CONCEPTUALIZING THE ROLE OF THE NURSE PRACTITIONER

WHAT IS AN NP & HOW DOES THIS ROLE TRANSLATE TO PRACTICE?

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What is the Problem?
1) Ambiguity of the actual definition of the NP role
2) Poorly understood by patients, health care team members, and NPs
3) Lack of standardized definition

Relevance to Practice:
- Lack of clear/standardized definition leading to barriers at point of care
- Limiting/detrimental understanding of NPs as “doctors assistants” or “2nd class doctors”
- Variations in conceptualizing the NP serving as a barrier to the use of the NP
- Confusion over the naming leading to role dissonance (Lowe et al, 2012)

Social Forces that have Shaped this Problem:
- Historically: NPs were created as a cost effective response to an acute shortage of physicians in the 1960’s (Cahill, 1996)
- Contextual:
  - NP roles are broadly referred to & are rarely clearly and consistently defined or conceptualized
  - Incorporation of medical functions have resulted in a ‘Mini-Doctor/Maxi-Nurse’ Debate (Dalton, 2013)

Relevant Theories to help Resolve this Issue:
- Role theory as a plausible and useful framework that can be used to facilitate an understanding of the NP role (Brookes et al, 2007).
- For the NP role to be understood as a nursing role then the educational framework must be theoretically grounded in nursing’s specialized body of knowledge (Arslanian-Engoren, 2012)

Implications of the Conceptualizations:
- NP role as an expansion/extension of nursing, and not a substitution for medical staff
- NP role as a synthesis of medical tasks and activities with nursing care and holism (Paniagua, 2011)
- The need for a simple yet universal definition of what an NP is and does

Knowledge Translation:
- Clarity: that NPs are collaborative and complementary roles to Physicians(Paniagua, 2011)
- Clarity is Essential for professional unity to exist through international standardization of scope, education, and regulation standards
- Translation: of the NP as an experienced, advanced, and qualified Advanced NURSE

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