



How do nurse practitioners work in primary health care settings? A scoping review



Julian Grant^a, Lauren Lines^{a,*}, Philip Darbyshire^b, Yvonne Parry^a

^a College of Nursing and Health Sciences, Flinders University, Adelaide, Australia

^b School of Nursing & Midwifery, Monash University, Victoria, Australia

ARTICLE INFO

Keywords:

Community health services
Nurse practitioners
Primary health care
Review literature
Vulnerable populations
Scoping review

ABSTRACT

Objectives: This scoping review explores the work of nurse practitioners in primary health care settings in developed countries and critiques their contribution to improved health outcomes.

Design: A scoping review design was employed and included development of a research question, identification of potentially relevant studies, selection of relevant studies, charting data, collating, summarising and reporting findings. An additional step was added to evaluate the methodological rigor of each study.

Data: Data sources included literature identified by a search of electronic databases conducted in September 2015 (CINAHL, Informat, Web of Science, Scopus and Medline) and repeated in July 2016. Additional studies were located through hand searching and authors' knowledge of other relevant studies.

Results: 74 articles from eight countries were identified, with the majority emanating from the United States of America. Nurse practitioners working in communities provided care mostly in primary care centres (n = 42), but also in community centres (n = 6), outpatient departments (n = 6), homes (n = 5), schools (n = 3), child abuse clinics (n = 1), via communication technologies (n = 6), and through combined face-to-face and communication technologies (n = 5). The scope of nurse practitioner work varied on a continuum from being targeted towards a specific disease process or managing individual health and wellbeing needs in a holistic manner. Enhanced skills included co-ordination, collaboration, education, counselling, connecting clients with services and advocacy. Measures used to evaluate outcomes varied widely from physiological data (n = 25), hospital admissions (n = 10), use of health services (n = 15), self-reported health (n = 13), behavioural change (n = 14), patient satisfaction (n = 17), cost savings (n = 3) and mortality/morbidity (n = 5).

Conclusions: The majority of nurse practitioners working in community settings did so within a selective model of primary health care with some examples of nurse practitioners contributing to comprehensive models of primary health care. Nurse practitioners predominantly worked with populations defined by an illness with structured protocols for curative and rehabilitative care. Nurse practitioner work that also incorporated promotive activities targeted improving social determinants of health for people rendered vulnerable due to ethnicity, Aboriginal identity, socioeconomic disadvantage, remote location, gender and aging. Interventions were at individual and community levels with outcomes including increased access to care, cost savings and salutogenic characteristics of empowerment for social change.

What is already known about the topic?

- Nurse practitioners are advanced practice nurses who work autonomously and collaboratively in a range of practice settings
- The role has typically been implemented to substitute medical primary care work or to enhance the work of medical professionals

What this paper adds

- Nurse practitioners' work in community settings results in individual, community and societal benefits for people rendered vulnerable due to ethnicity, Aboriginal identity, socioeconomic disadvantage, remote location, gender and aging.
- Nurse practitioners' work in communities resulted in cost savings, increased access to care and salutogenic benefits of empowerment for change

* Corresponding author.

E-mail address: lauren.lines@flinders.edu.au (L. Lines).

- Nurse practitioner enhanced skills of coordination, collaboration, education, counselling, connecting and advocacy enabled curative, and rehabilitative and promotive nursing care in community settings.

1. Introduction

Across the globe, nurse practitioners are advanced practice nurses who work both autonomously and collaboratively in variety of practice settings including hospitals, residential aged care, communities and primary health care (Parry and Grant, 2016). They practice in developed countries such as Canada (College of Registered Nurses of British Columbia, 2016), the United States of America (American Association of Nurse Practitioners, 2013), the United Kingdom (Royal College of Nursing, 2012), Australia (Nursing and Midwifery Board of Australia, 2013) and New Zealand (Nursing Council of New Zealand, 2012). The role of nurse practitioners was developed in response to an anticipated shortage of medical professionals to improve access to care, especially for underserved and vulnerable populations (Bonsall and Cheater, 2008). As such, nurse practitioner roles have typically been implemented as either substitutes for medical professionals or as complementing and enhancing the overall care provided by medical professionals (Bonsall and Cheater, 2008). In contrast to a biomedical focus of diagnosis and disease treatment held by many medical professionals, nurse practitioners practice within a holistic philosophy of care that emphasises therapeutic relationships and awareness of the whole person (Gould et al., 2007; Harvey et al., 2011).

The release of 2030 Agenda for Sustainable Development compels the exploration of how the existing workforce manages to ‘promote physical and mental health and well-being...extend life expectancy for all...achieve universal health coverage and access to quality health care’ (United Nations, 2015). While nurse practitioners have entered the workforce as primary care providers, little is known about their work in primary health care settings. This review explores how the nurse practitioner role has been taken up in primary health care settings in developed countries and summarises evidence of efficacy of these roles. The review was prompted by a need to examine the evidence base from which to trial implementation of a nurse practitioner led multi-disciplinary care team into a homeless service to provide health and care to vulnerable children and families in South Australia. The role would require a nurse to be highly skilled in a child and family health specialisation, to work autonomously and in collaboration with a number of stakeholders. Initial scans of the literature identified a plethora of evidence around the success of nurse practitioner roles in acute care settings but little in the area of working with vulnerable children in communities.

Table 1
Summary of search strings.

Name of database	Search string
CINAHL	(MH “Nurse Practitioners”) AND (MH “Primary Health Care”) OR (MH “Communities) Limiters: Published Date: 20050101–20161231; English Language; Peer Reviewed
Informit	Nurse practitioner* AND “primary health” OR “primary health care” OR communit* Year range: 2005–2016
Web of Science	TOPIC: (“nurse practitioner” OR “nurse practitioners”) Refined By: TOPIC: (“primary health care” OR “primary care” OR communit*) AND TOPIC: (program* OR initiativ* OR framework* OR model*) AND DOCUMENT TYPES: (ARTICLE OR REVIEW) AND LANGUAGES: (ENGLISH) AND DOCUMENT TYPES: (ARTICLE OR REVIEW) AND PUBLICATION YEARS: (2014 OR 2007 OR 2013 OR 2006 OR 2012 OR 2008 OR 2009 OR 2005 OR 2015 OR 2010 OR 2011 OR 2016) AND DOCUMENT TYPES: (ARTICLE OR REVIEW)
Scopus	TITLE-ABS-KEY (({nurse practitioner} OR {nurse practitioners}) AND ({primary health care} OR {primary care} OR communit*) AND (model* OR program* OR framework* OR initiative*)) AND (LIMIT-TO (LANGUAGE, “English”)) AND (LIMIT-TO (SRCTYPE, “J”)) AND (LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010) OR LIMIT-TO (PUBYEAR, 2009) OR LIMIT-TO (PUBYEAR, 2008) OR LIMIT-TO (PUBYEAR, 2007) OR LIMIT-TO (PUBYEAR, 2006) OR LIMIT-TO (PUBYEAR, 2005))
Medline	Nurse practitioner.mp. or Nurse Practitioners/AND (Primary Health Care/OR “primary health” OR “primary health care” Or communit*) AND (initiative* OR program* OR framework* or model*)

2. Methods

This review was guided by Arksey and O’Malley’s (2005) and Levac et al. (2010) guidelines for conducting a scoping review. A scoping review enabled examination of all relevant literature on the topic, regardless of study design (Arksey and O’Malley, 2005; Levac et al., 2010). This is important for practice-based initiatives that may be primarily descriptive in nature. The five main stages of investigation included development of the research question, identification of potentially relevant studies, selection of relevant studies, charting the data, collating and summarising and reporting findings (Arksey and O’Malley, 2005; Levac et al., 2010).

The preliminary question explored models used by nurse practitioners to provide care to vulnerable children in community settings. As this yielded limited responses (Yousey and Carr, 2005; DiMarco et al., 2009; Lynam et al., 2010; Wong et al., 2012) including papers without evaluation data, the search was expanded to investigate care provided by nurse practitioners for all children in communities. This resulted in only one additional paper (Kozłowski et al., 2015). The final search was expanded to look more broadly at nurse practitioner care in communities spanning all age groups. The final question being ‘how do nurse practitioners work in primary health care settings and is there any evidence that they can enact change?’

Studies were identified by a search of key nursing electronic databases conducted in September 2015 (CINAHL, Informit, Web of Science, Scopus and Medline) and repeated in July 2016. Additional studies were located through hand searching and authors’ knowledge of other relevant studies. A summary of the search strings used can be found in Table 1.

The third step involved selection of studies to be included in the review. The search strings identified 925 results after duplicates were removed. Hand searching of reference lists and studies added by authors from their prior knowledge of the topic gave a total of 939 studies. Articles were screened by title and abstract on the basis of the inclusion and exclusion criteria outlined in Table 2. This resulted in a total of 74 articles for review (Fig. 1). Work in a primary health care setting was defined as services that were ‘the first point of contact with the health system...’ and were underpinned by the principles of social justice, equity and empowerment (Verrinder and Talbot, 2014). In defining primary health care work, we referred to any roles that were based outside of acute care or tertiary services such as those based in community settings and roles where the care provided constituted the first point of contact to a health service, or primary care. Developing countries were excluded because they face different challenges regarding health issues, access to health care and healthcare delivery.

Following Arksey and O’Malley’s (2005) fourth stage, data was

Download English Version:

<https://daneshyari.com/en/article/5120936>

Download Persian Version:

<https://daneshyari.com/article/5120936>

[Daneshyari.com](https://daneshyari.com)