



## Learning to attain an advanced level of professional responsibility



Ada Ter Maten-Speksnijder<sup>a,b,\*</sup>, Mieke Grypdonck<sup>c</sup>, Aart Pool<sup>d</sup>, Pauline Meurs<sup>e</sup>, AnneLoes Van Staa<sup>a,e</sup>

<sup>a</sup> Rotterdam University of Applied Sciences, The Netherlands

<sup>b</sup> Erasmus University Rotterdam, The Netherlands

<sup>c</sup> Ghent University, Belgium

<sup>d</sup> Buurtzorg Nederland, The Netherlands

<sup>e</sup> Erasmus University Rotterdam, Institute of Health Policy and Management, The Netherlands

### ARTICLE INFO

#### Article history:

Accepted 13 March 2015

#### Keywords:

Nurse practitioner  
Advanced practice nursing  
Scope of practice  
Professional responsibility  
Reflective practice  
Qualitative research

### SUMMARY

**Background:** After graduation, nurse practitioner students are expected to be capable of providing complex, evidence-based nursing care independently, combined with standardized medical care. The students who follow work-study programs have to develop their competencies in a healthcare environment dominated by efficiency policies.

**Objective:** This study aims to explore nurse practitioner students' perceptions of their professional responsibility for patient care.

**Method:** This qualitative interpretative study entails a content analysis of 46 reflective case studies written by nurse practitioner students.

**Findings:** The students felt responsible for the monitoring of patients' health status, attending to psychosocial problems, emphasizing compliance, and optimizing the family's role as informal caregivers. At the same time, students struggled to understand the complexities of their patients' needs, and they had difficulty applying their knowledge and skills to complex medical, psychological, and social problems.

**Conclusion:** The students' perceptions of their new responsibility were characterized by a strong focus on curative care, while psychosocial components of health and illness concerns were often overlooked. The students experienced difficulties in meeting the criteria of advanced practice nursing described in the Dutch competency framework.

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### Introduction

In high- and middle-income countries, healthcare is becoming more complex and costly, which places additional demands on health workers. Patients are now sicker and frailer than some decades ago — partly because there are more elderly, and because some patients have multiple chronic conditions accompanied by psychosocial challenges (World Health Organization, 2006). In the Netherlands, policymakers presented the deployment of nurse practitioners (NPs) as a solution for the shortages of medical staff and the explosive growth of healthcare expenditure. The nursing profession emphasized the opportunities to enhance quality of care through this new role (Ter Maten-Speksnijder et al., 2014). Universities of Applied Sciences designed two-year full-time Master programs for NPs, of 120 European credits (EC) in total. One EC equals 28 h of study. In contrast to other countries, the Master programs in the Netherlands are organized as work-study programs and subsidized by the government. The students are in training as NPs for 32 h a week in general practices, hospitals, and nursing homes (80 EC). They attend university one day per week

(40 EC) and the government reimburses their salaries for that day to the employers (VBOC, 2008).

The roles of the Dutch NPs are based on the CanMEDs model for medical specialists, developed by the Royal College of Physicians and Surgeons of Canada (2011). The roles described in this model have been adapted to advanced practice nursing competencies (VBOC, 2008). The central competency of Dutch NPs is defined as: *NPs contribute to patient care by providing complex, evidence based nursing care independently, combined with protocolized medical care* (Box 1). In Europe, the qualifications that typify the educational levels were defined with the so-called Dublin descriptors ([www.ec.europe.eu](http://www.ec.europe.eu)). According to these descriptors, Master students have to learn how to apply their knowledge and problem solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their area of expertise. They must integrate their knowledge in order to handle complexity and to formulate judgments with incomplete or limited information, using reflective skills on their social and ethical responsibilities. Therefore, the NP role is not only based upon a breadth of abilities and skills but also on in-depth and focused clinical application of specialty knowledge and skills.

The NP curriculum at Rotterdam University of Applied Sciences encompasses courses related to Medicine, Nursing and Research. In

\* Corresponding author at: Rochussenstraat 198 3015 EK Rotterdam, The Netherlands.  
E-mail address: [speaj@hr.nl](mailto:speaj@hr.nl) (A. Ter Maten-Speksnijder).

**Box 1**

Summary of Dutch NPs' Competencies (VBOC, 2008).

NPs contribute to patient care by providing complex, evidence-based nursing care combined with protocolized medical care. To address the health care needs of their patients, NPs promote both the continuity and quality of nursing care and medical treatment, and they support patients' capacities for self-management and preserving quality of life.

NPs form individual therapeutic relationships with patients and their families that facilitate the gathering and sharing of information essential for exemplary health care.

NPs work effectively with other health care providers to provide safe, high-quality patient care.

NPs demonstrate a lifelong commitment to excellence in practice through continuous learning, the teaching of others, the evaluation of evidence and other resources, and contributions to scholarship.

NPs develop, in collaboration with other health care leaders, a vision of a high-quality healthcare system and take responsibility for effecting change to move the system toward the achievement of that vision.

NPs are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, commitment to the profession, profession-led regulation, and maintaining personal health.

**Box 2**

The Reflective Case Study.

The 'reflective case study' is an educational tool that offers learning opportunities to critically reflect on one's own practices and to make changes to aspects of patient care. A reflective case study entails a narrative about a demanding student–patient encounter and the student's reflection on it.

The assignment consists of three phases and is based on Borton's reflexive framework (as cited in Rolfe et al., 2001). Each phase follows an ordered set of cues through which students might structure their reflective thoughts. In phase 1, the central cue is: *What* happened? In phase 2, *So What* do I make of this? And in phase 3, *Now What* can I do to improve the situation? After having described a situation, the student closely examines and questions her or his own decision-making process to uncover what knowledge was applied in the encounter.

In two meetings with small groups of students and a teacher, the students peer-review each other's narratives for clearness and completeness. In the last phase the students are expected to consider how the situation could have been handled differently and what other knowledge could have been brought to bear on the situation. This last question is crucial to being an advanced reflective practitioner whose mind is set not only at learning from the situation and striving to do better next time, but also at instantly improving the current situation (Rolfe et al., 2001).

medical courses the students are trained in physical examination, medical diagnosis and treatment planning. In relation to advanced nursing, courses are offered on leadership, patient education, coordinating clinical pathways, guidance and coaching. These courses provide the tools to deepen their understanding of clinical, professional and policy issues in order to encourage the NP students to move beyond their present Bachelor's degree level and to cope with the demands of complex patient care. Research courses enable students to read and understand scientific research, and to design and conduct practice-oriented research themselves. The final project in the program consists of completing a Master's thesis on a clinical topic related to NP practice (18 EC).

The transition from RN to NP is a challenging one (Lloyd-Jones, 2005). NP students have to deal with a conflict of priorities between what individual patients need, what is permitted by medical protocols, and what other stakeholders, such as physicians, see as good care. Structured reflection can be helpful to learn how to manage uncertainty and value conflicts of practice (Schön, 1983). By stepping back from an experience to ponder, carefully and persistently, the learner is able to create meaning from past or current events that may serve as a guide for future behavior (Daudelin, 1996). Rotterdam University of Applied Sciences implemented a reflective case study assignment in the Master program to support reflective learning (Box 2). Students were asked to write a narrative about a demanding student–patient encounter and to reflect on this experience. Data generated from case studies allow for a more in-depth exploration of phenomena in the real life context of NP students (Rolfe et al., 2001). Therefore, the case studies could help gain insight into the students' perceptions of the new role and their responsibility in patient care, making them an important educational tool for the training of advanced professionals. The results of this study help inform the education community about the NP students' development of advanced nursing competencies.

In this study, responsibility is defined as the current or future virtuous professional behavior, based on the motivation and ability to vouch for one's own actions, even if one is never held accountable (Bovens, 1998). Based on the above, we formulated the following research

question: *How do Dutch NP students, practicing in hospitals, perceive their responsibility in the new nurse practitioner role?*

*Design*

This study used a qualitative interpretative design. Reflective case studies on patient care work were analyzed, written by NP students during the first year of their Master program.

*Sample and Data Collection*

In the Netherlands, 75% of NPs are working in a hospital setting (Nuijen et al., 2008), so we sampled NP students working in hospitals. The study sample consisted of all 46 students working in emergency care departments, inpatient and outpatient clinics, and educated at the same university of applied sciences between 2008 and 2012. We collected the case studies written by each student in the sample.

*Ethical Considerations*

All students were informed about the study both orally and in writing and were assured of complete confidentiality and informed that neither the name of the organization nor their identity or that of their patients would be disclosed in any published material. The students guaranteed the anonymity of their patients in the case studies, and patients gave written consent. The study protocol was reviewed and approved by a committee of the University's Doctoral Research Board, in compliance with the Dutch ethical research regulations.

*Data Analysis*

The research team interpreted the data inductively, inspired by the Grounded Theory Approach. This implied systematic data ordering and interpretation through a constant comparison method, applying open codes to the relevant fragments and searching for higher-level

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