

DeVine KC et.al / *Comprehensive review of the papers presented*

# International Journal of Nursing

Peer Reviewed | Open Access | Free Online Journal | [www.ijnonline.com](http://www.ijnonline.com)  
Published Biannually | ISSN: 2279-0195.



## ORIGINAL ARTICLE

### Comprehensive Review of the Papers Presented at the 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference

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## ABSTRACT

**Background:** Advance practice nurses are not currently prepared to understand the differences and similarities in educational preparation, scope of practice, and governing regulations from a global perspective. The purpose of this review was to develop themes and identify differences in practice from an international advance practice perspective.

**Methods: Design:** A comprehensive review was done of the abstracts submitted to the 7th International Nurse Practitioner/Advanced Practice Conference. **Data Sources:** Abstracts presented at the 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference. **Review Methods:** In order to conduct a comprehensive review of the abstracts, the 238 abstracts were organized and placed in a table by type of research, clinical scope of practice, country of origin, and type of institutions represented. A meta-analysis was done of the abstracts to summarize, evaluate, and analyse common themes.

**Results:** Common themes in the abstracts emerged as, the use applied research, advanced practice professional regulation, and the educational preparation of nurse practitioners.

**Conclusion:** In an effort to meet the demands of patients, nurse practitioners are the ideal providers to provide quality, cost-effective care. They are specifically educated to manage acute and chronic illnesses and they can meet the demands of primary health care needs. This conference brought together leaders in nursing with a common goal of sharing research, experiences, and to help understand the complex healthcare interventions and policies that affect APN practice.

**Keywords:** *Conference; Nurse Practitioner; Advance Practice Nursing; Review.*

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## Background

The International Nurses Council (ICN) defines nursing as, "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings" (International Council of Nurses, 2012, p. 1) APNs have an important role in providing a safe environment for research, participation in health policy, and health systems management. In the United States, the APNs role was initiated in 1965 and APNs play an important role in helping to alleviate the shortage of human resources in health care in both developed and developing countries. The barriers that nurse practitioners face are not confined to the United States; these are global issues. Common barriers for APNs are lack of understanding of the APN role, policy development needs, and education. The lack of understanding of the APN role has led to the creation of unnecessary barriers and inadequate utilization of APNs in healthcare. Nurse practitioner differences in education, role, and employment impede healthcare transformation and delivery. In 2000, the ICN established an international nurse practitioner-advanced practice nursing network to promote networking and to provide support to APNs globally. The International Council of Nurses uses a network format because networking enables international APNs to meet people outside their immediate circle of contacts, establishing and using contacts for information, and building relationships with other healthcare professionals. There is little doubt that APNs are, and will continue to be an important provider of cost effective and accessible healthcare in the 21st century and beyond. The expansion of medical technology, the complexity of patients, and the specialization in service delivery have all contributed to the need for more knowledgeable and competent nurses.

## Methodology

The 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference was held in London, England on August 20-22, 2012. Using the information booklet that was available at the conference, all 238 conference abstracts were organized in a database according to type of research, APN practice role, countries, and type of research represented.

The purpose of this comprehensive literature review is to critically appraise and summarize a body of research. This comprehensive review will support how

to best make a contribution to existing evidence and identify themes which affect APNs around the world. Considering the amount of research that was presented at the conference, this comprehensive review will provide the reader with a clear understanding of the issues facing APNs worldwide. The goal of this comprehensive review is to have an opportunity to contribute to the knowledge base of advanced practice nurses through an astute and incisive synthesis of the evidence.

## Quantitative and Qualitative Findings

A majority of the papers (86%) presented at the 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference were qualitative research. Many of the papers presented discussed various ways of dealing the APN scope of practice, regulation, and education. The data was presented in a way that describes the current state of practice in that particular state or country. Qualitative research strives to be holistic, which is the same way nurses approach problems in health care. The goal of qualitative research is to not only answer the question but to find out the history of the problem. The studies using quantitative research are related to improving clinical outcomes for patients.

While only 14% were quantitative studies in nature they dealt with clinical management of specific patient conditions such congestive heart failure, chronic obstructive pulmonary disease, and lead poisoning in children.

## Advanced Practice Nursing

"Nursing is assuming a leadership role within the health care system and participating as an equal partner in redesigning health care. The doctorate of nursing practice degree is enhancing the way nurse practitioners, clinical nurse specialist, midwives, and certified nurse anaesthetists deliver health care. This degree will help APNs to navigate the healthcare system in a way that is beneficial to our profession and the patients. "DNP curricula focuses on organizational leadership, project development and implementation, quality improvement, and the use of evidence-based health care through use of existing research" (Zaccagnini, 2011, p. 215).

In the United States, entry level preparation for nurse practitioner practice is at the master's, post

master's, or doctoral level. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care, and long term health care settings. Chism (2013) states, "the expert clinician's knowledge base in these areas is broadened as a culmination of previous experiences and the knowledge and expertise garnered through a DNP degree" (p. 30). Self-directed, continued learning, and professional development beyond the formal advanced education is essential to maintain clinical competency. APN has been used as an umbrella term signifying nurses practicing at a higher level than do traditional nurses. Specific roles of APNs have also been differentiated; they include nurse practitioner, clinical nurse specialist, nurse anaesthetist, nurse midwife, and case manager. The United States is probably the only country that has all five roles developed and in practice in the healthcare system. In the United States, the APN role was initiated in 1965 and is considered to play an important role in helping to alleviate the shortage of human resources in health care in both developed and developing countries. However, barriers still exist to developing the role and rules for its regulation.

While the goal is to bring APN education to the master's level, not all countries have reached this goal. Some countries, such as Canada, Pakistan, Hong Kong, and the Netherlands, offer master's level programs for APNs. In many western countries, advanced practice nursing is formally regulated and recognized. In the United Kingdom this is not the case. "There is a permissive scope of practice and a diversity of expert and advanced roles" (East & Knowles, 2012, p. 20).

Currently in the United Kingdom there is not a clear distinction between what nursing roles are considered advanced practice. In the United Kingdom, "only 63% of nurses recognize themselves as clinical nurse specialist and 5% as nurse practitioners and only 17% have master's degrees" (East & Knowles, 2012, p. 20). While the Royal College of Nursing in the United Kingdom has developed a master's curriculum for NP education, universities are not obliged to adopt it. Therefore, APN courses are offered at both the baccalaureate and master's levels in the United Kingdom.

In Australia, leaders generally accept that a master's degree with a minimum of five years of clinical experience is required for advanced practice. In Africa, the goal is to establish the role at the post-baccalaureate level and some programs are at the master's level; however, overwhelming needs for health care coupled with

resource constraints have thwarted progress.

In Finland, there are only a few graduate APN students. "APN education consists of three central competencies: research/development, leadership, and clinical competence" (Heikkinen, Ahonen, & Salmela, 2012, p. 1). All of the abstracts presented at the conference had two things in common; APN education and APN role development. Although the abstracts touched on variety of subjects, the basis for all of them was developing APN education and role development.

In areas such as Malawi, health indicators are poor. The causes of neonatal mortality are preventable such as asphyxia, prematurity, sepsis, HIV, and AIDS. Nurses in that country provide the bulk of healthcare delivery services. Recently, University of Malawi increased intake of professional nurses and now has clinically focused APN programs for Midwifery and Reproductive/Child Health. Sometimes, APN education is created out of the needs of the population as is the case in Malawi.

Ethiopia has poor clinical outcomes due to lack of medical training facilities and professional development opportunities. In 1996, the University of Leicester developed a partnership with leaders in Ethiopia to establish undergraduate and graduate teaching programs to enhance healthcare in urban communities. Teaching in Ethiopia is about memorizing information without clinical application of the information. Nurses are not given any training or continuing education opportunities. These issues resulted in lack of motivation for nurses and poor clinical outcomes for patients. So, healthcare leaders developed a nursing school that seeks to improve clinical skills, changing attitudes, and leadership skills.

### **Advanced Practice Education**

The APRN consensus model is the regulatory model for advanced practice nurses. This model was developed to formally define APN regulation and is not a regulatory model for the DNP degree. According to the American Association of Colleges of Nursing (2010), "The educational criteria within the APRN Consensus Model relate to the preparation of all APNs regardless of whether a master's or doctoral degree is conferred. A Doctor of Nursing Practice (DNP) program that is preparing an individual for entry into an APN role must meet all of the criteria put forth in the Model. The Model does not require or preclude the DNP as an

entry level degree for APNs" (American Association Colleges of Nursing, 2006, p. 5). The model clearly states criteria for licensure, accreditation, certification, and education. The DNP is a degree, not a role. So, if the requirements to practice are not any different then, adding another layer is unnecessary. Controversy regarding educational requirements for entry into professional practice is not new to nursing and has long been a subject of intense debate and conflict, both inside and outside of the profession.

"In 2004, the American Association of Colleges of Nursing (AACN) published a position statement advocating that by 2015, entry into practice change once again—from the Master's degree to the Doctor of Nursing Practice (DNP) degree" (American Association Colleges of Nursing, 2006, p. 8). Enhanced educational preparation will lead to degree ambiguity with other health care professions and assist graduates to assume leadership roles in clinical practice, clinical teaching, and policy development. The DNP degree enhances the APNs ability to translate research into practice. There are many challenges in healthcare and each issue must be dealt with by someone that has advanced education, clinical experience, and proven leadership skills. Advanced education leads to enhanced knowledge of evidence based practice, organizational leadership, information technology, and healthcare policy.

Since many APNs are still involved in clinical practice the DNP degree enhances knowledge and skills which assist in improving patient care. They have the ability to assess, implement, and evaluate initiatives to insure patients are receiving the best care.

APNs with doctoral degrees stand out in their approach to leadership and management skills. The Doctor of Nursing Practice degree was created in response to the healthcare needs of the population. "Rather than further burden the amount of information needed to prepare nurses at the graduate level for a master's degree, a practice doctorate allows for additional information to be provided as well as afford a practice doctorate to prepare nurses for the changing demands of society and health care" (Chism, 2013 p. 13).

### **Advanced Practice Nursing Role Development**

Political involvement encompasses being knowledgeable about issues, laws, and health policy. Barriers to political activism are thought to encompass several spectra including heavy workloads, feelings of

powerlessness, time constraints, gender issues, and the lack of understanding of a complex political process. "APNs can be at the forefront of changing the system of healthcare delivery in the United States by shaping local and legislative decision making processes" (Zaccagnini & White, 2011 p. 198). Nursing apathy toward participation in the political process is pandemic. Never more so than today has the profession needed a strong united stand within the political arena. For nurses to be the change agents in healthcare, they have to participate and make their voices heard with policymakers. Nurses for many years have been recognized for their advocacy for policy change. Beginning with Florence Nightingale, there have been outstanding examples of individual nurses throughout the history of the profession who have demonstrated their capacity to shape healthcare. Nurses have done this through initiating policy proposals, changing or vetoing others' proposals, and/or substantially influencing the implementation of health policy.

The ability to successfully exert influence in the various arenas where future health care policy decisions are made and to take advantage of opportunities to present nursing's perspective on the health care issues depends on having a power base and knowing where and when to exert that influence. Whether they acknowledge it or not, all nurses are touched by the policy and politics of the health care system and the impact the policies, legislation, and regulations developed in those arenas have on the way they practice their profession. To be successful, nurses cannot afford to remain in the background or added as an afterthought to the policy and legislative arenas. As the largest single group of health care providers, nurses have the potential to successfully advocate from a diverse power base; and they and have a unique perspective on health care policies and expertise to share with power brokers. Nurses need to be a strong voice actively advocating for positive change. Nurses strengthen their power base when they network with nursing colleagues and other supporters to build consensus on important issues.

The Affordable Care Act in the United States is going to increase the number of insured Americans. Nurse practitioners and physicians agree that providing the best, cost effective and comprehensive care for patients is the main goal. APNs have been recognized as providing safe and effective care. APNs have a scope of practice that allows them to assess, diagnosis, and treat illnesses. Susman (2010) states, "Fighting fractures our support and reduces effectiveness with our legislative,

business, and consumer services” (p. 672). APNs have the ability to speak up for education, scope of practice, and regulation without sacrificing their objectivity.

### **Advanced Practice Nursing Scope of Practice**

Today, APNs are found in nearly 30 countries and on all continents. When the APN role is introduced into a country, the role itself and its scope of practice should be defined based on the country’s needs and existing health-care system. APNs are licensed independent practitioners who practice in ambulatory, acute, and long term care as primary and/or specialty care providers. According to their practice specialty, they provide nursing and medical services to individuals, families, and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising, interpreting diagnostic and laboratory tests, prescription of pharmacologic agents, and non-pharmacologic therapies. Teaching and counselling individuals, families, and groups are a major part of nurse practitioner practice. As licensed independent practitioners, APNs practice autonomously and in collaboration with health care professionals and other individuals to assess, diagnose, treat, and manage the patient’s health problems/needs. They serve as health care researchers, interdisciplinary consultants, and patient advocates. The autonomous nature of the APN’s advanced clinical practice requires accountability for health care outcomes. Insuring the highest quality of care requires certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development, and maintenance of clinical skills. APNs are committed to seeking and sharing knowledge that promotes quality health care and improves clinical outcomes. This is accomplished by leading and participating in both professional and lay health care forums, conducting research, and applying findings to clinical practice. The role of the APN continues to evolve in response to changing societal and health care needs. As leaders in primary and acute care, APNs combine the roles of provider, mentor, educator, researcher, and administrator. Members of the profession are responsible for advocating the role of the APN and insuring that the standards of the profession are maintained. This is accomplished through involvement in professional organizations and participation in health policy activities at the local, state, national, and international levels. Experiences in different countries show that APNs emerged as a result of the need to con-

tain costs, improve access to care, reduce waiting time, serve the underprivileged, and maintain health among specific groups. Research was conducted to provide evidence to support the value of the APN role.

### **Summary and Recommendations**

At its most basic level many challenges and opportunities exist in regards to the increasing numbers of APNs globally. “These include poor role clarification, proliferation of APN titles, differing educational requirements and degrees, scope of practice conflicts, fragmentation/ variability in standards and quality of educational programs” (International Council of Nurses, 2008, p. 1). Advanced practice nurses have many challenges in health care. The 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference brought together advanced practice nurses from all over the world. A common goal was to bring the nursing profession together. At its most basic level, role can be defined as, “a socially expected behaviour pattern usually determined by an individual’s status in a particular society” (Dreher& Glasgow, 2011, p. 20). Since the era of Florence Nightingale, the ability to articulate the role of nurses has been difficult. Nursing’s scope in the United States and around the world has changed and re-expanded in response to healthcare needs of the population. There is an international recognition of the need to have regulated standards of education, titles, and scope of practice for advanced nursing roles. Failure to standardize the expectations and definitions of the role of the APN creates confusion and possible risks to the public, and does little to further the reputation of the nursing profession generally. For the APN to provide adequate management, it is necessary to involve the crossing of professional boundaries. “The APN role combines some practice features of medicine with the fundamental aspects of nursing, but remain nursing oriented” (Lowe, Plummer, O’Brien, & Boyd, 2011, p. 679). APNs are in a pivotal position to meet the global challenges of healthcare and provide healthcare to all populations including vulnerable and poor populations.

There is a considerable amount of research that states APNs provide safe and cost effective care. Yet, everywhere in the world APNs continue to face barriers to providing care. The most important information that can be taken away from all of the abstracts submitted to the APN conference is that education is the key to advancing the practice of nursing. APNs need to continue to educate the public about their role in healthcare and get more involved in the legislative process. The posi-

tive impact that APNs have on healthcare globally is outstanding. APNs are involved in all aspects of care from patient care, talking to stakeholders and political leaders. This prestigious conference brought together leaders in nursing who want to see change.

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