



Jordan Journal of Nursing Research

Journal homepage: <https://jjnr.just.edu.jo/jjnr/>



EDITORIAL

The Advanced Practice Nursing Role: A Luxury or a Reality for Countries

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We, nurses, are not only the backbone of our healthcare systems, but we are also the ambassadors of our profession and the guardians to the quality of care and health outcomes of our population. The landscape of the healthcare system is becoming more complex and unpredictable, which requires more competent, safe and specialized nurses. The Advanced Practice Nursing roles or Specialization in nursing movement is driven by the emerging problems of the health systems; the increased cost of healthcare, the effective utilization of resources, the rapid technology advancement, the growing and aging population and the global epidemics and chronic illnesses.

Such challenges require a shift from generalist to specialist roles, capitalizing on the fact that nurses in advanced practice roles improve health and are an added value to the healthcare system in most countries. Woo et al. (2017) concluded that the transformation of healthcare delivery through effective utilization of the workforce may alleviate the impending rise in demand for health services. It is imperative to invest in the advanced and the expanded roles of nurses in order to prepare them to face the health-system challenges worldwide, so that their contributions are properly acknowledged and their potential as a key profession in achieving Universal Health Coverage (UHC) and universal access becomes a reality.

The International Council of Nursing (ICN) defines an advanced practice nurse (APN) as 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” and recommended that the master’s degree is the entry level to advanced practice nursing (International Council of Nursing, 2011). Therefore, the fundamental role is to meet the demands of the growing population for healthcare services and improve the quality of services. Nevertheless, the level of development of APN varies among countries; it has well- established regulations in some countries, such as the USA, Australia, Canada, the United Kingdom, among others. These countries even advanced toward implementation and evaluation of the impact of the APN roles on health outcomes. Other countries are witnessing an advances in the efforts, such as Thailand, Singapore and Belgium, while others are still in their infancy stage (Lopes-Júnior, 2021).

It is evident that the implementation of APN programs contributes positively to the improvement of the quality of patient care and the health of people. Evidence from various integrative reviews showed positive outcomes that include greater patient satisfaction, improved access to health advice and better disease self-management. The effectiveness of the role of advanced nursing practitioners compared to physicians was reviewed by Htay and Whitehead (2021) who reported a positive impact of nurse practitioners on clinical and service-related outcomes, such as patient satisfaction and cost-effectiveness when directly compared to medical practitioner-led care in primary, secondary and specialist care settings.

Regardless of the existing evidence, the implementation of the role remains to be a challenge in many countries. The limited access to educational programs and the level of preparation of APNs in academic institutions are major challenges. The Institute of Medicine (2011) calls for increasing the supply of highly educated and clinically competent APNs who can practice to the full of their scope of practice. Kleinpell et al. (2014) examined the challenges facing the implementation of APN programs and concluded that most APN programs focus on the medical model, credentialing issues, dominance of the medical profession and lack of understanding of the APN roles, which was also reported by Fatime et al. (2020), who found that there are three main barriers; lack of clarity and support of the role, lack of organizational and policy support for the role and lack of designated space for APN practice, in addition to little agreement on the level of autonomy, funding and planning for role integration (Torrents et al., 2020).

In the Middle East, most APN initiatives are in their embryonic stages, such as in Saudi Arabia (Hibbert et al., 2017), Qatar (Fatime et al., 2020) and Jordan. Jordan is a Middle Eastern country that is leading improvements and innovations in nursing in the region in general and in terms of nursing workforce in specific. The nursing profession in Jordan is continuously evolving to meet national and global health challenges and recognize the importance of achieving the UHC goals.

In 2006 and 2016, the Jordanian Nursing council (JNC), which is a national regulatory institution for nursing and midwifery, created the specialization bylaw # 85 which acknowledges 2 levels/titles for specializations in nursing; the specialized nurse (post-basic diploma) and the advanced specialized nurse (Master in a clinical degree in nursing). Both levels set for the certification exams and are required to do Continuous Professional Development (CPD) for the renewal of certificates. Furthermore, JNC created frameworks that included the scope of practice, standards and competencies for each speciality area and established a certification process.

It is clear that the nursing community, with its distinguished leadership by HRH Princess Muna, strongly believes that APN is a reality and not a luxury and is the tool to improving quality of care and health

outcomes which are current challenges to the Jordanian healthcare system in a country with limited financial resources and increased service demands created by refugees from many countries in the region.

The inevitable question at this stage in the history of nursing in Jordan is ***“Did Jordan move from the luxury believes to the reality actions of implementation of APN roles since then?”*** It is currently argued that such roles have not been implemented respective of the established regulatory framework. The JNC is in a strong position with its partners to lead the implementation and take the APN roles into the enactment phase if wishing to contribute to the improvement of health outcomes of the Jordanian population. The following are some valid interventions and lessons learned to guide the path to move forward:

1. Changing the nursing culture and fostering the APN roles call for a stronger political will that requires support from policy makers, hospital directors, medical personnel and nursing faculties.
2. Identifying and addressing barriers to APN implementation with the inclusion of all stakeholders in the implementation process is an essential step to moving forward.
3. Developing frameworks and mechanisms of implementation at the national and institutional levels and preparing institutions to such roles require that frameworks should guide job description, unit competencies and performance appraisal, based on the national competencies established by the JNC.
4. Strengthening research to create evidence on barriers and challenges facing the implementation of APN both in the private and public sectors and at the institutional and national levels and guiding the establishment of national indicators on the impact of the APN roles on quality of care, cost-effectiveness of health interventions and population outcomes specific to the Jordanian healthcare system and the cultural context.
5. Reforming the educational preparation of APNs through the use of innovative transformational approaches to clinical education. Educators need to convince policy makers that the graduates of the education programs are competent practitioners. Educators can also create models of clinical teaching in collaboration with service institutions by learning from experiences of other countries.

6. Establishing further clarity and structure around advanced clinical practice for both individually practicing nurses at this level and their employers. A robust evaluation of the introduction of this role should take place.

7. To conclude, we have the passion, the commitment, the expertise and the regulatory framework to move forward in the implementation of APN roles today and not tomorrow, because our nurses need to be visible and our populations deserve the best.

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