

2013

ADVANCED PRACTICE — NURSE PRACTITIONER



Association of
Registered Nurses
of Newfoundland
and Labrador



This Position Statement was created in 1997, revised 2007, and approved by ARNNL Council 2013.

ARNNL believes that nurse practitioners (NPs) make a positive impact on the quality and efficiency of health care services. NPs work with individuals, communities and diverse populations across the continuum of care based on the principles of primary health care. Nurse practitioners, as autonomous health professionals with advanced education, provide health services grounded in professional, ethical and legal standards.

Nurse practitioners integrate their in-depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health care. NPs work in collaboration with their clients and other health care providers in the provision of high-quality client-centered care (CNA, 2010). The skills and knowledge of NPs are particularly suited to promoting health and wellness, managing acute and chronic health conditions, improving access to services, and reducing wait times.

Definition

NPs are registered nurses who have the education, experience and competence to provide comprehensive health assessment, to diagnose, to treat and manage acute and chronic illness within a holistic model of care (CNA, 2010). NPs order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness (ARNNL, 2008), in accordance with federal and provincial legislation. The education and experience of NPs uniquely position them to function both independently and collaboratively in a variety of settings across the continuum of care. NPs are educated and work in one of three streams of practice: Adult, Pediatric or Family and All Ages.

Education

A NP is a registered nurse with a Master of Nursing or equivalent. A graduate degree in nursing is essential to prepare registered nurses to meet the competencies required for this advanced nursing practice role. The core competencies of the NP role are outlined in the *Canadian Nurse Practitioner: Core Competency Framework (2010)*.

NP practice reflects and demonstrates the characteristics and competencies of advanced nursing practice. It is grounded in the values, knowledge, theories and practice of nursing, with the primary focus of the NP role being clinical practice.

Advanced Practice Roles

The NP role consists of five interrelated domains: practitioner, consultant/ collaborator, educator, leader and researcher. NPs play a key role in community/ organizational development and capacity building, as well as health policy development. NPs have the knowledge to assess population health trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work collaboratively with interprofessional teams, other health care providers and community members. NPs collaborate in the development of policy to influence health services and healthy public policy.

Practitioner: The NP provides holistic, client-centred, evidence-based care by assessing, diagnosing and managing conditions through the development and ongoing evaluation of a plan of care.

Consultant/Collaborator: The NP engages in collaborative practice and exemplifies all elements of collaboration including cooperation, assertiveness, responsibility and accountability, autonomy, communications, coordination, and trust and respect (Way, Jones & Busing, 2000). Primarily, the NP engages in decision making and problem solving with clients and the interprofessional team, and engages to a lesser extent at the organizational and community level (CNPI, 2005 b).



Leader: As a member of an interdisciplinary team, the NP is a clinical leader in the implementation of evidence-informed care, management of care, and resolution of complex nursing care issues. NPs provide professional leadership in the development of standards, policies, procedures and outcome measures in their practice area. NPs contribute to the development of the profession by mentoring students and colleagues from nursing and other disciplines and advancing healthy public policy at a system level.

Educator: The NP promotes a learning environment for clients, families, RNs, licensed practical nurses, students and other health professionals. NPs are experts in their clinical specialty and function as preceptors, teachers and client educators. NPs are experts about health promotion theory and employ strategies to promote health within their client population.

Researcher: The NP facilitates evidence-based practice by evaluating research and best evidence, applying relevant findings to guide practice, and utilizing data to assess quality of care and improve client outcomes. NPs identify research problems pertinent to the management of care in their practice area. Either as primary investigator or in collaboration with other members of the team, a NP initiates, supports and participates in nursing and interdisciplinary research.

ARNNL believes that the services provided by NPs improve access to health care, reduce wait times and alleviate pressures on the health care system by providing clients with diagnosis and curative interventions, wellness strategies and early interventions. NPs provide client education, support health promotion, involve clients in care and follow practice guidelines. There are many positive examples of system outcomes with the utilization of NPs. Studies report that NPs working in emergency departments have a significant impact on the reduction of wait times (Moser, Abu-Laban, van Beek, 2004; Abbott, 2010; Jennings, O'Reilly, Lee, Cameron, Free & Bailey, 2008). NP interventions prevent admission of clients in acute care settings (NPSTAT, 2010). Evidence indicates that clients are extremely satisfied with the care provided by NPs across all sectors and NPs achieve positive health outcomes for the client. NPs working in long term care reduce costs to the health care system by reducing the number of admissions to acute care (Degrasse & Nicklin, 2001).

Clients are highly satisfied with the services provided by nurse practitioners in all settings (ARNNL Public Awareness Survey, 2012; Centre for Nursing Studies Survey, 2010; DiCenso & Mathews, 2007). Therefore, implementation and sustainability of new and current NP roles will serve to improve the health care system.



References

- Abbott, P. (2010). Crisis in emergency departments: The nurse practitioner role. *American Journal for Nurse Practitioners* retrieved December 10th 2012 from http://www.webnponline.com/articles/article_details/crisis-in-emergency-departments-the-nurse-practitioner-role/
- Association of Registered Nurses of Newfoundland and Labrador (2012). *ARNNL Public Awareness Survey Research Report*. Author. St. John's.
- Association of Registered Nurses of Newfoundland and Labrador (2008). *Framework for Nurse Practitioner practice in Newfoundland & Labrador*. Author. St. John's.
- Canadian Nurses Association (2010). *Canadian Nurse Practitioner: Core Competency Framework (2010)*.
- Canadian Nurses Association (2008). *Advanced Nursing Practice A National Framework* Ottawa: Author.
- Canadian Nurse Practitioner Initiative (2006). *Nurse Practitioners: The Time Is Now*. Ottawa: Author.
- Canadian Nurse Practitioner Initiative (2005 b). What makes the nurse practitioner different from other advanced practice nursing roles. *CNPI Practice Colloquium Report*. Ottawa: Author.
- College of Registered Nurses of Nova Scotia (2008). *Position Statement Advanced Nursing Practice*. Nova Scotia: Author.
- Centre for Nursing Studies (2010). *Bachelor of Nursing (Post RN) Nurse Practitioner Primary Health Care Program Evaluation Report*: Author.
- Degrasse, C. & Nicklin, W. (2001) Advanced nursing practice: Old hat, new design. *Canadian Journal of Nursing Leadership*, 14(4).
- DiCenso, A., Auffrey, L., Bryant-Lukosius, D., Donald, F., Martin-Misener, R., Matthews, S., & Opsteen, J. (2007). Primary health care nurse practitioners in Canada. *Contemporary Nurse*, 26(1), 104-115.
- DiCenso, A. and S. Matthews. 2005. *Report on the Integration of Primary Health Care Nurse Practitioners into the Province of Ontario*. Toronto: Ontario Ministry of Health and Long-Term Care.
- Jennings, N., O'Reilly, G., Lee, G., Cameron, P., Free, B. & Bailey, M. (2010). Evaluating outcomes of the emergency nurse practitioner role in a major urban emergency department, Melbourne, Australia. *Journal of Clinical Nursing*, 17(8); 1044-50.
- Moser, Meite S, MD; Abu-Laban, Riyad B, MD MHSc; van Beek, Catherina A. (2004) *EM Advances, Attitude of emergency department patients with minor problems to being treated by nurse practitioner*; 246-252.
- Mundinger, M.O., Kane, R.L., Lenz, E.R., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L., & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians. *Journal of American Medical Association*, 283(1), 59-68.

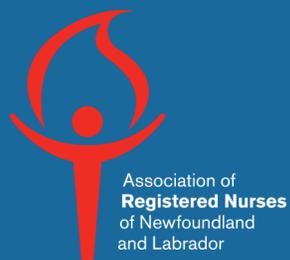


NPSTAT (2010). Central East LHINS Nurse Practitioners. Long Term Care Outreach Team. Nurse Practitioners supporting teams, averting Transfers: Author.

Small, N. (1994). The Role of the Gerontological Nurse Practitioner. *Nursing Homes Long Term Care Management*, 43(4).

Way, D., Jones, L., & Busing, N. (2000). *Implementation Strategies: "Collaboration in Primary Care – Family Doctors & Nurse Practitioners Delivering Shared Care"*. Toronto: Ontario College of Family Physicians.





55 Military Road
St. John's
NL | Canada
A1C 2C5
Tel (709) 753-6040
1 (800) 563-3200 (NL only)
Fax (709) 753-4940
info@arnnl.ca
arnnl.ca