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A nurse practitioner is a registered nurse having experience in a clinical specialty and have education at Masters Level, Nurses and Midwives Board of Australia (NMBA) endorses Nurse practitioners. Since the 1960s, nurse practitioners have been providing their services in the health care industry around the world and they play an indispensable extended and clinical role in promoting health care of patients. There are many functions of a nurse practitioner including performing advanced health care assessment, initiating and interpreting various diagnostic investigations, implementing therapeutic regimens and diagnosing health issues in partnership with patients, families and health care professionals. One of the functions performed by a nurse practitioner is to prescribe medicines, tests and other related suggestions while practicing in different specialty areas including private practices, mental health, women health, community health, drug abuse and in the rural and remote areas. This paper will address the question if a nurse practitioner should be allowed to prescribe medicines as part of the services they provide in rural and remote areas. It will discover the associated benefits, challenges, consequences and an analysis of the research findings in this regard.

# Role of Nurse Practitioners

As part of the discussion if nurse practitioner should advise medicine or not, it is vital to comprehend the role of a nurse practitioner in main and acute health care. the programs of NP emerged in the 1960s owing to the shortages of doctors and since then they have been providing health care services (Arifkhanova, 2017). In fact, the need for more health care professionals lead to the advent of this field especially in the underserved areas of a nation. The role of a NP is to practice collaboratively and autonomously in a clinical role. The Australian Government also identifies the essential role a nurse practitioner plays in the hospital and medical system of a nation and it is being incorporated in the health reform agenda of the Australian Government. Under the current reforms, nurse practitioners have a superior role in delivering patient care. The government is taking initiatives to increase the number of nurses in the health care setting and also ensures their training and support.

Australian Government believes that growing the number of nurse practitioners will ensure improved access to health care and will stimulate multidisciplinary team-based methods to health care. In addition, the Australian government also believes in funding for growing the amount of NPs to increase their role in aged care, primary care, and in rural and remote areas of Australia. In the US, nurse practitioners were meant to fulfil the need for health care professionals and reduce the cost of health care. The American Association of Nurse Practitioner highlight four roles of nurse practitioners, they are considered more than just health care providers, and they are involved in health policy decisions as qualified medical professionals. Nurse practitioners can also reduce the high cost of health care being the primary care provider. Nurse practitioners fulfil the shortage of primary care by providing quality and cost-effective care, as America faces a shortage of primary care (Arifkhanova, 2017).

There is a lot of evidence available which declares that nurse practitioners can increase effectiveness, maximize resources, and hone patient access to and medicines, and health care services. The success of nurse practitioners is often considered in comparison with health care in the US. Prescribing medicines is an important part of the roles and functions of a nurse practitioner in the US and NPs are found more often prescribing (Dunn, Cashin, Buckley, & Newman, 2010). Studies reveal that prescribing is an important part of the role of NP as part of their health care services, however, nurses need to have enough qualification and knowledge in order to be eligible for prescription.

Prescribing medicine is part of the nurse practitioner's role and it can be of three types, independent, supplementary and group protocols. Independent prescribing is autonomous and the nurse decides the dose without consulting with the supervisor (Ruth, Francke, & Mistiaen, 2008). The supplementary prescribing is in collaboration with the physician or supervisor and the last one is by the directions of conditions of the patient's group. Studies reveal that NP’s in Australia prescribe less as compared to NPs in the US (Fong, Buckley, & Cashin, 2015). Since the role of nurse practitioner (NP) in Australia is new as compared to the role of NP in the US, they face some barriers and challenges despite the fact NP’s can offer numerous benefits to the health care system, especially in rural and remote areas.

# Positive Impacts of nurses practitioners prescribing medicine

Increase in the number of NP led to increase in providing the primary care access to the patients, especially those living in remote areas and lack the facilities to approach health care professionals. Honing the distribution of population-based health care and creating a health care workforce, it is vital to increase the collaboration between clinicians. This collaboration is possible only by increasing the amount of primary care nurse practitioners. In addition, the majority of physicians and primary care nurse practitioners, who work together declare that the best tea, practices are the outcome of a combination of NPs and physicians. Studies indicate that whether NPs work independently or with physicians, in order to expand the primary care practices, it is vital to increase the number of primary care nurse practitioners, especially for those belonging to the vulnerable populations (Buerhaus, DesRoches, Dittus, & Donelan, 2015).

In rural Australia, citizens do not have access to the primary health care services and the majority suffers from poor health conditions. Expanding the NPs and allowing them, to prescribe medicines in rural areas in the absence of physicians can reduce the vulnerability of the population to risks and negative health outcomes. A study on nurse prescribing revealed that it can increase the efficacy of dermatology services. A study conducted on the patient's view on nurse prescribing indicated that patients experienced more involvement and engagement in the decision making of their treatment and as an outcome, it resulted in the observance of treatment regimens. The results of this study can be used for the implication for increasing resources, increasing NPs and improving the access to quality care in dermatology expert services (Courtenay, Carey, Stenner, Lawton, & Peters, 2011).

Another study examining the Influence of NP Practice Regulations on Rural Population Health Outcomes supports the idea that high quality and better performing NP’s can make a positive contribution to the approach and exploitation of basic care services in remote and rural areas (Ortiz et al., 2018). The research also emphasizes that the availability of NP in the rural areas that allows increased access to health care services along with reduced cost calls for the independence of nurse practitioners in the rural and remote areas (Ortiz et al., 2018). Some of the benefits of nurses prescriptions are also highlighted by Ruth and fellows and the results of their study determined the overall positive impacts of nurse prescribing (Ruth et al., 2008). The health care outcome for the patients was relatively good and the quality of care was also considered. The study demonstrated that patients were also pleased with the care provided by nurses. The major benefit of a nurse prescribing is higher accessibility of health care confirmed by most studies, and this is the primary goal in the rural and remote health care setting where primary health care is not effortlessly available. In addition, the study highlights that no specific reasons have been identified by reviewing the literature that could negate or discourage nurse from prescribing in certain conditions (Ruth et al., 2008).

A survey conducted by Parker and fellows indicated that as Australian legislation has allowed nurse practitioners to prescribe medications and tests to patients and consumers are accepting a variety of services from nurse practitioners. This has implication that in the primary health care setting, and due to consumer’s acceptability, nurse practitioners should be allowed to extend their health care services, including prescribing to provide timely and quality primary health care services to consumers, especially in underserved areas (Parker, Forrest, McCracken, McRae, & Cox, 2014). NPs are an underutilized source and all the evidence supports that it is one of the most suitable and feasible methods to deal with rising health care cost issues and access to health care. Allowing patients to receive benefits by having access to nurse practitioner and allowing nurse practitioners to prescribe in the areas facing high cost and access issues of health care would be beneficial for patients (Bauer, 2010). Enhancing the optimization of patients’ treatment is not solely dependent on physicians but the strong involvement of nurses can result in the best practice. For this purpose, nurses knowledge and skills play an important role to enhance the optimization of health care service (Chaaban et al., 2018).

# Consequences and Impacts of Nurse Prescription

In low resource countries, nurses have expanded their roles to provide health care access to those lacking enough resources to get access to primary health care sometimes without proper training and regulation which also raises an ethical question on the nursing profession. Nurse training and qualification is vital and calls for programs that could ensure that trained nurses are practising in low resource settings. Variations in regulation should also be checked closely (Miles, Seitio, & McGilvray, 2006). Legislative and policy barriers result in a relatively low ratio of nurses prescribing in Australia as compared to other countries (Fong et al., 2015). Though a lot of benefits of legalizing nurses' prescribing have been witnessed, there is a likelihood of unqualified nurses prescribing during primary patient care. The Australian government and regulatory agencies have legalized for an NP to prescribe but it is limited by NPs scope of practice, and state and territory prescribing rights. A study discourages the independent prescribing and practice of nurses without physician supervision (Cabbabe, 2016). There is also a likelihood that the autonomous practice, less qualified NP and having poor knowledge of pharmaceuticals can lead to a high risk for the patient.

There is also the potential impact of nurses prescribing medicines on the profession itself. Qualified NPs reveal that they feel more confident and prescribing enhances the knowledge of nurses and prescribing medicines is more than the role of NP but it complements other aspects of the profession. Prescribing not only enhances the job satisfaction arising from autonomous working but it also holds the potential to enhance collaboration and improve service care (Bradley, & Nolan, 2007). If nurses roles are bot clear and they are not qualified then NP has a negative impact on the quality of patient care (Kralewski, Dowd, Curoe, Savage, & Tong, 2015). Lack of pharmaceutical knowledge makes an NP less qualified to prescribe in primary patient care.

# Conclusion

In the years ahead, it is expected that the role of NP is going to be increased and they will be taking part in promoting a collaborative relationship between clinicians. This evolution needs the support of all those making a contribution to enhancing quality patient care (Buerhaus, DesRoches, Dittus, & Donelan, 2015). As part of NP prescribing the patients in rural areas, the need is to refine pharmacological knowledge of nurse which is the major issue in NP qualification for medical prescribing. (Chaaban et al., 2018). Generally, nurse prescribing has an overall positive image in the eyes of physicians and clinical staff but the patient safety remains the high concern (Kroezen et al., 2014). Analysis and review of the literature reveal that NP plays a greater role in reducing the number of health care issues and ensures access to primary health care for patients in rural and remote areas. Numerous other benefits have been highlighted by various studies that highlight the importance of NP, these studies encourage autonomy for NP and prescription especially in remote areas. There can be several issues such as unqualified NP having little or no knowledge of pharmacy, lack of proper training and education and legislative support. Lack of governmental support also reduces NP ability to provide quality care (Peterson, 2017). Providing NP with the necessary knowledge, skills to prescribe and providing legislative support in this regard can ensure the promotion of quality patient care in rural Australia.

# References

Arifkhanova, A. (2017). *The Impact of Nurse Practitioner Scope-of-Practice Regulations in Primary Care*. The Pardee RAND Graduate School.

Bauer, J. C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence‐based demonstrations of cost‐effectiveness. *Journal of the American Academy of Nurse Practitioners*, *22*(4), 228–231.

Bradley, E., & Nolan, P. (2007). Impact of nurse prescribing: a qualitative study. Journal of advanced nursing, 59(2), 120-128.

Buerhaus, P. I., DesRoches, C. M., Dittus, R., & Donelan, K. (2015). Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*, *63*(2), 144–153.

Cabbabe, S. (2016). Should Nurse Practitioners Be Allowed to Practice Independently? *Missouri Medicine*, *113*(6), 436.

Chaaban, T., Ahouah, M., Nasser, W., Hijazi, W., Lombrail, P., Morvillers, J.-M., & Rothan-Tondeur, M. (2018). Nurses’ role in medical prescription: Systematic review. *Journal of Nursing*, *5*(1), 2.

Courtenay, M., Carey, N., Stenner, K., Lawton, S., & Peters, J. (2011). Patients’ views of nurse prescribing: effects on care, concordance and medicine taking. *British Journal of Dermatology*, *164*(2), 396–401.

Dunn, S. V., Cashin, A., Buckley, T., & Newman, C. (2010). Nurse practitioner prescribing practice in Australia. *Journal of the American Academy of Nurse Practitioners*, *22*(3), 150–155.

Fong, J., Buckley, T., & Cashin, A. (2015). Nurse practitioner prescribing: an international perspective. *Browse Journal, Nursing: Research and Reviews*, *5*, 99–08.

Kralewski, J., Dowd, B., Curoe, A., Savage, M., & Tong, J. (2015). The role of nurse practitioners in primary healthcare. *American Journal of Managed Care*, *21*(6), e366–e371.

Kroezen, M., van Dijk, L., Groenewegen, P. P., de Rond, M., de Veer, A. J., & Francke, A. L. (2014). Neutral to positive views on the consequences of nurse prescribing: Results of a national survey among registered nurses, nurse specialists and physicians. *International Journal of Nursing Studies*, *51*(4), 539–548.

Miles, K., Seitio, O., & McGilvray, M. (2006). Nurse prescribing in low‐resource settings: professional considerations. *International Nursing Review*, *53*(4), 290–296.

Ortiz, J., Hofler, R., Bushy, A., Lin, Y., Khanijahani, A., & Bitney, A. (2018). Impact of Nurse Practitioner Practice Regulations on Rural Population Health Outcomes. *Healthcare*, *6*, 65. Multidisciplinary Digital Publishing Institute.

Parker, R., Forrest, L., McCracken, J., McRae, I., & Cox, D. (2014). What primary health‐care services are A ustralian consumers willing to accept from nurse practitioners? A National Survey. *Health Expectations*, *17*(5), 733–740.

Peterson, M. E. (2017). Barriers to Practice and the Impact on Health Care: A Nurse Practitioner Focus. *Journal of the Advanced Practitioner in Oncology*, *8*(1), 74.

Ruth, L. van, Francke, A. L., & Mistiaen, P. (2008). *Effects of nurse prescribing of medication: a systematic review.*