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THE FUTURE OF NURSE PRACTITIONERS; A CONFLICT ANALYSIS!

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ABSTRACT

The role of the nurse practitioner was first conceptualized in the late 1960s. Today, there are approximately 70,000 nurse practitioners in practice, they receive third-party insurance reimbursements, and they are in many specialty practices, as well as working in primary care practices promoting health and disease prevention. In the future, economics will shape our health care industry, placing a greater demand for nurse practitioners in this trillion-dollar marketplace. This article explores the evolving role of the nurse practitioner in education, practice, and research to meet the challenges of the health care needs into the 21st century.

The face of primary care in the Pakistan is changing and becoming challenging. With a shortage of primary care nurses expected to increase in the coming decades, nurse practitioners; nurses who have completed a master's or doctoral nursing degree and received advanced clinical training are expected to fill this gap. The Agha Khan University has step forwarded toward the course of Nurse Practitioner and sanctioned 2-3 seats for clinical training. Nurse practitioners are qualified to step in as primary caregivers to varying degrees in Pakistan, where they work directly with the patients, they serve and with other nurses and doctors to ensure the most successful health outcomes possible. The future of nurse practitioners is evolving, and they are taking on new and more expansive responsibilities.

Keywords: *Future Nurse, Health Care, Nurse Practitioner, Nurse Practitioner Education, Nurse Practitioner Practice*

INTRODUCTION

Why Future Nurse Practitioner?

The healthcare industry is changing with updated technology from the aging Pakistani population that is creating more demand for qualified, experienced nurses and nurse practitioners, and technologies that affect the delivery of healthcare (Aleshire, Wheeler et al. 2012). All of these trends are impacting the role of nurse practitioners.

The Nurse Practitioner reports that, while 24 states require nurse practitioners to work under the supervision of a doctor, in 26 states and the District of Columbia, nurse practitioners may practice and prescribe medication without doctor oversight (Contandriopoulos, Bertoni et al. 2023). In 13 of those states, nurse practitioners may only gain these responsibilities after completing a post-licensure period of collaboration, mentorship, or oversight with a doctor (Sangster-Gormley, Griffith et al. 2015).

Nurse Practitioner Models of Care:
The role was established in the 1960s in the United States and Canada to meet the primary health care needs of the population in light of physician shortages, particularly in rural areas (McGilton, Bowers et al. 2022). NPs can perform a wide range of care services including diagnosing, prescribing medications, and performing some medical procedures as appropriate through training and scope of practice guidelines (Peters and Marnie 2022). Because of their nursing background and baccalaureate degree education, NPs have a strong focus on advanced nursing skills and medicine, psychosocial care, resident and family education and problem solving, and engaging family as care partners. In addition, NPs allocate a large part of their time coaching and educating direct care staff, during which NPs act as catalysts to develop and strengthen the staff's clinical skills and increase confidence (Norful, Swords et al. 2019).

Licensure and practice in Pakistan
Pakistan nursing & midwifery council regulates licensure practice for nurses and is a barrier to NPs practicing to the fullest extent of their education and training. Licensure and practice laws for NPs vary per state, despite a main goal of full practice authority. What does this mean? Full practice authority is "the collection of state practices and licensure laws that allow for NPs to evaluate patients, diagnose, order, and interpret diagnostic tests, initiate and manage treatments-including prescribing medications-under the exclusive licensure authority of the state board of nursing"(Hain and Fleck 2014).
The problem is only about one-third of the nation has adopted full practice authority licensure and practice laws for NPs. The remainder of NPs in the U.S either have: 1) reduced practice and licensure which means the NP has the ability to engage in at least one element of the NP practice and is regulated through a collaborative agreement with an outside health discipline in order to provide patient care; or 2) restricted practice and licensure which means that NP has the ability to engage in at least one element of NP practice and requires supervision, delegation, or team-management by an outside health discipline in order to provide patient care (Kleinpell, Cook et al. 2018).
Full practice authority is also referred to autonomous practice or independent practice. Under full practice authority, NPs are required by their licensing state to meet educational and practice requirements for licensure, maintain national certification, consult and refer to other healthcare providers per patient/family needs, and be accountable to the public and state board of nursing for meeting the standards of care in practice and professional conduct (Kleinpell, Cook et al. 2018).

Barriers to Nurse Practitioner Practice
Pakistan Medical and Dental Council prescriptive privileges continue to be systemic barriers impeding NPs from providing optimal care in Pakistan. However, In the United States, NPs have full independent practice authority in only 44% of the states, and in states with restrictions on their practice, NPs cite difficulty with finding physicians to supervise them and the costs to beginning and maintaining the collaborative agreements as prohibitive to establishing practices (Peterson 2017). PM&DC in collaboration with Pakistan Nursing Council, NPs' scope of practice limited them from prescribing medications, ordering laboratory tests or therapies, assessing newly admitted residents or obtaining reimbursement for their services. However, Variations in NPs' scope of practice exist across Canada's provinces and territories as well, with the fewest restrictions in place in the Northwest Territories and Nunavut (Hain and Fleck 2014).
The Pakistan Nursing Council should advocate for NPs to practice at the full extent of their education and scope and to address regulatory and cultural barriers to provide the best care possible to residents. Moreover, researchers have found that when NPs can work under less restrictive regulations there is an associated decrease in hospitalization rates and subsequent positive impact on quality of care and costs of health care. COVID-19 provided an opportunity to understand contributions of NPs when barriers to practice restrictions were lifted (O'Reilly-Jacob and Perloff 2021).

Physician Related Issues
Some physician professional organizations, including the American Medical Association, believe that because physicians have longer and more rigorous training than NPs, nurse practitioners are incapable of providing quality, safe care at the same level as physicians (Zwilling and Fiandt 2020). However, other physicians

recognize that the education and training is not the same as their own, yet continue to value nurse practitioners. In 2011, the American College of Physicians published a position paper identifying the important role NPs play in meeting the growing demand for primary care (Moote, Krsek et al. 2011) This may contribute to the confusion among many physicians regarding the role of nurse practitioners. At a time when healthcare reform is rapidly evolving, it is critical that NPs and physicians collaborate to achieve best practices. Although, physicians and NPs possess a similar goal of improving patient outcomes, barriers to successful collaboration exist. Lack of knowledge of NPs scope-of-practice has been identified as a barrier to successful collaboration

The traditional medical hierarchal model of practice contributes to ineffective teamwork. This model promotes physician dominance over the healthcare team. As the shortage of primary care providers looms in the distance and healthcare providers struggle to care for an aging population, this type of medical model will no longer suffice. It is critical to establish collaborative models of care that embrace the gifts of all members of the healthcare team. Accomplishing this may be difficult if some physicians believe that nurse practitioners lack competence to provide quality care. This belief can be one of the major obstacles to independent NP practice.

Payer Policies (Pakistan Nursing & Midwifery Council)

Payer policies are often linked to state practice regulations and licensure. Restrictive scope-of-practice may lead to stricter payer policies limiting NPs ability to practice independently. In addition, these payers may be resistant to credentialing or directly paying NPs for services they provide. State insurance mandates are important to NP practice because they affect nurse practitioners' ability to independently practice and bill for services. Health insurance mandate "is a command from a governing body, such as a state legislature, to the insurance industry or health plans to include coverage of a particular healthcare provider, benefit and/or patient population"

For decades nurses have "been 'revenue invisible,' meaning that nursing services are not separated from the institutional room fee or other professional fees on the billing statements," which may promote the belief that nurses are not 'revenue generators.' This may contribute to the underrepresentation in or exclusion from the decision-making processes that determine the metrics upon which costs, value, pricing, and payment are based"

The reasons for not allowing NPs to have admitting privileges is unclear; however, recognizing the potential contribution of NPs, some hospital organizations (Agha Khan and Shoukat Khanum memorial Cancer Hospital and Research Centre) are hiring nurse practitioners to increase physician productivity, improve continuity of care, and improve patient safety and quality.

State legislative reforms continue to focus on NPs issues such as state scope-of-practice and payer polices (PN&MC act 2023). National nursing organization such as the American Nurses Association (ANA) and the American Association of Nurse Practitioners (AANP) are leading advocates for allowing NPs to practice to the fullest extent of their education and training. In addition there are many state and local NP organizations that continue to struggle to move legislative initiatives forward.

The level of physician supervision appears to have the greatest impact on NPs ability to practice the fullest extent of their education and training. Despite physician organizations opposition, certain consumer groups like AARP have shown support for the independent NP practice.

Paying attention to gaps in quality may provide a focused direction for areas needing improvement. The Doctor of Nursing Practice (DNP) degree should be stared in Pakistan and that will allowed opportunity for nursing inquiry and quality improvement. The curriculum include but are not limited to: 1) practice management, 2) health policy, 3) use of informatics, 3) risk management, 4) evaluation of evidence, 5) advanced diagnosis and management of disease process.

It is anticipated that DNPs will make substantial contributions to healthcare redesign. Healthcare redesign must include payer policy reform. Restructuring should support professional teams and promote independent NP practice (Newhouse et al., 2012). Collaboration between physicians and NPs is a fundamental part of healthcare transformation.

Recommendations

1) Maintaining legislative reforms that were initiated during COVID-19 and

continuing to remove barriers to NP practices.
2) Clearly articulating the roles and responsibilities of NPs and physicians within the different models of care;
3) Conducting additional research to determine the optimal care models with which to achieve the best outcomes for residents, staff, and the health care system (eg, costs, re hospitalizations);
4) Incentivizing work in the Public and Private sector by providing competitive salaries for NPs.
5) Developing innovative programs to engage and educate new NPs to work in healthcare settings.

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