



Advancing advanced practice – Clarifying the conceptual confusion



Helen Stasa^{a,d,*}, Andrew Cashin^{b,d,1}, Thomas Buckley^{a,d,2}, Judith Donoghue^{c,d,3}

^a Sydney Nursing School, University of Sydney, 88 Mallett St, Camperdown, NSW 2050, Australia

^b School of Health & Human Sciences, Lismore, Southern Cross University, Military Road, East Lismore, NSW 2480, Australia

^c University of Technology, Sydney, Australia

^d Nurse Practitioner Standards Review Project, Sydney Nursing School, University of Sydney, 88 Mallett St, Camperdown, NSW 2050, Australia

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SUMMARY

Background: In recent years, there has been a substantial increase in the number of nurses holding advanced practice nursing positions. However, the lack of clarity regarding key terms such as ‘advanced practice nursing’, ‘advanced nursing practice’, ‘scope of practice’ and ‘extended practice’, and international variability in how these terms are used has created significant confusion. This lack of clarity is problematic for nurses, other health professionals, health service consumers, educators and policy makers, particularly given the global mobility of the nursing workforce.

Objectives: 1) To highlight the significant international variability in how advanced practice nursing, and associated terms such as extended and expanded practice, are defined and regulated across a variety of different English speaking countries, including the US, UK, New Zealand, Canada and Australia.

2) To propose innovative formulations for how the nursing profession may attempt to ensure greater precision and agreement around advanced practice terminology.

Design: Discursive paper.

Results: It was found that there is a considerable lack of clarity regarding the precise definitions of key terms surrounding the discussion of advanced practice. Additionally, there are large disparities in how the five chosen countries regulate advanced practice nursing, and roles such as that of the nurse practitioner.

Conclusions: It is suggested that the confusion regarding advanced practice terminology can be reduced definitionally by minimising the use of the term ‘expanded practice’; defining advanced practice nursing to refer to the type of practice in defined and regulated advanced practice nursing scopes; and defining advanced nursing practice as expert practice within a regulated nursing scope.

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Introduction

In recent years, there has been an increase internationally in the number of nurses holding advanced practice positions, and it is estimated that at least 70 countries either have, or are considering introducing, such roles (International Council of Nurses ICN Nurse Practitioner/Advanced Practice Nursing Network, 2012). As a result, terms such as ‘advanced practice nursing’ and ‘advanced nursing practice’ have started to become more frequently used in the nursing literature (Jamieson, 2002; Lowe et al., 2012; Pearson, 2011; Ruel and Motyka, 2009).

However, the lack of clear definitions regarding what is meant by these terms, how they are conceptually distinct from one another, and

the variability in how these terms are interpreted in different countries and contexts, has created considerable confusion (Gardner et al., 2007; Jamieson, 2002; Lowe et al., 2012). Additionally, the definitions of these concepts which have been provided tend to make use of phrases such as ‘expanded practice’, ‘extended practice’ and ‘scope of practice’ which are similarly contentious (Jamieson, 2002; Thoun, 2011). This lack of definitional clarity is problematic for advanced practice nurses (who may feel unclear as to their precise responsibilities), other health professionals (who may not be sure as to what aspects of practice advanced practice nurses may possess expertise in), clients and health service users (who may not know when to consult an advanced practice nurse, as opposed to another health professional) and academic institutions designing and marketing degrees (such as the Master of Nursing (Nurse Practitioner) or Master of Nursing (Advanced Practice)).

With the increased number of advanced practice nursing and advanced nursing practice positions has come an increased need for appropriate courses which ensure that the holders of such positions have adequate educational preparation for these roles (Redshaw and Harvey, 2001; Tuaoi et al., 2011). In many countries, completion of a master degree or another course is required or recommended in order

* Corresponding author. Tel.: +61 2 9351 0820.

E-mail addresses: helen.stasa@sydney.edu.au (H. Stasa), Andrew.Cashin@scu.edu.au (A. Cashin), tom.buckley@sydney.edu.au (T. Buckley), judith.donoghue@sydney.edu.au (J. Donoghue).

¹ Tel.: +61 2 6620 3156.

² Tel.: +61 2 9114 4043.

³ Tel.: +61 2 9351 0804.

to obtain registration as an advanced practice nurse (Redshaw and Harvey, 2001; Tuaoi et al., 2011). However, the noted confusion which exists regarding the precise meaning of advanced practice nursing and advanced nursing practice is particularly prominent in the design of advanced practice nursing programmes (Nurse Practitioner). For instance, in Australia, the scope of practice of a Nurse Practitioner (NP) is built upon the foundation of advanced nursing practice *within* the Registered Nurse (RN) scope. Yet the question arises as to how can programmes at master degree level adequately prepare a candidate for *both* advanced nursing practice and advanced practice nursing, if in fact they are, by definition, separate things? (Cashin, 2011; Tuaoi et al., 2011).

The issue of international consistency in the use of terms has been made more important given the mobility of the global nursing workforce (Kingma, 2007; Plotnikova, 2012). Nurses often practise across country lines, and universal definitions of the terms suggested would be useful in fostering portability of titles.

This paper has several purposes. First, it will highlight significant international variability in how advanced practice nursing, and associated terms such as extended and expanded practice, are defined and regulated, with particular attention paid to countries with English as their first language, namely the US, UK, New Zealand, Canada and Australia. Second, it will propose innovative formulations for how the nursing profession may attempt to ensure greater precision and agreement around advanced practice terminology. Improved consensus in the definitions will promote clarity in educational programme design and marketing.

Definitions of Key Terms

Scope of Practice

Although the term *scope of practice* (SOP) is used frequently in educational literature and in policy documents, clear definitions of what is meant by this expression are rarely provided (Australian Health Practitioner Regulation Agency, 2011; Baker, 2012). Indeed, in many publications (including some which specifically focus on SOP considerations), there seems to be an implicit assumption that this term is readily understood, and does not require explication (Baker, 2012; Whitney and Patricia, 2012). This failure to offer a clear definition is problematic, in that conceptual clarity is needed to fully appreciate what the term encompasses, and to guide curriculum or policy development. Additionally, many other concepts (such as expanded and extended practice) presuppose an understanding of SOP.

One of the few clear definitions of SOP is offered by Wilhite, who suggests that “scope of practice defines the processes, procedures, and actions that are permitted by the licensed practitioner. Scope of practice is limited to what the law allows for, based on education, training, experience, and demonstrated competency. Each jurisdiction has laws, licensing bodies and regulations that set out education and training requirements and define the scope of practice” (Wilhite, 2012, p. 120). In other words, SOP refers to the tasks and activities which a practitioner is *legislatively permitted* to undertake, and which are grounded on their education and training. So, for instance, the SOP of a RN will differ from the SOP of an Enrolled Nurse (second tier nurses), because the RN has a higher level of education and training. As a result of this increased level of education and training, a RN is legislatively permitted to perform activities which those who are not on the register are not authorised to perform (Nursing and Midwifery Board of Australia, 2012).

Nonetheless, it is important to note that SOP is not solely determined by legislative restrictions. For example, a practitioner's confidence may influence their SOP in that they may voluntarily elect to practise within a more restricted scope than they are legislatively permitted to practise in because they do not feel confident practising across their full SOP. Similarly, practitioners' SOP

may vary due to the local context. For instance, in the United States, there are 51 regulated RN SOPs, with each state and the District of Columbia having its own regulations. In the state of Arizona, it is within the designated RN SOP for appropriately trained RNs who meet a number of strict criteria to insert central lines, whereas in other states, RNs may not be permitted to perform such procedures (Arizona State Board of Nursing, 2009).

'Expanded Practice' or 'Extended Practice'

The above example of RNs inserting central lines raises the issue of expanded or extended practice, two terms which are frequently used in discussions of advanced practice nursing. *Expanded practice* (which is often used synonymously with 'extended practice') refers to expertise which stretches beyond the legally recognised SOP of the profession. The Nursing Council of New Zealand offers a clear definition of expanded practice, stating that it “occurs when a nurse with demonstrated nursing expertise assumes responsibility for a health care activity or role which is currently outside their scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or have been the responsibility of other health professionals” (Nursing Council of New Zealand: Te Kaunihera Tapuhi o Aotearoa, 2008b).

Nonetheless, there are serious conceptual difficulties with the notion of expanded or extended practice. For example, in Australia, Nurse Practitioners (NPs) are RNs who are trained and authorised to function in an 'expanded or extended' clinical role (Australian Nursing and Midwifery Council, 2006). More precisely, in the Australian context, NPs may be authorised to undertake activities such as ordering diagnostic tests, prescribing medications, and referring clients to specialist medical practitioners, activities which have typically been restricted to medical practitioners and which are usually outside the SOP of Australian RNs.

At first sight, it may seem that the Australian NP is an RN with an expanded scope of practice. However, the notion of expanded and extended is not sensible in this particular context, as Australian NPs in fact have a *different licensed SOP* that builds on, but goes outside of, the foundation of the RN scope. Certainly, the metaphors of 'expanded' or 'extended practice' provide good definitions of how the NP moved into the new scope from the RN, by extending or expanding knowledge and education. However, beyond this, they are now redundant terms. Another way of making this point is to say that the practitioner has been regulated to perform in a *different SOP*, rather than saying that their original SOP has been *expanded*.

In Australia, it should be noted that extended or expanded practice is *not* synonymous with advanced nursing practice or advanced practice nursing, and may have some use if referring to specific situations in which experienced nursing professionals are authorised to practise beyond the RN scope, in a specific local context. For example, in the emergency department there are Extended Practice Nurses (also known as Clinical Initiative Nurses) who assess clients, refer for laboratory tests and X-rays, and may prescribe pain relief (using department protocols). Additionally, in the Australian state of Queensland, rural nurses may perform similar extended practice functions in the community, where they can prescribe from a formula. In these situations, the terms expanded and extended practice may be appropriately used.

Advanced Practice Nursing vs Advanced Nursing Practice

One of the key terminological difficulties associated with the discussion of advanced practice is the distinction between the terms *advanced nursing practice* and *advanced practice nursing* (Bryant-Lukosius et al., 2004). Sometimes, the two terms are used synonymously, whereas in other contexts, they are used to refer to very different things. This inconsistent use of terminology is problematic, and generates confusion in

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