International Journal of Endorsing
HEALTH SCIENCE RESEARCH

Narrative Review

Role of the Advanced Practitioner in Leading Change in Primary Care.

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Doi: 10.29052/IJEHSR.v11.i2.2023.110-118
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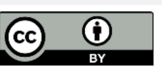
Received 10/01/2023
Accepted 25/02/2023
First Published 24/04/2023



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Abstract

The role and recognition of advanced clinical practitioners (ACPs) have been subject to debate in various healthcare settings. Therefore, this review aims to critically analyze the role of ACPs in leading change within primary care services. By referring to current clinical research, the review aims to evaluate the efficacy of this role in creating a sustainable future for the National Health Service (NHS) by reducing the gap between primary and secondary care, as highlighted in the NHS Five Year Forward View. From the authors' perspective, the role of ACPs in leading change in primary care settings has never been more crucial than it is today. Understanding the changes that ACPs can introduce is essential to accelerate progress and achieve the most optimistic scenario for the future. However, the emergence of the ACP role faces three challenges: defining their domain, their training package, and determining the necessary adjustments in NHS organizations.

Keywords

Advanced Clinical Practitioner, Primary Care, Clinical Research, NHS Change Model.

Introduction

Since the establishment of the advanced clinical practitioner (ACP) role, its sustainability and recognition have remained debatable across different healthcare settings. The growth in the workforce capacity of the ACPs has been accompanied by fears of new ways of working and workforce transformation[1] and the ambiguity of the role in the workplace settings as opposed to the educational practice, where the role has been successfully adapted[2]. These current fears and confusions have been further augmented by a dearth of longitudinal works necessary to evaluate the ACPs' role in terms of leading a change within the NHS services, especially in terms of outcomes such as patient satisfaction and engagement, continuity of care, or workload distribution[3].

It has been argued by the Advanced Practice Framework[3] that the lack of developed guidance resulted in inconsistencies within the ACPs' roles across the different services. For this reason, since then, number of frameworks have been developed to facilitate the ongoing progress of the ACP role and address the current challenges faced by the NHS. This has been occurring in parallel with the significant work which has been undertaken to define the ACP title[3], and the domains[4] and capabilities[1] of the advanced practice.

Because of these developments, systematic and objective methods of evaluating the service design and the clinical roles within it have allowed the role of the ACP to be successfully embedded and sustained[3]. Despite the fears and criticisms, the role has proven to be beneficial in providing long-term clinical care and supervision[5] by filling in the gaps in the workforce and providing mentoring and support for other staff[6]. It has also been illustrated that the role can fulfill the ambition to deliver new models of care highlighted by the NHS Five Year Forward View[7]. By reshaping the NHS workforce to meet the increasing demands of patients, the ACP role has been described as an opportunity to secure a sustainable future for the current healthcare system[6]. This is especially relevant in terms of bridging the gap between primary and secondary care – where with the effective facilitation of the ACP role, new models of care can be developed and serve as a potential tool to deliver coordinated and efficient follow-up care[8] reducing the inflow of patients to the emergency departments. As the NHS Five Year Forward View[7] emphasizes, this is critical because if it is not successfully achieved, the health inequalities will widen. Unacceptable variations in the quality of care will increasingly persist in the future.

For this reason, this review aims to critically analyze the role of the ACPs in leading a change within primary care services. By referring to the current clinical research, it is aimed to critically evaluate the efficacy of this role in terms of creating a sustainable NHS future by reducing the gap between primary and secondary care, as it is highlighted as a priority goal in the NHS Five Year Forward View[7].

Role of the ACPs

To evaluate this change, this review will specifically focus on the role of the ACPs within the primary care settings, where preventive measures can be undertaken to tackle this problem. The role outcomes will be compared against the standards described by the change models, leadership styles, and currently used service improvement tools. Therefore, in terms of the change models, which aim to be applied to the role of the ACPs, it has been chosen to refer to the NHS change model[9], as it specifically focuses on the sustainable future of the NHS can be achieved. The second change model, which will be used is the RAPSIES model[10], as, through the evaluation step of the current practice, it allows to introduce the sustainability to the current services. For the leadership styles, this review aims to focus on the transformational leadership style[11] in relation to the healthcare leadership model developed and adapted specifically to the NHS settings[12]. In terms of the service improvement tools, the NHS model for improvement will be used, as it allows a successful implementation and re-design of the current ways of working[13].

ACPs' role in driving a change

To understand the ACPs' role in driving a change, it is important to consider the changing policy context. It has been initially emphasized by the NHS Five Year Forward View[7] that there is an urgent priority to reshape the current clinical practice by introducing new models of care – such as the Multispecialty Community Provider (MCP) care model[14]. It was further proposed that advanced practice roles supplement this re-design strategy by: "breaking out of the artificial boundaries between hospitals and primary care"[7]. This could be explained by the MCP care model objective, which states that its' characteristic feature is to:

"Develop a wider multidisciplinary team, who share responsibility for delivering access and urgent care"[14].

By including new clinical roles – such as the ACPs – a more unified and responsive approach to care can be built, which links different services that previously have been working under separate contracts. This, in turn, allows addressing the current pressures due to the rising workload, where more efficient pathways can be developed across the services. This has been evidenced by several studies, which have concluded that ACPs have been alleviating the pressures on GPs and provide a high quality of care, which is also cost-effective[15]. This, in turn, allows the GPs to focus on more complex cases, which improves the efficiency of the health resources and increases the skill mix of the primary care teams[16]. To support this positive change, initiatives such as a 'shared savings scheme' have been introduced – where primary care networks are eligible for a financial reward if there is a significant reduction in emergency department attendance[16].

Approaches in ACP education

Another important policy change has taken place within educational settings. With the increased demand for ACPs, university educators were engaged to be more involved in transforming clinical services to meet the population's needs[2]. Consequently, the specialist competencies were developed to help to ensure that the ACP's level of practice consistently meets the required outcomes across both primary and secondary settings[2]. Another change introduced to address the need for ACPs in clinical settings was the new funding sources in the form of apprenticeships available for a full Master's award[2]. These new changes in the educational dynamics are hoped to prepare an expected number of ACPs to face the future challenges linked to the aging patient population and the current aging workforce. On the contrary, several researchers call for further efforts to increase the effectiveness and efficiency of the current graduate courses[17]. For example, there is high variability in the number of course titles across the UK, and it has been suggested that this should be reduced to improve the ACPs' mobility between primary and secondary care[2]. This would also help to improve the consistency and transparency of the quality of work carried out by the ACPs. Overall, there seems to be an agreement that despite this being a constantly evolving issue – more longitudinal research is needed to further guide the new approaches in ACP education[18].

ACPs leading a change within the clinical services

In terms of the ACPs leading a change within the clinical services, there has been a longstanding commitment highlighted by the NHS Five Year Forward View[7] to improve care outside hospitals. The current research recommends that this can be achieved through a high continuity of care – which seems to be directly correlated to the lower risk of hospital admissions for all age groups[19]. An interesting point has been made regarding the ACPs providing care in a dual approach fashion – involving both medical and nursing models – which proves to bring benefits in terms of patients seeing fewer professionals, which also provides a continuity of care[20]. This suggests that the role has been effectively designed to promote good practice in the context of continuity of care[21]. However, it is pertinent to state that the concept of continuity of care is considered difficult to define – for example, there is a significant difference between a longitudinal continuity from a minimum well-coordinated number of professionals and a

caring relationship between the patient and one professional[22].

ACPs providing educational support in the workplace

Another intervention that has been evidenced to reduce avoidable hospital admissions is self-management education of patients in primary care[19]. This has been evidenced to reduce hospital admissions due to chronic diseases by 36 percent compared with the usual care[23]. The role of the ACP is based on four pillars – one of them is education[1]. This is important as by developing and achieving this competency, ACPs have been equipped to provide educational support in the workplace to both the clinicians and the patients. However, this remains a challenging area to develop as some patients do not benefit from the educational interventions due to variable factors[24]. On the other hand, numerous studies suggest that these barriers can be overcome with more time spent with the patients and with the continuity of care – where ACPs have been prepared to tackle these issues in their practice[25]. Although on current forecasts, this should reduce the number of hospital admissions, there is a lack of longitudinal research evaluating the role of ACPs in patient education within primary care settings.

Lastly, the involvement of ACPs in primary care settings has been proven to increase the workforce and reduce avoidable hospital admissions[19]. This idea has been evidenced by the findings suggesting that hospital admission rates may be lower in larger practices[26]. On the contrary, research suggests that larger practices are not necessarily related to lower rates of emergency admissions[19]. This discrepancy in the findings could be explained by other factors – such as the quality of care or the involvement of everyone in the team to work on the shared purpose. For this reason, it is not enough to blindly assume that increasing the workforce through the involvement of additional clinical roles would help to achieve the goals highlighted in the NHS Five Year Forward View[7]. Therefore, an effective plan needs to recognize the important role that the change models play in evaluating the current clinical outcomes.

NHS change model

The NHS change model[9] is one of the models which has been designed to introduce the ACP role and to achieve transformational and sustainable changes across primary care. It is especially advantageous in terms of involving everyone in the team to work on the shared purpose – as this has been defined as a fundamental step in introducing new changes and roles to the current practice[27]. For this reason, an awareness of the vision needs to lie at the heart of everyone involved in the service. The NHS change model[9] highlights the components which need to be the drivers for that ultimate goal – and by following these steps, benefits have been evidenced across the different clinical settings[28]. The role of an ACP has a great potential to lead the change, as the components of the NHS change model[9] have been adopted in the four pillars and the educational aspects taught in preparation for the role. The 'leadership for change' step is a good example of a step in which the ACPs could be widely involved–adapting effective leadership styles to generate a commitment and a deeper meaning of work in the clinical teams.

Furthermore, this has already been supported by the evidence, which shows positive outcomes for the team when the ACPs are involved in leading that change[38]. However, an important criticism of the NHS change model9 is that it is too simplistic - as Lewin's change process points out, for a change to happen, the 'unfreeze' stage must occur first. For a full change to be established, the old patterns and habits must be broken down; otherwise, the change will not be facilitated[28].

RAPSIES model

Another model evidenced to bring a positive and sustainable change to primary care settings is the RAPSIES model10. The last steps of 'evaluation' and 'sustaining' have been especially important in providing long-term benefits to the primary care clinical practice. The current research argues that "doing more of the same will not solve the problems"[29], emphasizing the need to evaluate the current practice. This is also embedded in the role of the ACPs, as the last of the pillars is 'evidence, research and development'[1]. This is emphasized by

the commonly occurring competencies outlined in the job specification for the role, where ACPs are required to be involved in research, audits, and service evaluation, as well as develop specific interventions to improve clinical service outcomes[3]. As the RAPSIES model[10] suggests, once this step is established by the ACPs working within the different primary care services, the sustainability and assurance of performance across time can be achieved – by implementing the NHS Five Year Forward View[7]. However, with these shifts in the culture of work, the commitment from leaders needs to occur in every aspect of primary care in everyday practice – which will take time[16]. This also reflects the need for more measures to accelerate this process and ensure it is going in the right direction.

Transformational and Transactional leadership

In many respects, these plans further emphasize the demand for collaborative and transformational leadership across primary care settings. High-quality leadership is argued to be essential to achieving the NHS Five Year Forward View[7]. For this reason, the NHS has proposed transformational leadership as a possible tool to establish and shape the new models of care[9]. This leadership style has been strongly correlated with the quality of care and the associated positive outcomes[30]. As Bass emphasizes, the effectiveness of this method relies on the fact that transformational leaders have developed skills of presenting new ways of looking at old problems and are able to introduce rational solutions to the difficulties encountered in practice[11]. This allows them to make a better contribution to the team than leaders relying purely on transactional leadership[11]. Transactional leadership has been described as a "prescription for mediocrity"[11] because it only relies on completing the tasks that have not been accomplished yet but does not motivate or elevate the staff's actions. Consequently, transactional leadership has been emphasized as being ineffective or even counterproductive[11].

For this reason, the ACP role has been recognized as the solution to the leadership challenge[31]. As suggested by the researchers, it is specifically the transformational leadership style that the ACPs implement and it brings the potential to holistically approach the current challenges faced by the primary care networks[32]. More specifically, it is the leading support and open involvement of staff and honesty in leading a change across the clinical settings1 which has been emphasized as the asset of the ACP role. However, it also has been highlighted that it is not known how transformational leadership within primary care services could promote the necessary clinical outcomes[33] – suggesting the need for future research in this area.

This moment of increasing pressures and uncertainties within the current healthcare system has also brought an opportunity to collectively improve the leadership dimensions across the structures of NHS[34]. One of the improvement tools that has been recently developed is the healthcare leadership model[12], which identifies the sample leadership behaviors needed at the different levels of primary care settings. It highly values the individual development of personal qualities, which allows one to focus efforts on fulfilling transformational leadership in practice[12]. Examples of personal qualities important to improve transformational leadership are 'inspiring shared purpose,' 'leading with care,' 'sharing the vision,' and 'engaging the team.' As the model is based on the development of personality traits, it denies and criticizes the trait theory, which assumes that leaders are born with their traits, which allow them to be particularly suited for their roles.

Contrary to this, the healthcare leadership model fits in with the behavioral theory, which emphasizes learnable behavior, which suggests the importance of the continuous development of leadership skills. However, an important factor that cannot be omitted is that not all leaders will always display the same leadership style – as suggested by the situational theory. This further highlights the importance of more longitudinal research about the leadership styles displayed by the ACPs – as a vast majority of the current studies were only considering one situation at a time, which could be

misleading in terms of understanding the benefits of the ACP role.

Healthcare leadership model

The role of the ACPs should facilitate the right conditions for everyone in the team to unleash their potential, skills, and motivation[34] by building on their personal qualities through the healthcare leadership model[12]. However, this remains challenging due to many barriers and resistance to change, such as fear of the unknown, threats to the power of influence, or purely a lack of resources[35]. As further suggested, more research is necessary to learn about the invisible structure of internal conversations, which could slow down or even prevent organizational changes[36]. Therefore, it is suggested that the leadership theories and frameworks should also address the methods of overcoming the resistance to change; otherwise, there is a danger of working in a clinical culture of avoidance[36]. A very effective factor for this change process improvement could be the root cause analysis, which can be implemented as part of a greater problem-solving effort within the organization – which could in one of the elements focused on the barrier analysis.

NHS model for improvement

By learning more about these internal processes, ACPs have a crucial role in simplifying the complex interplay of different factors and picking out the relevant ideas which are important for that particular problem. This commitment has been supported through the development of the NHS model for improvement[13], which provides a framework for how to link the different processes and learn from them so that the best clinical outcomes can be achieved. New ideas can be tested before they are introduced by working through the plan, do, study, act (PDSA) cycles[13]. As it is suggested that individually, people may have a common goal, but many people will have different priorities – it is imperative to test the different techniques before resources start to become wasted on ineffective solutions[36]– which could be achieved by using techniques such as the root cause analysis. At the same time, this worry also highlights the main challenge identified by the NHS Five Year Forward View[7] of translating the planning into delivery[16].

For this reason, by working through the PDSA cycles, an evaluation of what has been tried and achieved so far can be carefully studied. This is what the role of ACPs has to offer to the current services, as by scrutiny and developing clinical audits. The steps can be reset in the right direction without the mistakes remaining unspotted and repeated. In many aspects, the feedback about this new role has been positive, as it allowed to bring challenges and omissions to everyone's attention and, because of that, to gain a better understanding of the current challenges within the primary care sector[37]. However, many researchers argue that this process will be a long journey as it requires changing the whole NHS culture to embrace different experiences at every level of care[37]. The translation of planning of the NHS Five Year Forward View[7] into delivery requires more than the ACPs, as the whole team has to take on this challenge. Moreover, the PDSA cycle requires time to involve everyone on board and re-test the new solutions.

Significant steps have already been taken in planning to introduce new roles in primary care. Different organizations have successfully employed the ACPs, and their competencies have been monitored to ensure their fitness for practice[3]. It is now emphasized that these changes to the role should be more studied through undertaking additional research about the effectiveness of these steps – and if discrepancies or problems are identified, they should be acted upon by re-designing the competencies to attain a more sustainable future for the NHS[37].

The changes in the policies regarding the ACP role are a good example of how the PDSA cycle[13] has been effectively implemented to help to overcome the spotted obstacles. However, it is suggested that more policy changes and clarification should be introduced – especially concerning the uncertainty about the specialist competencies included in the ACP curriculum or a lack of regulation of the role[2].

Discussion

This article has aimed to critically analyze the role of the ACPs in leading a change across the primary care settings in reducing the gap between primary and secondary care, as highlighted by the NHS Five Year Forward View[7]. This aim has been attempted to be achieved by the critical evaluation of the current policy changes regarding the ACP role. Furthermore, the effectiveness of the role in leading a change across primary care has been scrutinized by referring to the chosen change models, leadership styles, and service improvement tools.

In line with the current clinical research, it has been recognized that ACPs deserve credit for introducing measurable and significant improvements in health outcomes. However, a strong emphasis has been placed on developing further strategies and solutions – especially in terms of the leadership styles adopted in practice. The existing literature needs to focus more on the longitudinal evaluation of these approaches to confidently consolidate the already undertaken steps. Otherwise, as suggested by the PDSA cycles[13], there is a danger of unrealistic planning and, therefore, a waste of resources and a worsened clinical performance. These problems, if not carefully analyzed and addressed, could put the implementation of the NHS Five Year Forward View[7] at risk and lead to further detrimental failures of the current healthcare system.

Throughout the review, many challenges were identified regarding the ACP's role in leading a change. There is a wide acknowledgment that the changes planned in the NHS Five Year Forward View[7] require all leaders at all levels to work together at all times. The responsibility for leading a change cannot solely rely on the ACPs. The challenge is further fuelled by existing internal barriers to change rooted in the work culture and external factors, such as a slow introduction of new policies such as clarity or regulation of the role. Despite this, with consistency and time, new efforts are made to develop a range of new change models and service improvement tools, building up collective confidence and resilience to get beyond the surface problems to tackle the problem more deeply. Overall, this empowers everyone to work on a shared purpose and create a sustainable future for NHS services.

Conclusion

In summary, the role of the ACPs in leading a change across the primary care settings has never seemed more important than today. Therefore, it is imperative to understand the potential it brings during these transformational times. Understanding the changes which can be introduced by the ACPs is essential to accelerate the progress and to achieve goals as highlighted by the NHS Five Year Forward View.

Conflicts of Interest

The authors have no conflicts of interest to declare.

Acknowledgement

The authors would like to thank Dr. Sajjad Siddiqui for his support in the review stages.

Funding

The authors received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors for this article.

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