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TITLE:

Should Advanced Clinical Practitioner's become managers?

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Conflict of interest statement

There are no conflicts of interests that need to be declared for this work which received no external funding.

Ethical approval

All activity conducted within this research were performed in compliance with relevant laws and institutional guidelines issued by the University of Essex where this library based study was conducted.

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Abstract

Background

Jones et al (2022) states that experienced staff should be more present as clinical managers within healthcare. Leadership and management is one of the four pillars of Advanced Practice (Health Education England, 2017), which suggests that Advanced Clinical Practitioners (ACPs) would be well positioned to take on these roles.

Aim

To explore whether the management responsibilities of ACPs support role transition to clinical management.

Methods

This mixed-method narrative literature review uses reflective thematic analysis (Braun and Clarke 2020) and a deductive approach to generate themes based on the six critical tasks of a manager defined by Jones et al (2022) to the four pillars of advanced clinical practice. MMAT (Hong et al, 2018) assessed the quality of existing research.

Findings

Eleven papers of varying quality were identified. Previous research suggests that although ACPs can demonstrate they already have the skills to take on management roles there is limited evidence of this is practice.

Conclusion

ACPs have the clinical background and training to transition into management roles simpler than staff without this pre-requisite. Nevertheless, there remains insufficient evidence that this is happening in practice. By promoting and encouraging this role transition ACPs could use their breadth of skills to become future managers.

Click here to access/download;Table;Table 1 STARLITE.docx

Table 1 STARLITE

Sampling Strategy	Mixed Method Systematic Literature Review.	
Type of studies	Empirical research to include: 1. Systematic reviews 2. Qualitative 3. Mixed method 4. Quantitative	
Approaches to searching	Electronic database search, grey literature & snowballing (reference lists from papers retrieved were checked for additional relevant research)	
Range of years	No publication date limit was used. The search took place between the 3rd - 18th of November 2022.	
Limits	Accessible full text only.	
Inclusion and exclusion criteria	Inclusion criteria: Empirical research Full text available	Exclusion criteria: Duplicates Practice, policy or theoretical literature
Terms used	"advanc* clinical practi*" "advanc* nurs* practi*" OR was used to broaden the search to as far as possible capture all relevant research AND used to narrow search to the 4 main concepts	KEY CONCEPTS **ACP** • advanc* used to capture 'advance', advanced', 'advancing' • nurs* used to capture all professions and substitute terms where a professional group is referred to as an ACP • Practi* was used to capture different spellings 'practice', 'practise', and practitioner'Both the terms for ACP and ANP were searched due occasional overlap in the literature regarding roles. **Leadership OR Management** was searched due to the frequent blurring of terms in the literature **Manager** (exploring role of the manager) **Skills** (including discussion of competence or knowledge or abilities as related to the question).
Electronic Sources	Medline, PubMed & google used for searching grey literature. Google search was limited to review articles EBSCO Host Research databases PubMed Google (limited to reviewed articles only)	

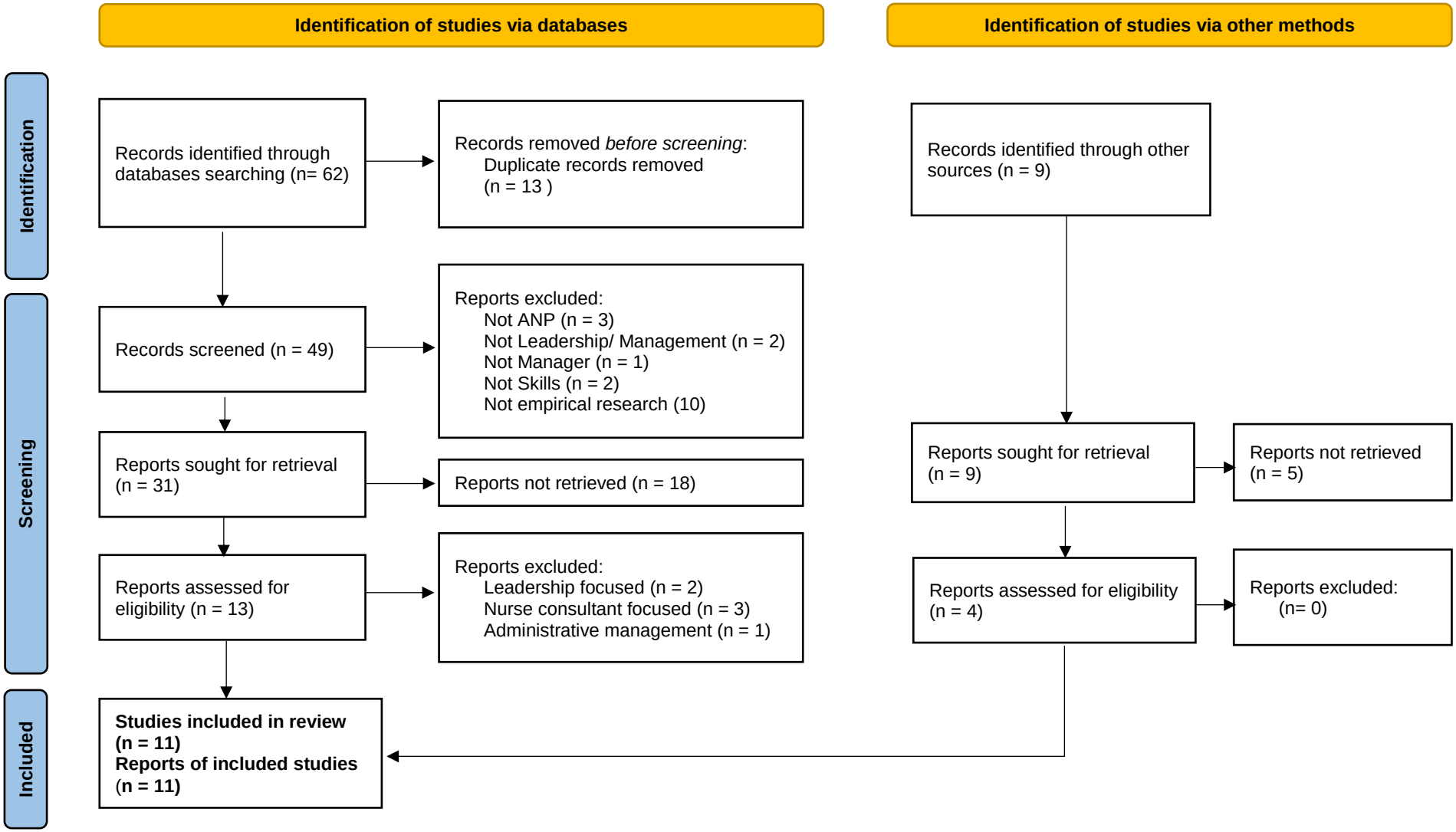
Click here to access/download;Table;Table 2 Six critical tasks mapping to ACP capabilities.docx

Table 2 Six critical tasks mapping to ACP capabilities

No.	Theme	ACP capabilities taken from the MPF	Papers where this is discussed
1	Planning	Clinical Practice: 1.5, 1.9, 1.10 Leadership & Management: 2.3, 2.4, 2.5, 2.6 2.7, 2.9 Education: 3.3, 3.5, 3.6, 3.7, 3.8 Research: 4.1	Bailey et al.,2021; Evans et al.,2020; Guibert-Lacasa et al., 2022: Heinen et al., 2018; Higgins et al.,2014; Lamb et al., 2018; McDonnell et al.,2015
2	Allocating resources	Clinical Practice: 1.9 Leadership & Management: 2.3, 2.4 Education: 3.3, 3.8 Research: 4.8	Bailey et al.,2021; Evans et al.,2020; Heinen et al., 2018; Higgins et al.,2014; Lamb et al., 2018
3	Coordinating the work of others	Clinical Practice: 1.1, 1.9 Leadership & Management: 2.1, 2.2, 2.8, 2.11 Education: 3.4, 3.5, 3.7, 3.8	Bailey et al.,2021; Evans et al.,2020: Guibert-Lacasa et al., 2022: Heinen et al., 2018; Higgins et al.,2014; Hulse., 2022; lamb et al., 2018; McDonnell et al.,2015., Nieminen et al.,2011
4	Motivating staff	Clinical Practice: 1.3 Leadership & Management: 2.1, 2.2, 2.4, 2.10 Education: 3.4, 3.5, 3.6, 3.7, 3.8 Research: 4.1, 4.3	Evans et al.,2020; Fothergill et al., 2022; Guibert-Lacasa et al., 2022: Heinen et al., 2018; Higgins et al.,2014; Hulse., 2022; Lamb et al., 2018; McDonnell et al.,2015
5	Monitoring output	Clinical Practice: 1.4, 1.6, 1.8, 1.9 Leadership & Management: 2.3, 2.4 Education: 3.4, 3.5, 3.7, 3.8 Research: 4.1, 4.2, 4.3, 4.6, 4.8	Bailey et al.,2021: Heinen et al., 2018; Higgins et al.,2014; Hulse, 2022; Lamb et al., 2018; McDonnell et al.,2014
6	Taking responsibility for the process	Clinical Practice: 1.1, 1.3, 1.6, 1.8, 1.9, 1.10, 1.11 Leadership & Management: 2.3, 2.5, 2.6, 2.7, 2.9 Education: 3.4, 3.5, 3.6, 3.7, 3.8 Research: 4.1, 4.3	Evans et al., 2020; Fothergill et al., 2022: Guibert-Lacasa et al.,2022; Heinen et al., 2018; Higgins et al.,2014; Lawyer et al., 2017; lamb et al.,2018; McDonnell et al.,2014

Click here to access/download;Table;Table 3 PRISMA.docx

Table 3 PRISMA Flow Diagram Page et al (2021)



Click here to view linked References

Background

Nursing is a progressive and innovative profession which provides an opportunity for many career prospects and promotions. With a multitude of job roles in the NHS, role transition (moving from one role to another) offers many opportunities for career advancement in healthcare. The development of roles, such as Advanced Clinical Practitioners (ACPs), allows clinicians to remain predominantly clinical by becoming experts in their fields (Health Education England, 2022). Many healthcare professionals consider these roles more attractive (Lee, 2022) and better for career advancement than solely management positions. Nevertheless, we need managers in health.

Proficient and effective managers are crucial to the NHS's ability to provide high-quality services in the face of growing demand for care; a manager's role is fundamental as an expert responsible for all aspects of patient care. It is recognised that developing and educating future managers in the NHS is key to collaborative and proficient working (Hulks et al, 2017). This results in maintaining high-quality health and care standards for the population (NHS Leadership Academy, 2021).

Management in healthcare has been described as consisting of six critical tasks; planning, allocating resources, coordinating the work of others, motivating staff, monitoring output and taking responsibility for the process (Jones et al, 2022). Nurses are well-positioned to contribute to and lead in these roles due to ongoing transformative changes in healthcare, their professional education, and having clinical respect amongst peers (Salmond and Echevarria, 2017). Furthermore, studies indicate that hospitals promoting those with solid clinical backgrounds into management roles experience lower morbidity and mortality rates

among patients (Wong & Cummings, 2007 and Wong et al, 2013). The organisational benefit of maintaining a consistent work environment for other staff has advantages of effective teamwork which in turn encourages staff retention (Blake et al*,* 2013). Evidence suggests that clinicians should have a more active role in the management process and participate in prioritisation of resources.) and National reports recommend clinical leadership is promoted via management roles (Griffiths et al, 1983 and Darzi, 2008).

In recent years the importance of good management has though been somewhat overlooked in preference for a focus on leadership (NHS Leadership Academy, 2021). This has been compelled by themes identified in reviews such as the 2013 mid-Staffordshire NHS Foundation Trust Inquiry (Francis, 2013), Dalton review (2014) and The King's Fund (2011). Confusion lies concerning the boundaries between leadership and management roles (Wood, 2021). Although not synonymous in the workplace leadership and management terminology are frequently used interchangeably in health. Leadership is commonly regarded as managing a team or organisation (Gosling & Mintzberg, 2003) or considered role-dependent and not universal (Scott & Miles, 2013). No definition is pertinent to all scenarios and professions although organisations need both managers and leaders to function effectively.

It should be acknowledged that in the current healthcare context managers must deliver high-quality care whilst often combating short staffing, financial constraints, and new technologies. Additionally, they are frequently blamed for the NHS's delays, waste, inefficiencies (Jones et al, 2022), and the battle of a complex and ever-changing political environment (The King's Fund, 2011). Management has also been deemed unappealing as a career pathway for nurses; they generally choose this career to work with patients rather than line manage, oversee team development, and provide performance monitoring (Lee,

2022). Junior staff perceive specialist clinical roles as a more desirable career progression (Wise, 2007), where management positions are viewed as underpaid and lack true decision-making powers (Sherman, 2005). Traditionally nurses transition from staff nurse to manager, and literature suggests that this role change can be stressful and challenging (Chau et al 2022, Doherty et al 2022; Manion et al 2021, Leicher & Collins 2016, Barnes 2015; and Doria 2015). This is perhaps related to the lack of widespread education and training surrounding management skills (Jones et al 2022, NHS Leadership Academy 2021 and Oxtoby, 2016) and the expectation that those staff who excel in clinical work will naturally have the skills required for administration. With a lack of popularity for the role, it is no wonder that management roles are classified as lonely at the top (Zumaeta, 2019) and not sought after. Nevertheless, proficient managers are crucial in the operational management of the NHS.

'Growing your own workforce' through 'role transition' is one approach that aims to identify strategies to address staffing need or development. The transition into management may be less daunting by encouraging staff who already possess management skills. The ACP role has been defined within the 'MPF'; the Multi-professional Framework for Advanced Clinical Practice in England (Health Education England, 2017). This includes reference to the expected four pillars of advanced practice: clinical practice, leadership and management, education, and research. ACPs' management dominions include clinical, professional, health system, and health policy (Hamric et al, 2014 and Heinen et al, 2019) and aim to improve patient, personal and organisational outcomes (Kouzes & Posner, 2012). It is recognised that ACPs bring experience and a diverse skill set to their work (Hooks & Walker, 2020). The hypothesis for this review is therefore that ACPs are in an ideal position to transition into management roles due to the prerequisite components of their everyday work. By exploring the evidence base

surrounding this topic, this study will investigate whether ACPs could have an easier transition into a management role and should be encouraged for the future of healthcare management.

Methodology

This is a mixed-method narrative review. A systematic literature search was performed using multiple core databases and citation searching to ensure the search was thorough and efficient. A search strategy, (Table 1-STARLITE), was conducted using an amalgamation of subject headings and accessible text terms, and individual database thesaurus searches. Boolean operators, truncation and phrase searching allowed searches to be precise and relevant. The MeSH database was also consulted to improve the quality and validity of a review.

This review used a deductive approach to thematic analysis using the six critical tasks of management identified by Jones et al (2022). NVivo software was used to store and code the papers against the six critical tasks. Through the iterative process of reading and re-reading the papers they were aligned to the six critical tasks as themes. In analysing the papers, their link to the MPF (Health Education England, 2017) has also been explored. (Table 2). This technique has enabled the management tasks to be directly linked to the ACP role and how each theme can be connected to the expected capabilities of ACPs. Not all themes could be linked to each of the four pillars in the MPF where evidence was not found. The quality of the papers were appraised using the mixed method appraisal tool MMAT (Hong et al, 2018). Key features of the quality of existing evidence are included in the results below.

Results

Eleven articles are included in this review. The PRISMA flow chart (Table 3) highlights recorded exclusions with their reasons. This was primarily for duplications, unavailable full-text articles, narrative reviews, and studies not classed as empirical research. All articles highlighted research or governance ethics approval had been sought. There was a common theme of using purposive and convenience sampling combined with small sample sizes. Five studies utilised a questionnaire for data collection where response bias and reliance on self-report may have led to erroneous research findings, (Bailey et al.,2021; Fothergill et al., 2022; Guibert-Lacasa et al., 2022; Hulse et al.,2022; Lawler et al., 2022). However, all articles emphasise rigour in data analysis collection and reference the steps taken to reduce bias and improve quality of the research undertaken. The papers are multinational, including research from Canada, the United Kingdom, Ireland, Finland, and multiple countries in the Guibert-Lacasa et al. (2022) systematic review. It should be emphasised that comparing healthcare services in different countries is not straightforward due to difficulties in like-for-like comparisons.

Planning

Planning is a fundamental principle in the multi-professional framework for advanced practice; ensuring that the right people, with the right skills are available to deliver a sustainable health service. Seven out of the eleven articles' evidence ACPs planning. This evidence ranges from indirect care activities (Bailey et al, 2021) to planning and establishing strategy groups to guide and develop service transformation (Evans et al, 2020). Several papers highlight that indirect and direct clinical care activities require planning. Managing planned discharges, for example, took an average of 14.7% on a typical day and planning and

managing a treatment plan took 22.7 % according to Bailey et al, (2021). An ability to plan care adaptable to patient needs and service demands is a core function of an ACP, according to Higgins et al, (2014). In both the Lamb et al, (2018) and McDonnell et al, (2014) research, it was emphasised that due to better-planning, patients' overall care was improved. Furthermore, Evans et al (2020) establish that ACPs plan and develop strategy groups for quality initiatives and Heinen et al, (2019) reviewed evidence that ACPs collaborate with healthcare professionals to plan improvement opportunities. As an example of this, Guibert-Lacasa et al, (2022) reference a study where participants identified and planned a safety or quality initiative to improve hospital patient flow. The study by Lamb et al, (2018) acknowledges that planning care with patients and educating them will improve overall outcomes and satisfaction. In addition, the research by Bailey et al (2021) found that up to 43.1% of a working day can be spent educating a student, which requires planning their working day and required skill set, and up to 9% can be spent planning and providing teaching sessions. Bailey et al. (2021) also found that 6.9% of a working day involved planning or implementing research, although this is contradicted in the Evans et al, (2020) study, where it was found that research capabilities or research-related activities were limited.

Allocating Resources

Higgins et al. (2014) propose that a core function of an ACP is to respond to patient and service demand by allocating the appropriate resources. Lamb et al. (2018) agree and promote goal-orientated care and empowerment through self-management of conditions. They propose that ACPs facilitate independence and autonomy by capitalising on opportunities to educate patients about medications, new therapies, and disease progression. Through such patient education, resources can be focused on person-centred individualised care. Bailey et al.

(2018) found that 2.1% of ACPS daily activity was focused on attending conferences and seminars. Allocating this resource enables ACPS to maintain their evidence-based approach by keeping current techniques and knowledge up to date, which can only positively impact patients.

Bailey et al, (2019), Evans et al, (2020), Heinen et al (2019), Higgins et al, (2014) and Lamb et al, (2018) all highlight a direct link between cost-effectiveness and ACP employment, particularly in preventing a future decline in patients' conditions which could progress to patients requiring higher levels of care, incurring a higher cost to the NHS. This is supported by Heinen et al, (2019), who accentuate the links made between ACPs and economics, policy, and finance. All agree that by allocating the right resources, the cost-effectiveness of patient care is improved.

Co-ordinating the work of others

Both NHS England (2014) and the MPF (Health Education England, 2017) recommends a collaborative approach when coordinating the work of others. Collaboration improves communication and working relationships and aims to provide a better experience for people who use health services. Co-ordinating the work of others is evidenced in nine out of the eleven articles. All recognise that ACPs coordinate the work and activities of the multidisciplinary team to ensure care is of a high standard and patient centred. Bailey et al.'s (2021) study equated that this took up 22% of the working day. In Evans et al. (2020) research which examined the job roles of ACPs in primary care, 11% of ACPs reported management responsibilities. This included practice partner tasks and managing a team of nurses, which involved coordinating their roles in the surgeries. Heinen et al, (2019) propose that through a

leadership role, ACPs enhance group dynamics when coordinating the work of others and are in a better position to manage group conflicts within their organisation. Lamb et al. (2018) and Nieminen et al. (2011) also established that ACPs coordinate the team by working with colleagues, such as physicians, which builds credibility and respect. This is reinforced by Hulse (2022) and McDonnell et al, (2014), who agree that multi-professional teamwork bridges the gap of professional boundaries, resulting in a higher quality of care. Guibert-Lacasa et al, (2022) cite a strategy called REJOICE (respect, empathy, optimism, individuality, collaboration, and expression) to enhance collegiality among inpatient teams. By coordinating the work of others, this strategy includes activities such as sharing experiences, participating in committees, and recognising a colleague who had optimistically impacted someone's day. These activities resulted in a shared vision, enhanced communication, and unified decision-making.

Bailey et al, (2021), Evans et al, (2020), Guibert-Lacasa et al, (2019), Hulse (2022), and Heinen et al, (2019), concluded that ACPs in their studies were involved in educational support or mentorship of other staff. Higgins et al, (2014) recommend that through effective coordination ACPs can change clinical practice through formal education of the multidisciplinary team. McDonnell et al, (2014) support this adding that ward nurses see ACPs as a reliable source of knowledge and expertise.

Furthermore, through coordinating the work of other team members, Heinen et al, (2019) found that ACPs are in an ideal position to monitor standards in practice to improve care. McDonnell et al, (2015) concur, finding that due to enhanced vigilance, practitioners could pick up shortfalls or omissions in care whilst co-ordinating other tasks.

Motivating staff

Motivated employees feel supported by their managers; they are engaged with their work and continually inspired by the people around them, (Hogarty, 2022). The NHS People plan, (NHS Improvement 2020), recognised that motivation and morale are essential for a healthy workforce. Eight out of the eleven articles evidence motivating staff. In Evans et al, (2020) research, ACPs were found to have improved morale across the practice due to shared workload and skills. This is supported by Higgins et al. (2014), who state that creating an environment of collegiality and promoting clinical excellence will have positive ramifications for the ongoing professional development of the ACP role. Higgins et al. (2014) also accentuate that ACPs have positive personal attributes such as 'having a vision, ability to influence and being open to change'. Heinen et al, (2018) in addition note that ACPs create an environment where team members are listened to. Evans et al. (2020) propose that all these qualities provide insight into progressive career pathways and help motivate staff by raising professional career aspirations and opportunities.

Lamb et al. (2018) suggest that an essential part of leadership is being central in the team; not only does this build integrity, but it is a way to show how to lead by example and how to respond to challenging situations. In Guibert-Lacasa et al. (2022) review, they propose that fostering relationships with other professionals motivated staff to take an active part in their organisation. This encourages a future generation of nurse leaders (Heinen et al, 2018) and enhances the quality of care, satisfaction, and retention of nurses (Higgins et al, 2014).

Nearly half of the papers recognised that ACPs motivate staff through coaching and facilitating learning for others. McDonnell et al. (2015) highlight that the relationship between

the junior doctor and ACPs directly impacts competence and motivation. It was found that junior doctors valued the clinical expertise of the ACPs, including daily support and advice. One doctor stated, *"they have been at the job for quite some time, so they are pretty clued in. It is helpful to look through their summary and what they write in the notes, see their thought process, and decide what to do from there".* Evans et al. (2020) highlight that the ACPs run regular staff meetings to support and educate junior team members, and the feedback received is positive and motivating. Fothergill et al. (2022) agree and state that this can influence ongoing development. Hulse (2022) had an overwhelming 92-97% of respondents highlighting the essential role ACPs had in capitalising on teachable moments for staff whilst nurturing a trusting and continuous relationship. Heinen et al. (2018) also stress that encouraging ANPS to foster and translate research into practice motivates future ACPs to engage in these practices, which has positive repercussions for future research.

Monitoring output

Monitoring output is evidenced in six out of the eleven articles. Bailey et al. (2021) describe how ACPs monitor the treatment plan to ensure that care is appropriate and patient-centred; they found that ACPs spent an average of 13.9% on collecting and analysing data to ensure patients were receiving the best care. This allows for measuring and monitoring clinical output, enriching patients' trust in their service and care. The work by Higgins et al. (2014), Hulse (2022), and McDonnell et al. (2014) support these findings, emphasising that monitoring the production of clinical services enables streamlining of care provision which positively impacts patient safety and outcomes. Higgins et al. (2014) and Heinen et al. (2019) found that ACPs engage in teaching services to ensure that treatment and services benefit the patient and service. In addition, Heinen et al. (2019) found that ACPs contribute to

developing, implementing, and scrutinising organisational performance standards to ensure that benefits are delivered. They also found that ACPs provided leadership by liaising with other health services to optimise outcomes for patients, clients, and communities. Higgins et al. (2014) agree and state that ACPs engage with professional organisations at a national and international level to enhance services.

Taking responsibility for the process

Responsibility is an obligation to complete a task or oversee the output of others you may be directly in charge of (Brown, 2021). This core function is required to improve the systems and processes that underpin the delivery of patient care (Jones et al., 2022). Evans et al. (2020), Lamb et al. (2018), Lawler (2017) and McDonnell et al. (2014) all note that ACPs take responsibility for care processes by having clear rationale for clinical decisions with alterations being made depending on clinical need. ACPs will negotiate on patients' behalf to ensure that the system meets their needs (Lamb et al, 2018) and prevent future decline through optimising patient engagement (Heinen et al, 2019). Evans et al. (2020) state that this links directly to accountability and sets clear professional boundaries. Higgins et al. (2014) explain that ACPs take responsibility for the care process through practice development and clinical practice via education of the multidisciplinary team to ensure optimal patient care delivery. Lamb et al. (2018) also established that ACP recognises other staff members' skills and contributions, taking responsibility for patient care by guiding and directing these staff to ensure that patient care remains of a high standard.

The reviews undertaken by Higgins et al. (2014) and Guibert-Lacasa et al. (2022) found growing recognition that ACPs are well positioned in the clinical team and organisations to

lead on the change agenda for healthcare reform. By taking responsibility for this process, they are ideally placed to influence policy at local and national levels. Heinen et al. (2019) also highlight that ACPs frequently influence at strategic levels to create and share an organisational vision on quality improvement, leading to change and promoting enhancements that affect healthcare status. Fothergill et al. (2022) found that ACPs are involved in the economic evaluation of practice research associated with quality improvement. By taking responsibility for this process, it aims to improve systems that reinforce the quality of patient care.

Discussion

With the massive drive to encourage, nurture and develop future managers in the NHS this review has aimed to explore whether ACPs should be encouraged into management positions. This tested the hypothesis that ACPs can transition into management positions with greater ease due to pre-existing management responsibilities that they have in practice. The fact that management skills are a prerequisite in the role of an ACP is evidenced in the leadership and management pillar of the Multi-professional Framework for Advanced Clinical Practice (Health Education England, 2017), which sets out the core responsibilities of an ACP's role and identity. The themes presented are considered the six critical tasks of a manager (Jones et al, 2022), and the literature reviewed has proven that ACPs already take on all of these management responsibilities in their work. Analysing the data using the four pillars of advanced practice has further evidenced how management responsibilities are intertwined throughout ACPs advanced practice. The literature agrees that ACPs have multifaceted autonomous transferable skills (Morley et al., 2022), are the lynchpin in a team (Williamson et al.,2012), can shape healthcare reform (Wood, 2021), improve patients' outcomes, and

alleviate the impending rise for demand in health services (Woo et al., 2017). So, if ACPs have all these skills, why is there an overall lack of evidence in the literature of ACPs transitioning into managers?

A significant factor is that ACPs want to stay in clinical practice (Fothergill et al., 2022). Management is perceived as administrative, and the ACP pathway enables practitioners to remain patient-facing. In the 'planning' and 'taking responsibility for the process' themes, ACPs are shown to not only be adaptable to plan care whilst taking account of service demands but also take responsibility for the process by making clinical decisions that are patient-specific and altered depending on clinical need. This capability of complex autonomous decision-making supplies a challenge and the opportunity to flourish as an ACP. The ability to demonstrate core proficiencies in an area of specific clinical competence can therefore be seen as a better substitute than management (Hooks & Walker,2022).

Management roles are also viewed as unappealing. These roles are frequently associated with additional job stresses and the expectation of working excess hours. An example is that it is estimated that nearly a quarter of NHS managers were working more than 20 hours a week in unpaid overtime during the coronavirus pandemic (Kitano, 2020). In the 'co-ordinating work of others' theme, ACPs frequently took on the responsibilities of coordinating staff, monitoring standards in practice and mentorship of staff. This overlaps with a manager's responsibilities for nurse efficiency, satisfaction, and productivity (Cummings et al., 2010). However, ACPs report enhanced job satisfaction and increased workforce retention (Hooks & Walker, 2022), whereas numerous managers' report an increased risk of burnout, exhaustion and mental fatigue (Membrive-Jiménez et al, 2020). This perhaps highlights why it may be viewed as an unattractive pathway.

ACPs are renowned for excelling in the workplace through positively impacting healthcare services (Stewart-Lord et al., 2020), lowering patient mortality (Wong et al., 2013) and influencing nursing job satisfaction and retention (Ma et al., 2015). In the 'coordinating the work of others' theme, the literature supports the premise that ACPs' work is of a consistently high standard. Hooks and Walker, (2020) found similar results as well as evidencing cost savings, reduced length of stays and enhanced patient experience. ACPs have a reputation for improving patient care (Heinen et al., 2019), and traditionally, those that excel in clinical practice propel many into management because they stand out in clinical roles (Sandhu, 2023). However, Leicher and Collins (2016) propose that clinical and management skills do not always overlap and being good at one only sometimes translates into being proficient at a similar standard in the other. A critical error of senior management is the expectation that a simple job title change imbues the new manager with all the skills required to transition from an ACP to a manager. Clinical abilities cannot simply be expected to be transferable to management skills.

Historically it has been noted that ACP roles have been unregulated and nebulous (Nadaf, 2018). This has led to many positions with different job specifications, educational requirements, and a varied scope of practice. This lack of consistency and clarity on the role has created confusion for the public, organisations, colleagues, and commissioners of services (Leary et al., 2017); it has also created uncertainty and interprofessional tensions (Bonsall and Cheater, 2008). Most ACPs would support a universal process to ensure employers know the multifaceted skills of ACPs. Throughout all the themes, evidence of the ACP's involvement in education is clear, and the positive impact that ACPs have on educating other healthcare professionals can only benefit and give credibility to the role. By having a universal education,

training, and credentialing process, employers could understand better the management aspects of the role and the requisite knowledge, skills and experience required to act as a competent manager in an ACP role. This may allow these aspects of the role to be valued and seen by senior managers as a resource that can be tapped into to promote management roles.

ACPs are considered visible role models (Evans et al., 2020). This is evidenced in the 'motivating staff' theme when ACPs are seen to inspire staff by raising professional career aspirations and opportunities. Role modelling inspires and motivates staff encouraging the team to achieve ambitious goals. If ACPs are not seeing peers being supported into management positions, it gives the impression that this route is not for them and, therefore, not valued in practice. This will result in fewer ACPs accepting or seeking out these roles. Whilst the majority (but not all) ACPs are Nurses, evidence in the literature shows that the voice of nurse leaders is often absent from the highest levels of strategic public health and national response (Kiger, 2021) and their representation in governments and boardrooms is negligible (Anders, 2021). The development of general managers in the UK is another example, where staff with non-clinical backgrounds were deemed a better fit to manage clinical services. Developing and nurturing clinical-based staff in these roles was not considered (Lewis, 2016). This is now viewed as a historic mistake (Hunt, 2016) and a massive drive to encourage more clinical staff into leadership and management positions has occurred. However, the reality is that this culture of non-clinical managers in the NHS still exists in practice today (West et al, 2014). With equity being a central tenet of nursing practice (Rooddehghan et al, 2019), why are nurses' voices still not being heard at a higher level? Does it revert to the ongoing battle of nurses seen as doctors' handmaidens, a subordinate profession (Oxtoby, 2022)? Is it because, as a predominantly 'feminised profession,' nurses

have always had to battle to be taken seriously? Does it concern gender pay inequalities (Punshon et al, 2019)? All these give potential reasons nurses are not invited into management roles, and the lack of evidence in the literature supports the idea that they are not given the opportunity. Despite the evidence suggesting that nurses are not given these opportunities, in the 'taking responsibility for the process' theme, Heinen et al (2019) state that ACPs are influencing at strategic levels regarding quality improvement and change initiatives. Higgins et al, (2014) and Guibert-Lacasa et al, (2022) support this, both finding that there is growing recognition that ACPS are ideally placed to lead on healthcare reform and policy at local and national levels. Hopefully, this is progressive evidence that the voices of ACPs are starting to be valued and heard at senior tactical levels in healthcare.

We have established a plethora of evidence that ACPs are not becoming managers, but there are instances that can be found in clinical practice today. The primary researcher of this paper is one such example. Her colleagues quoted many of the reasons above, citing burnout, increased hours, and the most memorable being regarded as an accordion (pulled in all directions by staff and senior management). However, the challenge of a different role, learning new skills and the ability to do things right for her team made the role attractive. It has been a challenge and has relied on skill acquisition development. Several well-established learning theories and educational frameworks aim to describe this transition. Benner's (1984) popular novice-to-expert theory depicts a five-stage learning journey and is arguably the best description of how role transition plays out in practice. Acquiring the new skills required for a management position is comparable with the 'novice to expert' continuum, and the transition from being experienced in a previous role to a novice in the next requires not only a period of adjustment but significant support (Lawler et al., 2017). This model has been

criticised as not stemming from quantitative research (Altmann,2007) however, it can be used in many areas of healthcare and supplies an exciting and realistic lens of how to view role transition in clinical practice (Oshvandi et al., 2016).

This review has examined whether ACPs should be encouraged into management positions due to the existing management skills they possess and utilise in their current roles. Overwhelming evidence from the literature supports that ACPs do have the ingredients to move into these positions, and the data supports that ACPs should be encouraged and could excel in these positions. Nevertheless, research and personal experiences have shown that this is yet to happen in practice.

Recommendations

Of the eleven articles included in the final analysis of this mixed-method narrative review, most studies originated from the United Kingdom. Further international and longitudinal research is therefore needed to examine the role of the ACP as a manager. Most of the articles reviewed focused on leadership rather than management qualities. Future research solely focused on ACPs' management skills, rather than leadership and management, may draw additional conclusions about why ACPs are not frequently transitioning into this role.

It has been acknowledged that the NHS needs efficient and effective managers. This review has outlined how ACPs have proficiency in the critical management skills proposed by Jones et al. (2022). However, it has been noted that only a few ACPs may consider a career in management. There are increasing numbers of ACPs being trained or employed in healthcare environments and ambitious growth targets set within the NHS Long Term Workplace Plan for ACP (NHS England 2023b). This review should be used as a guide to help future ACPs

consider a career in management, and to provide reassurance to future managers that they already have many required skills to take on these roles after working as an ACP. If more managers in healthcare stem from clinical backgrounds, it can only have positive repercussions in the future of healthcare management.

Conclusions

This review has promoted the idea that ACPs are in an ideal position to take on future managers' roles in healthcare. However, the evidence in the literature suggests that this role transition is rarely seen in practice. Further research and exploration into this role transition are recommended to encourage and develop future managers in healthcare that will not only be able to understand the complexities of managing the care of patients but use their skills and knowledge to become efficient managers who can run departments or organisations functionally and cohesively.

Keywords

'Advanced Practitioners,' 'Clinical', 'Management', 'Research', Health careers'

Key points

1. ACPs can demonstrate that they already have the skills to effectively take on management roles in the NHS.
2. There remains a lack of evidence that ACPs are transitioning into clinical management roles in practice.
3. Further, particularly longitudinal, research is needed to support effective role transition and develop future healthcare managers from the ACP community.

Reflective questions

1. What would support/ encourage you to consider a management role?
2. What skills do you believe you have that could make you an effective manager?
3. Why do you think management roles are not seen as attractive ?

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