Integrating nurse researchers in clinical practice – a challenging, but necessary task for nurse leaders

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Aim To create awareness among nurse leaders, of what they may need to consider, when integrating nurse researchers as advanced nurse practitioners (ANP) at PhD-level among their staff.

Background In a time of transition nurse leaders may be challenged by the change towards evidence-based clinical nursing, including integrating nurse researchers in ANP positions.

Methods A collective case study including three ANPs took place at a large regional hospital in Denmark. The cases were first analysed by focusing on the generic features, functions and skills of ANPs, and second by focusing on the approaches to evidence-based practice seen in the cases.

Results Regardless of same position, formal level of research expertise and overall responsibility, different approaches related to each ANPs professional profile, interest, academic ambitions and personality were seen.

Conclusion Nurse leaders must ensure a process where the content and expectations of the particular role are mutually clarified and adjusted to the individual ANP and to the specific context, in order to create a harmonious match.

Implications for nursing management In order to clarify expectations regarding the inclusion of nurse researchers as ANPs at PhD level, the paper provides firm recommendations that may guide the process.

Keywords: Changing roles, Advanced Nurse Practioners evidence-based practice, nursing leadership, organisational culture, role clarity

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Introduction

Until recently, nurses with research education/PhD degrees were seldom employed in clinical settings in Denmark (Poulsen et al. 2013). However, in line with the growing awareness of founding nursing practice on the best possible evidence, employing nurse researchers, including building research capacity has
become a challenge for nurse leaders (Severinsson 2014), something that not all leaders are equally familiar or comfortable with (Hølge-Hazelton 2014). This paper is a collective case study of the first three advanced nurse practitioners (ANP) at PhD level employed at a regional hospital in Denmark with no previous experience with research-trained nurses among its staff. By focusing on the ANP’s features and approach to evidence-based practice, it is the intention of the paper to provide nurse leaders with new perspectives to consider when hiring ANPs at PhD-level in clinical practice.

Background

Academic nursing is a relatively new phenomenon in Denmark, the first candidates in nursing graduated in 1991, the first professor in nursing was appointed in 2001 and the same year nursing became a bachelor degree. By 2015 approximately 150 nurses have received a PhD degree, with many of these employed at nursing schools/university colleges or at university (DASYS 2014).

Few academic trained nurses at this educational level are employed in clinical practice, for example as ANPs. Consequently, including ANPs in practice and benefitting from their competencies is a new challenge for nursing leaders. Not all nurse leaders may be prepared for or comfortable with this new task, even though they know the demand for evidence and research in clinical practice, including nursing research, is rising (Breimaier et al. 2011, Berthelsen & Hølge-Hazelton 2015). A Finnish survey among ward managers, found their poorest skills to be in quality management, utilisation of research knowledge and process management (Pitkanen et al. 2004).

The present has been described as a time of change and transition with rising expectations of patients and relatives, and demands for improving the quality of care, including basing practice on evidence. It has been argued that frontline clinical nurse leaders are badly equipped to lead this change, as some of them lack formal preparation and development of necessary skills for the role (Enterkin et al. 2013, Phillips & Byrne 2013).

A recent review of initiatives that have strengthened the ward manager roles (Pegram et al. 2014) pointed out that ‘many ward managers have been in their roles for several years without having had the opportunity to gain the academic awards that they now see their junior staff achieving’. This lack of competences among ward managers may lead to feelings of anxiety regarding own educational abilities, disempowerment and career threats (Pegram et al. 2014).

There appears to be a dilemma. There is a general call for relevant clinical academic training and employment of academics (Sundhedsforskning 2014), such as ANPs, who can help producing and bringing more evidence into nursing practice, but some nurse leaders feel unfamiliar or even uncomfortable with arguing for, prioritising and facilitating this process because of a lack of competences (Linton & Prasun 2013, Faebø Larsen et al. 2015). Thus, two concepts are core to this debate: the ANP and evidence-based practice.

Advanced nurse practitioners

The terminology regarding research-trained nurses roles in clinical practice is unclear (Fagerström 2011, Dowling et al. 2013). In Denmark, their titles are unprotected and vary from senior researchers, clinical experts, ‘postdocs’, nurse researchers to ANPs depending on different institutions across the country (OECD 2013).

Internationally, the category ANP seems to be the title most agreed upon (Dowling et al. 2013) and the positive impact and outcome of ANPs in clinical practice is well documented (McDonnell et al. 2012).

Advanced nurse practitioner has been described by the Canadian Nurses Association (2008) as an umbrella concept ‘describing an advanced level of clinical nursing practice, that maximizes the use of graduate educational preparation, in-depth nursing knowledge, and expertise in meeting the health needs of individuals, families, groups, communities, and populations’.

In other words, the category ANP contains different expert competences and levels of education (Mantzoukas & Watkinson 2007, Canadian Nurses Association 2008, Dowling et al. 2013) and, as a review of the APN concept demonstrated, ‘a great variety of definitions, conceptualizations and roles’ (Mantzoukas & Watkinson 2007). From the literature reviewed Mantzoukas and Watkinson (2007) were able to develop seven generic features of the ANP role and characteristic, these were: the use of knowledge in practice; clinical thinking and analytical skills; clinical judgment and decision making skills; professional leadership and clinical inquiry; coaching and mentoring skills; research skills; and changing practice.

However, providing overall clarification, as well as documenting impact and outcome of ANPs (Fagerström 2011), is not sufficient, as health-care systems
are different and so is the contextualization of ANPs’ roles and functions. Consequently, there is a need for national and even local contextualisation and discussion among nurse leaders as to why and how best to recruit ANPs in practice.

The concept of ANP refers to a nurse who has completed education at a doctoral level, and has obtained a PhD degree. A PhD is essential, as it has been described as the gold standard in order to lead and undertake independent research. Without it, an ANP would ‘never secure competitive research funding or receive respect from colleagues as a credible researcher’ (Currey et al. 2011).

Evidence-based practice

What evidence-based practice in nursing is and is not, has been a subject of debate for decades (Scott & McSherry 2009). The understanding of evidence-based practice used in this article is inspired by Rycroft-Malone et al. (2004) and Eriksson and Hummelvoll (2012), who regard knowledge in practice as coming from four different sources: research evidence, clinical experience, patients and the local context.

From this position on knowledge production, it is recognised that knowledge comes from more than research. The four practice knowledge forms have been subjected to testing and found to be credible (Eriksson & Hummelvoll 2012), for example, by writing research articles subject to peer review, professional articles or by being presented and debated at professional meetings or conferences (Thomsen & Hølge-Hazelton 2014).

Aim/research questions

The overall aim is to create awareness among nurse leaders, of what they may need to consider, when integrating ANPs among their staff. This is approached via two research questions: 1. Which generic features of the ANP role are unfolded among three different ANPs in different clinical departments at a regional hospital? 2. What approach to evidence-based practice can be identified among three different ANPs in different clinical departments at a regional hospital?

Design and methods

A qualitative case study design was chosen (Stake 1995, Yin 2013), as it gives the opportunity to investigate a contemporary phenomenon (the case) in its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident (Yin 2013). Furthermore, a case study design offers opportunity to learn, for example, how activities are expected to be influenced by contexts (Stake 1995), which, because of the aim, is a main issue of this study.

Setting

The hospital is a large regional hospital including two hospital units located in two different cities/settings. The hospital covers 24 clinical specialties with 3923 employees (1602 nurses). The hospital is currently undergoing transformation from regional to university hospital status, including strengthening its profile as a solid research-producing institution. Recruiting and employing ANPs is a new challenge for the organisation, but a general description of the position includes responsibility for strengthening and documenting evidence in practice.

Cases

According to Stake (1995) it is possible to create three types of case study: 1. An intrinsic case study (e.g. a study that is undertaken primarily because one wants better understanding of this particular trait or problem), 2. An instrumental case study (e.g. a study that provides insight into an issue or redraw a generalization) and 3. Multiple or collective case study (e.g. a particular case in which a number of cases may be studied jointly in order to investigate a phenomenon, population, etc.). In the present study we have designed a collective case study based on three ANP cases each representing the clinical role of the first three academic nurses with doctoral training employed as ANPs in different clinical settings across the hospital. Each ANP was invited to produce a case written in the third person, describing her own profile and functions in a clinical context. In order to equate the three cases the APNs were asked to include background, personal motivation, description of function as post-doc, concrete internal tasks, concrete external tasks, results related to development of practice, and results related to research (Table 1).

Two-step analytical strategy

It is the topic for the case study that determines the specific, analytical strategy (Yin 2013). One possibility
Dr A’s educational background in nursing lies in a Bachelor in Nursing (BN) from 2003, a degree in Master of Science in Nursing (MScN) in 2007 and a PhD in Public Health in 2013. Dr A has a strong background in care and in clinical her PhD she investigated relatives, patients, and health professionals’ behavioural patterns in relation to relatives’ involvement in older patients’ fast-track treatment programmes. She is currently involved in a Danish national scientific council and internationally in the European Academy of Nursing Science. Dr A is also editor of the International Journal of Surgery Research and Practice and a reviewer for Journal of Advanced Nursing.

Dr A has been employed as a postdoctoral fellow and clinical nurse specialist since December 2012. Her main tasks as a clinical nurse specialist are to develop an interest for research utilisation among the nurses in the department and to develop a research culture among the nurses. Tasks that require skills Dr A has learned along the way

The results and consequences of her work as a clinical nurse specialist have been published in various ways through the ongoing investigation, starting with a survey of the nurses attitudes towards clinical nursing research, an evaluation of a subsequent educational intervention as well as an editorial describing the process and barriers against developing a research culture among nurses. The implications in clinical practice have been developing a council within the department with a main focus on the nurses’ research utilisation.

Through Dr A’s employment as a postdoctoral fellow she is conducting a study from 2013 to 2015 of developing, implementing and evaluating a complex intervention to improve older patients’ post-discharge functional status after surgery, with spouses involved. The results of the research is still in progress; however, to develop the study a systematic review was conducted to investigate the content, effects, and dissemination of former intervention studies for information and a protocol was published to explain the procedure of the intervention.

Since October 2013, Dr. A has been employed as an assistant professor at the Section of Nursing, at a danish university. Her main tasks are teaching and coaching Master of Clinical Nursing students and Master of Science in Nursing students at the university. She is furthermore responsible for the course on scientific knowledge and research methods at the Master of Science in Nursing education and teaches them mainly about qualitative methods on different semester levels.

The dualty in Dr A’s service in clinical practice and at the university has provided an interesting base for combining research knowledge to the nurses in the department and a more practice-relevant teaching at the university. However, she is not a part of clinical practice in the traditional way. Changing practice is not directly in Dr A’s focus; rather, it is assumed that practice will eventually have to change according to new evidence.

Dr B has been employed as a postdoctoral fellow and clinical nurse specialist since February 2011, including clinical functions at two different geographical sites.

The position she holds comprises two parts, one in clinical practice (clinical nurse specialist) and the other (postdoctoral fellow) at the university. The university part of the position has made it possible to attend the comprehensive lecturer training programme that is obligatory in order to be positively assessed as associate professor

The position is managed with the following indicative distribution of time: 35% own research, 35% teaching and education and 30% supporting the local culture of development

Dr B’s own research has its point of departure in a researcher-initiated action research project taking place in the ambulatory in the department. The aim is to strengthen the nurse actions through a focused and nuanced development of evidence of the local clinical practice. The point of departure in this work has been establishing motivation among nurses to reflect on their own practice and by doing so create a change

Dr B is an often called as a speaker at national seminars and conferences, giving her the experience, the results of this has been documented in a research article. At university level the teaching and supervision takes place obligatory in order to be positively assessed as associate professor

To date the project has been documented with a research article and a professional article, and more are on their way. Oral and poster presentations of the study have been given at national and international conferences and seminars. Further project spin-offs have been study visits locally and abroad, and establishment of a local hospital-based network focusing on cancer rehabilitation as well as teaching. The latter has, according to the participating nurses, helped them in maintaining motivation in a complex and long process of change

In addition to responsibility for her own research project, Dr B participates in several national and international research networks in order to establish research collaboration. She is reviewer of regional research funds and journal peer reviewer

Dr B is an often called as a speaker at national seminars and conferences, giving her the opportunity to catch up with current nursing initiatives and knowledge that she can impart to interested colleagues in clinical practice.

Supporting the local culture of development takes place in close collaboration with the nurse management team in the department. The aim is to strengthen the nurse actions through a focused and nuanced development of evidence of the local clinical practice. The point of departure in this work has been establishing motivation among nurses to reflect on their own practice and by doing so create a baseline for initiating and facilitating small and larger developmental projects in the units. Completed projects have then been
is to start with the research question (Yin 2013). For this study, a two-step content analysis was constructed (Graneheim & Lundman 2004, Hsieh & Shannon 2005, Elo & Kyngas 2008).

Step one was a deductive approach taking its point of departure in the seven generic features of the ANP role and characteristic (Hsieh & Shannon 2005, Elo & Kyngas 2008). The written cases were distributed to the other authors who individually read and scored each case line by line in order to assess which of the seven generic features were present. Each case was scored three times followed by a mutual triangulation, including comparison, discussion, and agreed adjustment.

The second step was a conventional content analysis of the individual approach to knowledge production and evidence based practice found in each case. With a conventional approach relevant theories or other findings are addressed in the discussion (Hsieh & Shannon 2005). According to the ICEBeRG Group (Improved Clinical Effectiveness through Behavioural Research, 2006) the explicit use of theory has a number of advantages such as providing a way to allow for an exploration of potential causal mechanisms, which in this context are related to integrate nurse researchers to a clinical practice.

The cases, as they were written by each ANP, are presented in Table 1.

**Trustworthiness**

As with most other case studies, the cases in this study are researcher produced. What is unusual is that the focus of research is the researchers/ANPs themselves. The agreed structure and process of analysis was led by the director of nursing research (first author) who was not an ANP and did not provide a case. Each ANP (second, third and fourth author) produced a case written in the third person. The case was then distributed to the other authors, who individually read and scored each case line by line. Each case was scored three times followed by a mutual triangulation including comparison, discussion, and agreed adjustment among the other three authors. When this was completed the case holder was presented for the analysis, but without possibility to make any changes.

**Analysis and results**

The results section is divided in two parts reflecting each of the steps in the analysis: The first part focuses on generic features, functions and skills of ANPs. The

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**Table 1**

<table>
<thead>
<tr>
<th>Number/name</th>
<th>Case</th>
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<tr>
<td>3: Dr C</td>
<td>Dr C was trained as RN in 1984; she has a diploma in leadership in health care, a Masters degree in learning processes and changing processes, a Masters degree in Nursing Science and obtained her PhD in Health Science in 2011. She has extensive leadership experience as both staff nurse, head nurse and leading development and changing processes in hospital settings. Since December 2011 Dr C has been employed full time in the largest department of its kind in Denmark. Her main task is to develop a participatory culture for development and research in clinical practice. The functions described in the position include responsibility for securing the highest possible nursing quality for all patients in the department, identifying and analysing clinical problems in order to secure evidence-based practice, to inspire, and be a resource and advisor for department management, nursing staff and other personnel in the clinic. Dr C works with her many tasks in the department by initiating and managing practice research projects, where she supervises, mentors and consults other staff members’ research and development projects both monodisciplinary and interdisciplinary. Dr Cs point of departure is embedded in action research and she teaches at different courses in themes of interest for developing nursing practice. Examples of ongoing action research projects that she facilitates are the establishment of interdisciplinary teams and nursing consultations in order to secure continuity and user involvement in the patients’ trajectories. Another project is establishment of formal reflection meetings for newly graduated and/or employed nurses in the department, with the purpose of supporting development of competence. To ensure progress, leadership support and research skills in the projects, all projects are organised in a steering group with Dr C and one of the leaders as permanent members. She represents the department in national and international settings where she present the way she works with action research, development and leadership support. Alone, or together with her department nurse leader, she writes professional articles regarding the work she facilitates, so far this has resulted in publication of four professional articles. Dr C is a member of several national and international networks for nursing practice and nursing research and development. She is reviewer of regional research funds and journal peer reviewer. Dr C is not employed at a university, but she is PhD co-supervisor of a nurse-led action research project, and teaches at Masters level education in clinical nursing. Dr C currently participates in a lecturer programme for university teachers. After 3 years of employment 13 different projects originated from and in practice have been initiated and completed, and increased quality in clinical nursing practice has been described in professional articles. The nursing staff state that they feel that research and development has become more relevant and meaningful and thus have reduced research implementation barriers in practice. Furthermore, the staff now take initiatives to new action research or development projects according to quality development in their daily clinical practice.</td>
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second part focuses on the approaches to evidence-based practice seen in the cases.

Analysis – part 1

In the case presentation the presence of the features is implicit.

Case 1: All seven generic skills are present and in use. The case presents clearly high use of skills related to research, professional leadership and clinical inquiry.

Case 2: All seven generic skills are present and in use. The case clearly presents high use of skills related to coaching, mentoring, and changing practice.

Case 3: All seven generic skills are present and in use. The case clearly presents high use of skills related to professional leadership, clinical inquiry and skills regarding changing practice.

In summary, from this initial analysis it became clear that the overall function of the ANPs was similar and each ANP embraced all seven features, and in this respect they were living up to the role of ANP as it is described in international literature. However, there were clear variations. One example is the use of skills related to traditional research in form of publication of research articles, here case 1 (Dr A) presents high use, case 3 (Dr C) presents low use and case 2 (Dr B) presents a middle position between the other two. Another example is the skill related to changing practice, something that is reflected in the volume of clinical initiatives in practice, here case 1 (Dr A) presents the lowest use, case 3 (Dr C) the highest use and case 2 (Dr B) presents a middle position between the other two.

Analysis – part 2

Case 1: Dr A describes her role as the researcher who generates, implement and analyses results from a single research project. She regards it as her task to strengthen the research competencies among the nursing staff. The research Dr A conducts is researcher initiated and researcher generated. The research results are tested in practice and implemented subsequently, if the results are significant. There is a clear prioritization of producing scientific articles corresponding to creating evidence from research (Rycroft-Malone et al. 2004, Eriksson & Hummelvoll 2012). The managerial dimension of the role is present in the role as research project leader, but interaction with the managers at the ward is absent in the case.

Case 2: Dr B describes her role as someone who develops practice and performs research in collaboration with, and grounded in practice. Taking a starting point in action research some of the projects are locally initiated and grounded, others are researcher initiated, corresponding to creating evidence from different sources (Rycroft-Malone et al. 2004, Eriksson & Hummelvoll 2012) including a priority of knowledge from research evidence, clinical expertise and local context (Rycroft-Malone et al. 2004, Eriksson & Hummelvoll 2012). A strong engagement in supporting the development of the competencies and critical thinking among the staff is seen in Dr B’s position as an ANP; Dr B values production of reports and professionals as well as research articles. A driving force is supporting change in and with practice, which takes place in close cooperation with the nurse leaders in the ward.

Case 3: Dr C regards the overall goal as developing practice through a participatory approach to development, research, and learning. In the background Dr C’s function also includes being advisor and supervisor for the nursing leader. Decisions regarding which project should be generated is taken with practice. Taking a point of departure in action learning and research all initiated actions are locally initiated and grounded and many projects have led to implementation of changes, corresponding to creating evidence from practice (Rycroft-Malone et al. 2004, Eriksson & Hummelvoll 2012) including precedence given to knowledge from clinical expertise and local context (Rycroft-Malone et al. 2004, Eriksson & Hummelvoll 2012).

Summarizing this analysis it becomes clear that the three cases presented involve, regard and document evidence in practice differently.

In case 1 (Dr A) knowledge is primarily produced from research evidence. The evidence practice that is performed is documented via peer-reviewed research publications.

In case 2 (Dr B) knowledge is produced from different sources, with precedence given to evidence from research, clinical expertise and local context. The evidence practice that is performed is documented via peer reviewed research publications as well as professional articles and reports.

In case 3 (Dr C) knowledge is produced from different sources, with precedence given to evidence from
clinical expertise and local context. The evidence of practice that is performed is documented via professional articles, abstracts and substantial sharing of knowledge at meetings, conferences, etc.

The three cases also demonstrate different practices of cooperating with the leading nurses in their departments. In case 1 (Dr A) the cooperation is not described and seems to be in the periphery of the role. In case 2 (Dr B) collaborating with the leadership is regarded as a part of the position that includes supporting the local culture of development, which is described as close. In Case 3 (Dr C) the collaboration with the nurse leader is central to all functions.

Overall the two-step analysis has shown that regardless of the same position (ANP), formal level of research expertise (PhD) and overall responsibility for strengthening and documenting evidence in practice, different approaches related to each ANPs professional profile, interest, academic ambitions and personality were used to reach the goal.

A visual representation of the result of the 2-step analysis is seen in Figure 1. The arrow in the middle symbolises a continuum that the individual ANP profile can vary within, towards the same overall goal of strengthening and documenting evidence in practice, from a traditional researcher profile at the left side, towards a full participatory researcher profile at the right side, or a combination of the two.

**Discussion**

The ANP cases presented included all of the generic features of the ANP role described in the literature, and all worked with integrating and developing evidence in practice. What also became clear was a large individual variation, partly rooted in individual competencies, interests and view of evidence and knowledge, partly context dependent. Seen in this light, the dilemma outlined at the beginning of this paper, that some nurse leaders may feel unfamiliar and even uncomfortable with research utilisation, prioritising and including academic trained nurses in practice, becomes clearer. Nurses have a great research utilisation potential, as they are the single, largest, professional group within the health-care sector (Kajermo et al. 2008). However, facilitating and supporting nursing research and research utilization can be difficult. Everyday leadership is often reactive and driven by urgent demands (Tengblad 2012) but, according to Kajermo et al. (2008), the support of nurse leaders for participation in research and development activities is fundamental if a culture of research-based nursing care is to succeed. If this is not obtained, the odds increase significantly for perceiving barriers to research utilization (Kajermo et al. 2008). Bellman et al. (2003) argue that some nurse leaders are promoted because of their allegiance to maintaining the status quo and by doing so are disempowering nursing. Kjerholt et al. (2015) demonstrates how a nurse leader who experiences potential challenges to her authority may use power to cancel or postpone planned research activities and by doing so suppress the role of the researcher and inhibit the project. Another perspective is the lack of basic research education, which makes it difficult for some nurse leaders to accept the importance of research utilisation and evidence-based nursing, as even this may be regarded as an irrelevant practice or as a threat (Kajermo et al. 2008, Enterkin et al. 2013, Pegram et al. 2014). Integrating a new group of academic nurses who are highly qualified, may challenge some leaders, as the leadership in organisations with this type of staff often requires a progressive, participatory and democratic view on leadership, described as post-heroic leadership.

![Figure 1](image-url)

**Figure 1**
Variations in the ANP’s roles.
Post-heroic leadership, represents a social constructivist perspective and is opposed to transformative/heroic leadership that relies on personal talents, often leading from a position of authority with clear roles of who are leaders and who are followers (Sveningsson & Alvesson 2012). A post-heroic approach includes acceptance that leadership potentially is fluid. Seen from this perspective, an ANP in clinical practice could be the leader of his/her domain (research and development) without being perceived as a threat but rather as complementing. The nurse leader’s role would, in this area, still be that of creating a sense of direction, confirming identity and inspiring motivation (Sveningsson & Alvesson 2012).

Limitations

This small-scale collective case study does not allow for generalization, and we have not yet been able to document scientifically whether hiring ANPs in clinical practice contributes to the delivery of high-quality service to patients. Most of the clinical developmental initiatives and research projects are still in process and therefore not yet published.

Conclusion

This collective case study has shown that each of the ANP cases included embraced all generic features according to the literature: The use of knowledge in practice, clinical thinking and analytical skills, clinical judgment and decision-making skills, professional leadership and clinical inquiry, coaching and mentoring skills, research skills and changing practice. However, there were clear individual variations that need to be acknowledged and addressed by nursing leaders in order to make the role successful in clinical practice.

Nurse leaders are competent practitioners who, in a time of change and transition, must deal with intense demands, uncertainties and complexities on a daily basis. For some, the demand of bringing more evidence into clinical nursing practice, including integrating ANPs among the staff, is a new and difficult challenge. Severinsson (2014) pinpoints the challenge when she claims that the quality of nurse leaders work ‘can make or break research capacity’.

The model presented in this article may function as a reflective and supportive tool for leaders in this process, as it becomes clear that ANP is an umbrella concept, not a fixed role. The content and expectations to the particular role must be mutually clarified and adjusted to the individual ANP and to the physical context, in order to create a harmonious match. If the nurse leader and the rest of the staff expect an ANP to be the primary facilitator of developmental processes and to be a core collaborator with management, they are not looking for an ANP whose main ambition is knowledge from research, and vice versa.

Implications for nursing management

Nurse leaders with a post-heroic approach to leadership may benefit from employing PhD level ANPs if they determine that the change towards evidence-based practice in nursing can be supported by doing so.

Based on this study, we recommend that nurse leaders who are planning to include PhD level ANPs in clinical practice clarify his/her own expectations regarding the following issues:

1. To what extend the ANP must be visible in daily practice. If the ANP is expected to be present on a daily basis, it creates legitimacy in practice but reduces time for academic activities in and out of the department.
2. To what extend the ANP must take part in the daily clinical work. This issue has an impact on the qualifications the ANP must have and on the time spent on initiating, facilitating and leading developmental and research processes in practice.
3. The type of sources the ANP produce evidence from. As this study has shown, the outcomes and documentation is different depending on what evidence source knowledge in practice is coming from, for example research, clinical experience, patients or from the local context.
4. Whether the leaders expect the ANP to be linked to a university career programme or not. If this is expected, the ANP will be able to teach and supervise PhD students and potentially strive for a clinical professorship. If not the ANP will be associated more with the department and local context.
5. The role as leader for a staff member who probably is more educated and experienced in nursing research and development than the leader. This may be a new role and not all leaders will feel comfortable with it.
6. The degree, if any, the leader expects to take part in the development of the ANP’s research programme. If the leader has time to participate in this, it may be an opportunity to seek relevance and support implementation.
7 How the leader may secure the integration of the ANP among the rest of the staff including other nurse specialists in order to avoid isolation, competition, and blurring of roles.

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Ethical approval
This case study includes data provided by three of the authors regarding their own positions and roles as ANPs. The idea behind the study came from the group itself and all agreed upon the lack of relevance of anonymity. All authors have contributed to and accepted the paper in the present format.

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