

# The role of the family nurse practitioner essay sample

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Historically, there have been many instances in American history where legislation and medicine allowed Advanced Practice Nurses (APN) to serve in expanded roles or definitions (Delgado, 2014). This was especially true in areas that were poor or underserved (Delgado, 2014). It is also possible to look back in history and see a direct relationship with times of increased demand for care, (i. e. war, economic depression), and the increased roles allowed and assumed by APN's. Today, like many other periods throughout our history, there is an increase need for care related to similar events of the past (i. e. war, economic depression); but also related to the increase in access to care as provided by the Affordable Care Act, as well as the growth in our older population, which is a direct result of living longer and better access to care (Kaiser Family Foundation, 2015). Unfortunately, the customary allowance of role expansion for APNs to address this ever growing need has been slow to come or restrictive at best (Schiff, 2012 & Naylor & Kurtzman, 2010). Description of the Family Nurse Practitioner Role

The program of the APN-Family Nurse Practitioner (FNP) offered through South University is designed to prepare FNP's within both healthcare and professional standards in order to treat patients and their families across the lifespan (South University, 2015). These educational goals are consistent with the FNP practice standards set by the American Association of Colleges of Nursing's (AACN), which states that APRNs should first obtain a master's degree or higher, achieve the necessary certification to practice, as well as, maintaining continued competence (AACN, 2006).

These educational goals are also consistent with the APRN Consensus Model which defines APRNs role to include, the FNP, is to filled by a graduate level nurse with advanced clinical knowledge and skills to provide direct patient care, to promote health, prevention, and detection of disease or injury through supportive intervention, counseling and teaching (2008). It goes further to list the FNP roles to include prescribing medications, diagnosing, and patient referral; however the level of autonomy varies from state to state (Schiff, 2012 & Naylor & Kurtzman, 2010). Again, the role of the APRN-FNP is a clinical role requiring direct patient care, according to the APRN Consensus (2008). Promoting Patient Safety According to the NPSG Program

The National Patient Safety Goals Program established by the Joint Commission, relies heavily on practitioner and healthcare team reporting. The APRN-FNP would be responsible for the accurate and timely reporting of sentinel events, patient safety concerns, or improved safety standards as supported by evidence (Joint Commission, 2015). The APRN-FNP would also be tasked with maintaining patient-centered care with an emphasis on improving quality, remaining competent and continuously advancing skills and knowledge in efforts to keep patients safe. (JCCAMH, 2015). Article Review

In the articles selected for this project, the research reiterates the exponential growth in healthcare demands, which directly increases the need for more primary care providers. APRN- FNPs make up the largest number on non-physician primary care providers in the country (Schiff, 2012

& Naylor & Kurtzman, 2010). This, coupled with the fact that primary care providers are usually the patient's first entry into the healthcare system, allows increased opportunity for the APRN- FNP, while maintaining appropriate roles, to meet this growing demand. The articles go on to suggest that many states continue to stifle the autonomy and/or role of the APRN-FNP related to outdated information and at times, physician led groups of opposition to expanded APRN roles (Schiff, 2012).

This occurs despite the significant research that shows no decrease in physician income when compared to states with expanded APRN roles (Schiff, 2012). There is also significant research that shows that APRN-FNPs are more likely to service underserved areas (Schiff, 2012 & Naylor & Kurtzman, 2010). Both articles conducted a review of literature and concluded that there is no data to support any increase in negative outcomes with patients in care of APRN- FNPs as opposed to those in care of a physician (Schiff, 2012 & Naylor & Kurtzman, 2010). Actually, many studies reported an increase in patient satisfaction, had increased continuity of disease management, longer consultations, increased patient compliance, and even reductions in both hypertension and diabetes (Schiff, 2012 & Naylor & Kurtzman, 2010). Expert Opinion

Nurses and thereby APRN-FNPs, have a background mixed in the nursing process which helps to support a more holistic approach to both diagnosis and treatment as well as patient education (Hansen-Turton, Ware & McClellan, 2012). As an expert in the field, Tine Hansen-Turton, the Executive Director of National Nursing Centers Consortium and Vice

President for Health Care Access and Policy at the Public Health Management Corporation, along with Jamie Ware, Policy Director at the National Nursing Centers Consortium, and Frank McClellan the Co-Director of the Center for Health Law, Policy and Practice at Temple Law School, collaboratively wrote they believed many states are hesitant in matters associated with expanded APRN-FNP roles; because , of an overall misunderstanding and an outdated perception of the nurse, and thereby the advanced education and clinical training achieved by the APRN-FNP (Hansen-Turton, Ware & McClellan, 2012). There appears to be a misconception that without these legal restrictions, the APRN-FNP would be less likely to collaborate with physicians or seek out consultation when faced with concerns beyond their scope (Hansen-Turton, Ware & McClellan, 2012). This would imply that the APRN-FNP would not practice in the best interest of the patient, which is fundamental in all levels of the nursing practice. Conclusion

All data examined for this project describe an ever increasing demand for healthcare, and the need for increased primary care providers. Studies continually show that APRN- FNPs, while acting in their appropriate roles, have shown that they are both able and willing to bridge these gaps and reach out to those who are underserved. There is also a growing consensus on the benefits of having a medical-nursing model to accomplish a more holistic approach to patient care (Hansen-Turton, Ware & McClellan, 2012). Finally, it is apparent throughout much of the data reviewed, that the APRN-FNP must remain vigilant in his/her practice, because of the law and practice variations from state to state. Also, in terms of practice reimbursement or

even being recognized by reimbursement systems as a care provider. So it becomes necessary to remain abreast of current and future legislation, because as of this date there are significant obstacles to overcome in order to get to a general consensus on the role of the APRN-FNP intra-professionally, inter-professionally, within the community, and among all stakeholders (Hansen-Turton, Ware & McClellan, 2012).

#### References:

American Association of Colleges of Nursing (AACN). (2006). The Essentials of doctorate education for advanced practice nursing. Retrieved from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf> APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory

Committee. (2008). Consensus model for APRN regulation: Licensure, accreditation, certification & education. Retrieved from [https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf) Brooks, T.,

Touschner, J., Artiga, S., Stephen, J., & Gates, A. (2015). Modern era Medicaid: Findings from 50-state survey of eligibility, enrollment, renewal, and cost sharing policies in Medicaid and CHIP as of January 2015. Henry J. Kaiser Family Foundation Report. Retrieved from <http://files.kff.org/attachment/report-modern-era-medicaid-findings-from-a-50-state-survey-of-eligibility-enrollment-renewal-and-cost-sharing-policies-in-medicaid-and-chip-as-of-january-2015>

Delgado, S. (2014). A brief history of advanced practice nursing in the United States. In A. B. Hamric, C. M. Hanson, M. F. Tracy & E. T. O'Grady (Eds.), *Advanced practice nursing: An integrative approach*, (5th ed., pp. 2-26). St. Louis, MO: Saunders Elsevier

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Hansen-Turton, T., Ware, J., & McClellan, F. (2010). Nurse practitioners in primary care. (health disparities, financing, and the law: From concept to action). *Temple Law Review*, 82(5), 1235. The Joint Commission. (2015) Comprehensive accreditation manual for hospitals: The patient safety systems chapter Retrieved from [http://www.jointcommission.org/patient\\_safety\\_systems\\_chapter\\_for\\_the\\_hospital\\_program/](http://www.jointcommission.org/patient_safety_systems_chapter_for_the_hospital_program/) The Joint Commission. (2015). 2015 national patient safety goals. Retrieved from [http://www.jointcommission.org/standards\\_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)