

Advancing professional practice: Why is it necessary for health visiting?

What constitutes advancing professional practice has been widely debated, as the term 'advanced practice' is associated with a range of nursing roles. Sharin Baldwin considers the skills, competencies and attributes required to advance health visiting practice.

Advancing professional practice has been described as an ongoing process of moving practice forward for the benefit of service users (Wilson-Barnett et al, 2000). In other words, it is a process of developing practice through the advancement of knowledge, clinical expertise and research to further the scope of the profession (Por, 2008). The term 'advanced practice' is usually discussed in the literature in relation to nursing and has often caused confusion due to being associated with advanced nursing roles and a range of nursing titles, such as Advanced Nurse Practitioner (ANP) and Clinical Nurse Specialist (CNS) (Por, 2008).

Davies and Hughes (2002) argue that advanced nursing practice should be viewed as a collection of competencies embedded in a variety of roles, rather than in terms of particular roles. To provide more clarity around the concept of advanced-level nursing practice, the Department of Health (DH) issued a position statement in 2010, to be 'used as a benchmark to enhance patient safety and the delivery of high-quality care by supporting local governance, assisting in good employment practices and encouraging consistency

in the development of roles and posts' (DH, 2010: 4). The position statement comprises 28 elements clustered around four nationally agreed themes: clinical/direct care practice; leadership and collaborative practice; improving quality and developing practice; and developing self and others. There is general consensus that advanced nursing practice, also known as 'nursing practice development', involves highly autonomous practice that maximises the use of nursing knowledge, contributes to the development of the profession and extends the traditional scope of nursing (American Nurses Association (ANA), 1995; Castledine, 2002).

While there is a considerable amount of literature on advancing nursing practice, there is very little relating to advancing health visiting practice in particular. This paper will explore the history of advancing nursing practice, discuss whether health visiting constitutes specialist or advanced practice, and conceptualise advancing practice in relation to health visiting.

History of advanced nursing practice

The concept of advanced nursing practice was first introduced in the UK in 1994, when the United Kingdom

Central Council for Nursing, Midwifery and Health Visiting (UKCC) recognised the need for post-registration education for nurses. As a result three areas of nursing practice were identified: professional, specialist and advanced nursing practice (Dunn, 1997). There are two schools of thought related to the emergence of advanced nursing practice in the UK (Manley, 1998). One is that it emerged as a response to the reduction in junior doctors' hours and the shortage of doctors resulting from changes in specialist medical training in the 1990s (Por, 2008)—nurses therefore advanced their roles by taking on tasks that were previously undertaken by doctors, in order to meet the demands of the changing health-care service. The other school of thought refers to advancing the nursing profession. Efforts to professionalise nursing by promoting the professional autonomy and personal accountability of practitioners have contributed to the extension and expansion of nurses' roles (Hunt and Wainwright, 1994), and sub-roles such as educator, researcher and consultant have been introduced.

Advancing nursing practice has also been influenced by the UK political agenda. During the 1990s, the Labour government showed increased interest in the potential of nursing and promoted this within the NHS, through initiatives such as nurse prescribing, NHS Direct, nurse-led walk-in centres, nurse consultants and modern matron posts (Brocklehurst, 2004). In recent years there has also been more emphasis placed on



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service users' views and involvement in service development, which has created opportunities for nurses to take on new challenges and create new roles to meet the needs of the changing health-care service in the UK (Por, 2008). Advancing nursing practice has therefore been driven by advances in medicine, the changing needs of health care and the need to advance the nursing profession, as well as the national political agenda in the UK.

Health visitors: specialist or advanced practitioners?

Health visitors, often referred to as specialist community public health nurses (SCPHNs), are trained nurses or midwives who have undertaken specialist public health training. They not only work with individuals but also with populations, making complex decisions that can affect whole populations without having direct contact with individuals (Nursing & Midwifery Council (NMC), 2013). For this reason their regulation is considered separately by the SCPHN part of the NMC register (NMC, 2013).

The ANA has defined the advanced practice role as 'professional nurses who have successfully completed a graduate programme of study in a nursing specialty or related field that provides specialised knowledge and skills that form the foundation for expanded practice roles in health care' (Smith, 1995). Based on this, one could argue that all health visitors, who are specialists, could be classed as advanced practitioners. The literature differentiating between specialist nursing and advanced nursing practice mainly focuses on specific nursing roles like CNS and ANP, which makes applying the comparisons to health visiting difficult. What makes this even more difficult is the actual role that health visitors play. A report from 1972 suggested that 'there seems to be a common feeling among health visitors that their role is difficult to interpret to others, and that it is not well understood or agreed upon by those with whom they work' (Hunt, 1972a). Almost three decades later,

this has not changed. As health visiting does not fit neatly into just one category like some other professions, health visitors have often been referred to as 'jacks of all trades' (Hunt 1972a; 1972b). Ad hoc developments have led to the emergence of four practice paradigms: individual advice giving; psychological development (personal support); environmental control; and emancipatory care (networking, community health) (Twinn, 1993).

Furthermore, the health visiting role is now linked with nursing despite the different origins of the two professions. Nursing was based on altruism (Marshall, 1963), while interventions by health visitors were more concerned with 19th-century middle-class fears over the spread of epidemics (Wohl, 1983). Historically, compared to nurses, health visitors tended to be more autonomous, with the ability to use their professional judgement freely when deciding on clients' needs and frequency of visits (Lamb, 1977; White, 1985; Condon, 2008). Promoting health is the primary professional focus for health visiting (UKCC, 2001). Although promoting health is also part of a nurse's role, it is the emphasis on 'health' which distinguishes health visitors from nurses (Cowley, 2002; Malone et al,

2003). According to Daly and Carnwell (2003), advanced practitioners are those who practise at higher levels, are viewed as experts in their field, and involve sophisticated use of knowledge and skills. It could be argued that these are also characteristics of health visitors in general. On the other hand, this is problematic as newly qualified health visitors may not be practising at this 'higher level' right from the start. Benner (1984) has identified five stages of skill acquisition for nurses to move from being a novice practitioner to becoming an expert (Figure 1).

In order to practise as an expert, Benner suggests that one needs to have an in-depth knowledge base relating to a specific client population, which is informed by past clinical experiences. Based on this, Sutton and Smith (1995) have suggested that expert practice is therefore specialist practice, as it involves gaining experience and expertise from working in a specific field of practice. With regard to health visiting, there is a clear distinction between specialist and expert practice. Although health visitors are classed as specialist nurses, new entrants to health visiting are not experienced in that role and they will still need to go through the processes of acquiring professional expertise through continuous exposure



Figure 1. Novice to expert model: the five stages of skill acquisition (Benner, 1984)

and experience in health visiting work in order to develop from a novice to an expert practitioner.

Leadership is another element that is essential for advancing nursing practice (Thompson and Watson, 2003), and plays an important role in health visiting. The *Health Visitor Implementation Plan 2011–15: A Call to Action* (DH, 2011), highlights the role of health visitors as leaders in delivering the national Healthy Child Programme, putting them in a unique position for shaping the future of the profession. For new entrants to health visiting this may be challenging, due to their lack of experience in this specialist field. This may be further complicated by the conflicting professional identities relating to health visiting and nursing. Historically, health visiting has often struggled to define its role and has suffered from uncertainty regarding its unique professional identity. A number of factors have influenced this, such as its diverse spread across health, education and social care; its link to wider public health functions; its responsibility in child health and protection; and its evolution from 19th-century volunteers into 21st-century professional nurses (Baldwin, 2012). Identity confusion within health visiting in relation to nursing and public health remains, and threatens to further reduce morale within the profession (Machin et al, 2011). This could have an even greater impact on newly qualified health visitors, affecting their ability to lead and

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advance practice in the role until they become more experienced.

Roberts-Davis and Read (2001) conducted a Delphi survey of 218 UK nurses and reported a number of commonalities between the specialist and advanced roles, such as practising at higher levels and being viewed as experts. They found, however, that in order to practise at higher levels in the conduct of research, initiation and leadership of practice developments, the advanced practitioners required a broader knowledge and skill base than the specialists. In addition to this, they reported the advanced practitioners worked more independently than the specialists. According to Sutton and Smith (1995), advanced practice involves analytical thinking, critical reflection, and responding to not only present demands but also to potential future situations through constantly 'stretching' the boundaries. Therefore, it is the different way in which the advanced practitioners think that separates them from specialist practitioners.

According to Fulbrook (1998), personal development is closely linked to what makes the individual's practice 'advanced'. Through an action research project, Manley

(1998) identified a number of processes important to advancing nursing practice. They were: developing a shared vision, trust, creating opportunities, inspiring, communicating, valuing, challenging and stimulating others. Rosenbach (2012) argues that these characteristics are similar to those seen in transformational leadership, which suggests that advanced practice is also characterised by transformational leadership qualities.

The comparison in *Table 1* highlights that advanced nursing practice is dependent on personal attributes and disposition of the individual and cannot be purely developed through formal education or experience, and therefore is more than being an expert by experience or a speciality (Por, 2008). So while health visitors become specialist practitioners through knowledge and experience gained from formal training programmes, it is the practical experience and use of expertise in the field that makes them expert practitioners. In order to become advanced practitioners, health visitors need to possess the additional personal attributes and professional maturity to enable them to move the health visiting profession forward.

Table 1. Comparison of expert, specialist and advanced nursing practice

Expert nursing practice	Specialist nursing practice	Advanced nursing practice
Located in the practical and technical	Located in the field of practice	Located in the personal
Developed on the basis of experience	Developed as a result of a formal education programme coupled with experience	Dependent on personal attributes and dispositions of the nurse, possibly coupled with exposure to clinical experiences
Knowledge developed from experience	Knowledge obtained from education programme	Knowledge associated with caring and human communication and relationships
Has its genesis in influences derived from the health-care system	Has its genesis in the need to adapt to medical ideology	Has its genesis in influences derived from the nurse–client relationship

From: Sutton and Smith, 1995

Conceptualising advanced practice in health visiting

The NMC (2001) highlighted advanced practice as a distinct sphere of nursing, independent from the specialist role. Castledine (1996) identified specific criteria, roles and functions of advanced nurse practitioners in the UK through seven categories:

- ♦ Autonomous practitioner
- ♦ Experienced and knowledgeable
- ♦ Researcher and evaluator of care
- ♦ Expert in health and nursing assessment
- ♦ Expert in case management
- ♦ Consultant, educator and leader
- ♦ Respected and recognised by others in the profession.

While there are a number of different conceptual frameworks for advancing nursing practice, McGee and Castledine's (2003) framework will be discussed here. The four principles for health visiting practice, published in 1977 by the Council for the Education and Training of Health Visitors (CETHV), will be discussed in relation to McGee and Castledine's (2003) framework for advancing professional practice. These broad principles support variation in the way individual health visitors autonomously operate within their roles, and continue to be relevant to health visiting practice today (Twinn and Cowley, 1992).

The principles for health visiting practice are (CETHV, 1977):

- ♦ Searching for health needs
- ♦ Stimulating an awareness of health needs
- ♦ Influencing policies affecting health
- ♦ Facilitating health-enhancing activities.

Advanced nursing practice has been described as 'a state of professional maturity in which the individual demonstrates a level of integrated knowledge, skill and competence that challenges the accepted boundaries of practice and pioneers new developments in health care' (McGee

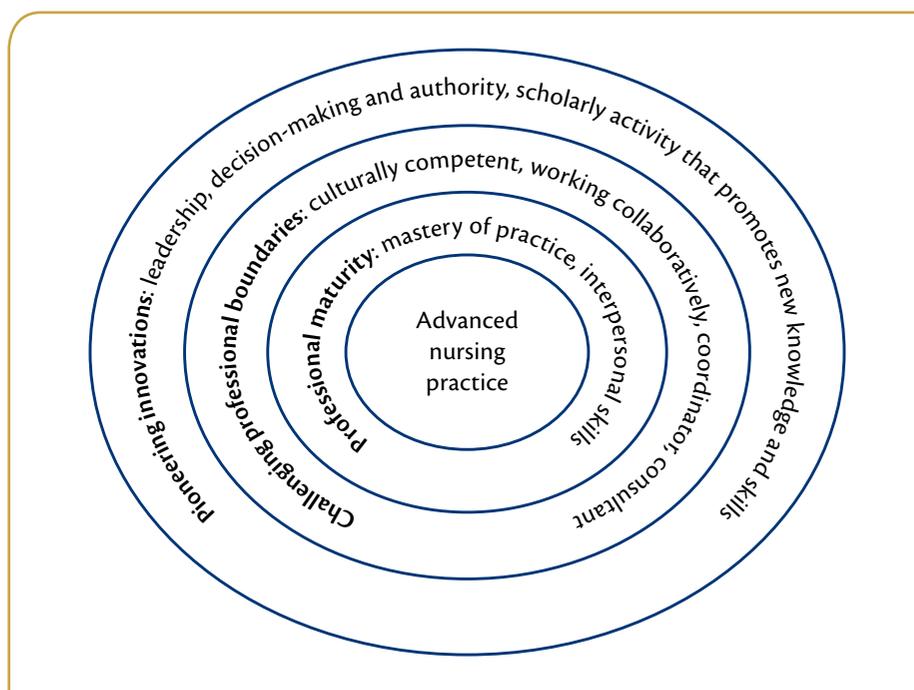


Figure 2. Key elements of advanced nursing practice (McGee and Castledine, 2003: 25)

and Castledine, 2003: 24) These key elements are shown in *Figure 2* and explored in more depth below.

Professional maturity

The first element, professional maturity, refers to gaining experience of practising in a wide range of professional settings with diverse client groups, in order to make expert clinical judgements. Effective interpersonal skills, being able to adapt to different environments and the ability to apply theory to practice are also key components of professional maturity (Sutton and Smith, 1995; McGee and Castledine, 2003). Professional maturity is essential in order for health visitors to search for health needs.

It is through the use of effective interpersonal skills that health visitors search for health needs with diverse groups and settings. This could involve searching for needs on an individual basis for a mother and child, for the whole family or even for a community. According to Manley (1998), advanced nurse practitioners should be educated to at least Master's level and have up-to-date specialist knowledge and research skills. While health visitors

will have a first-level degree to enter the profession, studying at higher levels is crucial in order to advance health visiting practice.

Challenging professional boundaries

The second element of advanced practice is challenging professional boundaries, which involves being culturally competent, working collaboratively, coordinating and consulting (McGee and Castledine, 2003). Cultural competency is essential for creative leadership, where nurses continue to develop themselves to work effectively in different cultural contexts (Campinha-Bacote, 1996), and use their skills to challenge the status quo and introduce new perspectives within their organisation (McGee and Castledine, 2003). By working together with individuals, families and communities, health visitors stimulate awareness of health needs and facilitate health-enhancing activities, through their coordinating and consulting skills.

While health visitors already possess these advanced practice skills, through further experience they can develop their expertise in order to lead in the field of public health and challenge

professional boundaries. Furthermore, health visiting is now moving into an interdisciplinary, inter-agency, team-based and user-involvement arena (Thompson and Watson, 2003), and therefore collaborative working is vital. Collaboration is an interpersonal process based on a shared goal and respect for expertise of colleagues, and it is through these skills that health visitors can challenge existing boundaries in order to enhance care and service delivery. It is also important for health visitors to seek to stabilise a collective professional role identity to enable consistent inter-professional working (Machin et al, 2011).

Pioneering innovations

The third element is pioneering innovations, which includes effective leadership, decision-making, and scholarly activity that promotes new knowledge and skills (McGee and Castledine, 2003). This is achieved through critical practice, which is described as a combination of critical analysis, critical reflexivity and critical action, as shown in *Figure 3* (McGee and Castledine, 2003).

Critical analysis enables the evaluation of care delivery and health interventions, while critical reflection on practice can provide alternative

and enhanced ways of delivering services and form the basis of ongoing inquiries (McGee and Castledine, 2003). This leads to critical action being taken, such as contributing to scholarly activity and new knowledge development through research and publications. Critical practice therefore acts as a basis for the advanced health visitor practitioner to act as a clinical and professional leader in their field of practice, and influence policies affecting health.

Leadership continues to play an important role within the NHS. In 2000, the NHS Plan highlighted the need for first-class leaders within the health service (DH, 2000). This message has continued to be reinforced through several government publications since (DH, 2003; 2007; 2009; 2011).

There has never been a more crucial time for leadership within health visiting than now (Baldwin, 2013). With 54% of the current health visiting workforce being over the age of 50 (NHS Employers, 2012), and the government’s plan to increase the number of health visitors by 4200 by March 2015 (DH, 2011), approximately half of the workforce will be newly or recently qualified health visitors (Centre for Workforce Intelligence, 2012). This presents a

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potential risk to the level of experience of the overall workforce and could change the outlook of the profession, bringing more uncertainty to the already destabilised professional identity. Effective leadership skills are therefore necessary to help health visitors stay rooted to their professional principles while also shaping the future of the profession.

Transformational leadership is one of the ‘new leadership’ theories, also classed as charismatic leadership. The emphasis is on relationships as the foundation for bringing about positive outcomes (Hibberd and Smith, 2006), and is about vision, ability to inspire followers, sharing a bond with followers and being able to empower others, and therefore most commonly associated with leadership within health care (Jooste, 2004; Carney, 2006; Hibberd and Smith, 2006). The health visiting profession needs transformational leaders to provide direction, purpose, innovation and motivation (Thompson and Watson, 2003)—a role that is central to advancing professional practice.

Conclusion

Advancing professional practice is the ongoing process of moving practice forward and encompasses advanced practice. What constitutes advanced professional practice continues to be debated, due to the various advanced nursing roles that have been developed in recent years to meet the demand of the rapidly changing NHS in the UK. Often, advanced nursing practice is associated with Nurse Specialist or

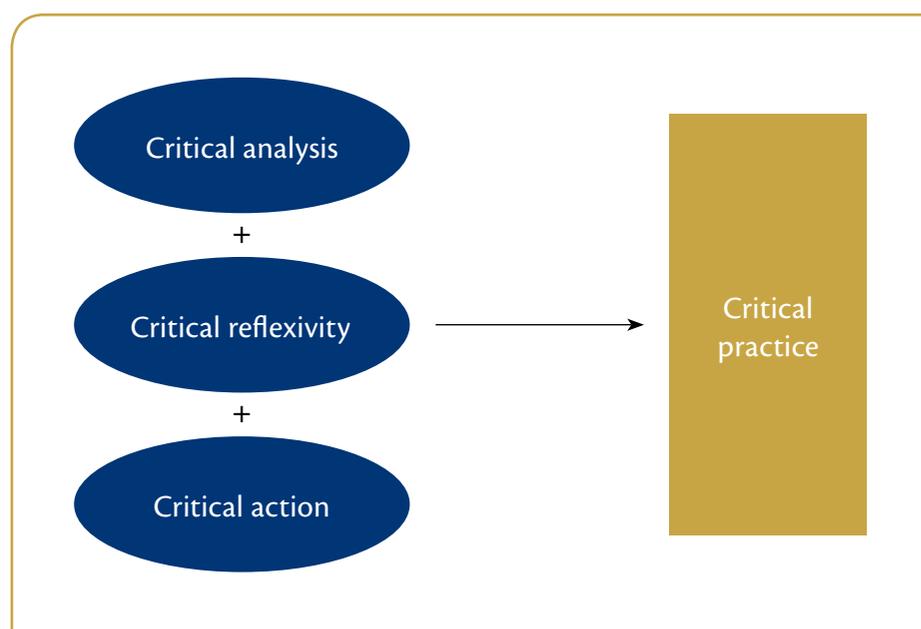


Figure 3. The three elements of critical practice (McGee and Castledine, 2003: 27)

Advanced Nurse Practitioner roles. This paper discusses advancing practice in relation to health visiting, an area that is often not discussed in the literature.

Through extensive academic training, varied practice experiences and clinical expertise, health visitors can advance their practice and lead the way in new innovations. To be leaders and challenge professional boundaries it is vital to be culturally competent and possess effective interpersonal skills that enable collaborative working, critical thinking, problem solving and decision making; only then can health visitors transform into advanced specialist practitioners. While clear role demarcation between expert, specialist and advanced practice is sometimes difficult, this paper highlights some of the skills, competencies and attributes that are distinct requirements for advancing health visiting practice. **JHV**

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Key points

- ♦ Advancing professional practice is an ongoing process of moving practice forward for the benefit of service users
- ♦ There is a lot of literature on advancing nursing practice, but little relating to advancing health visiting practice in particular
- ♦ There is a need to distinguish between specialist, expert and advanced practice, which is not always clear within the role of the health visitor
- ♦ One framework for advancing nursing practice describes the key elements as professional maturity, challenging professional boundaries and pioneering innovations
- ♦ There has never been a more crucial time for leadership within health visiting than now. Leadership is an essential element of both advancing nursing practice and health visiting

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