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How has the profile of Australian nurse practitioners changed over time?

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Summary
Aim: To examine longitudinal changes in the profile of Australian nurse practitioners surveyed in both 2007 and 2009 ('resurveyed respondents') and to determine differences between nurse practitioners who completed the census only in 2009 ('new respondents') and resurveyed respondents.
Background: The nurse practitioner role is integral to the development and sustainability of advanced practice roles in healthcare systems. However, its success depends upon support from policy makers, health services and nursing. A census of Australian nurse practitioners previously was conducted in 2007 to obtain national data on the role and scope of practice of nurse practitioners in Australia.
Design: A quantitative self-administered survey.
Methods: Questionnaires were sent to all authorised Australian nurse practitioners in 2009.
Results/findings: A total of 408 surveys were administered with 293 questionnaires completed (response rate 76.3%). Of these, 49% of participants also had completed the 2007 survey. There were no differences in the limitations and enablers identified in 2007 compared to 2009, indicating that perceived barriers had not been addressed over time, nor had there been substantial improvements. New respondents were more likely to have worked as a nurse practitioner in the previous week ($p < 0.004$). There was a significant increase in the number of nurse practitioners waiting on approval for some or all clinical protocols ($p = 0.024$).

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Conclusions: Conditions enabling work to full scope of practice continue to be perceived as suboptimal by Australian nurse practitioners. Supportive strategies are needed to enable the role to be effectively utilised.

Introduction

The nurse practitioner role has been established in some countries for more than 30 years (Schober & Affara, 2006) but with great variation in scope of practice and clinical privileges. Australia authorised its first nurse practitioner in 2000 and is one of the few countries to standardise scope of practice with a national authorisation process and title protection (Australian Nursing and Midwifery Council (ANMC), 2006). The nurse practitioner model of care has been recognised by the Australian Government's Productivity Commission as a role integral to the development and sustainability of the Australian healthcare system (Productivity Commission, 2005).

To date, there has been little research conducted examining changes in the Australian nurse practitioner workforce, their changing perceptions of enablers and barriers to practice and the effect of such changes on the sustainability of the nurse practitioner role in the unique Australian context.

Background

In Australia, the nurse practitioner role has been implemented in a range of contexts, including: emergency (Jennings et al., 2008; O'Connell, Gardner, & Coyer, 2014; Wand, White, Patching, Dixon, & Green, 2012), aged care (Clark, Parker, Prosser, & Davey, 2013); chronic disease management, such as hepatitis (Nazareth, Piercey, Tibbet, & Cheng, 2008); mental health (Wand & White, 2007); neonatal (Murfet, Allen, & Hingston, 2014); sexual health (Gardner & O'Keefe, 2003); rural and remote (Murfet et al., 2014; Turner, Keyzer, & Rudge, 2007); and primary care (Parker et al., 2013). However, whilst the clinical efficacy of nurse practitioners has been demonstrated internationally, in particular in the United Kingdom and United States (Horrocks, Anderson, & Salisbury, 2002; Laurant et al., 2009), this has not been rigorously researched across the full scope of nurse practitioner services in Australia (Clark et al., 2013).

The endorsement of nurse practitioners in Australia is regulated by the Nursing and Midwifery Board of Australia (NMBA). Since 2010, the requirements to practice as a nurse practitioner include: current general registration as a registered nurse with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct; the equivalent of three years' full-time experience in an advanced practice nursing role within the previous six years; the completion of an NMBA approved nurse practitioner programme of study at Master's level (or equivalent as determined by the NMBA); and ongoing compliance with National Competency Standards for the Nurse Practitioner and the NMBA's registration standard on continuing professional development standard as a registered nurse (Nursing and Midwifery Board of Australia, 2011). In some Australian jurisdictions the specific scope and context of nurse practitioner practice must be defined in the form of a clinical protocol and may be subject to approval by the area or regional health service and/or the state government. Such protocols may also specify and limit the nurse practitioner's ability to order diagnostic tests and prescribe medications (National Nursing and Nursing Education Taskforce, 2005).

The sustainability of this innovative healthcare role is dependent upon a range of external factors such as the support from policy makers and health services, as well as workforce issues influenced by factors related to staffing, skills and motivation (Sibthorpe, Glasgow, & Wells, 2005). Staffing requires workforce continuity and a sufficient workforce population to meet the demand of healthcare consumers (Attree et al., 2011). Sustainability is extremely important considering the ubiquitous problems concerning the overburdened Australian and international healthcare systems, the ageing populations and the ageing health workforce. Skill requires workforce training and confidence (Hussain, Rivers, Glover, & Fottler, 2012). Finally, motivation requires dedication to the service delivery model, a community development approach and acceptance by workers (Sibthorpe et al., 2005).

One previous study examined the sustainability of the nurse practitioner role in Victoria, the second most populous state in Australia was examined using the following five domains: political, institutional, financial-economic, client and workforce sustainability (Considine & Fielding, 2010). The authors concluded that the nurse practitioner role must be dynamic; in response to both the national healthcare workforce shortages and increasing blurring of professional roles. Furthermore, as a innovative healthcare model the nurse practitioner role must adapt to complex environments on a local and national level in terms of changing service delivery requirements, developments in clinical practice and variations in the configurations of healthcare teams.

Whilst census data of Australian nurse practitioners in 2007 (Gardner, Gardner, Middleton, & Della, 2009) and 2009 (Middleton, Gardner, Gardner, & Della, 2011) has previously been presented, to date, there is no specific analyses of the changing characteristics of the Australian nurse practitioner workforce over time, nor of the changes in perception of limitations and enablers which affect their practice. Census data from 2007 (Gardner et al., 2009) and 2009 (Middleton et al., 2011) suggests that the Australian nurse practitioner workforce are not being utilised to its optimal potential given that only 71.8% ($n = 145$) in 2007 and 71.5% ($n = 208$) in 2009 of authorised Australian nurse practitioners were actually working as nurse practitioners at the time of the census. Furthermore, almost a quarter of working nurse practitioners ($n = 34$, 24.3%) in 2007 were waiting for approval of some or all of their protocols, and this reduced only slightly in 2009, to approximately one fifth ($n = 46$, 22.8%). The majority of nurse practitioners in 2007 and 2009 consistently