

One recent morning, Jane O'Connell turned to a colleague and smiled. 'I'm like a pig in mud,' she said, reflecting on how satisfied and happy she now felt at work.

More than ten years after beginning the long, testing journey to become a nurse practitioner (NP), Ms O'Connell (pictured) is practising at a level commensurate with her skills, education and experience.

Now working in the emergency department at Hornsby Hospital in Sydney, Ms O'Connell participated in NSW's landmark NP trial when at Concord Hospital in the early 1990s. In December 2000, she became NSW's first authorised NP.

Like many colleagues, she then faced long delays in the approval of the clinical guidelines setting the parameters for her practice. Since their approval in May this year, she has been able to legally prescribe medications, order diagnostic tests and refer patients in her area of expertise.

Ms O'Connell, 51, now enjoys good support from medical colleagues, but over the years has felt the full heat of organised medicine's resistance. She groaned at newspaper headlines warning of 'third world health care' and put up with doctors making derogatory comments in front of patients. At Concord, some medicos refused to work with her, and the residents once went on strike in protest.

'At times it felt quite uncomfortable, but I was so committed to the role and what it could do,' she says. 'I grew a lot through that process. I learnt a lot about the politics of health care.'

Ms O'Connell identifies with many of the experiences of pioneer NPs in the USA in the 1960s and 1970s.<sup>1</sup> They told researchers of many obstacles and stresses, including intense resistance, and the need to develop their own roles and forge new relationships with employers, patients, and colleagues.

One NP said: 'The first couple of years I went home saying: "What am I doing?" And weeping and crying and just totally stressed. I was feeling pretty shaky – I was doing what I wanted but I kept questioning: "Am I up to this? Am I really OK?"'

Ms O'Connell is founding president of the Nurse Practitioner Association, set up in 2003 to provide support and a voice to members, many of whom have had to forge their way without much backing. Its inaugural conference will be held in Canberra this month.

Australia has lagged decades behind the USA and UK in developing the NP role, and even now many nurses tell of tortuous

approval processes involving a multitude of delays and frustrations.

Ms O'Connell says that at last count, NSW had 65 authorised NPs, although it is not clear how many have had their guidelines approved, while there are 12 authorised NPs in WA, four in Victoria and eight in SA. The ACT recently launched its NP policy and has three, while Queensland, which has been trialling the role, has announced 20 NP scholarships.

Professor Judy Lumby, executive director of the College of Nursing and Ms O'Connell's mentor during the Concord trial, laments the slow progress.

'It's very disappointing given the overwhelming need for this type of role and the way it has been implemented in other countries, and has led to good outcomes,' she says.

The resistance and difficulties involved have deterred many nurses from pursuing the role, she adds.

Professor Lumby says rural doctor organisations and the AMA, which recently told journalists that NPs would 'dumb down' the health system and provide inferior care, have been the main roadblocks.

'To have to go through a reauthorisation process is an affront to somebody at that advanced level,' she says. 'We are incredibly hard on ourselves and mistrustful of our colleagues.'

### A national approach is needed

The high-profile Productivity Commission inquiry into the health workforce is focussing political and public attention on the need for major reforms in the sector, including the potential to further expand the role of NPs.

The Royal College of Nursing Australia's submission to the inquiry recommends further development of the NP role, and calls for incentives to 'move the focus of the health system away from the competitive, provider-driven culture to a consumer focussed, consumer-driven culture.'

An issue high on the reform agenda of many is the national inconsistency around NPs, which the new ACT policy cites as producing 'variation in service delivery and misunderstanding within the community'.

Glenn Gardner, Professor of Clinical Nursing at the Royal Brisbane Women's Hospital, is co-author of an Australian Nursing and Midwifery Council report which

# Nurse practitioners:

The role might have been implemented quicker, she says, if advocates had sought the backing of metropolitan public specialists rather than first targeting rural and remote areas, where opposition was fierce because doctors in private practice wrongly perceived a threat to their livelihoods.

Studies overseas have shown NPs provide better care than doctors in some settings, but Professor Lumby says such comparative studies were not possible in Australia because NPs were not working as independent practitioners.<sup>2</sup> However, studies of patient satisfaction, acceptance by other colleagues and clinical outcomes have all been positive, she adds.

Professor Lumby argues the nursing profession has also put unnecessary hurdles in the way of NPs, citing how practitioners in some states have to be reauthorised every five years.

lays the basis for national standards for the accreditation of NPs. She says other countries are grappling with similar issues.

'There is no consistency internationally on what a nurse practitioner is,' says Professor Gardner. 'The UK, USA and Canada all have very disparate approaches to the authorisation, legislation and nomenclature of NPs.'

'The Canadian Government is spending millions of dollars on a project to try and standardise about 20 years of uncoordinated progress in NP development across the different jurisdictions...and every state in the USA has a different approach.'

'We're hoping this inconsistency will be headed off in Australia before we go too far down that track.'

The National Nursing and Nursing Education Taskforce is pushing for a consistent national approach on NPs around such issues as legislation,

regulation and education, according to its chair, Professor Belinda Moyes.

The Taskforce recently undertook a national mapping of NP processes, which revealed considerable variation in the way states and territories have implemented the role. It also showed NPs often had to develop clinical guidelines in order to prescribe medications.

'These are our most senior and experienced nurses, yet their practice is being somewhat restricted or defined by their guidelines,' Professor Moyes said.

Professor Sandra Dunn, Chair in Nursing Practice at Flinders University and Flinders Medical Centre in Adelaide, would like to see the end of barriers to NPs prescribing and referring patients.

'We have both Commonwealth and state legislation that restricts nurse practitioner practices in ways that have nothing to do with client care or need,' she says.

### A personal journey

Discussions about NPs inevitably invoke the imagery of pioneers and trailblazers, who needed great personal and professional resources to negotiate their path.



# Forging new paths in care

by Melissa Sweet

Some fell by the wayside, and even those who survived the journey bear some scars.

For Libby Birchmore, at the Queen Elizabeth Hospital, Adelaide, the journey brought tremendous personal and professional growth. After winning a scholarship to investigate services overseas, she set up an innovative program which has dramatically improved the care of heart failure patients.

An evaluation of the first 300 patients has shown an 11% readmission rate at one year from discharge, compared with the national average of 30-50% readmission at six months.

Ms Birchmore, 55, has had great support from her hospital and patients, and has met only isolated resistance from doctors.

But the long years of study and hard work took a toll. Twelve months ago Ms Birchmore found herself on the brink of burnout: 'I hit a brick wall. I came to work



one day and turned around and had to go home again because I couldn't face it.'

Ms Birchmore, who has since reduced her working hours, says the lesson for NPs is to ensure a good work-life balance and for health managers to ensure better support for NPs and candidates.

'A lot of the burden has been carried by the individual NP,' she says.

Ms Birchmore urges nursing management to provide practical support, including flexible rostering to allow clinical time for skill development, and hopes that upcoming NPs will face an easier road.

'Hopefully we've made the way a little bit easier for the next ones,' she says.

### References

- 1 Brown, M. A. and Draye, M.A. *Experiences of pioneer nurse practitioners in establishing advanced practice roles*, Journal of Nursing Scholarship, Fourth quarter 2003, pp.391-397.
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Melissa Sweet has been writing about health and medical issues for more than 15 years. She has worked at the *Sydney Morning Herald*, *The Bulletin* magazine, *Australian Doctor* and Australian Associated Press. She now works as a freelance writer.

### Learning from history

The role of nurse practitioners in the USA is continuing to evolve, 40 years after the first pioneers blazed a trail for others, according to a leading international advocate for advanced nursing practice.

Professor Donna Diers, who was instrumental in the development of NP roles in the USA, will be a keynote speaker at the Australian Nurse Practitioners Association's inaugural conference in Canberra this month.

Professor Diers, from Yale University School of Nursing, says about 85% of the 106,000 NPs in the USA practise in primary care, and about one-third work in small towns or rural areas.

However, NPs increasingly are emerging in hospitals, prompted partly by medical workforce shortages caused by new regulations limiting doctors' working hours, she says.

They are also moving into other diverse fields, including school health clinics, sports medicine, forensic nursing, and mental health.

Professor Diers says the role originally developed in response to

perceived deficits in access to health care, especially among the poor and those in rural and remote areas.

'Where nurse practitioners have been most accepted are areas where there's a recognised shortage of the kind of work they can do.'

One of history's lessons is that NPs were accepted most readily when they sold their case based on improving access to quality health care. 'Where it didn't work well, here or elsewhere, is where nurse practitioners sold their case as a matter of upward mobility for nurses,' Professor Diers said.

Nursing's early inexperience and naivety about political and bureaucratic processes meant it was initially ill-equipped to counter resistance from organised medicine, Professor Diers added.

'Most of the resistance has been by organised medicine, not individual practitioners. Where physicians and nurse practitioners work together, it tends to be very amicable, with a good deal of respect for each other.'

### Where are my successors?



When Susan Hyde was appointed WA's first nurse practitioner in June this year, she felt it was the culmination of 30 years in cancer nursing.

'It's like a dream come true,' says Ms Hyde, 57, who works in haematology at Sir Charles Gairdner Hospital in Perth.

'I just love it. I don't ever get up and not want to come to work. I get so much satisfaction out of assisting patients on their cancer journey.'

Ms Hyde, who now prescribes medications, orders tests and initiates treatment under the guidelines of her clinical protocol, says her new role has improved co-ordination of patient care.

Patients are seen quicker, and she hopes the role will be shown to save costs by reducing chemotherapy-related admissions.

Ms Hyde estimates her studies cost her at

least \$40,000, as well as consuming vast chunks of her personal life.

'There is a nursing shortage which doesn't allow you to take the time off for study that I see is available to medical colleagues. I gave up three months long service leave and studied full-time. I studied one day every weekend for two and a half years. It's been hard.'

Ms Hyde says her ambition now is to support other candidates. 'I want others coming along behind me so that when I retire, there will be a nurse practitioner in this department.'

### Promoting prisoners' health



Prisons are not usually thought of as health-promoting environments, but the inmates at one NSW gaol often leave in better health than when they arrived.

Cheryl Davidson, 47, who was authorised as a primary care nurse practitioner at Grafton Gaol in 2002, believes her expanded role has helped boost prisoner health.

Ms Davidson and other nurses provide the majority of health care to about 280 inmates, while a local GP visits for 12 hours per week, and a women's health doctor is available for four hours a month.

Ms Davidson works to seven clinical guidelines, covering conditions such as hypertension, diabetes and acute pain.

'The prisoners now have immediate access to treatment and investigation,' she says. 'It's had a noticeable impact on them.'

Many inmates are from disadvantaged backgrounds and have acute drug, alcohol and medical problems. Aborigines and Torres Strait Islanders are over-represented.

'They often come into us in poor health and we actually return them to the community with improved health status,' says Ms Davidson.

'We do a lot of health promotion. I have found the inmates to be appreciative, courteous and willing to access health care. They value our service.'

Ms Davidson became Grafton Gaol's first ever female RN in 1989 after previously working in rural and remote nursing.

'I love clinical,' she says. 'I didn't want to go into management. So when I first heard of the nurse practitioner role, I thought: "That's what I've been waiting for".'

## A job for St Diplomat

Jim McVeigh has needed the skills of a diplomat and the patience of a saint in his quest to become a nurse practitioner.

Mr McVeigh was authorised as an NP in 2003, and works in a heart failure service at Sydney's Prince of Wales Hospital, striving to enhance the continuum of care between hospital and community.

Like many colleagues in NSW, he still awaits final approval of the clinical guidelines allowing him to fully function as an NP.

In the meantime, he feels as though he is 'walking on eggshells' due to resistance from those who do not understand his role.

'The people in nurse practitioner roles need to be very strong because there's a lot of sceptics out there,' says Mr McVeigh, 41.

'The thing that disappoints me most is the opposition or lack of support within my own profession; the role needs to be



embraced fully by all nursing clinicians before we can be annoyed about the attitudes of other health care providers.

'The thing that keeps me going is the patients and how much they appreciate me.'

Mr McVeigh believes patient care sometimes suffers because of professional turf wars. 'I've had to ring GPs and say:

"I'm not trying to take your patients, I'm here to support you".'

The intense scrutiny has been difficult. 'I question myself all the time,' says Mr McVeigh. 'I don't want to stuff up because I feel that would be a stuff up for the profession.'

Mr McVeigh hopes that future NPs will enjoy easier processes and better support.

## Stay positive

For the first five months of last year, Donna Coates spent every evening after work studying solidly until 11pm.

Her husband did the household shopping, as most weekends were also spent on her application to become an NP.

Ms Coates was devastated when her application was rejected in June. Advised the problem lay not with her clinical skills but the level of documentation of her hospital's support for the role, she then

spent one day a week for the next three months revising her application.

On Christmas Eve last year, Ms Coates finally was authorised as Australia's first continence NP.

Ms Coates, 50, who set up a continence clinic for obstetrics and gynaecology patients at the Lyle McEwin Hospital in South Australia, says the role has given her the confidence to continue developing her expertise and knowledge.

She recently attended an international continence meeting in Montreal, thanks to a fellowship from the Continence Foundation of Australia, and plans a study tour next year of services in Sydney and overseas.

Ms Coates says her experience as a mother helped her cope with the gruelling application process: 'Having my four children...has taught me a lot about how to pace yourself in life, and that you must be positive, not negative, about the challenges.'

## A big future beckons

After 18 months working as an NP in a busy accident and emergency department, Luke Christofis has big plans for the future.

He can already see the benefits his position has brought to patients at the Lyle McEwin Hospital in South Australia, and believes these could be extended further.

Mr Christofis, 30, does four ten-hour shifts, and sees ten to 15 patients a day from 'triage to discharge'. He is also involved in staff education and health promotion.

'We've seen a reduction in waiting times,' he says. 'There's been very good acceptance of the role, and we are looking

at trying to employ another NP because the role has been so successful.

'I really hope to develop the role and make it more effective by improving or expanding the scope of practice and by encouraging other nurses to become nurse practitioners.

'I could see at least three full-time equivalent nurse practitioners in our ED, and we wouldn't be short of work.'

After completing his Masters, it took Mr Christofis a year of working mostly in his own time to finalise the paperwork for authorisation. The key to the NP's success, he says, 'is having very good



communication with everyone within the hospital that's going to be affected by this role'.