Supporting trail-blazing: A systematic review of the factors that facilitate or inhibit the implementation of new nursing roles: the experiences of UK consultant nurses

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BACKGROUND
Advances in health technologies, coupled with an ageing population and changing disease patterns have created major challenges for how health systems in developed countries are organised, managed and financed. Such systems face the challenges of improving the efficiency and effectiveness of health care, whilst responding to growing consumerism and the expectation for timely, easily accessed, high quality services. In the UK context, these wider trends have resulted in health policy changes which have produced a reconfiguration of services aimed towards a greater focus in developing primary care and community based services and an emphasis on ‘wellness’ and self-management. These trends have led to an increase in the opportunities and demand for new nursing roles.

Historically nursing has readily ‘reform[ed] and refresh[ed]’ its practice in response to wider policy changes. Therefore, as the flexible occupation in the health services division of labour, the profession has creatively transformed its jurisdiction to accommodate changes in both the type of care required and the changes in service delivery. The past two decades have witnessed a proliferation of innovative nursing roles, typically labelled as advanced nursing posts, for example, nurse practitioner, clinical nurse specialist and consultant nurse. In many contexts, these have been developed without a blueprint and their success or otherwise has been largely dependent on the personal attributes of the individual role incumbents. These developments have been unregulated, with posts constructed in distinct ways to reflect local needs, creating confusion about their definition and scope. Furthermore, Read et al. found that role incumbents experienced isolation and that inadequate resources can undermine the success of the post. They recommended careful planning and development, a management framework with clear lines of accountability with personal and professional support for the post holder.

Recent policy trends have again generated new opportunities for nursing. For example, in the context of recent UK policy, Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century identifies new clinical models of care which nurses with higher level skills in clinical practice, leadership, management and education can pioneer. All the evidence suggests that in the future we are likely to see renewed impetus for new nursing roles in uncharted waters. Creating roles without a blueprint presents considerable challenges. If emerging ‘trail blazers’ are to be successful in developing and sustaining new ways of working then they need to be adequately supported. We need to know what factors inhibit or support new role developments and learn the lessons from the past in order to inform roles in the future. Given the largely unplanned nature of nursing role developments in recent history the evidence base is complex; the multiplicity of role titles makes comparisons difficult. However, one potentially untapped resource is that literature which has arisen from evaluations of the UK consultant nurse role.

The central purpose of the consultant nurse post, launched by the Labour Government, is the provision of improved outcomes for patient’s care alongside the retention of experienced expert clinical practitioners in the practice setting with a strengthening of professional nursing leadership. However, with the ‘core functions’ (i.e. expert practice, professional leadership and consultancy, education, training and development, and practice and service development, research and evaluation) forming the central parameters of role, there is still a requirement for role incumbents, at local level, to develop the role de novo. It is ten years since the introduction of the consultant nurse role and there is a growing body of evaluative and anecdotal evidence about the experience of the consultant nurses, which represents a potential useful evidence base to inform future role development. Accordingly, the aim of this review is to identify and analyse the factors that facilitate or inhibit the implementation of new nursing roles, in this instance, using the experiences of UK consultant nurses as an exemplar.
OBJECTIVES
To systematically examine the experiences of UK consultant nurses in implementing a new role in order to identify inhibitors and facilitators of role development.

INCLUSION CRITERIA
Population
New consultant nurse roles in the UK.

Phenomena of interest
Consultant nurses’ experiences of role development in the UK.

Context
All fields in the UK in which consultant nurses practice.

Types of outcomes
Consultant nurses’ experiences of role development in the UK.

Types of study
High quality qualitative, interpretative and critical research studies of consultant nurses’ experiences of role development in the UK; descriptive survey studies and mixed methodology studies of qualitative and survey methods that yield qualitative data regarding consultant nurses’ experiences of role development in the UK.

SEARCH STRATEGY
The search for studies will be limited to publications after 1999, coinciding with the introduction of the consultant nurse role into the UK. The search strategy will incorporate all possible terms and synonyms.

The search strategy will consist of high precision MeSH and non-Mesh terms and keywords to ensure that all relevant material is found. This will be adapted to suit the needs of the different databases. Following our initial inquiries a three-step search strategy will be used to identify both published and unpublished (grey) literature.

Stage 1
This stage will involve an initial search of CINAHL.

The preliminary keywords to be searched are:

1. nurs* consultant*

Stage 2
The text words contained in the title and abstract of all relevant articles along with the controlled language index terms used to describe the paper will then be analysed and used to develop a comprehensive and sensitive subject search to ensure that all relevant material is captured. The strategy will be adapted to suit the differing terminology of index thesauri.

Stage 3
Bibliographies and reference lists from retrieved articles will then be searched for additional studies for the final stage of the process. Key journals which produce a high yield of relevant material will be hand searched for relevant studies.

Databases
A number of electronic databases and search engines will be searched to locate relevant studies. The databases and search engines to be searched for published material include:

• AMHED
• BRITISH NURSING INDEX
• CINAHL [including pre-CINAHL]
• MEDLINE
• ASSIA
• EMBASE
• Cochrane Library (including Cochrane DSR, DARE and CCTR)
Efforts will also be made to locate any relevant unpublished or grey literature. The sources to be searched include using the following databases:

- HMIC (Health Management Information Consortium)
- Scopus
- Web of Knowledge
- Zetoc
- Expanded Academic Index
- Current Contents
- www.scirus.com

For theses:
- Dissertation Abstracts Online
- Index to Theses.

For Conference proceedings:
- INSIDE (BL database of Conference Proceedings and Journals)
- ISTP (Index to Scientific and Technical Proceedings)

For relevant www sites, associations:
- Grey Source: A Selection of Web-Based Resources in Grey Literature
- National Library of Health (UK)
- National Research Register (NHS – UK)
- ReFeR: DOH Research Findings Register.

All studies identified during the database searches will be assessed for relevance to the review based on the information provided in the title, abstract and descriptor/MESH terms. A full report will be retrieved for all studies that meet the inclusion criteria of the review. Where any doubt exists, the full article will be retrieved. Studies identified from reference list searches will be assessed for relevance based on the study title. A screening tool will be used when reading retrieved articles to ascertain whether these address questions key to the review for example, concerning the context and politics of nursing roles and the systems they were created and exist within (see Appendix I).

ASSESSMENT OF METHODOLOGICAL QUALITY

Two reviewers will independently assess studies which meet the full inclusion criteria using the following JBI appraisal tools. The JBI QARI critical appraisal checklist for interpretive and critical research will be used for qualitative studies (see Appendix II). JBI QARI will also be used to appraise the qualitative design of mixed methodology studies. If necessary a bespoke tool will be designed to appraise survey data. Where agreement cannot be reached, a third reviewer will resolve disagreement.

DATA COLLECTION / EXTRACTION

Data extraction for the qualitative studies will be conducted using JBI-QARI Data Extraction Form for Interpretive and Critical Research (see Appendix III). If necessary a bespoke tool will be designed to extract survey data. Further questions to enable extraction of appropriate data will be added to the data extraction tool as appropriate.

DATA SYNTHESIS

For the qualitative data QARI will be used where appropriate for the synthesis of qualitative findings. If it is not possible to combine this data, the evidence will be presented in narrative summary.
Acknowledgements
We would like to thank Phil Satherley for his help and support in producing this protocol.

Conflicts of interest
There are no conflicts of interest for those involved in undertaking this systematic review.

References


Appendix 1 – Screening tool
To systematically examine the experiences of UK consultant nurses in implementing a new role in order to identify factors which facilitate or inhibit role development.

Author: __________  Record Number __________
Year: __________  Reviewer __________

INCLUSION CRITERIA

Types of participants
Consultant nurses - UK No □ if no - exclude □
   Yes □ if yes – continue. Are other nurse participants included?
   Nurse practitioner □
   Clinical nurse specialists □
   Other __________ □

Methods
• Qualitative __________
• Descriptive __________
• Other __________
• Quantitative __________
• Evaluation __________
• Individual role experience __________

Types of Intervention:

New consultant nurse role - time of appointment.
• 1999 □
• 2000 □
• 2001 □
• 2002 □
• 2003 □
• 2004 □
• 2005 □
• 2006 □
• 2007 □
• 2008 □

New consultant nurse role - age of the post.
• first appointment to a new post □
• an appointment to an established post □
• an appointment to re-advertised/revised post □

CRITICAL APPRAISAL

Include □ exclude □ seek further info □

Comments:

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# Appendix II
JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

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| 1. | Is there congruity between the implied philosophical perspective and the research methodology? | Yes | No | Unclear | N/A |
| 2. | Is there congruity between the research methodology and the research question or objectives? | Yes | No | Unclear | N/A |
| 3. | Is there congruity between the research methodology and the methods used to collect data? | Yes | No | Unclear | N/A |
| 4. | Is there congruity between the research methodology and the representation and analysis of data? | Yes | No | Unclear | N/A |
| 5. | Is there congruity between the research methodology and the interpretation of results? | Yes | No | Unclear | N/A |
| 6. | Is there a statement locating the researcher culturally or theoretically? | Yes | No | Unclear | N/A |
| 7. | Is the influence of the researcher on the research, and vice-versa, addressed? | Yes | No | Unclear | N/A |
| 8. | Are participants, and their voices, adequately represented? | Yes | No | Unclear | N/A |
| 9. | Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body? | Yes | No | Unclear | N/A |
| 10. | Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data? | Yes | No | Unclear | N/A |

Overall appraisal: Include [ ] Exclude [ ] Seek further info. [ ]

Comments (Including reasons for exclusion):

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# Appendix III

**JBI QARI Data Extraction Form**

for Interpretive & Critical Research

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**Authors Conclusions**

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Extraction of findings complete  YES