roles for nurses providing late effects services. This information has provided the foundation for the development of a nurse competence framework which has been ratified by the Royal College of Nursing, UK.

**Source:** CINAHL

12. Exploring the Leadership Role of the Clinical Nurse Specialist on an Inpatient Palliative Care Consulting Team.

**Author(s)** Stilos, Kalli, Daines, Pat

**Citation:** Canadian Journal of Nursing Leadership, 01 March 2013, vol./is. 26/1(70-78), 14819643

**Publication Date:** 01 March 2013

**Abstract:** Demand for palliative care services in Canada will increase owing to an aging population and the evolving role of palliative care in non-malignant illness. Increasing healthcare demands continue to shape the clinical nurse specialist (CNS) role, especially in the area of palliative care. Clinical nurse specialists bring specialized knowledge, skills and leadership to the clinical setting to enhance patient and family care. This paper highlights the clinical leadership role of the CNS as triage leader for a hospital-based palliative care consulting team. Changes to the team’s referral and triage processes are emphasized as key improvements to team efficiency and timely access to care for patients and families.

**Source:** CINAHL

13. Developing nurse role models for the 6Cs.

**Author(s)** Oldman, Crystal

**Citation:** Independent Nurse, 18 February 2013, vol./is. /(13-13), 17479800

**Publication Date:** 18 February 2013

**Source:** CINAHL
14. Exploring the leadership role of the clinical nurse specialist on an inpatient palliative care consulting team.

Author(s) Stilos K, Daines P

Citation: Nursing leadership (Toronto, Ont.), 2013, vol./is. 26/1(70-8), 1910-622X;1910-622X (2013)

Publication Date: 2013

Abstract: Demand for palliative care services in Canada will increase owing to an aging population and the evolving role of palliative care in non-malignant illness. Increasing healthcare demands continue to shape the clinical nurse specialist (CNS) role, especially in the area of palliative care. Clinical nurse specialists bring specialized knowledge, skills and leadership to the clinical setting to enhance patient and family care. This paper highlights the clinical leadership role of the CNS as triage leader for a hospital-based palliative care consulting team. Changes to the team's referral and triage processes are emphasized as key improvements to team efficiency and timely access to care for patients and families.

Source: Medline

15. The changing role of nurses... Beth Collins Sharp, Ph.D, M.S.N.

Author(s)

Citation: AHRQ Research Activities, 01 December 2012, vol./is. /388(1-4), 15370224

Publication Date: 01 December 2012

Source: CINAHL

Available in fulltext from AHRQ research activities / Agency for Healthcare Research and Quality at Free Access Content

16. Expanding nurse roles.

Author(s)

Citation: Australian Nursing Journal, 01 November 2012, vol./is. 20/5(5-5), 13203185

Publication Date: 01 November 2012

Source: CINAHL

Available in fulltext from Australian Nursing Journal at EBSCOhost

17. The impact of the expanded nursing practice on professional identity in denmark.

Author(s) Piil, Karin, Kolbæk, Raymond, Ottmann, Goetz, Rasmussen, Bodil

Citation: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 01 November 2012, vol./is. 26/6(329-335), 08876274

Publication Date: 01 November 2012

Abstract: PURPOSE: This article explores the concept of professional identity of Danish nurses working in an expanded practice. The case study explores the experiences of a small group of Danish nurses with a new professional category that reaches into a domain that customarily belonged to physicians. The aim of this case study was to explore the impact of "nurse consultations," representing an expanded nursing role, of 5 nurses focusing on their perception of autonomy, self-esteem, and confidence. METHODS: The case study used semistructured interviews with 5 participants triangulated and validated with participant observations, a focus group interview, and theoretically derived insights. FINDINGS: This study indicates that nurses working within a new expanded professional practice see themselves as still engaged in nursing and not as substitute physicians. The study also suggests that the involved nurses gained a higher sense of autonomy, self-esteem, and confidence in their practice. These elements have a positive impact on their professional identity. CONCLUSION: The research demonstrates that for the nurses involved in expanded professional practice, the boundaries of professional practice have
shifted significantly. The research indicates that an expanded practice generates a new domain within the professional identity of nurses.

Source: CINAHL


Author(s) Hart C, Parker R, Patterson E, Hegarty K, Sanci LA

Citation: Australian Family Physician, 01 August 2012, vol./is. 41/8(618-621), 03008495

Publication Date: 01 August 2012

Abstract: Background Increasing numbers of practice nurses and their expanding roles in Australian general practice suggest they can contribute to quality primary healthcare for young people. Methods Seventeen health and community professionals and a purposefully selected group of 12 practice nurses were interviewed about the role of the practice nurse in young people's healthcare. A directed content approach to analysis was applied. Results Participants recognised the psychosocial health burdens young people experience and the barriers they perceive in accessing healthcare. With good communication skills and appropriate training, practice nurses were perceived to have an important role in the preventive care of young people. Discussion Practice nurses can contribute to breaking down barriers to healthcare for young people. This study is being reported on at an opportune time, considering the implications for young people of the 'Practice Nurse Incentive Program'.

Source: CINAHL

Available in fulltext at Australian Family Physician; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in fulltext from Australian Family Physician at Free Access Content


Author(s) McCarthy, Geraldine, Cornally, Nicola, Moran, Joe, Courtney, Marie

Citation: Journal of Clinical Nursing, 01 August 2012, vol./is. 21/15/16(2286-2295), 09621067

Publication Date: 01 August 2012

Abstract: Aims and objectives. To explore the role dimensions, competence and professional development needs of practice nurses in Ireland from both the general practitioner's and practice nurse's perspective and highlight any agreement/disagreement between the professions. Background. Economic pressure on healthcare delivery is promoting a re-evaluation of professional roles and boundaries. This coupled with a primary care sector that is evolving prompted an investigation into the role dimensions and competence of the practice nurse. There is a lack of empirical data comparing the general practitioner's and practice nurse's perspective on the current role of the nurse, clinical competence (existing and required), strategic direction for the role and continuing professional development. Design. A descriptive cross-sectional survey design was used. Methods. A random sample of general practitioners (n = 414) and a purposeful sample of practice nurses (n = 451) participated. Data from each profession were analysed and comparisons drawn. Results. General practitioners and practice nurses agree (±5%) that the nursing role is centred on immunisation, direct clinical care and elements of chronic disease management. However, in some areas such as preconceptual advice, family planning, advice on menopause, continence promotion and research, there was a 30% difference between the general practitioners perceptions of the nurse's involvement and the practice nurse's actual involvement in the role. Perceived competency differed in a number of areas with nurses more likely to indicate competency in health promotion activities. Both disciplines acknowledged that only a minority of practice nurses were competent in audit, research and dealing with 'problems with living' (relationship breakdown, addiction and parenting). Conclusion. There is some congruence of opinion among practice nurses and
general practitioners in Ireland regarding the current role of the practice nurse. Divergent opinions on the nurses’ involvement in a particular aspect of the role may be due to the general practitioners underestimating the nurse’s involvement in the role. Training is required in the areas of audit, research and ‘problems with living’. Relevance to clinical practice. This research provides data for role clarity and evidence-based role development for practice nurses within the context of evolving primary care services. It also indicates how general practitioners perceive the nursing role.

Source: CINAHL
Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection


Author(s) Chang, Anne M., Gardner, Glenn E., Duffield, Christine, Ramis, Mary-Anne

Citation: Journal of Advanced Nursing, 01 June 2012, vol./is. 68/6(1369-1379), 03092402

Publication Date: 01 June 2012

Abstract: chang a.m., gardner g.e., duffield c. & ramis m.a. (2012) Advanced practice nursing role development: factor analysis of a modified role delineation tool. Journal of Advanced Nursing 68(6), 1369-1379. Abstract Aim. This study reports the use of exploratory factor analysis to determine construct validity of a modified advanced practice role delineation tool. Background. Little research exists on specific activities and domains of practice within advanced practice nursing roles, making it difficult to define service parameters of this level of nursing practice. A valid and reliable tool would assist those responsible for employing or deploying advanced practice nurses by identifying and defining their service profile. This is the third article from a multi-phase Australian study aimed at assigning advanced practice roles. Methods. A postal survey was conducted of a random sample of state government employed Registered Nurses and midwives, across various levels and grades of practice in the state of Queensland, Australia, using the modified Advanced Practice Role Delineation tool. Exploratory factor analysis, using principal axis factoring was undertaken to examine factors in the modified tool. Cronbach’s alpha coefficient determined reliability of the overall scale and identified factors. Results. There were 658 responses (42% response rate). The five factors found with loadings of ≥0.40 for 40 of the 41 APN activities were similar to the five domains in the Strong model. Cronbach's alpha coefficient was 0.94 overall and for the factors ranged from 0.83 to 0.95. Conclusion. Exploratory factor analysis of the modified tool supports validity of the five domains of the original tool. Further investigation will identify use of the tool in a broader healthcare environment.

Source: CINAHL
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

21. New articles on evolving and emerging nursing roles.

Author(s)

Citation: American Nurse, 01 May 2012, vol./is. 44/3(14-14), 00981486

Publication Date: 01 May 2012

Source: CINAHL
Available in fulltext at American Nurse; Collection notes: On first login to a ProQuest journal you will need to select ‘Athens (OpenAthens Federation)’ from Select Region, and then ‘NHS England’ from Choose your Library.

Available in fulltext from American Nurse at EBSCOhost

22. Nurse practitioner roles expanding.
23. Expanding the role of practice nurses in Australia.

**Author(s)** Merrick, Eamon, Duffield, Christine, Baldwin, Richard, Fry, Margaret, Stasa, Helen

**Citation:** Contemporary Nurse: A Journal for the Australian Nursing Profession, 01 April 2012, vol./is. 41/1(133-140), 10376178

**Publication Date:** 01 April 2012

**Abstract:** Like other countries, Australia is looking to reforms in the primary health care sector to meet the growing demand for care. Expansion of the role of practice nurses (PNs) is one way in which this demand may be met. To date the Federal Australian government has played a significant role in encouraging growth in the PN workforce. If PNs tend to be GP directed, with little autonomy, care must be taken to consider whether to expand existing scopes of practice. In contrast, if PNs rely on their own independent clinical judgment and skill, this would support potential expansions to the scope of the PN role. Understanding these issues is important to inform the development of future workforce policy. This paper examines the structural policy dimensions within which these changes are occurring, and makes recommendations for future research on PNs.

**Source:** CINAHL

Available in fulltext from Contemporary Nurse: A Journal for the Australian Nursing Profession at EBSCOhost

Available in fulltext at Contemporary Nurse: A Journal for the Australian Nursing Profession. Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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24. The Changing Role Of NURSES.

**Author(s)** Howell, Whitney L. J.

**Citation:** H&HN: Hospitals & Health Networks, 01 March 2012, vol./is. 86/3(36-49), 10688838

**Publication Date:** 01 March 2012

**Source:** CINAHL

Available in fulltext from H&HN: Hospitals & Health Networks at EBSCOhost

Available in fulltext at Hospitals and Health Networks. Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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25. EXPANDED ROLES FOR CANCER NURSES.

**Author(s)** Thomas, Wendy

**Citation:** Kai Tiaki Nursing New Zealand, 01 February 2012, vol./is. 18/1(34-34), 11732032

**Publication Date:** 01 February 2012
26. A spatial analysis of the expanding roles of nurses in general practice.

Author(s) Pearce, Christopher, Hall, Sally, Phillips, Christine, Dwan, Kathryn, Yates, Rachael, Sibbald, Bonnie

Citation: BMC Nursing, 01 January 2012, vol./is. 11/1(13-20), 14726955

Publication Date: 01 January 2012

Abstract: Background: Changes to the workforce and organisation of general practice are occurring rapidly in response to the Australian health care reform agenda, and the changing nature of the medical profession. In particular, the last five years has seen the rapid introduction and expansion of a nursing workforce in Australian general practices. This potentially creates pressures on current infrastructure in general practice. Method: This study used a mixed methods, 'rapid appraisal' approach involving observation, photographs, and interviews. Results: Nurses utilise space differently to GPs, and this is part of the diversity they bring to the general practice environment. At the same time their roles are partly shaped by the ways space is constructed in general practices. Conclusion: The fluidity of nursing roles in general practice suggests that nurses require a versatile space in which to maximize their role and contribution to the general practice team.

Source: CINAHL

Available in fulltext from Kai Tiaki Nursing New Zealand at EBSCOhost
Available in fulltext at Kai Tiaki : Nursing New Zealand; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

27. The clinical nurse specialist role in developing a geropalliative model of care.

Author(s) Mahler A

Citation: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 01 January 2010, vol./is. 24/1(18-23), 08876274

Publication Date: 01 January 2010

Abstract: Purpose: The purpose of this article was to share the experiences and knowledge gained of the clinical nurse specialist's (CNS's) role in the development and implementation of an interdisciplinary geropalliative model of care. Background: Across healthcare settings, patients with life-threatening or life-limiting illnesses often experience unwarranted suffering and inattention to their wishes. Studies demonstrate that a palliative approach to care can provide the structure for improved symptom management and earlier identification of patients' goals of care. Description: A palliative model of care was adopted at a 721-bed healthcare facility that encompasses long-term, subacute care, and acute care. The model incorporated a consult team into an embedded approach that provided basic palliative skills in all care. Watson's Caring-Healing Theory guided the model. Outcome: Nursing knowledge of palliative care improved, families expressed satisfaction
with care, and the staff responded that palliative care positively impacted patient/family outcomes. Conclusion: The structure, processes, and outcomes of care can be positively impacted by the CNS during the development and implementation of a palliative model of care. This occurred through CNS activities such as direct consultation, educational initiatives, mentoring, and disseminating assessment and care planning tools. Implications: A geropalliative model of care can be integrated into a variety of healthcare settings. Clinical support and expertise contributed to positive outcomes. Questions for research include the need to identify a symptom assessment tool that is valid, reliable, and easy to use in the chronically ill, geriatric setting, as well as discerning innovative ways to disseminate knowledge to nurses.

Source: CINAHL

28. The evolving role of the community nurse specialist in palliative care.

Author(s) Husband J

Citation: British Journal of Community Nursing, 01 January 2008, vol./is. 13/1(26-30), 14624753

Publication Date: 01 January 2008

Abstract: The community clinical nurse specialist in palliative care role has evolved in an uncoordinated manner resulting in a variety of grades of nurse with differing role expectations. In general the CNS role consists of a clinical, educational, strategic and managerial remit. The reality of working with such a diverse role creates tension and conflict for the CNS between personal, organization and practical expectations. Despite this the community palliative care CNS is central to the future development of palliative care services in the community generating a culture of sharing knowledge and expertise. This will however require further investigation into the impact these demands will have on the individual.

Source: CINAHL

Available in fulltext from British Journal of Community Nursing at EBSCOhost

29. The palliative care clinical nurse consultant: an essential link.

Author(s) O'Connor M, Chapman Y

Citation: Collegian: Journal of the Royal College of Nursing, Australia, 2008, vol./is. 15/4(151-7), 1322-7696;1322-7696 (2008)

Publication Date: 2008

Abstract: This study describes the role of acute hospital palliative care nurse consultants and makes recommendations about future directions for the role development of this role. While the palliative care nurse consultant role is accepted in the acute setting there is little evidence or literature about what contributes to the success of this role. A three-phase study was undertaken to describe the role of palliative care nurse consultants in acute hospitals in Melbourne, Australia. The first phase of the three-phase study, involving in-depth qualitative interviews with the palliative care nurse consultants, is reported in this article. Using open-ended semi-structured questions, 10 palliative care nurse consultants were interviewed using open-ended questions about aspects of their role and the interviews were thematically analysed. Four main themes were identified that clarified the role; being the internal link; being the Lynch pin; being responsive and being challenged. The palliative care nurse consultants were the first point of introduction to palliative care and thus they saw a significant role in introducing the concept of palliative care to those requiring palliative care, their families and others. They are an important link between the settings of care required by people accessing palliative care - acute, in-patient palliative care and community care. The palliative care nurse consultants saw themselves in leadership positions that in some ways defy boundaries, because of the inherent complexity and diversity of the role. The palliative care nurse consultants' role appears to be pivotal in providing expert advice to staff and people requiring palliative care, and connecting palliative care services both within the hospital and to external services.
30. A study of a training scheme for Macmillan nurses in Northern Ireland

Author(s) Gail J.

Citation: Journal of Clinical Nursing, January 2008, vol./is. 17/2(242-249), 0962-1067;1365-2702 (January 2008)

Publication Date: January 2008

Abstract: To evaluate a one year training scheme for Macmillan Nurses. The role of the clinical nurse specialist has evolved and expanded greatly over the past few years so that it now encompasses components far beyond the traditional nursing remit of direct clinical practice. While several studies have looked at the barriers and facilitators to this process for clinical nurse specialists in particular, none has looked at the benefits of a structured training scheme which involves both a theoretical and clinical component. Tape recorded, semi-structured interviews were undertaken with a purposive sample of trainees who undertook the scheme, their practice-based facilitators and another person(s) involved in the trainee's support. Tapes were transcribed verbatim and each transcript anonymized to prevent identification of participants. Data were analysed thematically using the main headings of expectations, experience and impact and the structured prompts from the aide-memoir within these headings. Results showed that the majority of respondents felt the scheme had been successful with one of the main achievements being that trainees were perceived to be adequately prepared to take on the role of a CNS on completion of the scheme. While the Role Development Programme was thought to provide a good academic structure for the scheme, some participants thought that more theory on symptom control and communication skills and a placement in a specialist palliative care centre should also be included. The Macmillan Trainee Scheme has succeeded in its objectives to facilitate the transition from generalist to specialist nursing. It should be extended to include an induction and consolidation period and more theoretical input on communication skills and symptom control. With these improvements, the scheme could be used as a standard model for training specialist practitioners and a means to address the current issues of workforce planning. 2008 The Author. Journal compilation 2008 Blackwell Publishing Ltd.

Source: EMBASE

Available in fulltext from Journal of Clinical Nursing at EBSCOhost

Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection


Author(s) Berry PH, Dahl JL

Citation: Journal of Hospice & Palliative Nursing, 01 September 2007, vol./is. 9/5(238-245), 15222179

Publication Date: 01 September 2007

Abstract: Advanced practice nurses play significant roles in providing care to patients with advanced disease. Their roles are enhanced when they can prescribe controlled substances, especially opioid analgesics essential for the management of moderate to severe pain in persons at the end of life. A review of state laws and regulations shows that although advanced practice nurses have some degree of prescriptive authority in all 50 states and the District of Columbia, there are restrictions on their prescribing of controlled substances. In 40 states, advanced practice nurses have differing authorities to prescribe schedule II-V controlled substances; in eight states they can prescribe only schedule III-V drugs. Three states do not allow advanced practice nurses to prescribe controlled substances. Inappropriate restrictions on the ability of advanced practice nurses to prescribe the full range of controlled substances needed to control pain and other symptoms may negatively affect quality of care, especially in persons at the end of life.

Source: CINAHL
**Some Additional Results**


**Author(s)** Marsden, Janet.

**Citation**: Journal of Research in Nursing, 2014, 1744-9871 (Feb 2013)

**Publication Date**: 2014

**Abstract**: This paper compares the results of studies of ophthalmic advanced practice in two similar but distinct health economies and integrates the effects of the setting, health policy and professional regulation on such roles. A mixed method questionnaire design was used, distributed at national ophthalmic nursing conferences in the UK and in New Zealand. Participants were nurses undertaking advanced practice who opted to return the questionnaire. Data were analysed separately, and are compared here, integrated with national health policy and role regulation to provide commentary on the findings. The findings suggest that health policy priorities stimulate the areas in which advanced practice roles in ophthalmic nursing emerge. The drivers of role development appear similar and include a lack of experienced doctors and an unmanageable rise in healthcare demand. Titles and remuneration are different in the two health economies, reflecting the organisation and regulation of nursing. In clinical terms, there are few differences between practice in the two settings and it appears that the distinct systems of regulation have minimal effect on role development. Ophthalmic nursing, as a reactive, needs based profession and in common with nursing in general, evolves in order that practice reflects what is needed by patients and services. [Journal abstract]

**Source**: HMIC

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2. Provider in triage: is this a place for nurse practitioners?

**Author(s)** Bahena, Diana, Andreoni, Colleen

**Citation**: Advanced Emergency Nursing Journal, Oct 2013, vol. 35, no. 4, p. 332-343, 1931-4485 (Oct-Dec 2013)

**Publication Date**: October 2013

**Abstract**: The role of nurse practitioners (NPs) in emergency care continues to evolve. A new and exciting role is the provider-in-triage (PIT) role. This innovative role has been implemented in many emergency departments (EDs) across the country. It was developed primarily as a front-end strategy to improve throughput of patients receiving emergency care. The PIT process uses a provider, physician, NP, or physician assistant in the triage area. Patient satisfaction, quality measures, and financial improvements have been attributed to using a PIT. The emergency NP is an optimal choice for this role. Advanced emergency nursing knowledge, skills, and decision making confer the NP a cost-effective provider to improve throughput in the ED while providing quality emergency care. [PUBLICATION]

**Source**: BNI

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3. Expanding nurse practice in COPD: is it key to providing high quality, effective and safe patient care?

**Author(s)** Fletcher MJ, Dahl BH

**Citation**: Primary Care Respiratory Journal, June 2013, vol./is. 22/2(230-3), 1471-4418;1475-1534 (2013 Jun)

**Publication Date**: June 2013

**Abstract**: The prevalence of chronic obstructive pulmonary disease (COPD), a common and preventable chronic disease, is on the increase, and so are the financial and social burdens associated with it. The management of COPD is particularly challenging, as patients have complex health and social needs requiring life-long monitoring and treatment. In order to address these issues and reduce the burden imposed by COPD, the
development of innovative disease management models is vital. Nurses are in a key position to assume a leading role in the management of COPD since they frequently represent the first point of contact for patients and are involved in all stages of care. Although evidence is still limited, an increasing number of studies have suggested that nurse-led consultations and interventions for the management of COPD have the potential to impact positively on the health and quality of life of patients. The role of nurses in the management of COPD around the world could be significantly expanded and strengthened. Providing adequate educational opportunities and support to nurses, as well as addressing funding issues and system barriers and recognising the importance of the expanding roles of nurses, is vital to the well-being of patients with long-term medical conditions such as COPD and to society as a whole, in order to reduce the burden of this disease.

Source: Medline
Available in fulltext from Primary Care Respiratory Journal at Directory of Open Access Journals
Available in fulltext from Primary Care Respiratory Journal at EBSCOhost
Available in fulltext from Primary Care Respiratory Journal at Free Access Content

4. All change for nursing
Author(s) Oxtoby, Kathy
Citation: Nursing Standard, May 2013, vol. 27, no. 39, p. 61., 0029-6570 (May 29, 2013)
Publication Date: May 2013
Abstract: Ian Kessler speaks to Kathy Oxtoby about his research into the changing roles of nurses and healthcare assistants and speculates what the future holds. [Publication] 2 references
Source: BNI
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library
Available in fulltext at Nursing Standard; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

5. The nurse endoscopist: moving ahead with time.
Author(s) Drew K, McAlindon ME, Sanders DS, Sidhu R
Citation: Gastroenterology Nursing, May 2013, vol./is. 36/3(209-13), 1042-895X;1538-9766 (2013 May-Jun)
Publication Date: May 2013
Abstract: The field of nursing has rapidly evolved over the last few decades. In the United Kingdom, nurse endoscopists are widely accepted and play an important role in the structure of gastroenterology services. Capsule endoscopy is a relatively new technique to image the small bowel and requires a skill set based on observation, recognition, and interpretation of significant findings from computer images. The reading of the capsule video, however, is time consuming. This article discusses the evolving role of nurses within the field of gastrointestinal endoscopy with specific reference to small bowel endoscopy. We also discuss the potential challenges of the role of the nurse endoscopist and insights into what the future may hold.
Source: Medline

6. Nurse practitioners: shifting the boundaries.
Author(s) Anderson, Kathryn
Citation: Australian Nursing Journal, Nov 2012, vol. 20, no. 5, p. 30-33, 1320-3185
Changing roles of nurse practitioners in Australia. Chronic disease management, legislative and financial restrictions and a review of national competency standards are discussed. [ORIGINAL] 0 references

Available in fulltext from Australian Nursing Journal at EBSCOhost


Author(s) Chang AM, Gardner GE, Duffield C, Ramis MA

Citation: Journal of Advanced Nursing, June 2012, vol./is. 68/6(1369-79), 0309-2402:1365-2648 (2012 Jun)

Publication Date: June 2012

Abstract: AIM: This study reports the use of exploratory factor analysis to determine construct validity of a modified advanced practice role delineation tool.BACKGROUND: Little research exists on specific activities and domains of practice within advanced practice nursing roles, making it difficult to define service parameters of this level of nursing practice. A valid and reliable tool would assist those responsible for employing or deploying advanced practice nurses by identifying and defining their service profile. This is the third article from a multi-phase Australian study aimed at assigning advanced practice roles.METHODS: A postal survey was conducted of a random sample of state government employed Registered Nurses and midwives, across various levels and grades of practice in the state of Queensland, Australia, using the modified Advanced Practice Role Delineation tool. Exploratory factor analysis, using principal axis factoring was undertaken to examine factors in the modified tool. Cronbach’s alpha coefficient determined reliability of the overall scale and identified factors.RESULTS: There were 658 responses (42% response rate). The five factors found with loadings of >400 for 40 of the 41 APN activities were similar to the five domains in the Strong model. Cronbach’s alpha coefficient was 094 overall and for the factors ranged from 083 to 095.CONCLUSION: Exploratory factor analysis of the modified tool supports validity of the five domains of the original tool. Further investigation will identify use of the tool in a broader healthcare environment. 2011 Blackwell Publishing Ltd.

Source: Medline

Available in fulltext from Journal of Advanced Nursing at EBSCOhost

8. Overview and Summary: The New Millennium: Evolving and Emerging Nursing Roles.

Author(s) Burggraf, Virginia

Citation: Online Journal of Issues in Nursing, 01 May 2012, vol./is. 17/2(1-1), 10913734

Publication Date: 01 May 2012

Source: CINAHL

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**Author(s)** Howell WL

**Citation:** Hospitals & Health Networks, March 2012, vol./is. 86/3(36-8, 40, 49), 1068-8838;1068-8838 (2012 Mar)

**Publication Date:** March 2012

**Source:** Medline

Available in fulltext from H&HN: Hospitals & Health Networks at EBSCOhost

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10. Delivering specialized palliative care in the community: a new role for nurse practitioners.

**Author(s)** Deitrick, Lynn M, Rockwell, Elke H, Gratz, Nancy, Davidson, Carolyn, Lukas, Lou, Stevens, Donna, Fitzgerald, Gretchen, Naugle, Michele, Wolf, Jacaline, Sikora, Barbara

**Citation:** Advances in Nursing Science, 01 October 2011, vol./is. 34/4(0-), 01619268

**Publication Date:** 01 October 2011

**Abstract:** The rising population of older Americans with advanced illness challenges current care delivery models. We use the metaphor of advanced illness as a difficult journey and propose a specific role, that of the "OACIS NP [nurse practitioner]," who helps provide a place of refuge during this journey. "OACIS" is an acronym for Optimizing Advanced Complex Illness Support, a program to provide home-based palliative medical care. The 4 pillars of this collaborative model for advanced nursing care include care coordination, medical management, psychosocial support, and education. We make the case for this expanded role for nurse practitioners who specialize in palliative care.

**Source:** CINAHL

11. Helping hands: Roles and responsibilities are expanding for nurse practitioners and physician assistants--but not without some resistance.

**Author(s)** Robeznieks, Andis

**Citation:** Modern Healthcare, 23 May 2011, vol./is. 41/21(26-29), 01607480

**Publication Date:** 23 May 2011

**Source:** CINAHL

Available in fulltext from Modern Healthcare at EBSCOhost

Available in fulltext at Modern Healthcare; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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12. Exploring the scope of oncology specialist nurses’ practice in the UK.

Author(s): Farrell, Carole, Molassiotis, Alexander, Beaver, Kinta, Heaven, Cathy

Citation: European Journal of Oncology Nursing, 01 April 2011, vol./is. 15/2(160-166), 14623889

Publication Date: 01 April 2011

Abstract: Purpose: Revolutionary changes have taken place to nurses’ roles and clinical responsibilities over the past decade, leading to new ways of working and higher levels of nursing practice. However, despite the development of nurse-led clinics and services within oncology there has been little formal evaluation. Methods: A survey of 103 UK oncology specialist nurses was undertaken to explore their scope of practice, with emphasis on nurse-led services. Results: The survey highlighted significant developments within nurses’ roles and nurse-led services, although there was a distinct lack of clarity between nurses’ titles and their roles/responsibilities. Most nurses had extended their role. However there were significant differences in the nature of clinical practice, such as clinical examination and nurse prescribing. Overall, new roles were greatly valued by the multidisciplinary team, reducing waiting times and providing benefits for patients. However other nurses felt frustrated by deficiencies in infrastructure and support, which often overshadowed potential benefits. Conclusions: There is a great diversity in oncology specialist nurses’ roles; however lack of clarity in titles, training, competencies and responsibilities is creating confusion. Role developments and nurse-led clinics have been ad hoc and poorly evaluated. The introduction of a competency framework, national standards and a system of clinical appraisals seems key to providing increased transparency and vital safeguards for both nurses and patients. Without further exploration and evaluation of nurse-led initiatives it is difficult to fully appreciate their impact on patients, staff and service delivery.

Source: CINAHL


Author(s): Hines M

Citation: Beginnings, 01 January 2011, vol./is. 31/1(3-30), 10712984

Publication Date: 01 January 2011

Source: CINAHL

14. Enhancing nurses’ roles to improve quality and efficiency of non-medical cardiac stress tests.

Author(s): Bernhardt L, Ross L, Greaves C

Citation: Nursing Times, 02 November 2010, vol./is. 106/43(16-18), 09547762

Publication Date: 02 November 2010

Abstract: Myocardial perfusion imaging (MPI) is a test that aids the diagnosis of coronary heart disease, of which pharmacological stress is a key component. An increase in demand had resulted in a 42 week waiting time for MPI in Leicester. This article looks at how implementing non-medically led stress tests reduced this waiting list. It discusses the obstacles involved and the measures needed to make the service a success.

Source: CINAHL

Available in fulltext at Nursing Times: NT; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in print at Lincoln County Hospital Professional Library

Available in print at Grantham Hospital Staff Library

Available in print at Pilgrim Hospital Staff Library

Available in fulltext from Nursing Times at the ULHT Library and Knowledge Services’
15. Scope of emergency nurse practitioner practice: where to beyond clinical practice guidelines?

Author(s): Lowe, Grainne

Citation: Australian Journal of Advanced Nursing, 01 September 2010, vol./is. 28/1(74-82), 08130531

Publication Date: 01 September 2010

Abstract: Aim

Source: CINAHL

Available in fulltext at Australian Journal of Advanced Nursing; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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