

Advanced Practice in Nursing

Under the Auspices of the *International Council of Nurses (ICN)*

Series Editor: Christophe Debout

Lisbeth Maria Fagerström

A Caring Advanced Practice Nursing Model

Theoretical Perspectives And
Competency Domains



 Springer

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This series of concise monographs, endorsed by the International Council of Nurses, explores various aspects of advanced practice nursing at the international level.

The ICN International Nurse Practitioner/Advanced Practice Nursing Network definition has been adopted for this series to define advanced practice nursing: "A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level."

At the international level, advanced practice nursing encompasses two professional profiles:

Nurse practitioners (NPs) who have mastered advanced practice nursing, and are capable of diagnosing, making prescriptions for and referring patients. Though they mainly work in the community, some also work in hospitals. Clinical nurse specialists (CNSs) are expert nurses who deliver high-quality nursing care to patients and promote quality care and performance in nursing teams.

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Foreword

I am delighted to write the foreword for this book introducing the *Caring Advanced Practice Nursing Model*, which offers an insight into the theoretical perspective and competence domains. There has been much written globally about the role of the Advanced Practice Nurse (APN) but little focusing on what caritative theory and practice can add to the role.

Professor Fagerström is a global leader in the field of Caritative Nursing and Advanced Practice Nursing and has been instrumental in advanced practice developments in Nordic countries. Her expertise and experience have led to this eloquently presented book which initially discusses the APN role, its benefits, and characteristics. The APN role is well established in many countries providing care in all settings. Where the APN role is evident, we can see them helping to expand healthcare provision, addressing healthcare inequalities and the shortages of physicians. APN growth and development will help to manage the global increase in complexity of health needs, an increase in long-term conditions and polypharmacy. This has been clearly seen during the Covid 19 pandemic where APNs have risen to the challenges faced utilizing their full capabilities.

It could be argued that the Covid 19 pandemic has led many of us to an existential crisis. I would suggest this was already in full flow, many societies were becoming embedded in individualism, and health care globally has often moved to a mechanistic rather than person-centered approach. This book addresses many of the issues that come to the fore in an existential crisis and it provides an important contribution to the APN literature. As nurses continue to advance and bring together the best of nursing with the best of medicine the focus needs to remain with the patient and with the fundamentals of caritative nursing. Professor Fagerström articulates fully the need for person-centered holistic care to be at the heart of APN practice.

After introducing the development and progression of APNs the reader is guided through the Caritative perspectives and the Caring APN model. The domains of clinical nursing practice, ethical decision-making, coaching and teaching, consultation, collaboration, case management, leadership, and research and development are described and illustrated well to help the APN understand the context and application to practice. An exploration of the connection between epistemology, a three-dimensional view of knowledge (epistêmê, technê, and phronesis) and the caring perspective, as well as the central theoretical aspects of nursing, e.g., health, holism, and ethics/ethos is meaningfully captured.

I first met Professor Fagerström 10 years ago through the International Council of Nurses Nurse Practitioner/Advanced Nurse Practitioner Network (ICN NP/APNN) where we both connected on our passion for ensuring holistic care is at the focus of Advanced Practice. We have both served for many years with the ICN NP/APNN working to support the development of advanced practice nursing globally. Our work has many parallels. I write widely about the need to integrate spirituality into advanced practice nursing and health care. Spirituality is at the core of person-centered care; it includes all the concepts of caritative caring and supports patients to find hope, meaning, and purpose during illness and times of stress. Spirituality challenges us to compassionately engage with the whole person as a unique human being, in ways which can provide a sense of hope, meaning, and purpose. It necessitates emotional involvement within our professional boundaries where we can provide a humanistic approach which meets the needs of our patients. In my own research and practice I put forward the concepts of “Availability and Vulnerability” which enable the APN to reveal aspects of their own humanness within the APN-patient relationship. These concepts mirror the domains presented in this book, and integrating these into practice will enable the APN to offer truly holistic approaches to care.

Spirituality should be a simple concept which remains at the heart of clinical practice and ensures that our patients remain at the center of our work. It can also help us to address many of the existential questions patients often ask “why me?”, “how will I cope?”, “what does it mean for my life?” In the same way caritative caring also gets to the heart of what it means to connect with our patients as fellow human beings.

I will never forget the first time I heard about caritative caring; it was at a large medical conference where a Nordic Nurse talked about what is needed at the heart of health care. She focused on *caritas* as compassionate love. Initially there was an audience of about 200 people. The audience appeared engaged as she talked about the demands of health care and research into the challenges health care faces. She then moved on to discuss the need to fundamentally revise how we provide health care. Once she started talking about love many of my medical colleagues got up and walked out of the session. For me, the presentation was incredibly powerful and insightful. She explained how throughout her career she had become a well-recognized nursing scholar, as well as advancing her clinical career. She had written widely on the application of nursing theories into practice. She talked of being careful about how she presented her work to ensure it fitted into the sociopolitical contexts of the time. However, she recognized that she had avoided talking about the central tenet of her work because of how it would be received. This central tenet was “love” and for me is a fundamental principle of spirituality and caritative caring. I wanted to highlight this point as I believe that compassionate love is fundamental to the caring advanced practice model as it reminds us that we are fellow human beings who are navigating this life journey together and as such we should practice with kindness, empathy, compassion, and “love.”

All of us who work as APNs know how significant a therapeutic relationship with patients is in providing a safe and caring environment. We have the opportunity

as APNs to offer our care, compassion, empathy, kindness, and love to those in our care, however they present. The ability to connect fully with those in our care as fellow human beings is key to caritative caring.

This book is a valuable resource for the international community of APN students, practitioners, educators, researchers, and policy makers alike. I fully recommend it and hope that the principles of caritative caring will become a primary focus for all practicing APNs as they embed holistic care into their focus. The Caring Advanced Practice model focuses on the humanity of the patient; it challenges us all as practitioners to engage the core competencies of advanced practice within caritative philosophy. As we do this, we will drip by drip move from the mechanistic, conveyer belt healthcare systems many of us work within toward a humanistic healthcare service where patients remain the focus.

February 4, 2021

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Preface

My interest in advanced practice nursing was awoken nearly two decades ago when as Dean for the Swedish-language nursing educational program (2000–2007) in Vaasa, Finland, I had the opportunity to participate in a European Union-funded project with the aim to develop the Nurse Practitioner role in Europe. Several European countries were represented in the project, among these England and Ireland. During the course of the project I met highly committed instructors and professors from the north of England who spoke about nurses with a master's level education in clinical nursing; nurses who could meet patients' needs for care and treatment in a manner that I considered novel. With advanced clinical skills and solid clinical competence, these nurses were able to run own independent clinics and independently make decisions about patient care and treatment. The reasoning behind such innovative thinking was that these so-named nurse practitioners could help increase access to care and treatment. Even today, access to care and treatment is still a current and burning problem in many countries. Healthcare systems throughout the world, even in so-named welfare states, lack the capacity to meet in full expanding populations' growing need for care.

While a full-time professor in nursing science at the University of Southeast-Norway (USN; 2008–2016), my continued interest in advanced practice nursing led me to become the leader of a Nordplus-funded project. A total of six universities and university colleges throughout Sweden, Finland, Norway, and Denmark were represented in the GEROPROFF project, through which a master's module (45 ECTS) built on core advanced practice nursing courses was developed. I have also had the privilege of developing a new master's program in advanced practice nursing at USN, which started in autumn 2015 and was designed in accordance with International Council of Nurses guidelines on advanced practice nursing. As an affiliated professor I still contribute to this program as an instructor and am extremely proud of its design, which includes not only a focus on general advanced clinical competence but also primary care.

At nearly the same time as the USN master's program in advanced practice nursing was being developed and started, I was granted funding from the Research Council of Norway (through the PRAKSISVEL program) for a project entitled "Providing person-centred healthcare—by new models of advanced nursing practice in cooperation with patients, clinical field and education" (04.2015–04.2021). The aim of this project was to evaluate USN's aforementioned master's program as

well as develop new advanced practice nursing models and roles for the Norwegian healthcare sector. Following 6 years of research within the framework for this project, I together with my esteemed fellow research colleagues can note that—thanks to active cooperation with regional representatives, leaders from both hospital and primary health care, and highly motivated newly trained advanced practice nurses—several interesting advanced practice nursing models and roles have been tested and developed. I can furthermore note that changing established work methods and roles in healthcare service work models is challenging. Changing a professional group’s responsibilities and roles impacts the entire healthcare team. Leaders have an important role to play as agents for change. Leaders’ understanding for new roles and tasks is crucial. Even support from an organization’s leadership is required for the implementation of new advanced practice nursing functions and work tasks. Change takes time and requires patience and a clear vision, without which change does not occur. Continuous organizational changes in the healthcare sector make the implementation of new work models difficult.

In the autumn of 2016, I was offered the opportunity to lead the Department of Caring Science at the Faculty of Education and Welfare Studies at Åbo Akademi University, as the department head. My vision as department head and “newly minted” caring science professor has been to start a new university-level master’s program in advanced practice nursing in Finland, in which the theory of caritative caring that has been meritoriously developed at the university since 1987 is united with advanced practice nursing. In the autumn of 2021, a new English-language master’s program in advanced practice nursing will be offered at the university. I personally look forward to developing the program in accordance with the new International Council of Nurses guidelines on advanced practice nursing 2020 and collaborating with experts from both England and Norway to ensure the development of a high-quality clinically oriented master’s program. The aim is to contribute to the development of advanced practice nursing roles in Finland and other countries where the role and/or function is relatively new. The vision is advanced practice nursing models that include clearly delineated expanded rights for nurses and which correspond with international standards. It is important to note that advanced practice nursing is still nursing and has at its heart the maxim that “caring is the core of nursing.” One can therefore describe an advanced practice nurse as “a maxi nurse with some medical skills.” A clear theoretical foundation in nursing/caring science is needed, and I believe that advanced practice nursing as an area of research will contribute not only to improvements in both access to care and treatment but also improved care quality for those in need of care and treatment.

I hope this book provides its readers with new knowledge of what advanced practice nursing is and even inspires and encourages visions of a professionally independent advanced practice nursing function that in the future is considered a natural and significant part of healthcare services throughout the world.

February 14, 2021

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Advanced Practice Nursing: A Justified Need

1

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Abstract

In this introductory chapter, a brief description of advanced practice nursing on an international level and the background to and motivation for why advanced practice nursing provides an opportunity whereby healthcare services can be improved and developed are presented. First, advanced practice nursing is briefly introduced as an international phenomenon, including common positive effects of advanced practice nursing as demonstrated in earlier research and international experience. Then four clear reasons for why it is worthwhile to invest in the development of advanced practice nursing are presented. This includes the current need to improve access to nursing, care, and treatment; more effective use of available resources to meet increased demand for healthcare services; how advanced practice nursing supports the recruitment of future nurses through clinical career paths; and how advanced practice nursing can contribute to the sustainable development of healthcare services.

Keywords

Advanced practice nursing · Motivations for advanced practice nursing · Effects
Sustainable development

Born two centuries ago, Florence Nightingale is today considered a leading figure in nursing. She had the foresight to realize that nurses can play an important role in healthcare and highlighted the importance of collecting and systematizing data on patients' health status. She also advocated for a healthcare environment, including fresh air, nutritious and good food, and beauty in care. She was furthermore a fiery debater, who among other things fought for reasonable salaries for nurses. In modern terms one could perhaps summarize her endeavors using the term "sustainability." Nursing has changed immensely over the past two centuries—as has society in general. Especially since the end of the Second World War in 1945, all aspects of society have undergone palpable development. From the perspective of the twenty-first century, it is possible to look back and conclude that nurses in many countries currently work on an advanced clinical level and that nursing as a whole is in a phase of development. This has been fueled by a clear desire to implement advanced-level nursing that includes expanded rights, e.g., the right to prescribe treatment or medication, refer patients to other professionals, or admit patients to the hospital. Nurses in many countries have taken courageous steps forward and "challenged" existing traditional, hierarchal power structures, with the clear intent to improve the quality of care and treatment and, above all, patients' access to care and treatment. Nevertheless, in many countries where the concept of advanced practice nursing is new or unexplored, even more marketing and knowledge of what advanced practice nursing entails is needed: among nurses themselves, other healthcare professionals, leaders, politicians, and the general public. It is still necessary to spread information on why the development of advanced practice nursing is motivated and develop sustainable and consistent advanced practice nursing educational and research programs.

This book is built on the central premise that advanced practice nursing can contribute to making healthcare systems more effective and person-centered and can contribute to the sustainable development of healthcare. Advanced practice nursing significantly contributes to the overall competency of a healthcare team, and nursing competence can be more efficiently used if nurses are allowed to professionally develop and progress to the advanced level. With its starting point in the individual patient's unique health needs, advanced practice nursing can contribute to new innovations in the development of healthcare and thereby contribute to improved quality, care, and patient health. Accordingly, one can maintain that advanced practice nursing contributes to the sustainable development of healthcare.

1.1 Advanced Practice Nursing as an International Phenomenon

Advanced practice nursing is the common theme running through this book. In international literature and research today, the concept "advanced practice nursing" is used in various ways, and clear consensus on how the concept should be defined does not currently exist (Delamairé and Lafortune 2010). The North American model is commonly used, which includes four professional titles/roles: clinical

nurse specialist, certified nurse anesthetist, certified midwife, and nurse practitioner (Schober and Affara 2006; Hamric 2009; Hamric and Tracy 2019). The “clinical nurse specialist” title/role should not be confused with “specialist nurse.” While in many countries, specialist nurses have a postgraduate education and a specialization in a specific area, they do not have the advanced competence in clinical assessment of patients’ health problems that is obtained from a master’s-level advanced practice nursing education (International Council of Nurses 2020).

The expansion of nursing’s traditional professional boundaries can be described using the international concept “advanced practice nursing,” which is a collective term for nursing on the advanced level. In many countries, the development of nursing has occurred through nursing on the specialist level, from a system where nurses have specialist education to advanced practice nurses who bear a clear, independent responsibility and have a clear, autonomous, professional role with a defined place in the healthcare organization and in relation to other professions. The term advanced practice nurse is used in this book as a concept for both “nurse practitioner” and “clinical nurse specialist.” These titles are considered to be the most frequently used and are in accordance with the new International Council of Nurses’ guidelines (2020). As early as 1997, research on the nurse practitioner function in England was published. In studies from that time, researchers found that nurse practitioner-led actions worked well as an initial point of contact for patients with acute medical problems (Myers et al. 1997; Sakr et al. 1999).

The development of advanced practice nursing can lead to tension between nurses with specialist educations and clinical nurse specialists, who have competence in a narrower and more closely defined area, or nurse practitioners, who usually have expanded rights: prescribing rights, the right to order laboratory tests, radiography, and referrals. The health situation of each country and the career opportunities available to nurses in the national context are relevant to the form that a country’s healthcare system takes. Still, an important starting point for the development of care and nursing is that healthcare systems need nurses with varying skills and varying levels of competence: bachelor’s, master’s, and doctoral levels. Each nurse should determine, based on his/her life situation and interests, which level feels most meaningful and relevant to him/her. Such a person-centered perspective is even needed regarding career development. Nurses should ask themselves: “Who am I as a person and what constitutes a meaningful contribution to patient care for me?” More detailed reflection on this topic and a description of the similarities and dissimilarities between the various nursing levels are seen in Chap. 2.

Professional demarcations between nursing functions have noticeably emerged in many countries during the past 10–25 years, among others, in Australia, England, Ireland, Scotland, New Zealand, Singapore, and the Netherlands (Schober and Affara 2006; Schober 2016; International Council of Nurses 2020). Even in certain parts of continental Europe, e.g., France, Spain, and Lithuania, one sees a growing interest in advanced practice nursing, not only in education and research but also clinical practice: seen as new advanced practice nurse or nurse specialist roles (Hassmiller and Pulcini 2020; Debout 2020).

The development of a more independent clinical nursing role started in the United States of America more than 50 years ago (Ford and Silver 1967). Already in the 1940s, the development of medical specialties and technologies in the United States of America lead to the emergence of nurses practicing at a higher degree of specialization, in turn evolving into the clinical nurse specialist role (International Council of Nurses 2020). Today there are approximately 72,000 clinical nurse specialists in the United States of America, and the demand for both advanced practice nurses and clinical nurse specialists is expected to grow 31% between 2012 and 2022.

This can be compared to Canada, where the development of the clinical nurse specialist role began in the 1970s. While in many countries the clinical nurse specialist role was first implemented in a hospital setting (Delamaire and Lafortune 2010), the role has since evolved to include the provision of specialized care for patients with complex health needs in outpatient, emergency department, home care, community, and long-term care settings (Bryant-Lukosius and Wong 2019). As seen in a 2010 survey by the National Association of Clinical Nurse Specialists, most clinical nurse specialists work in inpatient hospital settings. However, as noted previously, clinical nurse specialists today work in settings across the span of healthcare delivery systems, including hospitals, clinics, private practice, schools, nursing homes, corporations, and prisons (<https://explorehealthcareers.org/career/nursing/clinical-nurse-specialist/>).

Many countries are facing healthcare provider shortages and imbalances, especially in primary care, and the shortage of healthcare professionals is expected to increase immensely in the future (WHO 2018). The rise in chronic diseases and multimorbidity all over the world has been defined as the main impetus behind the introduction of new advanced practice nursing roles. Around the world, the advanced practice nurse role continues to evolve, but education, credentials, and scope of practice vary between countries (Maier et al. 2016). Advanced practice nurses have a varied scope of practice, which can include the right to prescribe treatment or medication, e.g., for patients with acute infectious diseases, refer patients to other professionals, or admit patients to hospital. Looking at data between 2005 and 2015, Maier et al. (2016) analyzed the size, annual growth, and extent of nurse practitioner's advanced practice in six Organisation for Economic Co-operation and Development (OECD) countries. As can be expected, the United States of America showed the highest absolute number and rate of nurse practitioners per population (40.5 per 100,000 population), followed by the Netherlands (12.6), Canada (9.8), Australia (4.4), and Ireland and New Zealand (3.1, respectively). The annual growth rates were high in all countries and between three and nine times higher compared with physician growth rates. As part of this same study, in the empirical studies from their literature scoping review, Maier et al. (2016) even saw that nurse practitioners provide between 67% and 93% of all primary care services, though this conclusion was considered to be based on limited evidence. They concluded that nurse practitioners "are a rapidly growing workforce with high levels of advanced practice potential in primary care."

In addition to North America, Australia, and parts of Europe, advanced practice nursing has “spread” to other continents. For example, advanced practice nursing is on the rise in Singapore, Taiwan, and China (Hu et al. 2018). In a new overview of the development of advanced practice nursing in China, the clear development of nursing from the diploma (generalist) level and up to the master’s (advanced) level was revealed, especially evident from 2005 forward (Wong 2018). From studies set in Africa, one sees that new nursing models that incorporate advanced practice nursing are being developed, with the objectives to improve access to care and treatment and enable qualitative and cost-effective care (Mboineki and Zhang 2018; Christmals and Armstrong 2019).

In the Nordic countries, while the nurse specialist role has been developed, the clear independence and formalization/standardization of the advanced practice nursing role have not yet been fully developed. In both Finland and Sweden, advanced practice nursing educational programs on the master’s level were introduced more than a decade ago, but enrolment and matriculation are still slight (Hallman and Gillsjö 2005; Fagerström 2009; Jangland et al. 2014; Ljungbeck and Sjögren 2017). In Norway, the first master’s-level advanced practice nursing educational program in advanced geriatric nursing was started in 2011 (Hauge et al. 2011), and interest in master’s-level advanced practice nursing educational programs has increased, with several such programs currently being offered. In 2019, the Norwegian Directorate of Health and Social Affairs instituted new regulations concerning the authorization, licensing, and specialist approval for nurses (*Forskrift om spesialistgodkjenning for sykepleiere*), in which it was delineated that nurses holding a master’s degree in advanced practice nursing are allowed to seek recognition as specialists (<https://lovdata.no/dokument/SF/forskrift/2019-11-19-2206>). In Norway, an advanced practice nurse (*avansert klinisk allmennsykepleiere*) is defined as having advanced clinical competence with a specific focus on community healthcare. During preparation of the Norwegian regulations, it was emphasized that any master’s-level advanced practice nursing educational programs must also include an adequate foundation in the medical, humanistic, and social sciences. Furthermore, such programs must include a thorough introduction to the advanced practice nursing role and the skills and competencies necessary for the systematic clinical assessment of patients’ health status; the aim is that nurses should be capable of identifying and differentiating between various types of health issues/problems, formulating suggestions and creating plans for measures to be taken, implementing measures to manage complex patient conditions, as well all as making ethically justified decisions.

The expanded right to perform tasks, e.g., prescriptive authority, has not spread as much in the Nordic countries. Yet of the Nordic countries, Finland is the country where expanded rights have most been implemented (Fagerström 2016, 2019). A new law was introduced in Finland in 2011, in which it was delineated that registered nurses who have completed 45 ECTS credits as part of a standard postgraduate educational program would be allowed limited prescriptive authority in primary care. Since 2019, the list of medications certain nurses can prescribe has been expanded, and prescriptive authority extended to not only include registered nurses

in primary care clinics but also registered nurses working in primary outpatient care, joint acute/emergency departments, private medical clinics, and hospital outpatient clinics (Social- och hälsovårdsministeriets förordning 922/2019). In Sweden, an investigation into specialist nursing education has been started, including an analysis of access to and the need for nurse specialists. The goal is to create a new post-graduate advanced practice nursing educational program and implement a new nurse practitioner role including expanded rights and prescriptive authority (SOU 2018).

While the overall competence of healthcare staff has perhaps never been higher than what it is today, nurses in many countries nevertheless engage in work steered by “old,” set traditions and rigid hierarchies and structures, which hinder nurses from taking greater responsibility for patients’ care and treatment. As nurses we can ask ourselves whether we wish to take on greater responsibility and/or have the energy and strength to transcend the professional patterns hereto determined by tradition.

1.2 Advanced Practice Nursing Yields Positive Effects

Advanced practice nurses’ work is characterized as evidence-based practice, and their care should lead to positive patient outcomes. The result of several years’ experience with implementation of the nurse practitioner role in New Zealand has led to the following conclusions:

A nurse practitioner combines the best of nursing with some skills from medicine. Nurse practitioners can deliver a large proportion of the services the average person needs in terms of minor, acute illness and long-term conditions such as asthma and diabetes. Through nurse practitioners, we are able to offer the public a whole new access arrangement into healthcare. (Ministry of Health 2009)

Several years’ worth of extensive international research indicates that advanced practice nursing models lead to positive patient outcomes and contribute to the development and improvement of healthcare services, especially access to nursing, care, and treatment.

In many countries, there have been good outcomes associated with the introduction of advanced practice nursing roles in emergency care, e.g., significantly shorter wait times, shorter hospital stays, improved quality of treatment, and patient satisfaction (Boman et al. 2020, 2021). Still, researchers have not been able to draw definite conclusions with regard to the impact on costs (Jennings et al. 2008, 2015). Nevertheless, the results are still positive for the nursing profession. Advanced practice nurses have more autonomy and a significantly expanded role experience that both colleagues and physicians show them greater trust and respect. They also simultaneously report that they have become prouder of their own skills and knowledge (Kleinpell 2005; Wisur-Hokkanen et al. 2015).

Interest in advanced practice nursing in community healthcare is on the rise in many countries. Nursing-led treatment has been shown to have a clearly positive

effect on patient satisfaction, length of hospital stay, and mortality (Maier et al. 2016; Maier et al. 2017). Ambulatory advanced practice nursing teams are also seen to yield good treatment outcomes and have even in new research been linked to promising cost-effectiveness outcomes (Martin-Misener et al. 2015). For example, healthcare models that include advanced practice nurses caring for women with incontinence have been shown to reduce patients' symptoms and improve patients' life quality (Teunissen et al. 2015).

In many countries, advanced practice nurses have been given a strong and central role in community healthcare and care for the elderly. Advanced practice nurses can take responsibility for both acute health assessments and the follow-up of patients with chronic health conditions. Researchers have found advanced practice nurses' holistic approach to patients and patients' families to be very valuable (Fahey-Walsh 2004). For example, in a study from Canada in which the nurse practitioner's role in long-term care was examined, researchers found that advanced practice nurses contribute to the effectiveness and development of clinical activities and that there is high satisfaction with the role (Stolee et al. 2006).

Researchers have shown in many studies that there are lower rates of depression, urinary incontinence, pressure sores, and aggressive behavior and that fewer physical restraint measures are needed on units where advanced practice nurses work in long-term care (Donald et al. 2013). Patients on such units report improvement of own goals, while patients' families are more satisfied with the medical treatment being provided. Another example is advanced practice nurse in-home health consultation programs, which have been shown to reduce negative health consequences with regard to, e.g., acute events, falls, and hospitalizations (Imhof et al. 2012). In that study, the in-home program was provided by advanced practice nurses and guided by the principles of health promotion, empowerment, partnership, and family-centeredness. Advanced practice nursing models have even been shown to improve access to treatment for harder-to-serve populations and reduce the use of acute services (Roots and MacDonald 2014). Researchers in that study sought to identify the impact of nurse practitioner role implementation and found that the implementation of the role resulted in changes in other practitioners' provision of care, among others, increased job satisfaction, and that physician colleagues sought to remain in their current work environment. The researchers also found that a group style of practice, in which practitioners work side by side rather than together and there is a collaborative advanced practice nurse-physician relationship, was central and determinative to good patient outcomes.

The effectiveness and quality of advanced practice nursing-led treatment are often assessed and compared to physician-led treatment. In a 2-year follow-up phase of a randomized study comparing outcomes of patients assigned to either a nurse practitioner or physician primary care practice, with follow-up at 6 months and 2 years, researchers found no differences between patients' health status, disease-specific physiological measures, satisfaction, and use of specialist, emergency room, or inpatient services (Lenz et al. 2004). In a systematic review of 69 studies published from 1990 to 2008 encompassing 27,993 patients, researchers found that advanced practice nurse outcomes were similar to and in some ways

better than physician-led care regarding several central variables (Newhouse et al. 2011). For those 37 studies in which nurse practitioner care groups and physicians/teams with nurse practitioners were compared, the researchers found high levels of evidence for equivalent rates of patient satisfaction, self-reported perceived health, functional status, glucose control, blood pressure, emergency department visits, hospitalization and mortality, and better serum lipid control. In other studies, researchers have found positive treatment outcomes for similar result variables (Horrocks et al. 2002; Laurant et al. 2005). Still, in many studies where advanced practice nursing-led and physician-led care are compared, researchers have not seen significant differences. Nevertheless, there is more than enough evidence that advanced practice nurses can contribute to the development of new, innovative methods whereby patients' health is promoted and patients' capacity for self-care is supported.

To date, health economic analyses (cost studies) have not yielded definitive answers to whether advanced practice nurse-led or physician-led care practice is better. Researchers in several studies have concluded that nursing and treatment provided by nurses increase the quality, cost efficiency, and person-centeredness of care (Horrocks et al. 2002; Lenz et al. 2004). Even though advanced practice nurses receive a lower salary than physicians, they have been found to engage in significantly longer consultations, perform and order more tests, and more often schedule patients for follow-up appointments than physicians (Hollinghurst et al. 2006). Yet some researchers have found that advanced practice nurse care practices are not cost-efficient, primarily because the time spent per patient consultation is too lengthy (Marsden and Street 2004). Still other researchers have seen that the introduction of an advanced practice nursing care practice in a hospital setting was clearly linked to a reduction in wait times and shorter consultations (Jennings et al. 2008). One can conclude by stating that longitudinal health economic analyses are lacking but needed to fully assess advanced practice nursing and the care, treatment, and follow-up of patients with chronic disease that advanced practice nurses provide. It is only through a future perspective that eventual cost efficiency will be fully revealed.

An interesting question regarding health economic analyses and the comparison of advanced practice nursing-led versus physician-led care practice is whether the time spent on patient consultation is a significant variable. Efficiency and outcome-based thinking in healthcare have its origins in the philosophy surrounding industrial manufacturing (see Chap. 7). While it is true that the care and treatment of certain health issues can be standardized and realized in a production line-like manner, in many instances a "patient-tailored" solution is needed, and such requires time for both the investigation of the reasons underlying the health issue and guidance in self-care. Giving patients the time to speak to, e.g., an advanced practice nurse, can be considered a good investment. The traditional view is that professionals should "solve" patients' health problems. Yet today a clearer focus on what the patient him/herself can do for own health is needed and preferably at as early a stage in care as possible. It is each individual him/herself that holds the ultimate responsibility for his/her own health, not professionals. It

is important that advanced practice nurses increase patients' awareness of the significance of self-care and the health promotive and disease preventive measures they can engage in (see Chaps. 7, 8, and 9).

Those who work with advanced practice nurses are generally positive to the implementation of advanced practice nursing, even if some general practitioners in some studies are seen to be less positive than other nurses and hospital-setting physicians. Researchers have found that the primary reason some general practitioners are critical of advanced practice nursing is that they themselves experience a decrease in the number of patients they treat. Another reason healthcare staff can be ambivalent to the implementation of advanced practice nursing is uncertainties about the role in the organization (Long et al. 2004; Marsden and Street 2004; Griffin and Melby 2006; Altersved et al. 2011; Boman et al. 2019a, b).

Patient satisfaction with the nursing, care, and treatment that advanced practice nurses provide is usually very high. Researchers in several studies have found that patients who consult an advanced practice nurse are more satisfied with their treatment than those who consult a general practitioner, and this is especially true for children, who highly appreciate receiving treatment from advanced practice nurses (Venning et al. 2000; Horrocks et al. 2002). For example, patients are seen to perceive that they receive more information about their conditions when they consult an advanced practice nurse versus a physician (Kinnersley et al. 2000).

From many countries' experiences, it is possible to see that advanced practice nurses work in a patient-centered manner and employ a holistic approach in which dialogue with patients and patient's families is emphasized. This combined with advanced practice nurses' broad knowledge base and good clinical skills contributes to good patient outcomes. Emanating from research findings, one can conclude that the nursing, care, and treatment that advanced practice nurses provide are often of high quality and often increase patient satisfaction and patient safety.

1.3 Access to Nursing, Care, and Treatment Must Be Improved

According to the World Health Organization (2018), the proportion of the world's population aged 60 years and older will nearly double from 12% to 22% between 2015 and 2050. In 2020, the number of people aged 60 years and older is estimated to outnumber children aged 5 years or younger, and in 2050 about 80% of older people will be living in low- and middle-income countries. By 2050, the world's population aged 60 years and older is expected to total 2 billion up from 900 million in 2015. In 2018, about 125 million people were aged 80 years or older; by 2050 there will be about 434 million people in this age group worldwide, and 80% of all older people will live in low- and middle-income countries. Due to aging populations, all countries face major challenges to ensure that their healthcare and social systems can manage such an expected demographic shift.