

Knowledge and Perspectives of Postgraduate Nurses regarding competency of Advanced Nursing Practice in Kurdistan Region of Iraq

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ABSTRACT

Background and objectives: Advanced nursing practice (ANP) involves integration role domains, which are related to clinical practice, education, research, professional development and organizational leadership. The objectives of this study were to assess the knowledge and perspective of graduated nurse regarding competency of advanced nursing practice and explain the domains of advanced nursing practice competency.

Methods: This cross-sectional study sought to determine knowledge and perspective of graduated nurses regarding advanced nursing practice in Kurdistan region from 20th June 2014 to 20th December 2014. Nurses who held degrees including Master of Science, and Philosophy of Doctorate or both were invited to participate. One hundred and fifty participants met the inclusion criteria, and 50 completely responded to the questionnaire. Data were analyzed by using Statistical Package for the Social Sciences (SPSS) Version (20).

Results: The total 50 of interviewed participants responded to the survey, with 24 (48%) considering that an ANP should have autonomy in clinical practice. While 28 (56 %) and 35 (70 %) of participants mentioned that an ANP should be able to manage complexity throughout clinical placement.

Conclusion: Considerable number of participants in this study did not have adequate and satisfactory knowledge regarding advanced nursing practice.

Keywords: Advanced nursing practice, Knowledge, Nurse.

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INTRODUCTION

Advanced nursing practice (ANP) is a high degree of knowledge, skill and experience that is applied within the nurse-consumer relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making [1]. ANP has always existed because nursing is

continually evolving, and this might be reflecting on patients and community service needs [2]. Besides, the role of the advanced nurse has grown continuously over the last centuries due to pressures related to reimbursement and managed care, a growing patient advocacy, and changing attitudes about role of nurses.

As a result, these phenomena were helpful in developing role of nurse [3].

Studies have demonstrated that many reasons and events that are helpful in emerging and developing role of ANP but are not limited including the health care needs of the population, practice pattern and new models of care, education, workforce issues and the legacy and policy context [12]. Similarly, another study introduces that socio-political environment, government policy and support, intra/ inter professional collaboration and developing nursing education shaped ANP [4,5]. Furthermore, health cares policy and culture of the health care settings where nurse work played a considerable role in shaping and defining role of ANP [10].

The concept of advanced nursing practice (ANP) and/or advanced practice nurse (APN) have been used interchangeably among the literature and studies; however, they represent the same meaning [4, 6, 12, 13]. There is no single definition of ANP but there is a consensus agreement that it extends traditional scope of nursing, highly autonomous practice of nurse, increase the use of nursing knowledge and participating to the development of profession [14, 15]

APN has been defined in different forms in studies. For example, International Council of Nurses (ICN) defines ANP as a "registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice the characteristics for which are shaped by the context and / or country in which s/he credentialed to practice. A master's degree is required for entry level" [7]. Thus, there is lack of worldwide acceptance regarding the definition of ANP and this led to inconsistency about competencies that are required for this level of practice [11, 18]. However, there are three features that

distinguishes APN from basic nursing practice including specialization of care for a specific population of patient with complex health care needs, acquisition of recent knowledge and skills as well as autonomy extending in scope of nursing practice [14, 15]

Competence and skills are required to achieve ANP but describing these two terminologies is complex and dynamic [10, 13]. Competency is a quality or characteristics of a person that is related to effective performance including combination of knowledge, skills, motives and traits [19]. On the other hand, ICN defines competency as the level of performance demonstrating the effective application of knowledge, skills, judgment and personal attributes required to practice safely and ethically in a diagnosed role and setting [7]. Distinguishing the role of APN is less difficult in countries including the United States, where legalization, regulatory mechanisms, protected titles for clinical nurse specialist, nurse midwives, nurse anesthetists and nurse practitioners exist [10]. Because problems might arise when several roles are applied to the same title, such as nurse specialist, there is now an international agreement about the utilization of titles to distinguish the ANP role. Bryant-Lukosius and DiCenso (2004) stated that roles of ANP would be clearly distinguished due to lack of regulation and protective title for nurses in clinical nurse specialist. The role is defined as the competences related to clinical practice, education, research, organizational leadership, and professional development [10]. In the Kurdistan Region (KR) of Iraq, the College of Nursing was created in three provinces including Erbil, Sulimani, Dohuk and Raparin in 2001 in order to develop the nurse workforce. Increasing the number of undergraduate students, developing higher education

degrees (Master, and PhD) in nursing fields, increasing workload on the physicians, and developing more subspecialties in clinical practice demonstrate ANP in nursing education in the KR. This is because when health care delivery increases via consumer demands, ANP may emerge [4].

Surprisingly, in KR, there is no scientific evidence regarding the perspective of graduated nurses on ANP at nursing academic institutions. ANP in academic settings are introduced to change pattern of practice, identification of skills and specialization in a relevant field [20]. As health-care is always evolving, innovative clinical practitioner is required in order to play a major role in health care settings [14].

The primary aim of this article is to assess the knowledge of graduate nurses regarding competence of ANP and to examine their perspectives toward incorporation of ANP in Kurdistan Region health care facilities.

METHODS

A quantitative cross-sectional study was carried out to assess knowledge and perspective of graduated nurses regarding competency of ANP in Kurdistan region of Iraq from June 20, 2014 to December 20, 2014.

Following an extensive reading of ANP literature, and specifically advanced nursing practice toolkit [21] a constructed questionnaire was developed to meet the purpose of the study. It was reviewed by two experts in order to improve internal validity and internal consistency reliability of the questionnaire. The questionnaire was composed of three sections. The first section was demographical characteristics of participants. The second section was

composed of knowledge regarding competencies of ANP. The third section was the perspective of participants regarding developing ANP in KR. The questionnaire was given to participants to complete individually.

Eligible criteria to participate in this study were nurses who were holding Master of Science in Nursing (M.Sc.), Philosophy of Doctorate (PhD) or both; having a scientific degree that is not less than assistant lecturer and being able to speak and write in English. Both Diploma and M.Sc. degree considered studying of graduate for 2 years separately, whereas PhD degree was considered studying of graduate degree for three to four years.

Participants were attending schools of nursing in public universities including Hawler Medical University, University of Raparin, Duhok University, public and private hospitals. Prior to commencement of the study, written confirmation was obtained from Research Committee in College of Nursing in Hawler Medical University. A total 150 participants met the inclusion criteria. Data collection was done by self-administered questionnaire, and given to the participants in the given areas, and only 50 completely responded questions in the questionnaire; the remaining rejected to participate in the study.

Data were analyzed by using Statistical Package for the Social Sciences (SPSS) Version (20). In which mean and standard deviation of participants were taken in terms of age and their experience as a nurse. Then, frequency and percentage of participants with respect to each question was introduced.

RESULTS

Regarding demographical data, Mean and Standard Deviation of the participant age

and years of experience in nursing were 40.08 ± 9.52 and 6.58 ± 4.46 respectively. The majority of participants were studying inside of Iraqi universities (78%), whereas 22% of them were finished the postgraduate degree abroad. Most held a Masters degree (68 %). The academic titles of the participants were mainly assistant lecturer (48 %), while lecturer, assistant professor and professor were 28%, 12% and 2% respectively as revealed in the table 1.

Table 1: Participant Characteristics

Participant characteristics	Frequency	%	
Roles	Educator and Researcher Leader	40	80
	Clinical Practitioner	5	10
	Total	50	100
	Assistant lecturer	24	48
Academic title	Lecturer	14	28
	Assistant Professor	6	12
	Professor	1	2
	No academic title	5	10
Total	50	100	
Qualification	MSc	34	68
	PhD	16	32
	Total	50	100

Regarding the prerequisite qualification to take ANP role, 22% of participants thought that holding a diploma was a minimum requirement, compared to 20% who believed that holding a Masters degree was required. The majority believed that ANP must be an advanced clinical practitioner (76%), whereas only 4% of them highlighted that an ANP should play all roles. (Table 2).

Table 2: Knowledge of participants regarding, pre-requisites qualification and roles of advanced nursing practice

Pre-requisite qualification of ANP	Frequency	%	
CBTC	10	20	
Diploma	11	22	
BSc	10	20	
MSc	10	20	
PhD	9	18	
Total	50	100	
ANP roles	Clinical/ Professional Leadership Facilitating Learning Research and Development	4	8.0
	Advanced Clinical Practice	38	76.0
	All above	2	4.0
	Total	50	100.0

Table 3 reveals that almost all participants (86%) posited that decision-making, clinical judgment and problem solving are the main competencies that an advanced clinical practitioner must have, during their clinical practice. On the other hand, 24 (48 %) and 21 (42 %) considered that an ANP should have autonomy in clinical practice and managing risk respectively. While 28 (56 %) and 35 (70 %) of participants mentioned that an ANP should be able to manage complexity and have a good communication skill with colleagues throughout clinical placement respectively.

Table 4 shows number of participants believed that an ANP should develop their ability to access research 17 (34 %) and implement research findings 17 (34 %) in clinical placement. However, low number of participants suggested that ANP need to

develop their ability in terms of presenting seminar in conference 14 (28 %) and publication 12 (24 %)

Table 3: Perspectives of participants regarding skill abilities and characteristics of advanced clinical Practice

Advanced Clinical Practice	Frequency	%
Decision making / clinical judgment and problem solving	43	86
Critical thinking and analytical skills incorporating critical reflection	35	70
Managing complexity	28	56
Assessment, diagnosis referral, discharge	34	68
Developing higher levels of autonomy	24	48
Assessing and managing risk	21	42
Prescribing	25	50
Developing confidence	29	58
Developing therapeutic nursing to improve patient outcomes	33	66
Higher level communication skills	35	70
Patient Focus / Public Involvement	31	62

Table 4: Perspective of participants regarding research, and development competency domains of advanced nursing practice

Research and Development	Frequency	Percent %
Ability to access research/ use information	17	34
Critical appraisal / evaluation skills	14	28
Involvement in research / audit	13	26
Ability to implement research findings into practice- including use of and development of policies / protocols and guidelines.	17	34
Conference presentations	14	28
Publications	12	24

Table 5 reveals that participants supposed that being able to learn and improve nurse’s capability and building capacity 17 (34 %). However, 10 (20 %) and 14 (28 %) of participants demonstrated that an ANP should be able to provide information and develop principles of teaching respectively. Table 6 shows that 19 (38 %) participants believed developing the team in working place was the main skill of this type of nurse’s role. A small number of responders highlighted that equality and diversity 10 (20%) are the main clinical leadership skills of an ANP. Regarding perspectives of an ANP, table 7 shows that majority of participants 40 (80 %) suggested that ANP should be incorporate into context of health care including primary health care centers and hospitals in KR. Besides, 23 (46 %) participants thought that ANP can meet health care needs of society, while 3(6 %)

participants mentioned that governmental health policy is helpful to introduce ANP into health care sectors of Kurdistan region.

In other words, as is clarified in the table 7, most participants thought developing of ANP in Kurdistan region may be difficult due to deficiencies of job descriptions in

the health care system (46 %) and lack of inter and intra professional cooperation 6 (12 %) among health care staff at the hospitals. In addition, 4 (8%) considered that socio-political environment of hospitals is another difficulty in front of introducing ANP in Kurdistan region.

Table 5: perspective of participants regarding facilitating-learning ANP competency domain.

Facilitating Learning	Frequency	%
Principles of teaching and learning	17	34
Supporting others to develop knowledge and skills	15	30
Promotion of learning / creation of learning environment	16	32
Service user/ career teaching and information giving	10	20
Developing service user/ career education materials	14	28
Mentorship and coaching	15	30
Building capability and capacity	17	34

Table 6: Perspective of participants about clinical leadership basic skills.

Clinical /Professional Leadership	Frequency	%
Identifying need for change, developing case for change including service development.	16	32
Clinical Governance	11	22
Equality & Diversity	10	20
Ethical decision-making	16	32
Developing case for change	13	26
Negotiation and influencing skills	13	26
Incorporate values-based care into practice	12	24
Networking	13	26
Team Development	19	38

Table 7: Participant perspectives regarding incorporation of the ANPs in health care sectors and obstacles of introducing ANP into health care settings in KR

		Frequency	%
Incorporation of the ANP into health settings	Yes	40	80
	No	10	20
	Total	50	100
Incorporate ANPs	To meet the health needs of society	23	46
	Health care work loads	5	10
	Governmental policy and support	3	6
	Development of nursing education	15	30
	No answered	4	8
	Total	50	100
			Frequency
Obstacles of introducing of ANP	Lack of Job description in the health care system	23	46
	Absence of the high qualified nurses	5	10
	Socio-Political environment of the health agencies	4	8
	Lack of inter-intra professional cooperation's	6	12
	No answered	2	4
	Total	50	100

DISCUSSION

The present study found that most of the participants believed that holding a diploma certificate in nursing (those who graduate in technical institute) (22%) is required to be appointed as an ANP, whereas (20%) and (18 %) of participants highlighted that M.Sc. and PhD are required for being an ANP respectively. As indicated in the literature, nurses working at advanced level during extensive clinical practice experience of a specific field and following completion of Master's level or above can work as ANPs. Various studies support having a Masters degree as the minimum to appointed as ANP [2, 5, 7].

This study has found that few participants had acceptable knowledge about the roles of ANP. It might be due to this role is not delineated in Iraq, and Kurdistan region. Most participants are not studying abroad specifically in United Kingdom (UK) and the United States or other countries where nurses have this role. In contrast to this study, for the first time in the UK a study found that an ANP must be an expert practitioner, educator, researcher and consultant in clinical practice [13]. Moreover, three studies have suggested that role of the ANP should not be introduced as a homogeneous category, however; it needs to be introduced as heterogeneous sub-roles [5, 10]. With respect to characteristics and skills of ANP

domains as shown in the table (2), participants of this study did not provide insight regarding competencies of ANP in terms of clinical performance, characteristics of clinical leadership and conducting research. This is might be due to two factors: there is no such kind of nursing roles in the Iraq and Kurdistan region and advanced nursing has not been incorporated into postgraduate curriculums. Numerous studies regarding ANP have stated that it must play the key roles in competencies of advanced nurse practitioner, being educator in clinical practice, researcher, leader and manager in clinical practice [18]. Most participants have diverse views regarding ANP sub-role competencies; this might be referred to lack of inadequate knowledge regarding this role. Incorporating ANPs into the health care system in the Kurdistan region is seen as essential by the participants in which 40 (80%) supported that ANP should be introduced in health care system of KR. This is because all felt that role of nurses has to be expanded to improve the health care services and to meet patients' needs. Implementation of new roles might be confronted variety of challenges and problems. A total 46% expected that developing such kind roles in KR is likely to face a number of challenges including a lack of job description, supporting of professional bodies, and role recognition by authorities. Most participants supposed that lack of job description and lack of inter and intra-professional cooperation were the main obstacles [22]. Additional study with more participants, including all nurses who hold B.Sc. or High and Diploma in nursing, and medical doctors, and other stakeholders, should be conducted. The concept ANP need to be explained for nurses who hold M.Sc., PhD or both of them in order to provide an insight regarding ANP. Additionally,, it is important

that the responsibility of APNs should be clarified for nurses at hospitals and other health care settings. Finally, it is Recommended that a module of ANP have to in corporate into postgraduate curriculum in nursing faculties.

CONCLUSION

Inadequate knowledge regarding sub roles, competences of ANP, and required qualification to enter the level of ANP were identified. Participant attitudes toward developing ANPs in KR were positive. The role of ANP need to be more clearly defined to all postgraduate nurses in order to improve and meet health care needs in this region.

CONFLICT OF INTEREST:

There is no conflict of interest to declare regarding this study.

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