Role Development/Change Analysis

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Introduction

History of Advanced Practice Nurses

Advanced Practice Nurses (APN), represents the healthcare future, but they have not always been viewed in this aspect. The battle for recognition and acceptance has been a long and tenacious. The first documentation of an advanced practice nurse occurred in the late 1800s during the American Civil War. Due to the lack of nursing personnel, Catholic sisters assisted surgeons with the administration of chloroform and treat wounded soldiers during the war (Hamric, Spross, and Hanson, 2009). This was the beginning of Nurse Anesthetists; deeming them, the first APN documented (Hudson, 2009). Since the establishment of the APN role in the 1800s, the profession has struggled to evolve and be accepted as a “true” profession. Over the past 200 years, the profession has expanded, branching out to form several nursing specialty areas such as nurse practitioner (NP), clinical nurse specialist (CNS), clinical nurse midwife (CNM), and of course, certified registered nurse anesthetist (CRNA). Certain specialty areas such as NP and CNS have their own sub-specialties or concentrations in a specific field. Each nurse specialty has had their own unique battles and scuffles with acceptance, certification/licensure, and progression in the medical society. Today each of these nurse specialties are acknowledge in the medical field, but full acceptance is still pending for some, but with current views and changes in healthcare the APN role is evolving greatly.

Multi-faceted roles of the Advanced Practice Nurse

The advanced practice nurse profession is a multi-layer profession, with patient care being the top layer. One must dissect each layer in order to gain full understanding of what an APN does. APNs wear several different hats in order to carry out their daily job description. Due to the changes in healthcare, their roles are rapidly evolving and multiplying. APNs practice in various healthcare setting such as primary care, acute care, adult- gerontology, pediatric, hospice, medical-surgical, gynecological and obstetric, etc. In these patient-care settings the APNs serves as patient care coordinator and advocate, educator, consultant, and researcher (Hamric, Spross, & Hanson, 2009). At times APNs may wear several hats at once.

APNs serves as a patient care coordinator, consultant, and advocate no matter what specialty area they may work in. The APN ensures that the patient receives safe quality care by collecting comprehensive health histories and performs detailed physical examination in order to assess patients' health status and develop patient diagnosis and treatment plans.

Treatment plans are discussed with patient to ensure patient are part of their plan of care and are in agreement with the care. In addition, they order and interpret diagnostic test and refer patient to other disciplines to enhance quality care.

APNs serve as educators in both patient care and educational settings. In the patient care setting, the APN serves as educator to patients and fellow associates. Education is the key component in nursing practice and patient care (Ward, 2008). APNs educate patients and families regarding health maintenance, disease process management, disease and disability prevention etc. Data has shown that patients, who have a better understanding regarding their disease process and treatment, have a better outcome (Ward, 2008). As mentioned, they also serve as staff educators. They educate staff on innovating research studies and findings to help

improve patient care. In addition, they serve as mentor for new staff members, educating them on practice policy and procedures.

APNs that specialize in education are Nurse Educators. Nurse educators have advance knowledge in education and clinical skills; therefore, they are able to work in education and clinical setting. Nurse educators are responsible for preparing future nurses and strengthening the nursing field (Nurse Educator, n.d.).

Advanced practice nurses and research are crucial to each other. Healthcare questions and issues arise daily and answers are needed. Evidence-based research assists in improving quality and effectiveness in health care and closing the gaps in healthcare. APNs interventions are known for having a great impact on healthcare (O'Grady, n.d.). APNs are expected to be able to perform extensive research in order to complete their roles successfully in today's society (Hanson, Spross, and Hanson, 2009). The American Association of Critical-Care Nurses -AACN (2012) expects nurses to conduct research projects and share knowledge gained with their organization to improve patient care.

Advanced Practice Nurses' Practice Settings

Due to evolution of APN profession, APNs practice in various healthcare settings depending on their specialty. As mentioned, the major APN specialty areas are nurse practitioner, clinical nurse specialist, clinical nurse midwife, and certified registered nurse anesthetists. CNS and NP can devote their time to a specific area of practice. Therefore, APNs can practice in primary care, acute care, adult- gerontology, medical-surgical, gynecological and obstetric setting. They also deliver care to those in under privilege area providing services that physician once provided. A systematic review completed by Newhouse, Stanik-Hutt, White, and Weiner (2011) proved that APNs care can improve patient outcome and assist in decreasing healthcare cost. Also, the review indicated that service rendered by an APN are some ways better than physicians.

Scope of Practice and Regulation

Scope of Practice and regulatory issues

Since the APN profession roles were not clearly defined in the beginning, majority of the profession's battle entailed defining the profession scope of practice and regulations. Regulations and the scope of practice set guidelines for the nurse specialty areas', providing them with the knowledge of what is within and beyond their nursing practice (Hamric et al., 2009). The defining and scope of nursing practice began in the in the 1900s, with the Practice Act. From the 1970s to present date the regulation of advanced practice nurses has been evolving and the focus of APN nursing practice . Each state has there own defined scope of practice and regulations, therefore, no one APN role is the same. Different states regulation and scope of practice ranges from somewhat oppressive to modest.

The Consensus Model for APRN established a regulatory model, which is designed around four essential elements known as LACE

- licensure
- accreditation
- certification
- education (Consensus Model for APRN Regulation:Licensure, Accreditation, Certification & Education, 2008)

According to Hamric et al. (2009) regulatory process begins with the enrollment accredited APN program and "continues through national certification by a specialty organization and then to second licensure and prescriptive authority".

Although regulations and scope of practice provides guidelines to protect the APN and patients, they can also be a great hindrance to the APN's practice and patients' health. The limitation place upon APNs prevents them from opening practices in areas that needs healthcare the most, therefore the limitation decrease the public access to health care providers.

The major issues that APNs faces daily in their practice includes role definement, medication-prescribing limitations, autonomy, invisibility, physician supervision, reimbursement, etc.; with prescriptive authorization limitation, autonomy, and role definement being at the forefront of these major concern (Access to Care and Advanced Practice Nurses A Review of Southern U.S. Practice Laws, 2010;Crosadale, 2008; Ehrhardt 2008). Prescriptive restriction is one of the issues that is more prevalent in southern state such as Alabama, Florida, Tennessee, Mississippi, Georgia, Arkansas, Louisiana, Kentucky, etc.; with Alabama and Florida being two of the state which have the greatest limitation in their scope of practice (Access to Care and Advanced Practice Nurses A Review of Southern U.S. Practice Laws, 2010). In 2008, twenty-four states such as Missouri, Florida, Ohio, Pennsylvania, etc. presented their scope of practice concerns to the states' legislators in hopes of changing prescription authorization regulations (Crosadale, 2008).

Many states only allow APNs to prescribe medication per a formulary or an approved list of medication. This restriction of prescription authority extends to controlled substances. Forty-eight states in the U.S. allow APN to prescribe certain controlled substance, but they must register with the Drug Enforcement Administration (DEA) to obtain their own DEA number and follow the state prescriptive laws (Access to

Care and Advanced Practice Nurses A Review of Southern U.S. Practice Laws, 2010). The DEA number must be renewed every three years (Hamric et al., 2009). Alabama and Florida NPs cannot prescribe any type of controlled substance and in Alabama CNS cannot prescribe any type medications further decreasing patients access to comprehensive healthcare. Ehrhardt (2008), allowed NP in Alabama to express their frustrations about Alabama's scope of practice. NPs in Alabama stated that the restrictive scope of practice "seem to be driving Alabama's advanced practitioners out of the state" (Ehrhardt, 2008).

The next issues in which concerns APN is not being able to practice as an independent agent. Medical News Today (2008) defined autonomy as an individual that is reasonable and self-governed in making practice decisions. APNs are required to graduate from a master's or doctoral prepared program and obtain certification signifying that they can practice and make reasonable decisions in diagnosing and treating patients. Therefore, what are the issues with APNs being an independent sector? Especially since APNs are expected to fill the gap in primary care, and by APN having autonomy they will be able to open practices in healthcare deprived areas (Crowley, 2011). In 2011, New York sent forth the nurse practitioners modernization act to legislators which would allow NPs to practice without the collaboration of a physician (Crowley, 2011).

In Ehrhardt (2008) article, NPs explained that they did not mind collaborating with physician, but would like more autonomy in their practice. The article points out that APN's in Utah {since 1993} and Mississippi {since 2008} have been practicing and prescribing class II-IV drugs independently for a combine nineteen years successfully.

Evidence-based research has established that APNs have been providing comprehensive quality care for over forty years. In addition, evidence has proven that patients receive the same quality of care from an APN, as they would have from a physician (Access to Care and Advanced Practice Nurses A Review of Southern U.S. Practice Laws, 2010). Physicians have ambiguous emotions toward APNs such as NPs having their own practice. Research has found that if physicians are exposed early in their practice to NPs they are more accepting of NP role (Street and Crossman, 2010).

The finial issue in which APNs face is role definement especially with the developing changes within the profession and its various specialty areas. Hamric, et al. (2009) quoted that O'Malley and colleagues (1996) wrote "in most settings, the role of APNs has not been fully understood…APNs are still not identified by the public as primary care providers, partially due to misunderstanding of their roles". Since 1996, a great deal has changed within the APN role, but the APN role continues to need revamping. APRN Consensus Work Group and National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee along with key APNs within the community developed the Consensus Model for APRN to help define the new emerging roles of advance practice nurse and the population in which practitioners will be serving. The model also assists in shaping the APNs scope of practice. Prior to Consensus Model for APRN there was not a "uniform model for APNs" (Consensus Model for APRN Regulation:Licensure, Accreditation, Certification & Education, 2008) only state-to-state scope of practices. In addition, model provides a guide to assist states in overhauling their current APN's practice act, assisting them moving their APNs' roles into the twentieth first century (O'Grady, 2009).

Regulatory/Scope of Practice Issues Impact on Evolution

Scope of practice evolution is unavoidable in all professions (Scope of Practice and the Nurse Practitioner: Regulation, Competency, Expansion, and Evolution, 2007). The role of the APN has evolved within the last decade, but the profession continues to face challenges due to revolving scope of practice and regulation issues. Due to these issues, the profession is evolving at a slower pace than other professions, even though studies have proven that advance practice nurses provide safe and quality care (Scope of Practice and the Nurse Practitioner: Regulation, Competency, Expansion, and Evolution, 2007). Organization such as National Council of State Boards of Nursing (NCSBN), American Nursing Association (ANA) and AACN act as advocates for APNs, ensuring that scope of practice and regulation issue are brought to congress and legislators' attention.

Conclusion

Even though the APN profession has been noted for providing quality cost-effective care the battle for autonomy continues. During this crucial time of healthcare growth, it is imperative that APNs increase their visibility and be heard to overcome scope of practice and regulation issues. The profession has conquered a great deal, but there is still many issues that need reforming in order for the profession be deemed completely independent. APN advocate continue to work daily to make the concerns of the profession known to congress and state legislators in hopes of professional autonomy. The struggle for the APN has been long and hard, but worth all the hard work and tears.

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