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A Global Perspective of Advanced Practice Nursing Research: A Review of Systematic Reviews

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A global perspective of advanced practice nursing research: a review of systematic reviews

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Review question

Do current systematic reviews that include advanced practice nurses (APNs), nurse practitioners (NPs) or clinical nurse specialists (CNSs) represent countries where these roles are found globally?

Searches

A search in the following databases will be conducted by our team and in collaboration with an academic librarian: CINAHL, EMBASE, Global Health, HealthStar, PubMed, MEDLINE, the Cochrane Library, including the Cochrane Database of Systematic Reviews, the Cochrane Central Register of Controlled Trials (CENTRAL), the Database of Abstracts of Reviews of Effects (DARE), the Joanna Briggs Institute, and Web of Science.

Descriptors and keywords related to advanced practice nursing roles (e.g., nurse specialist, nurse consultant, etc.), nurse practitioner, clinical nurse specialist, systematic reviews, and meta-analysis will be included.

A search in the grey literature will also be conducted.

Published and unpublished systematic reviews from 2011 and onwards will be retrieved.

Systematic reviews retrieving randomized controlled trials, observational studies, cohort studies, surveys, case studies, and qualitative studies will be included.

Additional search strategy information can be found in the attached PDF document (link provided below).

Types of study to be included

Published and unpublished systematic reviews from 2011 and onwards will be retrieved.

Systematic reviews retrieving randomized controlled trials, observational studies, cohort studies, surveys, case studies, and qualitative studies will be included.

Condition or domain being studied

This review will study APN, NP and CNS roles. APNs are nurses with graduate level education and in-depth clinical and nursing expertise (ICN, 2020). Their clinical practice includes primary and acute care settings serving a wide range of populations and communities (e.g., pediatric, geriatric, chronic illness, etc.). Non-clinical

activities include research, education, and administration. APNs work in collaboration with other healthcare professionals.

NPs are APNs who are autonomous primary or specialty clinicians (AANP, 2020) who assess, diagnose, treat, and manage illnesses, and who are experts in health promotion and disease prevention.

CNS is an APN with expertise in a nursing specialty. CNSs identify solutions for complex healthcare issues. They are leaders in research and development of clinical practice guidelines, promoting evidence-based practice, and facilitating system change (ICN, 2020). Specialities may be defined by a population, setting, disease, subspecialty, problem, or service.

This review aims to improve access to high quality APN care by exploring global APN roles, identifying literature gaps, and developing evidence-based recommendations at clinical, educational, and regulatory levels.

References:

International Council of Nurses, et al. (2020). Guidelines on Advanced Practice Nursing, https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf.

American Association of Nurse Practitioners.(2020). Discussion paper: Quality of nurse practitioner practice. AANP. https://storage.aanp.org/www/documents/advocacy/position-papers/Quality-of-NP-Practice-Bib_11.2020.pdf.

Participants/population

Participants receiving care from an APNs, NPs and CNSs will be included.

Participants of all ages (e.g., adult, children, neonatal), clinical condition (e.g., surgery, chronic disease), and clinical settings (e.g., primary care, acute care hospital) will be included.

Studies comparing APN care to other clinicians will be included.

Intervention(s), exposure(s)

Systematic reviews that study APN roles in all sectors and all practice levels will be included. We will adopt a recognized definition of APN, NP and CNS.

Comparator(s)/control

Comparator groups will include service delivery by other healthcare professionals, best care practices, evidence-based practice, usual care, and adherence to best-practice guidelines.

Context

Inclusion criteria: All relevant published and unpublished systematic reviews studying APN roles from January 2011 through the date of study commencement will be included. All patient populations, geographical locations, jurisdictions, and languages will be included. Systematic reviews will be included if they clearly define the role and the APN, NP, or CNS has decision-making autonomy. Outcomes at any level of APN practice will be included.

Exclusion criteria: Studies on roles that are not considered advanced practice nursing will be excluded, based on the ICN (2020) Guidelines for Advanced Practice Nursing. Nurse midwives and physician assistants will be excluded since these roles are not consistently identified as APNs internationally.

In reviews examining APN, CNS, and NP impact alongside excluded roles, only the data on APN, CNS, and NPs will be extracted. Reviews will be excluded if specific APN, CNS, NP data can not be teased out and reported separately. A detailed list of all excluded reviews with the reason for exclusion will be reported.

Literature syntheses such as integrative reviews, literature reviews, scoping reviews, and primary studies will be excluded.

References:

International Council of Nurses, et al. (2020). Guidelines on Advanced Practice Nursing. https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf.

Main outcome(s)

All outcomes of APN roles will be included in this review. Outcomes related to patient (e.g., health status, patient satisfaction, quality of life), provider (e.g., job satisfaction, quality of care), health system (e.g., costs, length of hospital stay, rehospitalisation, resource utilisation), education, and policy/scope of practice levels will be included.

Additional outcome(s)

None.

Data extraction (selection and coding)

Data will be extracted and coded by one reviewer and reviewed by a second reviewer using an adapted tool developed and pilot tested for a previous review of the literature conducted by our team (Kilpatrick et al., 2021). Data will be extracted from the methods and results section of each full-text paper. Extracted data will include: review aim or focus; review characteristics (e.g., publication year); name and number of electronic databases searched; participant and intervention characteristics; number and types of studies included in the review; countries where studies were conducted, specification of patient, provider, health system, educational, policy, and scope of practice outcomes; and funding source (Hart et al., 2019). The research team will discuss any disagreements among reviewers and studies will be included only when a consensus is reached. APN, NP or CNS and non-APN status of each reviewer will be documented. A record will be kept of all review-related decisions.

References:

Hart, L.C., et al. (2019). An Evidence Map for Interventions Addressing Transition from Pediatric to Adult Care: A Systematic Review of Systematic Reviews. *J Pediatr Nurs* 48:18-34. doi: 10.1016/j.pedn.2019.05.015.

Kilpatrick, K, et al. (2021). Identifying Indicators Sensitive to Primary Healthcare Nurse Practitioner Practice: A Review of Systematic Reviews Protocol. *BMJ Open* 11(1):e043213. doi: <https://doi.org/10.1136/bmjopen-2020-043213>.

Risk of bias (quality) assessment

Each systematic review will be reviewed by two independent reviewers who will rate the methodologic quality of the included studies using AMSTAR 2 (Shea et al., 2017). Cohen's Kappa will be used to assess the inter-rater agreement. A summary table of the quality assessment of the included studies will be presented.

References:

Shea B.J., et al. (2017). AMSTAR 2: A Critical Appraisal Tool for Systematic Reviews that Include Randomised or Non-Randomised Studies of Healthcare Interventions, or Both. *BMJ* 358:j4008 doi: 10.1136/bmj.j4008.

Strategy for data synthesis

The research team will compile a narrative synthesis of the findings. We will use an iterative process to identify patterns and relationships emerging across the included studies and years when they were conducted (Whitemore & Knaffl, 2005). A data matrix will outline key review characteristics (e.g., publication year, countries where primary studies were conducted), outcomes (i.e., patient, provider, health system, educational,

policy/scope of practice), type of advanced practice nursing role, and quality assessment. No quantitative analysis is planned.

References:

Whitemore, R., et al.(2005). The Integrative Review: Updated Methodology. *J Adv Nurs* 52(5):546-5. doi: 10.1111/j.1365-2648.2005.03621.x.

Analysis of subgroups or subsets

None planned.

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Organisational affiliation of the review

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Type and method of review

Review of reviews, Service delivery, Systematic review

Anticipated or actual start date

18 October 2021

Anticipated completion date

17 October 2022

Funding sources/sponsors

Susan E. French Chair in Nursing Research & Innovative Practice

Conflicts of interest

None known

Language

English

Country

Canada, England, Israel, Jamaica, Scotland, Singapore, United States of America

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Advanced Practice Nursing; Delivery of Health Care; Developed Countries; Developing Countries; Humans; Nurse Clinicians; Nurse Practitioners; Nurse's Role; Nursing; Patient Care; Patients; Professional Role

Date of registration in PROSPERO

19 October 2021

Date of first submission

17 October 2021

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

19 October 2021

PROSPERO

This information has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. The registrant confirms that the information supplied for this submission is accurate and complete. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.