



Time and NP Practice: Naming, Claiming, and Explaining the Role of Nurse Practitioners

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ABSTRACT

This is a new era in primary health care with models of care focused less on number of patients seen per hour to one grounded in both patient satisfaction and outcome-based care. Nurse practitioners (NPs) are well positioned to achieve high marks under such criteria provided they can make the case for what they actually do. Nursing's profession-based philosophy of care underpins NP practice and contributes to good outcomes. Naming, claiming, and explaining the role of NPs are 3 actions steps that NPs are empowered to enact right now.

Keywords: nurse practitioner, nurse-patient relations, theory-based nursing practice, theory, time

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"You take too much time with your patients!"
—practice administrator

"I wish I had more time with my patients!"
—nurse practitioner

"You take time and you listen, that is why I like seeing you!"
—patient comment

What is it about nurse practitioners (NPs) and time? The answer is simple, yet complex. NPs take time because they practice nursing, which is more than identifying a problem and suggesting a solution; it is a quest to work collaboratively

with patients, families, and others toward patient-centered goals. Outcomes that are patient-centered require a supportive relationship, and relating takes time. The aim of this article is to encourage and empower NPs to purposefully preserve the uniqueness of practice grounded in the nursing discipline.

BACKGROUND

The United States health care system is being called upon to improve patient outcomes and the health of populations while delivering patient-centered care and reducing costs.¹ To meet these seemingly

This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners and assist them in describing and explaining the NP role.

At the conclusion of this activity, the participant will be able to:

- Explain the uniqueness of the nurse practitioner using the AANP statement
- Identify skills and actions of the NP that may take time, yet yield cost savings
- Create a well-honed, clear, concise, nursing-centric "elevator speech" to explain the unique role of the NP

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The authors do not present any off-label or non-FDA-approved recommendations for treatment.

This activity has been awarded 1.0 Contact Hours of which 0 credits are in the area of Pharmacology. The activity is valid for CE credit until July 1, 2018.

incongruent goals, new models of care, such as the patient-centered medical home, have been suggested. Improved clinical outcomes and patient satisfaction are central to these proposed models.² Changing the definition of ambulatory clinical productivity from patients seen per hour to one grounded in patient satisfaction and health outcomes is not a simple task. NPs should be well-positioned to achieve these productivity goals based on the knowledge of what it is that NPs actually do. However, NPs must make the case for what they actually do.

Repeatedly, ambulatory care research has shown that when providers spend more time with patients, patient satisfaction increases.³⁻⁵ The amount of time that providers spend with patients may affect the quality of care provided, especially for preventive services and education.⁶ For some time, NPs have posited that one of the reasons patient satisfaction has been high for NPs is the additional time the NPs spend with patients.⁷⁻⁹ However, studies have shown that NPs spend approximately the same time with patients as physicians or physician assistants as a result of clinic scheduling policies.^{10,11}

If NPs spend the same amount of time with patients as other providers, yet have higher patient satisfaction, there must be another influencing factor. The answer may lie in the foundational philosophy and assumptions of advanced nursing practice. If NPs leave their professional philosophy unarticulated, NP practice will be defined by other system stakeholders, including administrators and physicians. By examining, naming, and claiming our professional philosophy, with supportive assumptions, NP practice will flourish in the new systems of care.

Professional philosophy and assumptions may be so foundational to the NP that they may be imperceptible—thus taken for granted. This profession-based philosophy and the assumptions that flow from it cannot be taken as “givens” in the current health system. They must be named, claimed, explained, and ultimately demonstrated if advanced nursing practice is to have its rightful place in systems of care. Therefore, the value of nursing needs to be made clear—among ourselves and to other stakeholders who have power and influence over our practice. National nursing leaders and strong nursing voices call for advanced practice nurses to provide solutions

to health care problems that are desperately in need of repair and that can be solved by nursing.¹² Nursing scholars remind us that, when practice is based on nursing’s foundational principles, the NP’s need for meaningful practice is satisfied and a distinctly unique care delivery model is advanced—one that promises to fill a gap not met in the current health care system.¹³

As the boundaries of advanced nursing practice and medical practice continue to merge, there is an imperative for NPs to clearly delineate their scope of practice. Given the combination of role expansion with a disease-based health care delivery system, a clear distinction between nursing and medicine practice by NPs is needed now more than ever.

Clear articulation of one’s professional philosophy of advanced nursing practice facilitates role identification to other disciplines. Hence, role-limiting terms such as “physician extender” or “midlevel practitioner,” which deny the heart of NP practice, may disappear from the health care administrative culture.

NAMING, CLAIMING, AND EXPLAINING THE NP ROLE

Toward this end, 3 action steps, “naming, claiming, and explaining,” are described and developed to assist the NP in this process. Naming a personal advanced nursing practice philosophy is the first step. After this, the NP continues by claiming the resources needed to practice consistent with that philosophy. Then comes the work of explaining to all stakeholders that the outcomes of a nursing care delivery model accrue over time and are characterized by improved health, reduced morbidity, cost savings, and increased satisfaction.

For clarity, the authors encourage the use of the title “nurse practitioner” when naming, claiming, and explaining our profession. NPs can have a variety of letters behind their names. The authors of this article could use up to 24 letters in various combinations behind their names. Emerging title variations, including advanced practice registered nurse, a regulatory title recommendation by the National Council of State Boards of Nursing, or doctor of nursing practice, an educational degree, are important distinctions to emphasize in various settings (eg, prescription pads, at a conference talk). Our role, which is experienced by our patients and

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