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Between two roles – Experiences of newly trained nurse practitioners in surgical care in Sweden: A qualitative study using repeated interviews

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ABSTRACT

The position of Nurse Practitioner is a new role in Nordic countries. The transition from a registered nurse to the Nurse Practitioner role has been reported to be a personal challenge. This study, guided by the Nordic theoretical model for use in the education of advanced practice nurses, represents a unique opportunity to describe this transition for newly graduated Nurse Practitioners in an interprofessional surgical care team in Sweden. The aim was to explore how the first Nurse Practitioners in surgical care experienced the transition into a new role and what competences they used in the team. Eight new Nurse Practitioners with parallel work in clinical practice were interviewed twice around the time of their graduation. The qualitative analyses show that the participants integrated several central competences, but the focus in this early stage in their new role was on direct clinical praxis, consultation, cooperation, case management, and coaching. Transition from the role of clinical nurse specialist to nurse practitioner was a challenging process in which the positive response from patients was a driving force for the new Nurse Practitioners. The participants felt prepared for and determined to solve the challenging situations they approached working in the interprofessional team.

1. Introduction

Following the international trend towards more advanced nursing roles, the first nurse practitioners (NPs) in surgical care in Sweden were introduced to interprofessional care teams in early 2014. The programme was guided by the International Council of Nursing (ICN) definition of an NP as a registered nurse (RN) who has acquired the expertise and knowledge necessary for an expanded nursing practice, with an academic master's level degree recommended (ICN, 2013).

2. Background

The introduction of NPs and the expansion of nurses' roles have contributed to improvements in patient satisfaction and in the quality, continuity, and coordination of patient care (Hayley et al., 2011; Newhouse et al., 2011; Costa et al., 2014). The increased use of outpatient services following the introduction of NPs, and improved in-hospital patient management and reduced hospital stays (Broderick et al., 2014; Donald et al., 2015; Martin-Misener et al., 2015).

The NP role has been implemented on teams throughout the world, including the US, Australia, and the Netherlands, for many years, but it is relatively new in Nordic countries. A primary care programme for NPs was introduced in Sweden in early 2000, but although the role was identified as vital to high-quality patient care, it did not spread throughout the country (Lindblad et al., 2010). Advanced practice nurses (APNs), a category that includes NPs, contribute to a more holistic view of each patient's health and require an independent and responsible manner of working (Lowe

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et al., 2012, Wisur-Hokkanen et al., 2015). The scope of their practice is based on the APN's clinical competence to autonomously judge and assess patients' needs (Nieminen et al., 2011).

The implementation of a new role in the care team affects the interprofessional collaboration in the health care organization (Propp et al., 2010; Soeren et al., 2011, Kilpatrick et al., 2012) and could be perceived as a threat to professional boundaries. However, new nursing roles such as NPs can also contribute valuably to the team by making nursing care more visible and more highly prioritized (Andregård and Jangland, 2015). It is important that different team members receive and have access to information about the new role and the function to overcome initial tensions and worries (Sangster-Gormley et al., 2011).

Transition has been described as a passage or movement, but also a time of inner reorientation and transformation (Kralik et al., 2006). Change and adaption are required from both the NP and the other members of the team (MacLellan et al., 2015a). The transition from RN to NP can provoke insecurity and loss of confidence in a nurse, and these difficulties could be exacerbated without the support of team and administrative leaders (MacLellan et al., 2015b). The transition into any APN role requires gaining clinical competence in a specialty, a clear understanding of the new role and its professional and regulatory issues, and the ability to manage increased demands (O'Connell et al., 2014). Educators have an important role in preparing the student to adopt the APN role. The theoretical framework introduced and developed for use in training APNs by Hamric describes the central domain of direct clinical practice and its core competences (Hamric and Hanson, 2003). A modified conceptual Nordic model (Fagerstrom, 2011), illustrated in Fig. 1, adds case management (i.e., continuity of care) as one of eight core competences in the domain of direct clinical practice. The Nordic model puts the nurse-patient relationship (including health, holism, caring, and ethos) in the centre and includes assessing undiagnosed health problems and making clinical decisions. Fagerström identified the critical factors for the successful development of the role as organizational structure and culture, legislation and regulation, and evaluation and marketing.

In the early 2000s surgical care leaders in Sweden were exposed to the NP role and its associated positive outcomes in clinical practice at an international clinical exchange programme. They subsequently proposed introducing the role into acute surgical care in Sweden. The need for more advanced nursing competence in direct patient care in surgical wards had been identified as paramount to patients' safety and quality of care (Yngman-Uhlin et al., 2016). The programme was then developed through close collaboration between health care leaders and university leaders and educators (Jangland et al., 2014). The introduction of NPs into the interprofessional team on a surgical ward was expected to reinforce knowledge and to change the organization. This in turn was expected to strengthen interprofessional collaboration and improve patient safety and quality of care. However, restructuring the team to include this new role also introduced a shift in professional responsibilities, with the NP taking on duties beyond the traditional roles and expertise of nurses in Sweden. The introduction of the first NPs into the surgical health care team was a unique and important opportunity to explore their adjustment to this new role.

3. Methods

3.1. Aims and research questions

Our aims were to explore how the first Swedish NPs in surgical care experienced their transition into this new nursing role and what competences they used in the interprofessional team. The research questions were:

(1) How did the participants experience the transition into a new nursing role?
(2) What barriers did they identify in their work when implemented on the interprofessional team?
(3) What competences did they use in their work in the initial stage of the new role?

3.2. Design

A qualitative study using repeated reflective interviews.

3.3. Participants and setting

Of 12 students enrolled in a new NP programme at a university in Sweden, 10 passed their exams and were invited to participate in this study. The 8 who agreed were 32–53 years of age (median 45 yrs), had been RNs from 10 to 27 years (median 11 yrs), and had 4–9 years (median 6 yrs) of surgical clinical nurse specialist experience. The participants worked at five different hospitals (two university hospitals and three county hospitals) in seven different surgical wards and one emergency department. The wards admitted patients from a waiting list and acute cases from different specialties. The interprofessional teams consisted of RNs, assistant nurses, and surgeons – who also had duties at the outpatient clinic and the operation theatre. Students in the NP programme had first been interviewed by leaders in their department and recruited for the new nursing role based on their skills and personal qualities.

The new NP programme in surgical care was conducted through halftime studies over 2 years. To be eligible for the programme, the students must be surgical specialist with a one-year master's degree (Jangland et al., 2014). The programme included theoretical and clinical courses including a two-year master's level project (Table 1). The clinical training was conducted over three semesters in the participants' normal work place amid their usual co-workers (i.e., in the emergency department or the intensive care unit). The participants worked part-time in parallel to their studies, with several taking on increased responsibility during the last year of the programme.

The pedagogical focus of the programme was on problem-based learning (Barrows, 1996), that relies on student participation in both theoretical and practical learning. The students were obliged to continually evaluate their learning against the criteria in the curriculum and their individual learning plan. The Nordic model of APN was used as the curriculum's theoretical framework, in discussions, and in the students' individual learning plan to prepare the student for the transition to the new role (Fagerstrom, 2011). To understand the level of knowledge, the scope of practice, and the competences associated with the role, the participants attended coursework and clinical observations for 10 weeks at the NP programme in the United States (US) prior to the university programme. To further expose the students to the role and the scope of practice, several exchange activities, such as video-conferences and a visit from the American collaborators were arranged during their training (Jangland et al., 2014). After the graduation all students were promoted to the position of NP and went back to the various units they had been working on.

3.4. Procedure

The data were collected from November 2013 to Feb. 2014 during face-to-face interviews and follow-up face-to-face telephone or interviews with an RN (MSc) trained in qualitative research and not previously acquainted with participants. The follow-up interviews allowed participants add to and clarify their