

Nurse practitioner and nurse anesthetist role analysis paper



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This paper examines the particulars of the professions of nurse practitioner and nurse anesthetist and compares and contrasts the two. Nurse practitioners and nurse anesthetists are both advanced practice nurses who provide high quality, cost effective care to their clients however their functions and the type of care they provide are different.

Nurse Practitioner and Nurse Anesthetist: A Role Analysis Paper

Nurse Practitioners are nurses with advanced training who provide healthcare services similar to those of a doctor. They are capable of diagnosing and treating a variety of health issues. As nurses, they use a holistic approach which focuses on health promotion, disease prevention, and education to treat each individual (American Academy of Nurse Practitioners, 2010b).

According to the American Academy of Nurse Practitioners (AANP), The University of Colorado is the birthplace of the Nurse Practitioner. Dr Loretta Ford of the College of Nursing and Dr Henry Silver of the School of Medicine believed that nurses could be taught to provide primary care to children and in 1965 that became a reality (University of Colorado Denver, 2008). Today there are 135, 000 nurse practitioners practicing in the United States and more than 325 institutes of higher education graduate almost 8, 000 nurse practitioners a year (American Academy of Nurse Practitioners, 2010a).

Nurse Practitioners are registered nurses who have a bachelor's degree in nursing or another related field who have pursued advance training and education to obtain either a master's or doctorate degree in nursing specializing in nursing practice (American Academy of Nurse Practitioners, n. <https://assignbuster.com/nurse-practitioner-and-nurse-anesthetist-role-analysis-paper/>

d.). The AANP has recommended that the entry level for Nurse Practitioner's be a doctorate degree beginning in 2015 (American Academy of Nurse Practitioners, 1993).

Each state licenses Nurse Practitioners and they practice according to those rules and regulations (American Academy of Nurse Practitioners, 2010b).

There are multiple agencies that certify nurse practitioners including specialty certifications such as the American Academy of Nurse Practitioners Certification Program, American Association of Critical-Care Nurses Certification Corporation, American Nurses Credentialing Center Commission on Certification, National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties, Oncology Nursing Certification Corporation, and the Pediatric Nursing Certification Board, Inc. Oregon requires that first time Nurse Practitioner candidates have an unencumbered registered nurse license in the State of Oregon, have a Master's or Doctorate degree in nursing from a Commission on Collegiate Nursing Education or National League for Nursing Accreditation Commission accredited school, and have graduated from a nurse practitioner program in the last year (Oregon State Board of Nursing, 2010).

Nurse practitioners work in many settings such as clinics, private practice, hospitals, nursing homes, schools, and public health departments both as primary and specialty providers. They care for individuals, families, and groups by diagnosing and managing acute and chronic problems using a combination of nursing and medical care. They practice independently and in partnership with other professionals to manage each client's health. They

also serve as researchers, consultants, and advocates (Nurse Practitioners of Oregon, 2010).

Nurse practitioners provide services such as those offered by medical doctors. These include assessing, diagnosing, and treating acute and chronic conditions and diseases, order and interpret diagnostic tests such as x-rays and blood work, prescribe medication and treatment, and counsel and educate patients on how their actions and behaviors affect their health and wellness.

According to the AANP, in 2008 the average total income for nurse practitioners working full-time was \$92, 100 (American Academy of Nurse Practitioners, 2010a). Employment opportunities are various and include working in acute care, pediatrics, family health, adult health, gerontology, oncology, psychiatry, women's health, cardiology, dermatology, emergency, endocrinology, hematology, pulmonology, orthopedics, occupational health, urology, and sports medicine (American Academy of Nurse Practitioners, 2010b).

According to the article, Trends in the Supply of Physician Assistants and Nurse Practitioners in the United States, " the major force affecting the demand for PA and NP services is the economy (Hooker & Berlin, 2002). Anya Martin, writer for Market Watch, reports that the growing shortage of primary care doctors and recent healthcare reform is driving the increased need for nurse practitioners because they cost less, provide the same services as medical doctors, and patients tend to be just as satisfied with their services (Martin, 2010). Medical economist Jeffery C. Bauer states that

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there will be an estimated 32 million newly insured people by 2014 due to health care reform and a predicted shortage of nearly 40, 000 primary care doctors by 2020 which adds up to equal an increased need for the use of “physician extenders” such as nurse practitioners (Martin, 2010). Similar articles in Time and USATODAY address the growing need of affordable healthcare and the ability of nurse practitioners to provide it (Pickert, 2009; Yetter & Halladay, 2010). The future looks bright as more and more people choose a nurse practitioner to be their health care provider.

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses with graduate education in anesthesia. According to the American Association of Nurse Anesthetists (AANA), CRNAs administer approximately 32 million anesthetics in the United States yearly, practice in every setting where anesthesia is available, are the sole anesthesia providers in more than two-thirds of all rural hospitals, and administer every type of anesthetic for every type of surgery or procedure (American Association of Nurse Anesthetists, 2010a).

Nurses have been administering anesthesia since 1861 when they provided anesthesia for civil war soldiers (American Association of Nurse Anesthetists, 2006). Surgeons were looking for a solution to the high morbidity and mortality rates attributed to anesthesia during surgery and nurses were the answer. They were seen as professionals who could devote their full attention to patient care during surgery. They were the first group of professionals to administer anesthesia in the United States and as pioneers they became involved with a myriad of surgical procedures and are credited with refining anesthesia technique and equipment. They have since become <https://assignbuster.com/nurse-practitioner-and-nurse-anesthetist-role-analysis-paper/>

recognized as the first clinical nurse specialty (American Association of Nurse Anesthetists, 2010b).

CRNA's are registered nurses who have obtained a bachelor's degree in nursing or a related field and at least a master's degree in nurse anesthesia. They must pass a national certification exam after graduation to be considered by state boards of nursing. It takes at least seven years of education and experience to become a CRNA (American Association of Nurse Anesthetists, 2008a).

Nurse anesthetists practice under the rules and scope of the state in which they are licensed but they are certified by the National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA). Certification has been required for CRNAs since 1945 (National Board on Certification & Recertification of Nurse Anesthetists, 2009). Certification requirements include having a current and unrestricted registered nurse license, completion of a nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs in the last two years, and passing the certification exam (National Board on Certification and Recertification of Nurse Anesthetists, 2010). Once certified, the nurse must apply to the state they wish to practice in. In Oregon the requirements to be licensed as a CRNA are to have a current, unencumbered Oregon nursing license, be a graduate of an accredited nurse anesthesia program, have graduated in the last two years, and hold current full certification (Oregon State Board of Nursing, 1998).

The functions and responsibilities of the CRNA are numerous and include assessing and evaluating the patient, ordering pre-operative tests, consultations, medications, and fluids, developing an anesthesia plan, administering anesthesia, monitoring and supporting the patient's sedation, hemodynamic status, and airway during and after the procedure using invasive and non-invasive equipment and techniques, supervising post-anesthesia recovery, providing pain relief, preventing and managing anesthesia complications, discharging patients from the recovery area, providing post-anesthesia evaluation and treatment, and responding to emergency situations to provide airway management and administering emergency drugs and interventions (American Association of Nurse Anesthetists, 2010c).

CRNAs provide anesthesia services including general, regional, and local anesthesia during surgical, obstetrical, and diagnostic procedures. Nurse anesthetist's earned \$160, 000 a year on average in 2005 according to the AANA. CRNAs are in demand and opportunities exist in both general and specialty practice in hospitals, surgery centers, pain clinics, medical offices, and the military. Nurse anesthetists are recognized by managed care for providing high-quality anesthesia with reduced cost which helps control rising healthcare costs. Recent health care reform measures and increased attention to managed care will provide new opportunities in the future. CRNA's are the lone providers of anesthesia in two-thirds of rural hospitals in the United States (American Association of Nurse Anesthetists, 2008b).

I became interested in becoming a nurse practitioner after working closely with one in coronary care. She provided cardiology coverage at night and <https://assignbuster.com/nurse-practitioner-and-nurse-anesthetist-role-analysis-paper/>

was very responsive to the needs of the patients and nurses. In the small community where I live, there is a shortage of primary care providers and my experience with the nurse practitioner has encouraged me to look into becoming a family nurse practitioner. In nursing school I had the opportunity to spend many hours in the operating room and while there I observed nurse anesthetists and their care and function also interested me. I enjoy nursing immensely; however I do not think that I will be able to be a bedside nurse forever because of the physical stress on the body as well as a desire to continue my education, to fill a need for a shortage of primary care providers in my community, and to provide high quality, cost effective care.

Nurse practitioners and nurse anesthetists are similar in that they are both registered nurses who are in advanced practice. They have increased responsibility in their provision of cost effective patient care. There are multiple locations in which they can work and their salary is greater than that of the floor or office nurse. They both must be nationally certified and must abide by the regulations of the state they practice in. However, nurse practitioners can provide care in multiple specialties versus the very specific care such as that the anesthetist provides. They also form more long term relationships with the clients they serve than the CRNA. CRNA's focus is on a specific patient, while nurse practitioners can serve individuals, families, and communities. Nurse practitioners and anesthetists both write orders for prescriptions and other treatments which are governed by the rules of the individual states of practice, however nurse anesthetists have a narrower scope of practice and in many states must work under a physician, while nurse practitioners are more autonomous and have a wider scope of practice

in many states. The educational outcomes include at least a master's degree for both professions, however nurse practitioner programs are moving towards doctorate degrees by 2015.

This assignment has helped me clarify the needs, requirements, and timeline of completing my education as either a nurse practitioner or a nurse anesthetist. It has also helped outline the job requirements of each profession and responsibilities of the nurse to the people they serve. Nurse anesthetists do have a higher earning potential, but the need for primary care providers is so much greater in my community than the opportunities for nurse anesthetists. At this time, becoming a nurse practitioner is much better suited to what I want for my future and the services I want to provide to my community than becoming a nurse anesthetist.