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Nurse practitioner work: a case study

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Nurse practitioner work: a case study

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Keywords
AUSPRAC research toolkit, case study research/design, nurse practitioner, semi-structured interview

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Abstract

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Case Study method was used to explore the role of a nurse practitioner within a specific context of practice in an Australian Healthcare institution. Three semi-structured interviews with a Nurse Practitioner using the AUSPRAC Research Toolkit Interview Schedule and one additional interview were employed. Data was analysed where initial free coding, then theme generation contributed to knowledge development.

The AUSPRAC Research Toolkit Interview Schedule generated knowledge about the nurse practitioner role. Themes identified for interviews in the Schedule were; the organisation of care, team functioning and patient service. Analysis of data from these themes identified that information related to ongoing development of professional practice was not forthcoming from the participant. The authors recommend adding a fourth theme to the Interview Schedule to enable exploration of the professional elements of the Nurse Practitioner role.

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Introduction

Nurse Practitioners (NP) in Australia, as in other countries, are highly educated and skilled registered nurses, authorised to work autonomously and collaboratively in an advanced and extended clinical role providing focused specialist nursing care. Working with the interprofessional team in a broad range of health care environments, they provide a level of nursing care not previously available to the community. As opportunities for nurse practitioner service grows, service developments have matched this growth assuring a sustainable service delivery point to meet an existing or projected health service gaps (Haines & Critchley, 2009).

The nurse practitioner role includes assessment and management of clients, coordination of care, effective communication across intraprofessional teams and managing safe discharge plans. All these functions may include, or consist of, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. Overall NP coordination provides a means to improve identified health care gaps where these expert nurses assess patients regularly, quickly diagnose deterioration and provide opportunity for early intervention supporting safety and health outcomes for people (Australian College of Nurse Practitioners, 2012). Emerging evidence suggests that NPs will provide safe, cost-effective care without compromising quality and in doing so this will reduce burden within an already stretched health care system (Edmunds, 2012; Middleton et al., 2007). Additional future proposed areas for NP services includes primary healthcare, chronic and palliative care (Beladi, 2012). While nurse practitioners have the capacity to action care immediately and may be innovative in their practice, educating and setting up change, this work needs assessing to support the growth and development of NP roles. While it is essential, healthcare service verify the worth of all services

provided, nurse practitioners need to assess their contribution to the work of the broader team or service where they work and provide service and care.

Australian based NP have had access to a toolkit developed by Gardner, Gardner, Middleton & Della (2009) comprising of a range of instruments for researching NP service and clinical outcomes. This toolkit, a research outcome and now referred to as AUSPRAC, The Australian Nurse Practitioner Study, The Nurse Practitioner Research Toolkit (G Gardner, et al., 2009) provides a set of data collection tools that enables the NP to self-assess, and have assessed the service and care they provide. One of the tools specifically designed for case study research and validated for use alone (or in conjunction with other methods) (G Gardner, et al., 2009), the interview schedule, is nested within researching nurse practitioner service (G Gardner, et al., 2009). The interview schedule for case study participants is a semi-structured interview that comprises three themes. These themes are labelled in the AUSPRAC study as "… organisation of care, team functioning and patient service" (G Gardner, et al., 2009, p. 36) .

The purpose of this case study was to explore the work of a NP working within a specific clinical context using the interview schedule from the AUSPRAC Research Toolkit (G Gardner, et al., 2009). The research question, How does the NP working within an identified service contribute to the care of clients and the organisation? was informed by the AUSPRAC Toolkit. The study, nested within a broader research project. examined the role and function of a Palliative Care Nurse Practitioner working in a tertiary referral hospital located in a major urban centre in south-eastern Australia, with ethics approval provided by both health service and university committees. In this paper, the authors report on the study and the addition of a professional based question, after recognising that information about the professional role of the nurse was not

generated through the use of the Interview Schedule questions as proposed in the AUSPRAC ToolKit (G Gardner, et al., 2009).

Methods

This research employed the principles of case study design, an inquiry about phenomenon within a real life context (DePoy & Gitlin, 2011). The design was used within a naturalistic tradition with a single subject. The AUSPRAC \Interview Schedule provided the guidelines for the semi-structured interviews.

One (1) nurse practitioner approached to be involved in the case study research subsequently agreed to be interviewed about her work and service delivery. Preceding data collection, a meeting sought signed consent from the participant and identified risks for the participant especially in regards to publications from the research explored. The participant agreed with the researcher that before each interview they would discuss consent, participation and information about withdrawal. All interviews were digitally recorded, transcribed verbatim, then respondent confirmation of transcripts was undertaken by both the participant and the interview researcher. Each interview focused on one of the interview schedule themes; organisation of care, team functioning, patient service. During review of interview transcripts and team meetings, the research team identified that a potential area of knowledge that was not being generated through the three areas in the AUSPRAC Research Toolkit. The participant consented to a fourth interview that focused on professional ideals and aspirational hopes. The researchers and the participant believed that the interviews and the following analysis will contribute to a developing knowledge of the NP role through research, while the fourth interview, devised by the researchers, focused on professional determinants consistent with ANMC Competency Standards for the Nurse Practitioner (Australian Nursing and Midwifery Council, nd).

Analysis of data occurred through the use of NVIVO 9 with text uploaded into this program. This helped with the identification of theoretical ideas and links among ideas that related to the work of a NP in a specific clinical context. One researcher created the first level of analysis through the identification of free nodes in NVIVO 9. This relied on no assumptions about relationships and structures within the data by the researcher (Bazely, 2007). Labels were applied to the free nodes and crosschecked for meaning and relevance by two members of the research team. This level 1 analysis identified common constructs from the data and produced fifteen free nodes from the four transcript sources. An analysis of the free nodes using Jaccard's coefficient presented a beginning for thematic analysis by representing ideas using similarity of words as a guide (see figure 1) to provide evidence of analysis. Consideration of nodes and source data helped with the identification of a broad range of concepts and subsequently themes. Interrelationships between concepts were articulated and visually presented in models (see figures 2 and 3).

Results

The results from the study are discussed below and include excerpts drawn from the NP Interviews to illustrate and emphasise discussion. Following each excerpt and located within parenthesis is the identified research theme (see figure 3).

The NP participant described issues related to her role about the organisation of care that affected her ability to provide care within her scope of practice. The coordination of care proposed by the NP identified that a patient-centred approach may support the ease of arranging care. Time spent with the patient early on in the care trajectory was a key focus for clients. However, this model of care was deemed difficult when compared with the felt restraints on practice to develop and preserve continuity of care and time availability was a key restraint.

Other restraints included how other team members or inefficiencies can impede the work of the NP.

> At the moment there are restrictions on [prescribing] … when I'm in an outpatient setting, unable to prescribe medications on a script pad … I can't really work to my scope … I have to find a doctor to write up scripts for me. That can be very time consuming (Continuity of Care).

Unfortunately a lack of staff compounded the problem of time that was available for the NP to undertake work in a timely manner as prescribed by a national health strategy:

> And then when it comes down to it actually having the staff to see all of those patients can be a problem …working together nationally where we're trying to tell everyone refer [patients] early, but then having the staff to care for people is a problem (Coordination of care).

> A lot of my referrals come from home-based care [service], if they're sending someone into the emergency department, so I'll go and find them before they've even checked in and that's great continuity of care… I can say look so and so … rang me. I'm here now and I'm going to walk you through this next bit. .. I think we could have the capacity to have a third nurse practitioner, definitely because really the amount of work I've got at the moment I'm really only covering [this]. Easily one or two more of me in the hospital we could easily do. So I'd love to see that happen, yes (Coordination of care).

The participant recognised the importance of teamwork and interprofessional relations as a NP, however facilitating teamwork impacted on time available for patient care because facilitating

care within the team was time whilst necessary was also affecting the coordination of care:

> I suppose that has come down to being incredibly respectful of the teams. Just gently talking, saying that this is an option, have you thought about it? The way that I speak to the different members of the team, of course, not being aggressive or asking what do they think about these ideas? Have they thought about these ideas? This is something that the patients ask for and this is what we can offer. So even though I know I don't need permission I kind of use that – I ask for it, even though I know that I can go in. Through respect, I suppose and just trying to get those relationships strong (Coordination of care).

As the interview progressed the participant started to propose a broader solution to the problem of time and facilitating nursing care in the form of person-centred care (Manley, McCormack, & Wilson, 2008). The NP identified this as the most significant component of her role for patients whereas other members of the health care team did not provide care in the same way.

The second interview focused on team functioning where the participant highlighted various aspects of collaboration as a key component necessary to team functioning including educating others about the NP role through to being an enabler of nursing care in the broader service. Role and scope of practice were common threads throughout the discussion as being significant for the practice of the NP. This is as illustrated below:

> With the home… care service I think it might actually become a little bit hard for the patients to work out who is doing what, when I'm involved … we are meant to talk a lot together and we will be able to do that. So I'm hoping that will strengthen [our service]. But sometimes I just wonder whether I'm just an annoyance or an addition that they don't need. So that is a problem, because who is the main carer? The other thing too is when

> there's myself and Dr... who I work closely with. If it's out of scope they'll go to Dr ... (Issues significant to the NP role).
>
> There has been a bit of resistance to that model from doctors because there is an ownership of patients. This is my patient, this is coming under my team … therefore, I need to get permission. I'm just trying to break that down a little bit though because patients these days tend to know what they want and if they want [a particular intervention] they ask for it. I think it's up to me and the service to give it to them (Collaboration).

The Interview Schedule was extremely beneficial in accumulating knowledge about the role of the Nurse Practitioner in a context of care. What was recognised from the interviews with the NP and confirmed through analysis was that aspects of the professional role were not discussed. This recognition by the researchers about the lack of discussion within the interview transcripts about the professional role led to the creation of a fourth interview. The fourth interview focused on professional ideas including career progression, professional opportunities, mode of employment and how the structures of employment affected service. In the fourth interview, the NP revealed ideas related to collaborative practice, the nature of private practice and discussion associated with an Australian political context of health care. Providing this opportunity for the NP to discuss the role from a professional perspective enabled opportunities for critical reflection about the role. For example, the NP in this practice context shows how valuable and necessary the role of a NP is in comparison to other health care roles.

> … I think one of the big value adds about being a nurse practitioner is that with that extended scope … our ability to be holistic … [is]a valuable part of the work we do and also inclusive

> of people's social status or who they live with. All of that nursing … that I think is really valuable into getting the patient care right ... that's why I love being a nurse, with an extended practice … (Impact of NP role).

The discussion by the NP in this practice context generated multiple ideas. These included issues associated with the NP role across various practice contexts, the worldwide scope of practice for NPs and generic competency standards impacting job descriptions as illustrations. When NP work across practice contexts this NP identified this as *spreading the role thin*. The participant related that little was actually known about the NP role for specified practice contexts in Australia. This she viewed as an employment issue and relevant to nursing knowledge development. The definition of the NP role across the world is varied and the scope of practice differs from country to country (Heale, 2012), however misinterpretation about the role is apparent and sourcing of evidence about the NP role in Australia is wanting.

The development of competencies (Australian Nursing and Midwifery Council, nd) associated with the NP role was seen by this NP as important however she voiced apprehension about reducing the competency standards specific for a specified practice group of Nurse Practitioners.

> … particularly with the nurse practitioner group in the emergency department. They're the biggest, they're the biggest [group of Nurse Practitioners] in Australia. So they are saying well why can't we have our own? So … that's where the watering down came, where we have to stay strong as a group because if we divide ourselves again – we're [NP and] already a small group. So we decided at our Chapter that we needed to support the generic nurse practitioner competencies, rather than divide it into groups again (NP career development).

Employment issues surfaced in the conversation because of the type of employment opportunity offered for the role. For this NP, finding for the role came about via a special grant that has a life of four years. The Interview Schedule (G Gardner, et al., 2009) was therefore helpful for creating evidence about the worth of the position. All the same, for the NP proving worth in a job seemed difficult.

> So it's a four-year contract, so after that … I'll have to prove that this job is worthwhile for them to be paying me the money… (NP employment).

> So how do we prove ourselves as nurse practitioners? How do we say that we're a value add? And well it's a question I have in my mind and one that I'd hope to – well I'll need to – look at really before the end of my time here (NP Employment).

Importantly for the NP, the employment structure influenced the type of service able to be provided. Governance structures were identified as impacting service at several levels and the responses from the NP show examples where pressures on the health system affect a NPs ability to perform well (Sorensen & Iedema, 2008).

> It affects it in an enormous way because I'm employed by the cancer service, so the cancer service and palliative care isn't all about cancer. So I am employed by people who provide services to cancer patients and then I have to go across the whole hospital to see people anywhere with any diagnosis and this creates problems at a managerial and governance level. If I'm having an issue with someone who's got liver failure in another part of the hospital where do I get support if things aren't going well? Now my managers have said to me, of course, you'll get support, but they're all the way over the other side of the hospital and they don't have control of

> everything that's going on with that patient so it can be really problematic. And the other thing is there's no overarching palliative care buy in [from hospital executive and medical team]… (NP Employment).
>
> It's just an idea of mine, but I can't really see that if the clinicians throughout the hospital haven't said "Yes, this is what we want", it's hard for us to come in and say this is what we need. So definitely a structure, at an organisational level, we could be doing better (NP Employment).

Stories from practice have the potential to influence others. How nurses work within different roles and their career trajectory has the power to influence collaborative care, employment opportunities and the profession. For this NP, the challenge of leadership, vision, patient advocacy plus influencing patient care and outcomes was evident within the fourth interview.

> I also wanted to stay clinical… for me remaining clinical was fantastic and when nurse practitioner [roles] came out, it was an opportunity to remain clinical and continue to learn and also progress in my career, I have to say ... probably the biggest motivation was the frustration that, you know when you're seeing patients and then they'd have to wait to go and see a GP to get pain relief. I thought if I could actually do that it would make it a lot easier for the patients (NP Career Development).
>
> … I could see a real advantage for the patients and it was a real growth thing for myself, … A real advancement, something new to learn and there's a part of me that it was a real challenge that I was willing to take. And I am the first palliative care nurse practitioner in [this region] and that's really exciting for me that I made it. It's not easy becoming a nurse practitioner at all and I think one of the qualities that the

> nurse practitioner has to have is persistence and drive because the course requires that (Career Development).

The NP viewed the role as stimulating and exciting. On a broader level, she believed that the role assisted health care and governance to move forward through change, whether it is policy, legislation or practice. A position that is influential in health care at many levels.

Discussion

This research has identified how difficulty with the NP role and associated responsibilities affects the possibility of care. Significantly for the nurse practitioner, issues of prescribing and the amount of time lost from client care to find medical practitioners to write up prescriptions devalues the role and function of a NP. Australian NPs are not alone in identifying limitations to their practice. In Ontario, studies report that NPs are also unable to work to their full scope of practice with restrictions nested around medication and diagnostic tests (Heale, 2012). Role delineation was one area where the role of the NP became blurred, even though recommendations from previous work suggested the role be one that is legitimate and autonomous, with recognised models of practice (A. Gardner & Gardner, 2005). Whilst the NP recounted ownership of care as an aspect to consider, identifying when the NP should be involved was equally of importance.

Evident from the interviews is that the NP must find an entry into care for clients. With fellow nurses, the NP role appears to be well accepted and acknowledged, where referrals for client care and family support originate directly from the nurses. However, much time and energy goes into setting up relationships by creating symbolic acts of disposition and acquisition with medical staff to ensure a rite of passage (Schouten, 1991), to suggest alternative strategies, variations in

treatment and to acknowledge the need for follow up care for clients. The type of behaviour enacted to forge these relationships is one where the nurse practitioner treads gently, as if the entry is not one that can be automatically assumed but one that needs to break through an ownership of patient care. This concept of acceptance of the nurse practitioner is an area where Haines and Critchley (2009) identified that medical practitioner acceptance of the role, from a medical body perspective, actually differs pragmatically when the nurse practitioner works alongside medical officers and contributes to care for clients.

Findings from this study guide the collection of additional data to inform service planning, and to support the development and refinement of the NP role. We found that the AUSPRAC Research Toolkit provided a starting position for semi-structured interviews and questions that consequently contributed to analysis of ideas about the NP role. The interview schedule worked well to elicit a plethora of information about the role and the NP perspective of service provided within a defined field of practice. The format of the semi-structured interviews allowed the participant to reflect freely about the role and the service they provide. We propose that a fourth theme is added to the AUSPRAC Research Toolkit Interview Schedule. The added set of questions in interview 4 created a space for the nurse practitioner to reflect on the nature of her role from a professional perspective adding another dimension important for nursing knowledge and the profession.

Interview 4 in this research highlighted the NP operating within a critique of health policy and governance; and how these were affecting delivery of care. Illustrations associated with influencing practice through leadership and active participation in the workplace and as a vehicle of social change became apparent. These examples particularly relate to the competency of

engagement in and leading informed critique and influence at the systems level of care demonstrating clinical leadership (Australian Nursing and Midwifery Council, nd).

Following this research using the AUSPRAC Interview Schedule, the authors advocate for change to the AUSPRAC Research Toolkit Interview Schedule. No doubt this change will generate debate amongst the nurse researchers and nurse practitioners in relation to the intention of the AUSPRAC Research Toolkit, however we advocate for the AUSPRAC Research Toolkit from the perspective of contributing important knowledge to the nursing community as well as providing information in relation to the use of one of the research tools (G Gardner, et al., 2009). The reader does need to keep in mind that the addition of the final theme based interview has generated meaning different to collecting data from only the three themes as originally presented in the AUSPRAC Research Toolkit.

Limitations of the study

In determining the quality of this research, the authors would suggest readers consider that data generated reflects both the art and science of nursing and provides description of a role that has been subjected to interpretation through analysis and reporting (Polit & Beck, 2012). To this end, credibility has been achieved using the AUSPRAC Research Toolkit Interview Schedule – a previously validated tool (G. Gardner et al., 2010). During the use of this Schedule, the researchers stayed true to the Interview Schedule of Questions and the Themes provided to guide interview questions and data collection. The Case Study research approach enabled the NP to relate her story from her practice context and to produce a snap shot in time of the practice of the NP. Use of the AUSPRAC Research Toolkit Interview Schedule incorporating the fourth suggested theme would provide for a replication of the NP role within the same context and time. The use of NVIVO software enabled the data to be accessible to team members without change

to support accuracy of data meaning and relevance. Visible coding threads facilitated the use of coded data to explain themes (Bazely, 2007). Findings from the study are transferable in relation to the development of the AUSPRAC Interview Schedule and the fourth interview. The case study approach is relevant to other NP research as it provides evidence of the NP role from an insider's perspective. A thick description of the role of the NP within this practice context was able to be generated and ideas may be transferable to other NP roles.

Conclusion

Knowledge development about nursing roles is critical to the nursing profession. This study supports the use of the AUSPRAC Research Toolkit Interview Schedule for Case Study Participants Nurse Practitioners, to gain knowledge about the nurse practitioner role within specific contexts of practice. Concepts transferable to other nurse practitioner services provide data that informs change, strengthens and develops service provision and supports the incumbents in the role. This in turn potentially strengthens the viability of the profession, the role and promotes better-quality care for patients. An additional theme and set of questions is recommended to strengthen outcomes from the Interview Schedule.

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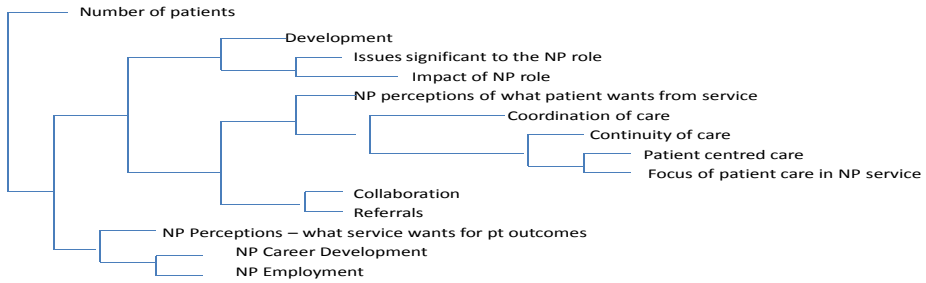

Figure 1. Nodes clustered by word similarity (modified NVIVO9 diagram)

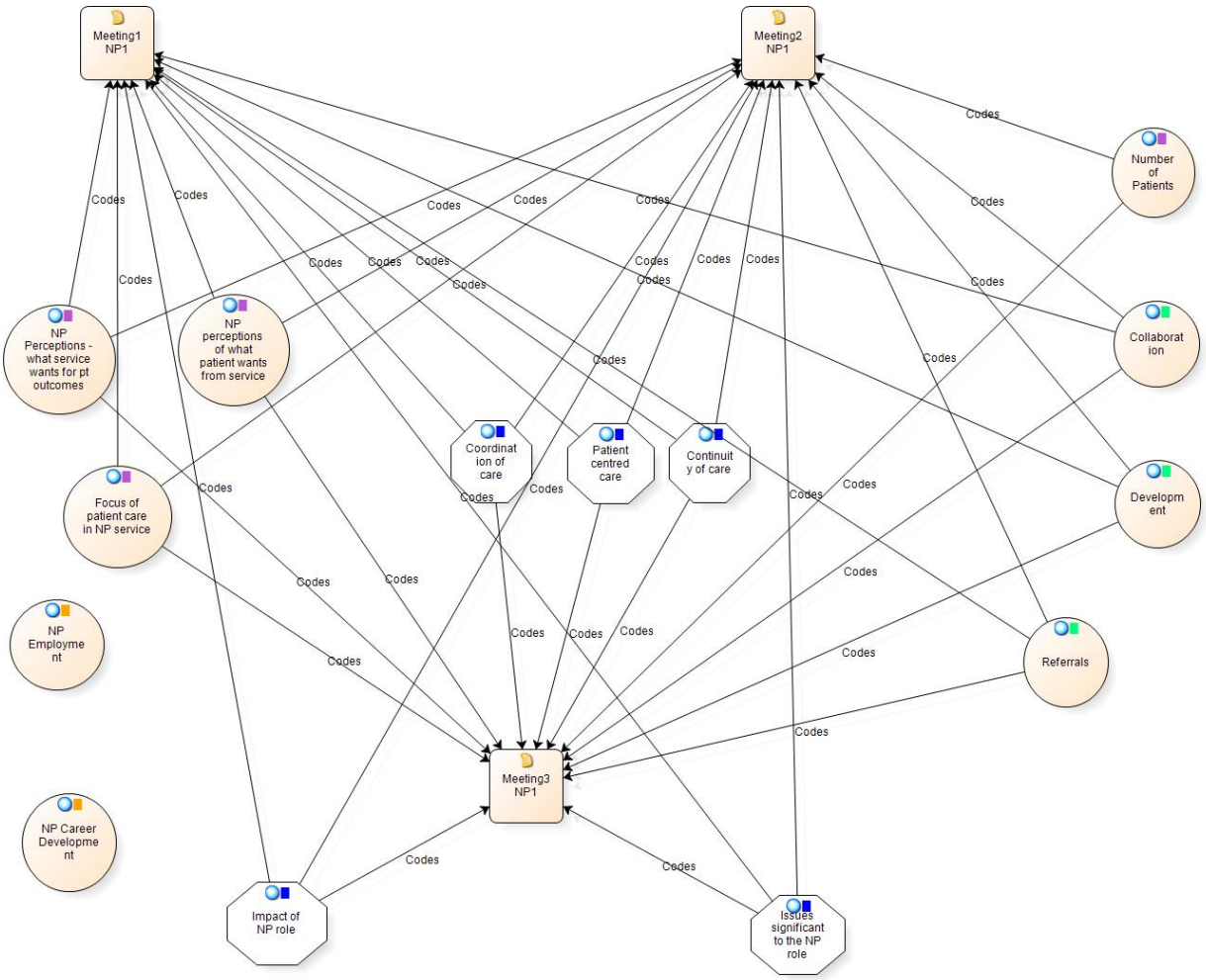
Meeting1 NP1
Meeting2 NP1
Meeting3 NP1
Number of Patients
Collaboration
Development
Referrals
NP Perceptions - what service wants for pt outcomes
NP perceptions of what patient wants from service
Focus of patient care in NP service
NP Employment
NP Career Development
Coordination of care
Patient centred care
Continuity of care
Impact of NP role
Issues significant to the NP role
Codes

Figure 2

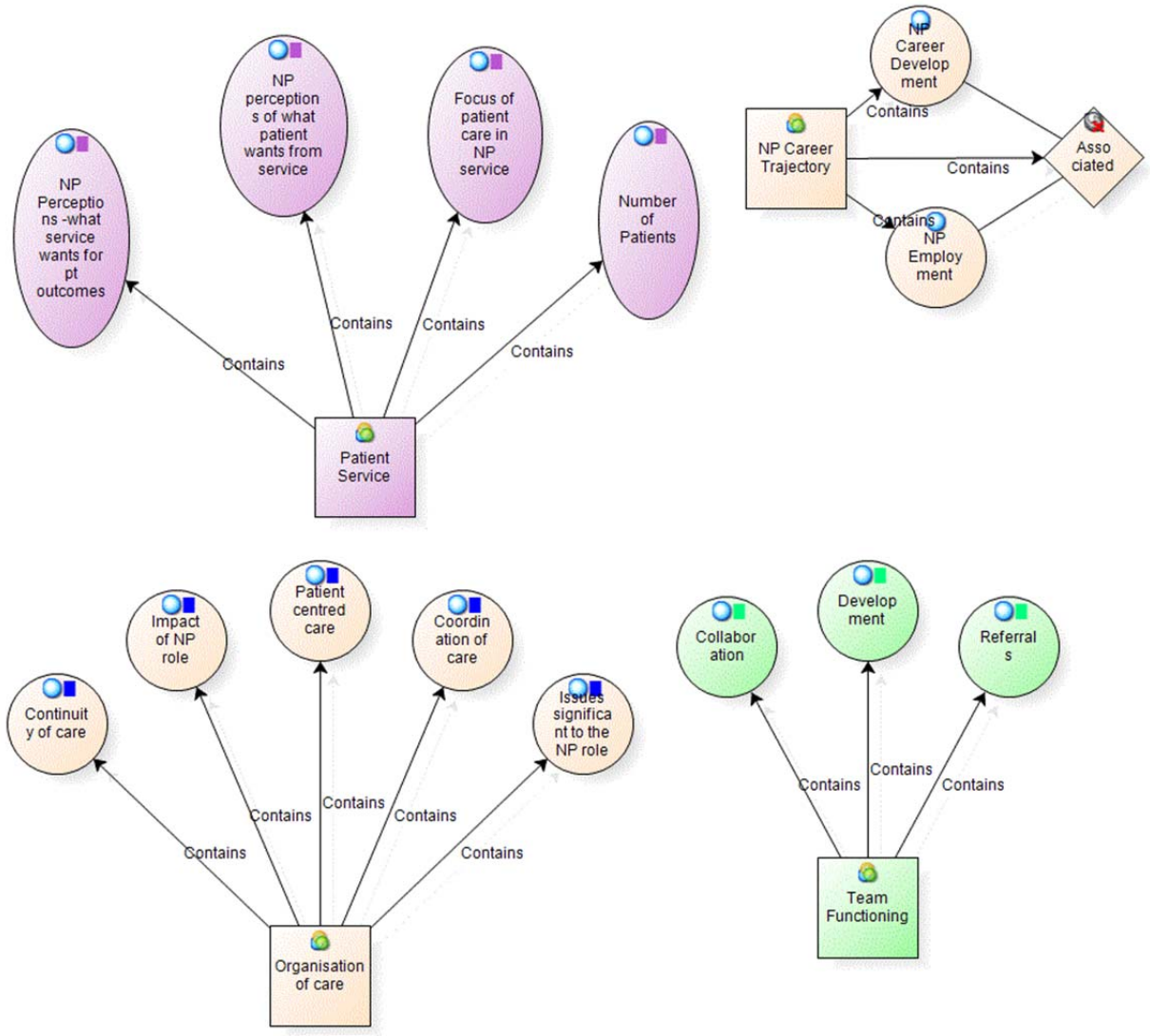
NP Perceptio ns -what service wants for pt outcomes
NP perception s of what patient wants from service
Focus of patient care in NP service
Number of Patients
Contains
Contains
Contains
Contains
Patient Service
NP Career Develop ment
NP Career Trajectory
Asso ciated
NP Employ ment
Contains
Contains
Contains
Impact of NP role
Patient centred care
Coordin ation of care
Issues significa nt to the NP role
Continuit y of care
Contains
Contains
Contains
Contains
Organisation of care
Develop ment
Collabor ation
Referral s
Contains
Contains
Contains
Team Functioning

Figure 3