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Neutral to positive views on the consequences of nurse prescribing: Results of a national survey among registered nurses, nurse specialists and physicians

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ABSTRACT

Background: Over the last two decades, the number of countries where nurses are legally permitted to prescribe medication has grown considerably. A lack of peer support and/or objections by physicians can act as factors hampering nurse prescribing. Earlier research suggests that physicians are generally less supportive and more concerned about nurse prescribing than nurses are. However, direct comparisons between doctors' and nurses' views are scarce and are often based on small sample sizes.
Objectives: To gain insight into the views of Dutch registered nurses (RNs), nurse specialists (with a master's in Advanced Nursing Practice) and physicians on the consequences of nurse prescribing.
Design: Survey study.
Participants: Survey questionnaires were sent to national samples of RNs, nurse specialists and physicians.
Methods: The questionnaire addressed, among others, respondents' general views on the consequences of nurse prescribing for the quality of care, the nursing and medical professions, and the relationship between the medical and nursing professions.
Results: The net response rate was 66.0% for RNs ($n = 617$), 28.3% for nurse specialists ($n = 375$) and 33.7% for physicians ($n = 265$). It was found that all groups agreed that nurse prescribing benefits nurses' daily practice and the nursing profession. There were few concerns about negative consequences for physicians' practice and the medical profession. Nurse specialists gave significantly ($P < 0.05$) more positive scores on most items than RNs and physicians. We found relatively little difference in views between RNs and physicians. It was only on issues surrounding the quality of care and patient safety that doctors showed more concerns, albeit mild, than RNs and nurse specialists.
Conclusions: RNs, nurse specialists and physicians generally hold neutral to moderately positive views on nurse prescribing. This is beneficial for the implementation and potential success of nurse prescribing in practice, as a lack of peer support and/or objections from physicians can be a hampering factor. However, concerns about the consequences of nurse prescribing for the quality of care and patient safety remain a point for attention, especially among physicians.

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What is already known about the topic?

- Over the last two decades, the number of countries in which nurses are legally permitted to prescribe medication has grown considerably.
- A lack of peer support and/or objections from physicians or other health care staff is a factor that hampers nurse prescribing. Research suggests that physicians are generally less supportive and more concerned about nurse prescribing than nurses are.
- Most studies of the views on nurse prescribing were conducted in the UK, had relatively small sample sizes and often did not directly compare nurses' and doctors' views.

What this paper adds

- Our large-scale study among registered nurses, nurse specialists (with a master's in Advanced Nursing Practice) and physicians in the Netherlands found that RNs, nurse specialists and physicians generally held neutral to moderately positive views on nurse prescribing. This is beneficial for the implementation and potential success of nurse prescribing in practice.
- Nurse specialists were more positive about the consequences of nurse prescribing than RNs and physicians. Contrary to what might be expected, physicians and RNs held fairly similar views, especially concerning the consequences of nurse prescribing for their respective professions and the relationship between the two professions.
- Physicians' main concerns were related to the consequences of nurse prescribing for the quality of care and patient safety, issues about which RNs and nurse specialists had fewer concerns.

1. Introduction

1.1. Background

In the current climate of cost containment in health care, governments increasingly see the shifting of tasks from physicians to nurses as a suitable policy response. At the same time, the nursing profession is attempting to increase its professional status, using several strategies for occupational advancement (Gerrish et al., 2003). These developments have resulted in nurses taking up new positions – such as the role of the clinical nurse specialist in the UK (Courtenay and Carey, 2009) and the nurse specialist in the Netherlands (Van der Peet, 2010b; Van Meersbergen, 2011) – and new tasks, one of which is the prescription of medicines. Over the last two decades, the number of countries in which nurses are legally permitted to prescribe medication has grown considerably (Aarts and Koppel, 2009; Ball, 2009; Drennan et al., 2009; Kroezen et al., 2011, 2012a).

Internationally, much is expected of nurse prescribing and the related task substitution. In the UK, it has been claimed that many of the quality targets set by the Department of Health for the primary care setting will rely on nurses taking on new roles (Nolan and Bradley, 2007) and in the Netherlands, nurse prescribing is expected to contribute to efficient and effective patient care and to improve the quality and continuity of care (Ministry of Health, 2011; Dutch House of Representatives, 2011). One of the greatest obstacles to achieving these goals, however, and to task substitution and changes in skill mix in general, are the traditional roles occupied by health care professionals (Bradley and Nolan, 2007; Council for Public Health and Care, 2002). Because prescribing has traditionally been the sole domain of the medical profession (Buckley et al., 2006; Fisher, 2010; Goundrey-Smith, 2008), the expansion of prescriptive authority to include nurses touches on issues of professional boundaries.

Sociological research has shown that traditional roles and professional boundaries are highly important for professional groups, as these help define their professional identity and secure power (Allen, 1996; Bechky, 2003). So when professions take on new roles or when tasks are redistributed, professional boundaries are subject to renegotiation and professions compete with each other for jurisdiction over tasks (Abbott, 1988). This became visible in several countries around the time when nurse prescribing was introduced. Medical associations in Australia, Spain, Sweden and the USA, for example, strongly opposed the introduction of nurse prescribing (Ball, 2009; Jones, 1999; McCann and Baker, 2002; Nilsson, 1994; Plonczynski et al., 2003). Moreover, many incidents between nurses and doctors on the work floor involve professional boundaries (Walby et al., 1994). Nolan and Bradley (2007) showed that the support of other healthcare professionals is crucial to the success of nurse prescribing, and a lack of peer support and/or objections by physicians or other health care staff can hamper nurse prescribing (Courtenay and Carey, 2009). Given the important role played by prescribing and non-prescribing nurses and physicians in supporting or impeding the development of nurse prescribing, it is important to consider their views on the subject so that potential obstacles can be addressed.

A considerable amount of research has been conducted into the views and attitudes of nurses and physicians towards nurse prescribing. These studies showed positive views among nurses and physicians on nurse prescribing, for example with regard to improvements in the efficiency and coordination of patient care (Courtenay and Carey, 2009; Stenner and Courtenay, 2008) and an increase in nurses' autonomy (Patel et al., 2009; Rodden, 2001). Less supportive attitudes, however, were also reported. A lack of support or even resistance from physicians to nurse prescribing was repeatedly mentioned (Courtenay and Carey, 2009; Patel et al., 2009; Rana et al., 2009), as were concerns about job roles (Earle et al., 2011b) and nurses' lack of confidence in their own competency to prescribe or in the adequacy of the training they received (Gumber et al., 2012; Lockwood and Fealy, 2008; Nolan et al., 2001).

The majority of these studies focused exclusively on either the views of prescribing and/or non-prescribing nurses (Lockwood and Fealy, 2008; Nolan et al., 2001; Nolan and Bradley, 2007; Rodden, 2001; Stenner and Courtenay, 2008; While and Biggs, 2004) or the views of physicians (Rana et al., 2009; Wilhelmsson and Foldevi, 2003), thus