Role Change Analysis

Roles and Issues of the Primary Care Nurse Practitioner

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Abstract

The advance practice nurse (APN) takes on a multitude of roles during their career. Each APNs education originates from a background in nursing. It is from this background that APNs are able to deliver evidence-based care to patients. Advance practice nurses demonstrate high level of clinical knowledge and skills in a vast array of settings. While exhibiting these attributes, APNs are able to become leaders in their specific practice setting. Each APN advocates for the patients and profession in which they serve. The APN practices and serves in many different roles. They also practice in various settings of the health care setting. The regulatory and scope of practice of APNs are managed by state board of nursing. Each APNs practice varies depending on where they practice. Regulatory and scope of practice issues affect APNs in how and where they are able to deliver care. By joining forces at the state and national level APNs are able to develop and improve their chosen profession. This supports the APNs role and evolution in health care that is constantly changing and evolving.
Introduction

The first record of nursing dates back to the middle ages. During this time nuns and monks devoted their lives to care for sick. Then during the 19th century members of a Quaker society began caring for sick patients. These individuals received only a rudimentary education. There nursing experience consisted of observing patients at hospitals. From here pupils stated paying to receive a two year training program. After this training, they were required to work for five years only nursing for a small number of hours a day. Then Florence Nightingale entered the profession and not only reformed nursing as it existed at the time, but also laid the foundation for nursing as a profession. It was through her work that a foundation for modern day evidence-based practice was begun.

Ever since this time the profession has evolved and developed into a diverse workforce. The emergence of baccalaureate and graduate programs slowly began to grow during the 20th century. These programs opened new advanced practice roles for nurses, which included clinical nurse specialist CNS), nurse practitioner (NP), nurse anesthetist, nurse midwife. The evolution of the NP role emerged as concern for extending access to primary care services to underserved populations became an area of concern. It was believed that role of the nurse could be extended and nurse with focused education could execute many of the primary care functions conventionally performed by physicians, but at a significantly lower cost. As a shortage of primary care physicians stared to emerge, this allowed the NP role to continue to grow. The expansion of the NPs role necessitated changes in the state nurse practice laws. One of the biggest obstacles is prescriptive authority for NPs. This paper will focus on the APNs multifaceted role in various healthcare settings and practice issues which impact role advancement.

Roles of Advanced Practice Nurse
Roles of advanced practice nurse (APN) are different from that of a bedside nurse. The APN role encompasses the clinical nurse specialist (CNS), nurse practitioner (NP), certified registered nurse anesthetist (CRNA), nurse midwife. Pursuing such a degree changes the individual’s position within the healthcare field. These roles allow nurses to develop and broaden their practice of the profession beyond the traditional nursing role (Wintle, Newsome, & Livingston, 2011). It allows nurses to utilize advanced skills and knowledge and extends existing clinical nursing practice with a strong foundation in knowledge, skills, and experience. Allowing for the expansion gives the APN additional abilities and responsibilities, which allows for greater autonomy and accountability (Elsom, Happell, & Manias, 2006). With the addition of these tasks, the APN is able to maintain the core elements of nursing practice.

The CRNA is a registered nurse educated and certified at the graduate level. They are experienced in the practice of rendering patients anesthetized to pain with anesthetic medications (Hamric, Spross, & Hanson, 2009). CRNAs role in advanced practice nursing is in the preoperative and perioperative management of surgical patients. During the preoperative state, CRNAs perform detailed and complete patient assessments. This includes history and physical examination, review of laboratory data, pertinent information from the medical record, and performs preoperative teaching. In the perioperative state, CRNAs administer anesthesia, continue intraoperative anesthesia, and supervise recovery from anesthesia. Also, CRNAs may be eligible to insert arterial lines, intubate patients, and administer emergency drugs (American Association of Nurse Anesthetist, 2010). Although the CRNAs role is advanced practice is in a collaborative model, they are still responsible and accountable for professional practices. They are capable of applying independent judgment within the scope of their state practice act.
A certified nurse-midwife plays a vital role in the delivery of healthcare throughout the childbearing cycle. The nurse-midwife provides care for a women and family from the clinic setting to the hospital and in follow-up back in clinics (Ho, 2009). A midwife provides care for rural populations and those with limited or no insurance coverage. Nurse-midwife’s carry out the same interventions utilized in nursing but have a better perceptive and breadth of knowledge, capacity to synthesize information, and aptitude to intervene in complex circumstances (Hamric, Spross, & Hanson, 2009). Partnerships are formed with patients that allow the midwife to care for helps empower them to be active members in their own healthcare. It is through skillful communication, guidance, and counseling that nurse-midwives are able to guide mothers throughout the pregnancy process. The role of the midwife is multifaceted and crucial in delivery of care to mothers and unborn children.

The core value of the CNS is expert clinical practice. This CNS role was formed to provide care to patients with multifaceted diseases or conditions, improve patient care through building the clinical skills and decision making of staff nurses, and maintain nurses that are proficient in clinical practice (Hamric, Spross, & Hanson, 2009). CNS also serves as managers in the absence of nursing unit mangers. Other roles which involve the CNS are quality activities, meetings, research, and implementing evidence-based practice (Duffield, Forbes, Fallon, Roche, Wise, & Merrick, 2005). Creating an environment where nurse can provide care that is needed and feel valued for their work is another fundamental role of the CNS. Having a CNS present to support staff, identify learning needs, assess care of patients, monitor quality, and launch innovative approaches to care of the patients admitted on respective units helps to prevent discord among staff (LaSala, Connors, Pedro, & Phipps, 2007). As the CNS role continues to grow and develop, they have to become change agents, consultants, and advocates for evidence-based
practice. CNS performs many different jobs and affects patient care and staff development, but their impact is far reaching in their respective healthcare organizations as well as the nursing profession.

The core role of the NP is to provide a dynamic practice, expert efficacy, and clinical leadership. NP uses a holistic approach to patient care, addition of health support and disease prevention (Hamric, Spross, & Hanson, 2009). NPs assume the care of patients with acute and chronic conditions. The goal of care for NPs is to progress access to healthcare; contribute to nursing knowledge, and the growth and progression of the profession (Kilpatrick, 2008). NPs are involved in direct patient care, assessment, diagnosis, monitoring, and management of a patient's care. By using the nursing process in providing care for patients and defined advance practice skills and competencies, NPs are able to effectively provide care to patients. Through integrating fundamentals of care from nursing and medical models in a shared approach to clinical practice, NPs are able to enhance the comprehensiveness and quality of care rendered to patients.

**Practice Settings**

CRNAs are able to practice in any setting where anesthesia is delivered. They work in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified health care professionals (Hamric, Spross, & Hanson, 2009). CRNAs customarily work in a hospital surgical setting, but they also work in ambulatory surgical centers, offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists. The setting in which a CRNA practices can be diverse depending on where one chooses to work.

The CNS practices in a wide variety of settings, such as hospitals, community health settings, educational institutions, long term care facilities, mental health settings, occupational health, and
private practice. Whatever area the CNS practices in it is their expertise that helps educate staff in delivering quality care to patients and educating staff. The CNS is vital in linking professional practice to evidence-based outcomes at the patient, unit, and organizational levels (LaSala, Connors, Pedro, & Phipps, 2007). There are opportunities for the CNS to work for colleges and universities as educators in nursing programs. A CNS can influence patient care and staff development in any area they choose to practice in.

NPs are able to practice in many different areas of the nursing profession. They may choose to specialize in a particular setting such as emergency medicine, pediatrics, cardiology, urology, gynecology, adult and pediatric critical care units (Fry, 2011). A NP may practice in family or internal medicine, gerontological, acute care, and mental health. Care which is delivered by a NP may be in an acute, long-term, community-based setting, or rural area (Hamric, Spross, & Hanson, 2009). NPs are also able to teach aspiring students at colleges and universities. Insurance companies offer job opportunities to NPs in reviewing patient charts. NPs have the potential to work in many different areas of the nursing profession.

**Regulation and Scope of Practice**

CRNAs are acknowledged in all 50 states by a state regulatory body. They are primarily regulated through the states board of registered nursing. The scope of practice for CRNAs is set forth by the American Association of Nurse Anesthetists (AANA). Their scope of practice includes the professional functions, privileges, and tasks related to nurse anesthesia practice (Hamric, Spross, & Hanson, 2009). The activities performed by a CRNA are in collaboration with qualified and legally sanctioned professional health care providers. CRNAs are prepared to be familiar with situations beyond their competencies and seek collaboration, consultation, or
referral when a situation arises (American Association of Nurse Anesthetist, 2010). The scope of practice for a CRNA may vary depending on institutional credentialing.

Nurse-midwives are recognized in all 50 states by the nurse practice act and governed by the board of nursing. The nurse-midwife is certified through the requirements of the American College of Nurse-Midwives (ACNM). It is the ACNM that is responsible for setting and maintaining the standards of education that echo the competencies and standards set forth by the profession (Hamric, Spross, & Hanson, 2009). The nurse-midwife practices in collaboration with a physician.

CNS must have approval to practice from the governing nursing board in which they practice in. Certification by a national certifying agency must be obtained and recognized by the board of nursing in the clinical specialty which is consistent with educational preparation. A master’s or post master’s certificate in nursing from an accredited school in a curriculum designed to prepare CNS must be held. The CNS may join the national association of clinical nurse specialists (NACNS). The NACNS helps to clarify the CNS practice (Hamric, Spross, & Hanson, 2009).

The NP is primarily regulated through the states board of registered nursing. In some states the board of medical directors and boards of nursing. Depending on where the NP practices, they are able to prescribe medications and narcotics to patients they serve. Alabama does not allow NPs to prescribe controlled substances (Alabama Board of Nursing, 2007). Some states allow NP to practice independently of physicians. In other states a collaborative agreement is required for a NP to practice.

Role Evolution

The role of APNs continues to evolve in response to the every changing needs of society. It is through professional organizations and participation in health care policy at local, state, and
national levels that enable the APNs to evolve each profession. Each APN is prepared through a master’s degree program they choose (Hamric, Spross, & Hanson, 2009). Every program is planned with an evidence-based approach to comply with government approval.

The function of APNs is becoming widely accepted among patients and physicians. Insurance companies are now recognizing some APN roles and providing coverage for their participants seeing these providers for health care. Conceptual models serve as a framework for organizing the APNs beliefs and knowledge. Through joining organizations which are specific to the APNs chosen career path, they are able to work in conjunction with others on issues that affect their profession. Although differences exist between each organization, a central focus on and accountability for patient care, knowledge, skill, and a concern for patient rights is the principal goal of each.
References


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