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REVIEW ARTICLE

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What is nursing in advanced nursing practice? Applying theories and models to advanced nursing practice—A discursive review

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Abstract

Aim: This article appraises models and theories related to advanced nursing practice. It argues that while the role of the advanced nurse practitioner builds on and extends beyond traditional nursing, it remains firmly grounded in 'caring'.

Background: The stereotype that nurses 'care' and doctors 'cure' is fading. Increasingly, nurses have crossed boundaries and conducted independent assessment, diagnosis, prescribing and consultation, which used to be the doctor's role. Confusion and argument have arisen due to the higher-level practice of the advanced nurse practitioner, as many questions where these 'doctor nurses' stand.

Design: A literature review.

Data Sources: Databases, including CINAHL, Medline and Google Scholar, were searched.

Method: Databases were searched, and relevant studies and review articles from 1970 to 2023 were identified using the following keywords: 'advanced nurse practitioner', 'nurse practitioner', 'advanced nursing', 'advance practice', 'nurse practitioner', 'nursing theory' and 'nursing model'.

Results: Although advanced nurse practitioners identify themselves as nurses, there is limited use of nursing theory to conceptualize this new level of practice and to define their contribution to the multi-disciplinary team. It is noted that a holistic approach to personalized patient care, based on therapeutic relationships and effective communication, may help us identify the unique contribution of the advanced nurse practitioner.

Conclusions: The development of advanced nursing theory needs to capture this holistic approach and its caring element to recognize the value and strengthen the identity allegiance of this hybrid role.

Implications for the Profession and/or Patient Care: Holistic approach and patient-centred care, effective communication and the therapeutic relationship are strong characteristics relating to ANP practice, the latter of which is yet to be clearly defined and captured in nursing theories. Conceptualizing ANP practice and capturing their

valuable nursing care will enable better understanding and clarity for the role to realize its full potential.

KEYWORDS
advanced clinical practitioner, advanced nurse practitioner, advanced nursing, advanced nursing practice, advanced practice, advanced practice nursing, advanced practitioner, clinical practitioner, nursing identity, nursing models, nurse practitioner, nursing theory

1 | INTRODUCTION

For many years, medicine and nursing were regarded as two distinct and separate disciplines (Hayne, 1992). Emerging roles such as clinical nurse specialist (CNS), advanced nurse practitioner (ANP) and advanced clinical practitioner (ACP) appear to be blurring the boundaries between professions. The driver for new levels of practice was initiated by a shortage of medical staff (Dellabella, 2015). More skilled practitioners are needed to meet the changing needs and demands of the population (International Council of Nurses [ICN], 2020). It aims to support medical staff in their work, increase patient access to care, relieve cost pressures and feed a professional drive for progress and advancement (Delamaire & Lafortune, 2010; Drennan et al., 2021; Hill, 2017).

The concept of Clinical Nurse Specialists first emerged in the 1960s in the United States of America (USA) due to the increasing complexity of nursing care (Tracy & O'Grady, 2019). Over a century ago, the term 'specialist' was used to describe nurses who focused their education and training on a particular branch of nursing and kept themselves updated with the latest advancements in that area. These nurses were often seen as a complement to the work of doctors, as noted by Dewitt (1900). As per the ICN (2020), a CNS is a nurse with advanced nursing knowledge (usually a master's degree and above) and skill, who has received education beyond that of generalist nurses or specialized nurses and is capable of making complex decisions in a clinical speciality. Clinical Nurse Specialists and Advanced Nurse Practitioners have many similarities, but they remain distinct nursing roles. CNSs are more involved in non-clinical (indirect) activities, whilst ANPs focus more on diagnosing, prescribing and treating illnesses (Bryant-Lukosius et al., 2018; Carryer et al., 2018).

The initiation of advanced practice emerged in children's services when there was a particular medical shortage and a higher demand for autonomous clinicians (Brennan, 2020). Dr. Loretta Ford, known as the mother of nurse practitioners and Dr. Henry Silver, a paediatrician, founded the first Nurse Practitioner (NP) programme in 1965 in the USA (American Association of Nurse Practitioners, n.d.; Brennan, 2020), starting from a certification programme, and later leading to a master's programme in the 1970s (Dellabella, 2015). While the concept of autonomous practice in nursing in the UK was different due to the healthcare system, the Royal College of Nursing (RCN) Nurse Practitioner programme trained the first NPs in 1992 (RCN, 2008). It developed the first educational competencies and accreditation system to provide a baseline standard of advanced practice in nursing (Barton & Allan, 2015). The four UK countries (England, Northern Ireland, Scotland and Wales) developed their own educational preparation for health care (ICN, 2020), using the nomenclature 'advanced nursing practice'. Countries like Canada, Jamaica and Botswana followed in the 1970s and 1980s, and more recently, other countries have introduced NPs and gradually established their status (ICN, 2020). This level of practice has enabled nurses to progress into more advanced and specialized practice, with autonomy being an important characteristic of the job for nurses to independently assess, diagnose and prescribe treatment (Hill, 2017; ICN, 2020).

2 | BACKGROUND

The nature of advanced practice goes beyond the scope of traditional nursing due to its autonomous practice, from direct and indirect care to illness prevention and cure (ICN, 2020). In this way, advanced practice is *a level of practice*, not a specialism (NHS Employers, 2023). In addition to the requirement for an advanced level of direct clinical practice, development/education, leadership and research are integrated into the concept of an advanced level of practice (NHS Employers, 2023). All four UK countries use these four pillars to describe advanced practice content, with direct clinical practice being the main pillar (Health Education England [HEE], 2017; ICN, 2020; RCN, 2022). In the UK, the title of Advanced Nurse Practitioner is broadened to allied professions in the form of the Advanced Clinical Practitioner, which is defined as *a level of practice characterized by a high degree of autonomy and complex decision making*' (HEE, n.d.). ACPs are now practising at a higher level in pharmacy, paramedics, physiotherapy, therapeutic radiography and many other professions.

As policies and regulations are being introduced to provide a more clear-cut definition and scope of advanced practice (HEE, 2017; ICN, 2020; RCN, 2022), in nursing, a heated debate has been seen regarding what advanced practice means (Bryant-Lukosius et al., 2004; Ormond-Walshe & Newham, 2001). Indeed, in many areas, ACP is used to bring nursing in line with other professions under the HEE Multi-professional Framework for Advanced Clinical Practice in England. Historically, advanced practice in nursing has increased access to medical care and provided opportunities for nurses' career progression (Delamaire & Lafortune, 2010), but there has been a concern that ANPs were viewed as a cheap replacement for junior doctors (Donald et al., 2010; Hegedorn & Quinn, 2004; Thompson & Mcnamara, 2022). Thus, doubt has been shed on the

longevity of advanced-level practice in nursing. The confusion of role identity is identified as an inhibiting factor to the development of ANP (Drennan et al., 2021), as is the transition to autonomous practice (Maclellan et al., 2015). With the contemporary introduction of advanced practice in allied health professions, it is perhaps now more than ever, important to clarify the professional identity of advanced nursing practice and craft out how the 'nursing' component of the job is conceptualized (Coombes, 2008; Lewis, 2022; Nadaf, 2018).

3 | OVERVIEW OF ISSUES

This article will focus on the discourse around advanced practice, specifically in nursing, and for clarity, will use the term ANP to denote nurses in advanced-level practice and its equivalent title, such as NPs in the USA. Firstly, we discuss the development of nursing identity; this is followed by an overview of nursing theory and a discussion around how models and theory might be used to advantage in clarifying what we mean by advanced nursing practice, particularly in the light of advanced-level practice in other professions. It argues that while the role of the advanced nurse practitioner builds on and extends beyond traditional nursing, it remains firmly grounded in 'caring'.

3.1 | The development of nursing identity

Nursing was not an independent profession until Florence Nightingale established the first nursing school in London in 1860 (Jansen & Roodbol, 2013). While Nightingale was regarded as the founder of professional nursing, it has been argued that she 'unequivocally' placed nursing in a subordinate position to medicine (Greenweel & Walby, 1996). Others have argued that from Nightingale's 'Notes on Nursing' written in 1859, she envisioned nursing as an independent profession which was not subordinate to medicine but as an equal discipline (Jansen & Roodbol, 2013). Whichever is true, the debate has played out since. Historically the role of nurses was as the 'handmaiden' to doctors, with the former focused on caring for patients and the latter on diagnosis and treatment (Greenweel & Walby, 1996). Lewis (2022) summarized well the conundrums from which advanced nursing practice is born out of, such as gender, social and power struggles. As the evolution of the ANP started to blur the traditional roles of medicine and nursing, nurses' identities evolved from following doctors' orders to autonomously making clinical decisions (Hill, 2017). Perhaps ambiguity and confusion arose when nursing roles such as the ANP started to utilize medical models to diagnose illness and treat patients, which were traditionally not nursing tasks (Lowe, 2017).

Brown & Draye (2003) conducted a qualitative study with 50 ANPs. These nurses pioneered advanced-level practice in the USA from 1965 to 1979. Brown & Draye's study described an array of complicated emotions that these pioneers had experienced in extending the boundaries of nursing. From the satisfaction and fulfilment of leaving traditional and familiar roles to explore 'uncharted territory' (p. 393) to the frustration due to the resistance, challenges or even 'overt hostility' (p. 394) from other healthcare professionals—sometimes even from nursing professionals themselves.

Following Brown & Draye's (2003) work, Fawcett et al. (2004) clarified the definition of advanced-level nursing practice and explored advanced practice more conceptually. Fawcett et al. (2004) highlighted the uniqueness of the ANP as a role blending and blurring the boundaries of medicine and nursing, having derived its origin from meeting the needs of children when in shortage of medical resources (Silver et al., 1968). Rather than excluding the nursing process from the skill sets defining advanced practice, they asserted that the ANP was inclusive in nature and practised the art of both medicine and nursing. Similar views were expressed by Dawood (2000) and Lowe et al. (2012) that what may be seen as the more medicalized aspects of the ANP job was only a small proportion of the comprehensive care delivered by ANPs. This was blended with traditional nursing practice to provide complete care and reduce fragmentation resulting from the conventional biomedical model of care by incorporating medicine and nursing practice in one patient encounter (Way et al., 2001). Despite the fact that traditional conceptual nursing theories were regarded by Younas and Quennell (2019) as a valuable tool to guide the practice of ANPs and provide holistic models for education and research, most existing nursing theories were formulated to guide traditional nursing practice (March & McCormack, 2009).

Robert (2000) conceptualized nurses' identity development in five stages, with the first stage characterized by a negative self-image and beliefs that medicine should control the system. Other authors have argued that nurses struggle with clarity of their identity, and this lack of clarity and confusion could lead to complicated relationships with other nurses and health professionals (Casey et al., 2017; Dunphy et al., 2009; Thompson & Mcnamara, 2022; Willetts & Clarke, 2014). Thompson and Mcnamara (2022) conducted a qualitative analysis to explore where ANPs were positioned within a health system. The study included nurses, allied health professionals and doctors from all levels. Their findings revealed that although ANPs felt they had added value to the health service, they also perceived themselves as lacking in expertise and influence compared to medical colleagues. ANPs in the study described this status as a 'lesser role' and a 'threat to existing structures', although 'an innovative addition' to the system (p. 834). Although ANPs have largely aligned themselves with nursing, it is acknowledged by ANPs that due to the 'hybrid' nature of the practice, ANPs found themselves crossing the boundary and assumed an element of a 'medicalised identity' (Thompson & Mcnamara, 2022). The authors argued that identity confusion could have a profound impact on realizing the full potential of an ANP, resulting in a lack of fulfilment of the role (Thompson & Mcnamara, 2022). Hence, it seems that the ANP, as a higher level of nursing practice, must find its footing among the

multi-disciplinary roles and clearly define their uniqueness and value (Coombes, 2008; Lowe et al., 2012; Wood, 2020).

3.2 | Nursing knowledge and theory

If nursing is unarguably defined as 'caring' (Alligood, 2017; Jasmine, 2009; Karlsson & Pennbrant, 2020; Leininger, 2002b), when one human starts to look after another, nursing practice starts to exist. Nursing as a formal profession began with women who looked after their family members, seen as an obligation and duty for women in the 1800s (Como, 2007). Experience and knowledge, such as remedies and caring techniques, were passed on to other women by way of apprenticeship (Como, 2007). Even though care is a universal theme across humanity, nursing as a discipline and profession did not develop its own body of theory unique to nursing until much later than other disciplines (Alligood, 2017). Nursing knowledge is seen as an accumulative system that is essential for nursing to progress as a profession, which should interact with practice and build on each other reciprocally (Alligood, 2017).

Nightingale's 'environment' theory (Nightingale, 1863), commonly seen as the earliest nursing theory documented, focused on the effects of the surroundings on people's health, such as air, water and light and should be seen as situated in the time and context of Nightingale's practice. Most existing formalized nursing theories developed from the 1950s to the 1980s in the USA, with a more recent trend of decline in nursing theory formulation (Mudd et al., 2020). Nursing theories have been categorized into three levels based on level of abstraction: *grand theory*, which embraces broader phenomena, examples being Henderson's principles of nursing care; *middle range theory* which is more specific and directed at specific populations, for example, theory of illness trajectory (Corbin & Strauss, 1988), theory of comfort (Kolcaba, 1994) and chronic sorrow (Eakes et al., 1998); *Practice theory, or micro-range theory*, applies to specific situations, contexts, interventions and explains outcomes, for example, interpersonal care theory (Kim, 2020). It is also worth noting that the classification of the level of theory was not always unanimously agreed upon and may be subject to debate (Higgins & Shirley, 2000).

Parse (1987) categorized nursing theories into *totality* and *simultaneity* paradigms, with the former viewing the person as a combination of biological, psychological, social and spiritual features, in constant interaction with the environment to accomplish goals and maintain balance:

> The goals of nursing in the totality paradigm focus on health promotion, care and cure of the sick, and prevention of illness. Those receiving nursing care are persons designated as ill by societal norms.
>
> (Parse, 1987, p. 32)

The simultaneity paradigm views a person as more than the sum of their parts, interacting with the environment and constantly changing:

> The goals of nursing in the simultaneity paradigm focus on the quality of life from the person's perspective. Designation of illness by societal norms is not a significant factor. The authority and prime decision maker regarding nursing is the person not the nurse.
>
> (Parse, 1987, pp. 136–137)

The term 'meta-paradigm' is sometimes called the 'theory of theory' (Dickoff & James, 1968), which depicts a discipline's most abstract and generalized view. All nursing theories are traditionally constructed around the meta-paradigm of person/nursing/health and environment (Fawcett, 1984), although this has been considered to lack philosophical utility (Thorne et al., 1998) by relying on concepts taken from other disciplines that are not congruent with 'a unifying purpose' (p. 1265) but instead divide and polarize the profession. In the beginning stage of nursing theory formation, theories in other disciplines have been subsumed and adapted into nursing theory (Johnson, 1968), for example, disciplines such as anthropology, psychology and sociology (Hogan & DeSantis, 1991). These 'borrowed' theories have propelled nursing into synthesizing existing knowledge for nursing purposes but have failed to adequately describe, interpret and predict nursing phenomena, and hence have driven nursing to seek its unique theories, distinct from other disciplines (Sousa & Hayman, 2002). Sousa and Hayman (2002) argued that all disciplines had overlapping boundaries, and any theories dealing with one or four elements of the meta-paradigm could be argued as nursing theories, although not unique nursing theories.

Advanced nursing practice breaks away from traditional nursing and extends to medicine, where the biomedical model has been the mainstay for a century (Johnson, 2012; Young et al., 2009). Therefore, it comes as no surprise that ANPs can have identity issues and feel rootless when seeking nursing theory to guide their practice. For instance, Henderson's nursing need theory focuses on helping patients meet their basic human needs; Orem's self-care deficit nursing theory involves promoting autonomy for self-caring; and Watson's nursing theory of caring focuses on the art and science of human caring (Alligood, 2017). At a glance, early nursing theories understandably captured little of what advanced-level nursing practice was to bring. Contemporary nursing practice at the advanced level does not reflect the historical hierarchy of healthcare disciplines (Lowe et al., 2012; Thompson & Mcnamara, 2022).

4 | LITERATURE SEARCH WITH KEYWORDS

Databases, including CINAHL, Medline and Google Scholar, were searched for theories or models relating to advanced nursing practice. Relevant studies and review articles from 1970 to 2023 were identified using the following keywords: 'advanced nurse practitioner', 'nurse practitioner', 'advanced nursing', 'advance practice', 'nurse practitioner', 'nursing theory' and 'nursing model'.

5 | RESULTS

The result (Table 1) showed that various models and theories from multiple disciplines, including medicine, nursing and psychology, have been used in advanced nursing practice. As new models of advanced nursing practice are being developed to encompass the various values and functions of ANPs, although advanced nurse practitioners identify themselves as nurses, the most essential aspect of nursing, which is the provision of care, is still not clearly demonstrated in ANP models and theories. This area needs to be further clarified and integrated into the ANP framework, to define their contribution to the multi-disciplinary team. It is noted that a holistic approach to personalized patient care, based on therapeutic relationships and effective communication, may help us identify the unique contribution of the advanced nurse practitioner.

5.1 | Applying medical consultation models to ANP practice

ANPs are taught to utilize medical models to guide their advanced practice, including consultation skills for assessing, diagnosing and prescribing (Burman et al., 2009). The issue

TABLE 1 Applications of models and theories in advanced nursing practice.

Reference	Specialty	Theory/model	Implication
Medical models			
Byrne and Long (1976)	N/A	Byrne–Long model	This model was criticized for prioritizing doctors over patients and not considering patients' preferences (Mead et al., 2002).
Pendleton (1984)	N/A	Pendleton's model	Pendleton's (1984) model was more patient-centred as it considered patients' concerns and preferences.
Silverman et al. (2008)	N/A	Calgary-Cambridge Guide	The Calgary-Cambridge Guide takes a holistic approach and emphasizes the importance of effective communication (Munson & Wilcox, 2007).
Traditional nursing theories and models			
Orem (1995)	Chronic condition management by ANPs in primary settings	Orem's self-care deficit nursing theory (SCDNT)	SCDNT could be used by ANPs to assess practical tasks and manage chronic diseases in primary healthcare settings. However, the framework had limitations in addressing public education and the relationship between nurses and the population they serve.
Watson (1985, 1988)	Care for older adults	Watson's caring-healing model	Watson's theory was useful in understanding and supporting patients throughout their life journey. It allows self-healing and caring, with particular attention given to moral and ethical considerations.
Wellness model			
Shuler and Davis (1993a, 1993b)	Can be applied in broad health settings	The Shuler nurse practitioner practice model	This wellness-oriented model provides the framework for how ANPs should interact, assess, intervene and evaluate patients.
Other models and theories			
McFarland and Eipperle (2008)	Primary setting	Culture care theory	Practice theory in primary care settings.
Newcomb (2010)	Paediatric service	Symptom management theory	To explain how ANPs care for children such as with Asthma.
Bandura (1992) and Conway (1996)	Mental health	Self-efficacy and autobiographical memory theory	These theories were used to guide nurse practitioners in promoting efficient contraceptive pill usage. This showed that ANPs could use multiple theories from different disciplines to guide their practice to suit patients' needs.
de Leon-Demare et al. (2015)	Communication	King's theory of goal attainment	This demonstrates disturbances and transactions in ANPs and patients' clinical encounters and elements of relationship building in the process, such as social exchange, role explanation and information about clinical processes.
Antonovsky (1985) and Kolcaba (2003)	N/A	Comfort Theory Stress-Health-Coping Theory	These theories were recommended to guide holistic patient-centred care in advanced practice, to understand patient comfort, including psychospiritual, sociocultural and environmental factors.

with using medical consultation models for advanced nursing practice is that these models originated from medicine and anthropology rather than nursing (Young et al., 2009), and they focused on medical activities without capturing the whole content of nursing activities, that is, the caring process. There is a lack of empirical literature to illustrate how ANPs use such models and how they might complement or contradict nursing models. Historically, the concept of ANP was based on patient-centred care with a holistic approach, and this was embedded with traditional medical activities such as diagnosing, treating and managing patients (ICN, 2020). Dunphy et al. (2019) asserted that this practice was distinct from the medical model, as ANP's focus also covered disease prevention, wellness and patient education.

It is important to recognize that solely utilizing medical models in care processes may overlook the significant nursing component in patient care. While medical models may focus on disease management, they can neglect the crucial human caring aspect of patient care. In contrast, utilizing nursing theories such as Roper's model of the activities of daily living can provide a more holistic approach to patient care, taking pain management for instance, that includes managing pain through administering analgesia, positioning the patient comfortably, providing assurance and information, and monitoring the effectiveness of pain relief (Young & Franklin, 2009). Therefore, advanced practitioners should strive to combine both medical and nursing approaches in their practice to ensure that patients receive comprehensive and holistic care that addresses both their physical and emotional needs.

5.2 | Applying traditional nursing theories and models to ANP practice

Research exploring the applicability of traditional nursing theories to contemporary advanced practice is limited. Thrasher (2002) maintained that for primary care ANPs, the main goal should be promoting health through self-care, and advanced-level practice should be defined by its philosophy of care. Orem's self-care deficit nursing theory (SCDNT) (Orem, 1995) has been applied in chronic condition management by ANPs in primary settings (Afrasiabifar et al., 2016; Yip, 2021). SCDNT, as its name implies, focuses on improving self-care outcomes, such as activities of daily living, to promote healing and well-being. Self-care needs include universal, developmental and health needs, and nursing intervention is required when there is a self-care deficiency. Yip's (2021) case study highlighted that SCDNT could be used by ANPs to assess practical tasks and manage chronic diseases in primary healthcare settings. However, the study found that the framework had limitations in addressing public education and the relationship between nurses and the population they serve.

Bernick (2014) discussed her experience of using Watson's caring-healing model (Watson, 1985, 1988) to care for older adults. She held Watson's theory in high regard for guiding ANP's discussion, reflection, actions and decisions. According to Bernick (2014), the traditional model of cure was focused on diagnosis and treatment. However, the challenge for nursing practice was how to bring care to the forefront. Bernick argued that Watson's theory was useful in understanding and supporting patients throughout their life journey. It allowed self-healing and caring, with particular attention given to moral and ethical considerations.

5.3 | Nursing models versus medical models versus wellness models

There has been a long-standing debate about the need for nursing models that can capture the essential elements of the nursing discipline. According to a survey of 188 ANPs conducted by Blasdell et al. (2002), ANPs considered medical models to be more important than nursing models in terms of their practice. However, they acknowledged that they should use nursing theories more than they currently do. In another study by Burman et al. (2009), it was found that newly qualified ANPs identified more with a medical way of thinking.

In Blasdell et al.'s study, ANPs indicated that wellness/health promotion models were the most important models in their practice. Interestingly, these models were not considered to be either medical or nursing models. The authors suggested that ANPs have evolved to take on health promotion and disease prevention services, and as the healthcare system's demands change, the role of ANPs will become more diverse and multi-disciplinary. Therefore, to meet the development and practice needs of ANPs, an interdisciplinary framework is needed, and they should use multiple models to suit specific specialties (Furlong & Smith, 2005; Huckabay, 1991).

5.4 | Applying a model specific to ANP practice

Fawcett et al. (2004) commented that theories for ANPs should be inclusive, holistic and patient and family centred; ANP theories should facilitate autonomous practice and encourage diverse knowledge. Shuler and Davis understood the lack of practice theory to guide NP practice and explored the idea proposed by Fowkes Jr and Hunn (1973) that ANP should provide holistic/total care for patients' needs. They developed the Shuler nurse practitioner practice model (Shuler & Davis, 1993a, 1993b), regarded as a pragmatic theory/model to guide ANP practice and a theory based on wellness/social science (Nicoteri & Andrews, 2003). The authors specifically stated that as nurses expanded their roles into medicine (Bates, 1990), the previous medical or nursing models could not meet the needs of nurse practitioners. Hence, a new model that combined both disciplines would be needed, and this wellness-oriented model would provide the framework for how ANPs should interact, assess, intervene, and evaluate patients (Shuler & Davis, 1993a).

By Shuler's model, ANP embraces both the skills of medicine and nursing (Shuler & Davis, 1993a). ANP will diagnose and treat acute or chronic health problems and, as Clark (1986) proposed, act as a facilitator for restoring health and wellness. Person and health were considered multi-dimensional (Shuler & Davis, 1993a). In this model, the definition of health was broad in nature. It was not restricted to illness but also a general well-being. Lifestyle behaviour and functioning status, like self-care, were seen as an element of health (Shuler & Davis, 1993a). This may have provided the broadest platform for ANPs to apply the model to their practice. Shuler et al. (2001) continued working on her ANP practice model. They used her model on the care of elderly patients in geriatric comprehensive assessment to plan and evaluate patients' outcomes. The authors compellingly argued that modern medicine relied heavily on allopathic medicine, and this misconception could have a detrimental effect on managing frail elderly patients, who were prone to developing adverse effects from pharmacological products and being victims of polypharmacy. ANPs were encouraged by theorists to use Shuler's model to assess holistically and treat elderly patients as a person rather than the disease on its own (Shuler et al., 2001).

An example by Shuler and Huebscher (1998) sheds light on the intricate connection between health needs and religious convictions and how they can intertwine, resulting in potential conflicts. The instance of a teenager undergoing an abortion while also adhering to Catholic beliefs is a particularly difficult and sensitive scenario. It is easy to envision how this could potentially lead to emotional distress and familial discord. Therefore, it is crucial to approach these types of issues with compassion and empathy. The interplay between an individual's health requirements and religious convictions may lead to psychological challenges and a sense of familial isolation. These assessments make it clear that it is impractical to arbitrarily categorize an individual's needs as either medical or nursing-related since each person is a complex amalgamation of physical, psychological, social, cultural, environmental and spiritual factors (Shuler & Huebscher, 1998). Focusing solely on an individual's health needs may exacerbate health-related issues, which, if not adequately addressed or intervened upon, could result in the emergence of new health concerns. To truly help an individual, it is essential to view them holistically and treat them as a whole person rather than just addressing their illness, which encapsulates the fundamental principle of this theory.

5.5 | Applying other theories in advanced practice in a specialized area

Theories from multiple disciplines were used in ANP practice in various specialities. Each theory brings its own lens to view advanced practice and guide ANPs with various focuses to suit the patients' needs.

5.5.1 | Transcultural practice

McFarland and Eipperle (2008) applied Leininger's Theory of Cultural Diversity and Universality (Leininger, 2002a, 2006) in primary care settings for ANPs to provide culturally congruent and meaningful care to patients by integrating culturally competent care into clinical contexts. McFarland and Eipperle advocate Leininger's (2002b) notion that caring is the essence of nursing and that without caring, there will be no curing; therefore, caring is the distinctive power that makes nursing what it is. For this reason, they believed establishing a trusting relationship between nurses and patients is crucial in advanced practice to know patients both clinically and non-clinically (such as their worldviews, culture and social status). Cultural care theory depicts a process of using 'generic' or folk care, nursing care and professional care-cure practice to promote health, well-being, growth, disability or death (Leininger, 2002b). This resembles Shuler's model in that both advocate folk remedies or home remedies to promote healing and comfort. Cultural care theory emphasizes holistic and patient-centred care, incorporates patients' culture, views and beliefs into the nursing process and promotes nurses' autonomous practice yet not working in isolation, allowing multiple ways of knowing and enabling various ways of care-cure practice. Therefore, it can serve as a comprehensive theory for advanced practice in primary settings, where lifestyle management through education and counselling is encountered.

5.5.2 | Symptom management theory

Newcomb (2010) used symptom management theory (SMT) (a mid-range theory) in paediatric services to conceptualize how ANPs care for children with asthma. SMT has three dimensions: symptom experience, symptom management strategies and symptom status/outcomes. The theory considers environment, person and health and illustrates a logical framework for nursing practice. Using SMT, ANPs could be guided in conducting clinical assessments and effectively managing symptoms.

Fowler et al. (2007) approached symptom management from the patients' perspective. They explored applying a common-sense model of illness representation (CSM) (Cameron & Leventhal, 2003) for ANPs to understand how people process illness threats. Fowler et al. (2007) asserted that for ANPs to manage severe symptoms effectively, it is essential to understand how patients perceive their symptoms and the relationship between their symptoms and disease. CSM can be used as a framework to identify the cognitive and emotional representations that ANPs can intervene and act on.

5.5.3 | Health promotion, self-care and illness prevention theory

In advanced nursing practice, psychological theories and models are seen in aspects of care associated with behaviour or attitude change. Guthrie et al. (2001) used one nursing theory, that is, Orem's self-care theory (1995), and two cognitive psychology theories, that is, self-efficacy (Bandura, 1992) and autobiographical memory (Conway, 1996) to guide nurse practitioners in promoting efficient contraceptive pill

usage. This showed that ANPs could use multiple theories from different disciplines to guide their practice to suit patients' needs.

5.5.4 | Communication theory

Evidence indicates that patients report that ANPs offer more health-associated information and time in their communication than medical colleagues. In this aspect of care, patients rated higher satisfaction for ANPs compared with other healthcare providers (Horrocks et al., 2002). Kleiman (2004) interviewed ANPs and identified their communication style as openness, connection, respect, reciprocity and time. King's theory of goal attainment has been used by de Leon-Demare et al. (2015) to demonstrate disturbances and transactions in ANPs and patients' clinical encounters and elements of relationship building in the process, such as social exchange, role explanation and information about clinical processes. They argued that ANPs skilfully used social exchange and human relatedness framework to identify commonalities and mutuality through seemingly unimportant 'small talk' (p. 634).

5.5.5 | Holistic theory

Holistic assessment and care are the main characteristics of advanced nursing practice. After having studied advanced nurses' interventions and outcomes, Doran (2011) concluded that ANPs' interventions include a range of aspects, including clinical aspects (such as symptom control and management), functional aspects (such as physical and psychosocial) and self-care management. Similarly, Sidani et al. (2000) reported that patients seen by ANPs had higher functioning status than their counterparts. Kolcaba's (2003) Comfort Theory and Antonovsky's (1985) Stress-Health-Coping Theory were recommended to guide holistic patient-centred care in advanced practice. Kolcaba (2003) argued that a holistic approach should be adopted to understand patient comfort, including psychospiritual, sociocultural and environmental factors. Antonovsky proposed the notion of a sense of coherence with which patients can draw on the resources to cope with chronic problems and carry out self-care better. Sangster-Gormley et al. (2013) asserted that by combining these two mid-range theories, ANPs could have a more holistic lens to assess and manage patients' needs. However, few studies have explored the patient-centred outcome to evaluate the health value added to the benefit of patients by ANPs' holistic approach (Sangster-Gormley et al., 2013).

6 | DISCUSSION

6.1 | The part of 'Nursing' in ANP practice

The message conveyed from Shuler's model clearly supported the idea that ANPs should inclusively combine the art of medicine and nursing instead of exclusively looking for a medical model for guiding the practice, as Coombes (2008, p. a1522) stated that 'the essence of nursing is about interpersonal relationship, relieving the suffering of illness, and helping patients to get better and feel better- the care and the cure'. To put it back into a constantly evolving healthcare landscape, perhaps, we can see as nurses started mingling medicine, nursing and other allied health professionals, a new role of ANPs emerges, which is founded on inter-disciplinary knowledge, and practice overlapping skills and expertise, which puts patient in its centre as a whole being, rather than separated and fragmented biomedical model in the tradition. ANPs should not be a substituting role but should be seen as new professionals finding their own footing in the healthcare system (Janssen, 2016). However, if ANP is practicing based on interdisciplinary knowledge, what is the 'nursing 'part in advanced nursing practice?

It has been noted that compared with physicians, patients managed by ANPs reported higher patient satisfaction (Chen et al., 2009; Jennings et al., 2009). Erikkson et al. (2018) attributed the popularity to ANPs' holistic patient-centred approaches. Using a patient-centred approach is frequently associated with better patient satisfaction and compliance (Little et al., 2001; Nuttal & Rutt-Howard, 2015). Mudd et al. (2020) asserted that although nursing theories acknowledged the importance of nurse–patient relationship, it was not clear how to forge this relationship in practice. In this review of ANP theories, quite a few briefly described the importance of building trusting relationships between nurses and patients. Yet the value and benefit of therapeutic relationships remain to be captured by ANP theories.

Brown & Draye (2003) noted that ANPs generally derived more satisfaction in building up intimate relationships and making a difference in patients' lives through a practice style characterized by effective communication. Effective communication is deemed the core skill to provide a patient-centred approach (HEE, 2017). Compared with counterparts such as general practitioners or hospital doctors, patients reported higher patient satisfaction with care provided by ANPs, which seems to be linked with ANPs often more readily and willingly to provide health education/promotion, first aid, and safety advice (Byrne et al., 2000), advise on self-care and management and discuss psychosocial issues (Kinnersley et al., 2000; Seale et al., 2005). Hence, it is clear that a holistic approach and patient-centred care, effective communication and therapeutic relationships are strong characteristics relating to ANP practice, the latter of which is yet to be clearly defined and captured in nursing theories (Mudd et al., 2020).

Patient-centred care is an approach that prioritizes the individual needs of patients by considering their preferences, values and concerns to guide medical decisions. Shared decision-making, personalized care and budgets, self-management support, social prescribing and enabling choice are all part of the operational model for this approach (NHS England, Skills for Health, and Skill for Care, 2017). Effective communication, a holistic approach, and therapeutic relationship building are essential components of caring activity and are closely linked to patient-centred care. By adopting a holistic approach, healthcare providers can address not only the physical

symptoms of a patient but also their emotional, psychological and social needs (Jasemi et al., 2017). In addition, effective communication creates trust, understanding and mutual respect between healthcare providers and patients (McDonald, 2016). A therapeutic relationship involves creating a safe and supportive environment where patients feel comfortable sharing their thoughts and feelings (O'Brien, 2001). Integrating these components into their practice helps healthcare providers deliver high-quality care that is patient-centred and holistic in nature.

Tracy and O'Grady argue that ANPs are not a separate profession, but rather an extension of the foundational values of nursing. In 2010, the ANA outlined seven important aspects of advanced practice, highlighting the importance of building a caring relationship that promotes healing and considering human experiences and responses to health and illness. This finding is consistent with the emphasis on personalized care and therapeutic relationships.

Oberle and Allen (2001) attempted to answer the question of what the nature of advanced practice is. They view advanced practice as the possession of enhanced theoretical and experiential knowledge, particularly in communication and relational skills. What they illustrated is a process of integrating theoretical, practical, and interpersonal knowledge to generate the best options leading to patients' preferred outcomes—or 'human flourishing' as the authors put it. They asserted that, contrary to popular belief, a greater practical wisdom, including a particular knowledge of patients, rather than higher medical knowledge, is what is the hallmark of advanced nursing practice.

6.2 | Developing new ANP theories

The role of ANP can be at risk of being overlooked and vulnerable if there is a lack of theoretical understanding. Hansen and Dysvik (2022) state that an in-depth comprehension of advanced nursing is crucial for the success of ANP roles. However, Nicoteri and Andrews (2003) conducted a literature review and found that ANP roles were heavily influenced by medicine, leading to the integration of medical theories into their practice.

Quite a few early efforts have been made to synthesize a model for advanced nursing practice. Hamric (2014) proposed a definition of advanced nursing practice that includes several defining characteristics. The conceptual model covers most of the competency pillars that are currently used in the UK, such as education, clinical practice, guidance and coaching, evidence-based practice, ethical decision-making and leadership. However, based on the criteria set by Tracy and O'Grady (2019), this comprehensive framework does not appear to differentiate advanced nursing practice from other health professional practices that are similar, such as CNS, ACP and physicians. Brown's framework (1998) however emphasized autonomy, holistic approach, formation of partnership with patients by use of nursing orientation, specializing but also expanding in their diverse practice approach.

Advanced Nursing Practice is a highly specialized field that requires a theoretical lens to support and guide ANPs for patient support and empowerment. Direct comprehensive care is one of the main areas in advanced practice, as suggested by Strong' Model (Ackerman et al., 1996). Hansen and Dysvik (2022) have selected a few middle-range nursing theories to describe the extended nursing practice and the importance of integrating nursing theories for advanced nursing. Despite ANPs having assumed multiple roles, they also believed that 'care' remains at the centre of ANPs' service.

Meleis (2010) proposed the theory of transition, which can play a significant role in achieving positive patient outcomes. Coordination and organization are also essential aspects of ANP practice, which facilitate navigation and connection of various healthcare services and pathways. While these aspects tend to be undervalued and invisible, they are crucial to ensure a smooth patient journey in a complex healthcare system (Allen, 2014). ANPs can be considered a bridge between patients and doctors (Coombes, 2008). Advanced nursing care is a holistic, physical, spiritual and social-cultural process that is also organizational, political, economic, legal and technological (Locsin, 2017; Ray & Turkel, 2010).

However, these theories may overlook the importance of integrating the 'care' aspect, which is an essential part of traditional nursing theory. Recently, there has been a call for ANPs to return to the roots of nursing knowledge, whereby the most crucial word in ANP is 'nurse' (Berg, 2020; Wood, 2020). This is because the weakened nursing identity could hinder the development of distinct nursing knowledge, and the unique contribution of ANPs may not be articulated and recognized (Meleis, 2016).

6.3 | Do ANPs need theories

It has long been debated whether nursing needs any theory for practice (Colley, 2003; Ingram, 1991). As Miller (1985) and Stevens (1984) pointed out, and quoted by Shuler and Davis (1993a), theorists who formulated the theory had stayed away from clinical practice hence they tended to focus on what clinical practice should be rather than what it really was in practice. Mudd et al. (2020) noted the majority of nursing theories were formulated and developed from the 1950s to the 1990s and that there had been a slowing down in the process of forming new theories since then. This highlighted the issue that the majority of the current theories were developed half a century ago and had not been readjusted or reformed to update themselves with new advancements of evidence—this potentially contributed to the underuse of nursing theories in current clinical practice (Thorne, 2015). Consensus has been reached in modern nursing that theory should come from practice and research, which, in return, can be applied to and guide practice (McCrae, 2012). The history of science enlightened us that theory did not always get it right and did not always apply to all situations. Theories itself is evolving and need to be tested and

remodelled in light of further evidence (Oreskes, 2021). Despite all the challenges and issues associated with nursing theory, many still argue that nursing theory has its importance and place in nursing as a discipline (Chapman, 2017) and that due to the less' palpable' end-product, meaning less measurable outcome, it is difficult to evaluate and test nursing input (Colley, 2003). As with other traditional sciences, a theory should serve to describe, predict, and explain certain phenomena (Chinn & Jacobs, 1978). Perhaps the question should not be whether nurses need theories, rather, nursing theories should speak the same language as the clinical practice, be easy and simple to use, reflect and guide the actual nursing events precisely (Mudd et al., 2020).

The development of advanced nursing practice has faced difficulties, partly due to the variation in language used in different models, theories and countries (Tracy & O'Grady, 2019). According to Tracy and O'Grady (2019), it is crucial to clarify and distinguish the differences between advanced practice and physician colleagues. However, few models have fully addressed nursing's metaparadigm, and the lack of clarity in conceptualization of advanced practice could impede the full extent of education and training of ANPs. With increasing numbers of multiple disciplines learning and sharing roles and interprofessional competencies, there is an urgent need for conceptual models for ANPs to explicate their unique contributions in the context of interprofessional teams. Tracy and O'Grady (2019) further outlined the consensus for the conceptualization of advanced nursing practice, which includes a clear differentiation of advanced nursing practice from other levels of clinical nursing practice, physicians and other disciplines, a clear understanding of the roles, contributions and a delineation of the similarities and differences among advanced nursing practices.

7 | CONCLUSION

As the roles of Advanced Nurse Practitioners and Advanced Clinical Practitioners continue to expand, it is important to establish nursing theories that can justify their values and ensure their recognition and longevity. According to Thompson and Mcnamara (2023), ANPs should be seen as practitioners in their own right, and not compared to medical professionals, in order to meet the demands of the ever-evolving healthcare system. Although current models and theories acknowledge that advanced nursing practice involves comprehensive nursing care with an extension to multidisciplinary knowledge, the caring aspect of advanced nursing practice still needs to be fully understood and defined. This includes components such as therapeutic relationships, effective communication and patient-centred holistic care. Conceptualizing ANP practice and recognizing their valuable nursing care will lead to a better understanding and clarity of the role, enabling it to realize its full potential.

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