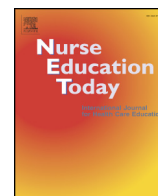




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## The gap between training and practice of prescribing of drugs by nurses in the primary health care: a case study in Brazil<sup>☆</sup>

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### SUMMARY

**Background:** In many countries, the inclusion of nurses as prescribers is considered to be an advanced practice. In Brazil, such prescriptions are legally regulated and restricted to primary health care protocols. The presence of prescribing nurses has provoked a debate among medical and nursing corporations. However, there are few studies examining the qualifications, protocols and in-service training that are aimed at prescribing nurses in primary health care.

**Objective:** We sought to investigate possible gaps between the education, qualifications, self-assessments and practice of prescribing medicine in primary health care from the perspective of nurses.

**Design:** This investigation is a case study with a qualitative approach.

**Setting:** This research was conducted in a Brazilian municipality with 84.04% family health strategy coverage and 400,002 inhabitants in northeast Brazil.

**Participants:** The participants were an intentional sample of 37 nurses in primary health care who were linked to the family health strategy.

**Methods:** The study was conducted between August and November 2011 with four focus groups, a script validated by the Delphi technique, and a pilot study. This study addressed the qualifications for the prescription of medication, the sufficiency of the Ministry of Health protocols and self-assessments of the ability to prescribe. Qualitative analysis was applied.

**Results:** All nurses reported having received insufficient training in the discipline of pharmacology to qualify them for prescriptive practice. The nurses emphasised the need for post-graduate training, the importance of clinical experience, and the lack of discussions and training. Only a small number of nurses self-assessed themselves as competent in prescribing drugs, and the others revealed fears of causing adverse reactions to medication.

**Conclusions:** There are gaps in the education, training, and daily demands of the prescription of medication by nurses in primary health care. It is suggested that prescription practices should be incorporated into undergraduate studies and continuing education in health services.

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## Introduction

Currently, there is a worldwide trend toward expanding the functions of nurses, particularly in primary health care (PHC). According to the International Council of Nurses (ICN), among the new functions of nurses is the prescription of medications, which requires nurses to have the prerequisites of advanced practice with specific knowledge and clinical experience and to be registered as a prescriber (ICN, 2011).

Since 1960, nurses have written prescriptions, particularly in PHC, in the UK, Sweden, the USA, Canada, Australia, New Zealand, South Africa, Ireland, Portugal, Botswana, Kenya and other countries (Kroezen et al., 2011; Buchan et al., 2013).

In Brazil, the prescription of medication is regulated by the Professional Nursing Exercise Law, No. 7498/1986 (Brazil, 1986), and is exclusive to PHC protocols. PHC is considered a priority passage in the order of the care network, and the main aim of family health strategy (FHS) is a consolidação de um modelo que é centrado na atenção por equipes multidisciplinares (ou seja, médicos, enfermeiros, auxiliares de enfermagem e agentes comunitários de saúde), com uma população estabelecida e que promove a integração, prevenção de doenças e cuidados de saúde. According to the Ministry of Health (MH), the FHS covers 61% of the population (MH, 2014) in the north in terms of team practice and protocols. After the approval of Law 12,482 in 2013, which regulates the practice of medicine in the country (Diário Oficial da União, 2013), the prescription of medication is no longer exclusive to doctors but to nurses as well.

Questions related to the qualifications required to prescribe medication have scarcely been studied at the international and national levels despite contextual differences. In the last five years, the international studies of Muse and McGrath (2010), Meechan, Mason and Catling (2011), Overbosch et al. (2012), Aselton (2013), Boreham et al. (2013) and Khanal et al. (2013) can be highlighted. In Brazil, no studies have addressed the qualifications required to prescribe medications over the same period.

## Background

There is an international consensus that to prescribe medications, nurses must have specific training (ICN, 2011). In many countries, there are variable requirements for the qualifications for providing prescriptions that range from basic training for a month in the UK, which is a pioneer in the definition of prerequisites, to postgraduate courses in the United States, Australia and New Zealand, where in addition to masters level work, a specific course in pharmacology is required (CGE, 2006, Sodha et al., 2002). The study by Pulcini et al. (2010) revealed that 22 (71%) of the 32 countries studied offer training for nurses at the postgraduate level.

The guidelines for the training of nurses in Brazil are provided in the National Curriculum Guidelines for graduate nursing (NCG/ENF), which were established in 2001 (NCG/ENF, 2001) and represent a legal, ethical and political framework for nursing education. The NCG/ENF do not mention the prescription of medication, but the essential elements include biological and social bases that include a curricular component of pharmacology and the fundamentals of assistance and nursing education. However, the NCG/ENF does not guarantee that Brazilian nurses receive specific or consistent training on prescription.

Oguisso and Freitas (2007) highlighted the need for the qualification of nurses for this assignment. Ximenes Neto et al. (2007) emphasised the need to strengthen undergraduate disciplines such as pharmacology and other related disciplines such as ethics and ethical codes and to implement permanent education in health services. According to the authors, these disciplines can promote better training of nurses to prescribe.

Given the questions regarding the adequacy of qualifications for the prescription of medication, the aim of this work was to investigate possible gaps in education, training, self-assessment and practice related to the prescription of medication in PHC from the nursing perspective.

## Methods

### Nature of the study

This report presents a case study that was performed from the perspective of Yin (2001), which allows for the exploration, description and explanation of a contemporary phenomenon (i.e., the prescription of medications by nurses) in a context (i.e., primary health care in Brazil) in which the researcher has little control and that requires the personal involvement of the researcher in the study, allowing for a qualitative approach.

### Context

The research was performed from August to November 2011 in Campina Grande, Paraíba. This municipality is located in northeastern Brazil and has 400,002 inhabitants (IBGE, 2014) and 92 Family Health Teams with a population coverage of 84.04% (Ministério da Saúde, BR, 2014). This municipality is representative of the large municipalities with expanded family health and offers undergraduate degrees in nursing that allow nurses to work in PHC.

### Population and sample

The sample was an intentional sample of 37 nurses with the connecting factor of Family Health Teams. The size was determined by theoretical saturation, which was defined as the non-appearance of new units of analysis or possible information to answer the research question (Guba and Lincoln, 1994). The participants were all nurses who agreed and worked in the municipality of APS. They excluded those health facilities where Family Health was not implemented and where the protocols were more consolidated and or refused to participate.

Among all of the participants, 36 were female, and one was male. Eighteen were between 30 and 40 years old, ten were below 30 years old, seven were between 40 and 50 years old, and two were over 50 years old. Thirty-three (89.1%) professionals lived in the city, and four (10.9%) did not. Of all of the participants, 20 (54%) completed their academic qualification less than 10 years ago, ten (27%) completed them between 10 and 20 years ago, six (16.2%) completed them more than 20 years ago, and one (2.7%) did not provide information regarding year of completion.

The results also revealed that 36 (97.3%) of the nurses had made progress regarding their level of expertise. Most of the nurses had more than one specialty, and 31 (83.8%) were experts in the fields of public health or family health. Regarding qualifications, only 13 (35%) of the nurses had participated in a specific course.

### Data collection and measurement instruments

The following procedure and applicable validation steps were followed: initially, based on the literature, the initial script told of the potential aspects of interventions such as need for training, capacity building and presence protocols. Second, the scientific validity of the representations and clarities of the instrument items were tested using the Delphi consensus technique (Jones and Hunter, 2005).

A group of 20 experts comprising professionals and nursing education researchers from various regions of Brazil received the matrix of the script-based categories via electronic means. There were two rounds in which each expert individually and anonymously assigned grades from 0 to 10. For the experts, was consensual and relevant the previous aspects, plus self-assessment and knowledge necessary for prescription medications. Based on the consensus matrix was conducted a pilot study to adjustments in the understanding of the object and focusing. The final script consisted of the following categories: qualification mechanisms for prescription of medication; guidelines of the

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