

Determining the position of ACORN* on credentialing perioperative nurses: a critical analysis

Lois Hamlin RN BN MN(Nurse Ed) OT Cert IC Cert FRCNA FCN(NSW)

Senior Lecturer, University of Technology, Sydney and Nurse Manager, Northern Sydney Health, Sydney, Australia

Address for correspondence: Lois Hamlin, Nurse Manager, Northern Sydney Health, Sydney, Australia. lhamlin@doh.health.nsw.gov.au

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Abstract

In Australia the issue of credentialing of specialty nurses has been a topic of debate for a number of years without a consensus being achieved on if and how it should occur nationally. Some specialty organisations offer a credentialing service; others, including ACORN (Australian College of Operating Room Nurses), are considering the option. This paper explores the concept of credentialing in order to offer recommendations that could assist in ensuring an informed decision by the board of ACORN. This is important to ensure that, whatever course of action ACORN embarks upon in this regard, it will add value to the services it offers its members.

A critical analysis of credentialing requires an exploration of such concepts as the current contexts of healthcare and the regulation of healthcare professionals; specialty and advanced nursing practice; competency, standards and certification; the meaning of credentialing; and models and uses of credentialing internationally. The results of the analysis showed that the utility, applicability and validity of credentialing cannot be clearly demonstrated. Indeed, there is no consensus on the meaning of the word itself.

The **utility** of credentialing perioperative nurses in Australia is doubtful because of the lack of a nationally agreed credentialing framework with associated criteria and processes, the legal implications, and access and equity issues. Further, there is confusion about the terminology used and scepticism about credentialing, including its voluntary nature and cost. The **applicability** of credentialing perioperative nurses, while readily apparent in North America, is due to the limited/or lack of availability of alternatives such as affordable postgraduate specialty nursing courses. This is not the case in Australia. Finally, the **value** of credentialing has yet to be shown in terms of demonstrable improvements in healthcare outcomes or benefits for credentialed nurses, although subjective outcomes are emerging.

The credentialing of perioperative nurses is within the remit of specialty nursing organisations such as ACORN. However, until a number of significant issues are resolved, it is a notion that should not be entertained. It should be shown that credentialing produces demonstrable benefits for perioperative nurses, their patients and the credentialing organisation itself, ACORN; and that it occurs within a national framework. However, ACORN should continue to monitor events locally and internationally within nursing and the wider healthcare arena, review its position periodically and revise its decisions if necessary.

* Australian College of Operating Room Nurses

Introduction

In Australia, credentialing has been debated as a professional issue for more than a decade. The National Nursing Organisations (NNO), a coalition of about 50 national Australian specialist nursing associations, regularly meets and through consensus, deliberates this issue, along with others related to specialty nursing. Whilst there is no agreement about its meaning, credentialing is generally understood to be a process by which an individual nurse is designated as having met established professional practice standards, at a specified time, by an agent or body generally recognised as qualified to do so (Royal College of Nursing, Australia [RCNA] 1999). A number of Australian specialty nursing organisations have already initiated this self-regulatory process (Department of Education, Science and Training [DEST] 2002). However, the current means of preparing and recognising specialist practice in Australia is via completion of specialty certificates, diplomas and masters degrees (Russell, Gething & Convery 1997), not through a credentialing process.

The question to be addressed by this essay is what does a process of credentialing of specialist nurses, particularly perioperative nurses, add, over and above the current system of preparing nurses for specialty practice in Australia? It is necessary to determine this in order to inform recommendations to be made to ACORN about the merits of offering a credentialing service. Recent Australian and international literature was reviewed to address relevant issues, namely: the current context of healthcare; advanced and specialty nursing practice; standards, competence and certification; and models and uses of credentialing nationally and internationally. An associated concept, the accreditation of educational activities, completion of which may lead to credentialing is not reviewed here, as it is not possible in such a small compass.

The changing contexts of healthcare

The fast developing global economy, rapid technological advances, and changing political and social milieux characterise current times, and all impact on healthcare. Consequently, the changing nature of healthcare delivery in many nations has placed increasing demands on nurses and other healthcare professionals to demonstrate accountability for the services they deliver (Allen 2001). Rising consumer expectations related to health and the provision of safe, quality healthcare have in part fuelled the need to demonstrate accountability (Eager 2001). Further, social mandates to develop a competency-based licensure system have gained momentum in Australia (Pearson & FitzGerald 2001), in the United States of America (USA) (Lancaster 1999), in the United Kingdom (UK) (Allen 2001) and elsewhere (DEST 2002). Additionally, globalisation in many professions and the notion of world class quality in the provision of services is a reality, at least within developed countries. In association with this, some professions are looking at the development of common international practice and educational standards (International Council of Nurses [ICN] 1997). ICN promotes comprehensive regulation models; these, potentially, include international programs of education and credentialing services (ICN 1997).

Regulation of healthcare professionals

The regulation of healthcare delivery systems and healthcare professionals who practise in this system is complex. It varies at state and national levels within Australia, and from country to country.

The vastness of the health industry, the manner of financing it, education and reimbursement of healthcare professionals, and proliferation of laws and regulations all contribute to this complexity. This is so in all developed countries and, as healthcare systems globally are reformed and restructured (Allen 2001, DEST 2002), so these complexities remain. The regulation of nursing and nurses, associated legislation and the processes of licensure, certification and credentialing also vary nationally and internationally (DEST 2002). Indeed, these vary from state to state within Australia, as does the scope of practice. Furthermore, the terminology lacks uniformity, clarity and consistency of meaning (Cary 1999). Within Australia, as elsewhere, the regulation of nursing has been placed increasingly on the political agenda (DEST 2002). This is a consequence of sociological, economic and demographic changes in society's values and expectations of nurses, decreasing numbers of nurses and as a result of debate within the profession itself. This is also the case in the USA (Lancaster 1999) the UK (Allen 2001) and elsewhere (DEST 2002). Before this essay turns to an examination of credentialing in its various forms, it is necessary to explore advanced and specialty nursing practice.

Advanced and specialty nursing practice

The issues associated with advanced and specialty practice nationally and internationally will be addressed briefly here. It is also the author's intent to differentiate between the two, because it has pertinence for the paper. This is partly because of the emergence in Australia of the perioperative nurse surgeon's assistant, as an extended not advanced (DEST 200) perioperative nursing role. It is noted that elsewhere there are advanced perioperative nursing roles including, for example, nurse endoscopists in the UK and nurse anesthetists in the USA, which are distinctly different roles. Firstly, however, a review of advanced nursing practice is presented.

It is difficult to find consensus for a definition of advanced nursing practice, because of ambiguity in the use of the terms advanced and specialty in some of the literature reviewed. Inconsistencies include: that advanced practice may revolve around roles, (Dunn 1997, Woods 1997), activities and experiences (Sutton & Smith 1995), attributes and educational preparation (Albarran & Whittle 1997) or all of these (Hamric 1996).

The American Association of Colleges of Nursing (AACN) notes that '*advanced practice nurses are professionals with specialised knowledge and skills that are applied within a broad range of patient populations in a variety of practice settings*' (AACN 1999). Within the USA, advanced (and specialised) nursing practice has existed and/or been acknowledged since the 1960s or even earlier in the case of some specialties such as nurse anesthesia (Diers 1992).

Within the UK, the Nursing and Midwifery Council (NMC) defines three broad areas of practice, namely professional, specialist and advanced. It claims that these are non-hierarchical. They are associated with additional, post registration professional development and educational preparation which, for the advanced practitioner, is at masters degree level (Albarran & Whittle 1997). Currently, there are only a few universities offering advanced clinical practice programs in the UK (Woods 1997) although there are many more courses for registered nurses wishing to specialise. Notably, in Ireland the National Council for the Professional Development of Nurses and Midwives (National Council), an

independent statutory body, was established in 2001 to advance clinical nursing. The National Council has completed significant work on the role and preparation of clinical nurse specialists (CNS) and advanced nurse practitioners (ANP). The two roles are differentiated and have core concepts clearly defined and explicated. For example, the ANP must demonstrate autonomy in clinical practice (with a high level of decision making and responsibility), show pioneering professional and clinical leadership, and be an expert practitioner and researcher. Minimal academic preparation is at masters degree level. A unique facet of this development is its national approach and the provision of a framework for these roles, which outlines the process to establish advanced practitioner posts (National Council for the Professional Development of Nurses and Midwives 2003). It thus provides, for example, a framework for the development of advanced perioperative roles. Globally, the notion of both advanced and specialty nursing roles exists, but it is mostly in western democracies.

The ICN highlights that both nursing specialisation and advanced nursing practice have grown tremendously and that there is a need for appropriate methods of regulation of both. The ICN differentiates advanced practice nurses from specialist nurses.

Within Australia the RCNA offers the following definition: *'Advanced practice nurses are registered nurses with postgraduate qualifications or equivalent experience, whose skill and practice wisdom is (sic) manifested in clinical excellence, which may involve specialisation'* (1999).

In some instances the RCNA differentiate between advanced nursing practice and specialty nursing practice, for example, when providing descriptors (RCNA 1999, 2001). As is the case elsewhere, there is a lack of uniformity of language and consistency associated with advanced nursing practice. There are also multiple state processes, as there are in USA, which complicate the issue. Within Australia, those advanced practice nurses who are authorised as nurse practitioners (NPs) have undergone a process resulting in second licensure, which is distinctly different from being credentialed.

Overall within the literature, advanced nursing practice is a messy concept, with similarities and differences in the various definitions and conceptualisations of advanced and/or specialty nursing practice. Some of the definitions are utopian and it is highly improbable that any one nurse could or should demonstrate all of the attributes listed. There is often a focus on the role, rather than the level of practice, and the variations noted are mostly contextual. The call for uniformity and standardisation of processes related to advanced and/or specialty nursing practice also occurs often. Further, role and/or specialty overlap and boundary blurring amongst healthcare professionals now confuse the issue. In most instances advanced practice nursing has evolved because there has been a need for it, and because nurses have always tended to respond to the healthcare needs of the populations they serve.

In contrast, specialty nursing seems to be better defined. Specialisation implies a level of skill and knowledge in a particular aspect of nursing greater than that acquired through a course of basic nurse education (ICN 1993). Within Australia, the NNOs have published a list of attributes associated with a defined specialty in nursing (NNO 1999) based on the guidelines developed by the ICN (Styles & Affara 1997). Broadly, these revolve around a defined or discrete area of practice, like perioperative nursing,

which has its own specialty knowledge and skills, and standards of practice.

To summarise, advanced and specialty nursing practice are a reality and a necessity in many countries and, in the case of advanced practice, it may or may not be legally sanctioned. Educational requirements are highly varied and legal definitions generally are not adequately specified, and lag behind as the practice of nursing expands and becomes more complex and diverse in response to emerging needs. They enjoy no universal meaning or standards, although specialty nursing fares better. Both will continue to evolve because of the need for advanced and specialty practice nurses. It is now necessary to turn to an examination of the concept of credentialing of specialist nurses.

Credentialing

This part of the paper looks at credentialing, something that ACORN is currently debating. It explores why it is currently topical in Australia, both within nursing and the wider community; it looks at what is happening internationally and briefly examines some models of credentialing. Increasingly, there is a need for nurses, like other professionals, to be accountable for their competence and continuing professional development (DEST 2002). Credentialing is one mechanism by which this may be achieved. Within nursing, credentialing is generally understood to be a process by which an individual nurse is designated as having met established professional practice standards, at a specified time, by an agent or body generally recognised as qualified to do so (RCNA 1999).

Review of the literature on credentialing

In reviewing the concept of credentialing it is important to understand that it has no final or authoritative definition. A credential can be a *'certificate showing that a person is invested with certain authority or claim to confidence or consideration'* (Webster's *Comprehensive Dictionary* 1988). More specifically, a credential may be defined as a predetermined set of standards, establishing that a person has achieved professional recognition in a specific field of healthcare (NNO 1999). However, it is a concept that takes many forms and it cannot be dealt with reasonably in global terms. Sociologically, credentialism creates market signals about the capacity and skills of a worker offering labour in the market place. The most impressive forms of credentialism work to produce an occupational cartel, which gains and keeps monopolistic control over the supply of goods and services (Friedson 1986). Legally, it does not have any specific meaning (Chiarella 1999). Credentialing is considered a well-recognised form of self-regulation of professionals at advanced and/or specialist levels, and occurs in many other professions (RCNA 2001).

Within the nursing literature credentialing is discussed in a variety of ways, which results in confusion. Authors like Margretta Styles (1992) link the concept of credentialing with specialty or advanced nursing practice and formal certification of the same. Credentialing of specialist perioperative nurses is at the heart of the debate in Australia (Davies 1999) and this paper.

In summary, the primary benefits claimed to be associated with credentialing include: higher standards of care, a sense of personal and professional achievement for the credentialed nurse, the employment of credentialed nurses implies an organisation committed to excellence, portability of qualifications and exchanges

of staff between organisations, facilitation of staff selection and monitoring of performance, and increased consumer confidence. The alternative perspective notes there could be breaches of competition policies/laws if only credentialed nurses were employed, and other legal issues: it is elitist and potentially divisive, costly, there may be access and equity issues, and nurses are already sufficiently regulated. Finally, there is not yet sufficient evidence that credentialed nurses make a difference to healthcare outcomes (RCNA 2001, Redd & Alexander 1997).

A review of the literature related to credentialing of advanced and/or specialty practice notes a variety of positions both for and against it (Cary 2001, Iliffe 1998). Within the Australian literature, there is a tendency to be more questioning of the value of credentialing. The ICN recommends self-regulatory mechanisms such as credentialing, and states that processes necessary for this should be developed and implemented by professional nursing associations (ICN 1997). More recently, the ICN has announced the launch of the ICN Registry of Credentialing Research (ICN-RCR). This is a web-based resource designed to help disseminate research findings in the field of credentialing. The ICN-RCR has been developed in partnership with the American Nurses Credentialing Centre (ANCC). It is too soon to know if it will realise its aim of becoming a tool to evaluate and improve credentialing systems world wide (ICN 2002). It has commenced development of a credentialing framework.

The ANCC claims certified (that is, credentialed) nurses experience fewer adverse events and errors in patient care, and experience more professional growth and higher patient satisfaction ratings (ANCC 2000). This statement is based on their research involving 19,500 certified nurses, who self-reported these findings. However, the validity of results acquired via self report has previously been questioned and such results should be viewed skeptically (Shelley 1984). Cary (2001) notes that the self-selection processes involved in credentialing skews the results because they are likely to be a group more committed to professional development than their non-credentialed colleagues. Cary's international study of the certified workforce reported that 29% of certified nurses received no benefit from credentialing and 13% of respondents did not seek to be recertified though it is a requirement of all credentialing organisations. Other research in this area is also ambivalent, not demonstrating a difference in job performance amongst certified and non-certified nurses (Redd & Alexander 1997).

Credentialing is well established in the USA, though it *'is murky and equipped with no uniform standard'* (Snyder 2000). Many specialty organisations offer certification including the Association of Perioperative Registered Nurses (AORN 1995). The ANCC certifies nurses, both general and specialty, who meet eligibility requirements such as clinical experience and continuing education, via a national certifying examination, which validates their skills, knowledge and abilities (ANCC 2000, Cary 1999). Those nurses wishing to be certified as clinical nurse specialists or as nurse practitioners (that is, a specific role) must also possess a masters or higher degree. The issue of competency for practice based mostly on a written examination, as appears to be the case in the USA, is problematic in a practice discipline such as nursing. Alternatively, the Canadian approach has specified requirements for sustained as well as current practice in the specialty and a specialty examination, offered in conjunction with the relevant specialty organisation (Ross-Kerr 2001). This seems to be a more coordinated and standardised approach to credentialing.

Credentialing in Australia: the current situation

Within Australia, a project to determine the feasibility of a national approach for the credentialing of advanced practice nurses and the accreditation of related education programs (the Credentialing and Accreditation Feasibility Project (CAFP)) was undertaken over two years. The RCNA oversaw this and produced its final report in July 2001. While its recommendations for a national, systematic approach were commendable, they have not been implemented; further, the project was not concerned with the merit or otherwise of credentialing of advanced practice nurses. This is disappointing for those looking for a definitive statement in this area, especially given earlier perceived disadvantages associated with the concept of credentialing (Percival 1999). However, the NNO (2003) has recently developed a proposal to evaluate the impact of credentialing on those nurses and midwives who pursue it in Australia. This may well provide valuable insights.

There are a number of concepts that must also be explored when considering credentialing perioperative nurses. Firstly, what does the process of credentialing offer or contribute, over and above that which already exists, to ensure that perioperative nursing care is appropriate, timely and safe? Two important concepts underpin much of the debate; they are professional standards for practice and competency. ACORN has developed standards, guidelines and policy statements for use in perioperative settings as well as competency standards for perioperative nurses. Other specialty organisations have done the same. Some of them have determined that the next step from competency development was to offer a credentialing service, utilising their competency standards.

The Gastroenterological Nurses College of Australia (GENCA) credentials via a written examination. Alternatively, the Australian College of Critical Care Nurses (ACCCN) uses a portfolio approach (Gill et al 1997). One organisation, the NSW College of Nursing, believes that credentialing by specialty organisations will *'probably never meet the emerging needs for regulatory authorities to ensure the safety and competence of healthcare professionals on an ongoing basis'* (2002). Additionally, a national survey of registered nurses (RNs) in Australia revealed that they favoured the introduction of a signed declaration of competence when seeking relicensure, along with random competency audits (Pearson & FitzGerald, 2001). This gives some indication of the views and beliefs of RNs, in regard to their ongoing competence to practice, and how it could be demonstrated.

ACORN and credentialing

ACORN developed and validated its Competency Standards for Perioperative Nurses (the competencies) and published them in late 1999. They are the practice standards expected of a nurse with one to five years perioperative nursing experience. ACORN must now determine its position in regards to credentialing perioperative nurses. This is because a proposal was put to the Board to introduce a credentialing service (Berry 2001). This proposal noted that many Australian specialty nursing organisations are doing this and that ACORN is *'fast becoming the only special interest group not addressing this issue seriously'*. However, this claim is unsubstantiated (NNO 2001), a situation which continues (NNO 2003). Further, those organisations that have implemented the process have had a very poor response. For example, ACCCN, whose membership is about 2,500, has credentialed 20 critical

care nurses over the three years since it introduced the service (NNO 2003). This is out of a potential 'pool' of 10,000 critical care nurses working in Australia currently. ACCCN are particularly interested in understanding why critical care nurses are not choosing to be credentialed. The situation is similar for GENCA, although they have credentialed about 120 members to date (NNO 2003).

Before embarking on such an endeavour, ACORN needs to consider the following:

- Should credentialing be offered, in light of the recommendations of the CAFP (2001)? In particular, before the need to identify a nationally consistent framework and guidelines, develop nationally consistent terminology and criteria, explore legal ramifications and identify costs has occurred.
- Who should ACORN offer to credential and against what practice standards or competency statements? The ACORN competencies are those expected of the perioperative registered nurse with one to five years' clinical experience. That is, they are associated with the performance of a competent (but not necessarily an expert) specialist perioperative nurse. Is it appropriate to credential those perioperative nurses in extended roles such as perioperative nurse surgeon's assistants or advanced roles such as clinical nurse consultants, against these competencies? If not, how should these perioperative nurses be credentialed?
- Should ACORN identify and develop advanced perioperative nursing competencies, which AORN has done (1995), and use these as the benchmark for those wishing to be credentialed at an advanced/expert level?
- Should ACORN accredit appropriate perioperative nursing courses and if so, how should this process occur?
- Does ACORN have the human and fiscal resources, and infrastructure to undertake all or some of the above activities?
- Are these activities a priority for ACORN in light of competing (and increasing) demands on its limited resources? Should ACORN focus its activities more broadly, such as on recruitment, education and retention strategies, to enhance the quality of care delivered in perioperative settings, rather than credentialing?
- The experience of other Australian specialty organisations is that few nurses pursue credentialing anyway, and there is a financial impost. Does this warrant ACORN investing resources in the activity?

Credentialing: a wider view

Credentialing is recommended by various influential organisations within nursing, and within the wider professional community (DEST 2002). Others, however, believe that the issue of determining the ongoing competence of all nurses lies with the State and Territory nurse regulating bodies. This is via such means as signed declarations of competency, associated with the provision of support to assist nurses to develop portfolios, to help them develop professionally and satisfy requirements should they be audited (Pearson & FitzGerald 2001). This already occurs in Queensland and Tasmania, and is likely to happen elsewhere. Internationally, while AORN has a credentialing service for perioperative nurses, many other perioperative organisations do not, including the National Association of Theatre Nurses (NATN), and those representing perioperative nurses in New Zealand and South Africa.

Thus, it would appear prudent to wait until a number of important issues are addressed before ACORN rushes in to credential nurses. These are the outcomes of further research to be considered, such as the NNO proposed project to evaluate the impact that credentialing has on nurses and midwives in Australia. Awaiting some evidence-based results, which demonstrate that credentialed nurses make a difference to patient outcomes, may also be useful. ACORN must ensure that its voice is heard in all of these issues, thereby helping shape what happens.

Additionally, ACORN should consider if it needs to develop advanced perioperative nursing competencies, and note that it will need to review and revalidate the current competency standards within the next one to two years.

Discussion

Nurse credentialing has been the focus of this paper. Within Australia, the credentialing of nurses as specialists in their field has been adopted by a number of national specialty organisations, such as ACCCN and GENCA. However, the issue of credentialing of specialist nurses in Australia remains contentious. This is because the utility, applicability and validity of the activity are not yet clearly demonstrated.

The applicability of credentialing in countries such as the USA and Canada is largely due to the lack of, or limited availability (and costs) of alternatives, such as postgraduate specialty courses. In the USA the responsibility and costs of developing and/or demonstrating expertise are placed on the individual. There are also financial and career development opportunities associated with the process. In Australia, there are many specialist courses at certificate, diploma and masters level. Additionally, there is (mostly) no financial or career development advantages associated with being credentialed. The evolving status and uncertainty about credentialing present within the wider community of Australian healthcare professionals also needs to be considered. Thus it is difficult to sustain an argument favouring credentialing, based on applicability.

The utility of credentialing is also doubtful. This is because of lack of a national credentialing framework and criteria, unknown costs, legal ramifications and so forth. This is further compounded by the confusion in the terminology, standards and processes associated with advanced and specialist practice, and the voluntary nature of the process. As well, the usefulness of a written examination, which is widely used overseas, as a means to demonstrate competence, is limited.

Finally, the value of credentialing, for example, in improving or enhancing quality care outcomes has not yet been established, although evidence to the contrary may be emerging. Offering a credentialing service also comes at cost to the credentialing body, particularly in the initial stages. Within Australia, where the opportunity for some specialist nurses to be credentialed has been available for three years or more, the numbers pursuing it are small.

The credentialing of specialist perioperative nurses is within the remit of a specialist nursing organisation such as ACORN. However, in light of the findings presented here, credentialing is an activity that should not be entertained at this time. This is because a number of important issues first need resolving, both within nursing and amongst other healthcare professionals in Australia.

Limitations

While this has been a brief examination of advanced and specialty nursing with emphasis on credentialing of perioperative nurses, there are a number of limitations to this paper. These include its focus on credentialing in selected western developed countries, with particular emphasis on the situation in Australia. Additionally, the concept of credentialing is highlighted with reference to the role of the Australian College of Operating Room Nurses in furthering the process amongst perioperative nurses.

Conclusion

In conclusion, this author recommended to the ACORN Board that it not offer a credentialing service at this time. However, she advised the Board to continue monitoring events within the wider nursing and healthcare arena, and review its position on credentialing at each of its twice-yearly board meetings. This it has done, and in light of the continuing uncertainty and lack of progress in this area it is maintaining the status quo.

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Journal of Advanced Perioperative Care

STATEMENT OF AIMS AND OBJECTIVES

The *Journal of Advanced Perioperative Care* is designed to disseminate perioperative research in line with NATN's Research Strategy, which is to promote excellence in perioperative care. *JAPC* will include research based articles, literature reviews, ethical or philosophical discussions, research abstracts and reports, research methodology, information from the Research Strategy, and research resources.

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Professor Brendan McCormack DPhil (Oxon) BSc (Hons) Nursing PGCEA RNT RGN RMN ILTM
Director of Nursing Research and Practice Development, University of Ulster / Royal Hospitals Trust, Belfast

Dr Helen McGarvey BSc (Hons) PGCTHE DPhil RGN RNT
Lecturer in Surgical Nursing, University of Ulster, Coleraine, Co Londonderry

Sinead Mehigan RGN BA (Hons) PGDE
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Journal of Advanced Perioperative Care

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The *Journal of Advanced Perioperative Care* is designed to disseminate perioperative research in line with NATN's Research Strategy, which is to promote excellence in perioperative care. *JAPC* will include research based articles, literature reviews, ethical or philosophical discussions, research abstracts and reports, research methodology, information from the Research Strategy, and research resources.

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Professor Helena Leino-Kilpi PhD RN

Professor and Head of Department, Department of Nursing, University of Turku, Finland

Professor Brendan McCormack DPhil (Oxon) BSc (Hons) Nursing PGCEA RNT RGN RMN ILTM

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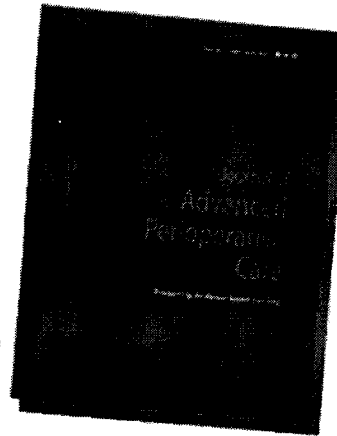
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For details of author 's instructions,
please contact Helen Holmes,
Daisy Ayriss House, 6 Grove
Park Court, Harrogate, HG1
4DP
Email: editsec@natn.org.uk

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April 2002
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Dr Helen McGarvey BSc(Hons)PGCTHE,DPhil RGN RNT Lecturer in Surgical Nursing,University of Ulster,Coleraine,Co Londonderry
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