Roles and Responsibilities of Advanced Practice Registered Nurse

Name

Institution

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**Selection of appropriate subject and data collection**

This assignment is aimed at observing, describing, critically analyzing, developing an opinion, and formulating recommendations in order to gain a thorough understanding of the roles of an advanced practice registered nurse. For the purpose of observing and analyzing, an advanced practitioner registered nurse will be selected through convenient/purposive sampling and she will be interviewed about her organization, its scope of practice within the organization, its visibility, reputation, placement and credential within the organization, brief history of APR nursing, their proportion, how she perceived her inter and intra personal relationships and how significant they might be, magnitude of her involvement in the policy making, her journey to acquire current status and future aspirations, perceived flexibility in role modification, sources of stress and their management techniques, and role transitions based on Benner’s model.

In order to gain comprehensive information from the selected APRN, interview will be used as an effective data collection tool. This is because when digging deeper into some living phenomenon, interview is the best suited option. Questions asked during interview might be predefined/structured or highly randomized/unstructured. It not only provides verbal but also gestural cues for the verification of communicated views and opinions e.g., eye contact, movement of hands, limbs and head, voice quality, rest-pause moment between uttered phrases, questions having short or in-depth information, facial expressions and so on. Obtained information is then undergone deliberate painstaking analysis aimed at deduction of meaningful inferences and gaining profound understanding of the phenomenon.

I chose Maria Jonathan, 30 years old APRN working in psychiatric setting for last 4-5 years. She was first contacted through one of my relative, after communicating purpose of my study, I persuaded her to donate some precious minutes of her busy schedule for sharing her professional experiences. Following the appointment, I met her at her place, developed rapport using Carl Rogers components of rapport building e.g., congruence, unconditional positive regard and empathy and gathered valuable information within one and half an hour.

**Analysis of obtained data—key points**

After obtaining information, I read it several times and tried deducing meaning from it and hereby, I’m documenting the inferential activity under separate headings for facilitated understanding of the reader. Inferential activity took much of my time because it is purely subjective phenomenon; my perceptions, preferences, outlooks and orientations might be different from the other evaluators. Hence, I put my efforts to embrace this information my individuality.

**Healthcare organization and roles of APRN**

APRN scope of practice is comparatively broader in nature because of her certification, licensure and higher education. An APRN is allowed to order diagnostic tests, develop treatment plans and prescribe drugs, depicting their broader scope of practice than Registered Nurses. Their central responsibilities encapsulate assessment, diagnosis and development of treatment plans, plan implementation, plan evaluation, health care provision, education, consultancy, researching, administration, quality assurance, patient advocacy and coaching.

As a result of their active participation in research-based health-promotion activities and education, they are highly respected and dignified not only by patients but management and other physicians as well. This is quite mandatory to build strong and healthy professional relationships with colleagues and patients because it provides us opportunity to work collaboratively understanding other’s perspectives as well. Their scope of practice indicates research and patient advocacy—combination of these two factors provides a sound logical basis for their intervention in policy making. As far as history is concerned APRNs initially practiced in pediatrics, but year 1970 ended up creating many advanced APRN specialties. A nurse and a physician, Loretta Ford and Henry Silver, in 1965, designed the training program for nurse practitioners for the very first time. At the University of Washington, first family APRN master’s degree program was introduced in 1971. National Provider Identifier (NPI) dataset is maintained by the Centers for Medicare and Medicaid Services which numbered approximately 106,000 practicing APRNs during year 2010 (AHRQ, 2018).

**Role development and execution**

Choosing nursing profession was not accidental for Maria Jonathan; she aimed for it since she was in school. She herself observed the role of a nurse during her accidental injury and hospitalization. Her innate predisposition for nursing profession coupled with the firs-hand experience compelled her to pursue her academics in nursing field. She was motivated and passionate enough about it since the very start day.

Her role development continued from the day when she chose nursing professional at her bachelor’s level. Their one-day clinical visit nurtured her sense of productivity and healthcare provision to the considerable extant. She then completed bachelors, practiced as a Registered nurse and then again after enough clinical practice she earned master’s degree. This was because she had a drive for ongoing professional development and competence and AP nursing provides broader scope of practice to the nurse.

**Stress management**

During daily clinical practice; it is irrefutable to suffer emotional traumas while watching patients losing their lives, their families mourning their loss and terminal patients with lingering sense of fading life and uncertainty. In such situations, stress is obvious phenomenon. Maria Jonathan also encountered such unwanted experiences several times. She then brings following stress management techniques in practice, for example, mindfulness and meditation, deep-breathing relaxation, progressive muscle relaxation and through reframing. Mindfulness and deep breathing relaxation are the instant methods of release stress during working hours. Rest of

**Role transition**

During the course of her nursing transition, she passed through various professional transitions as defined by Patricia Benner's stages of novice to expert. The most difficult, time and effort-consuming transition for her was “from novice to proficient.” This was because she was lacking practical exposure in the field when she started initial practice as a registered nurse. All that she had was theoretical knowledge about nursing and handling variety of patients. Her confidence shattered for some time but thanks to the counseling of her mentor, she restored her self confidence and provided her practice with a new direction. Now she has gained utmost stability in practical field because of confronting each day having new experiences. Experience is a way leading towards perfection but it takes time and a lot of devotion.

**Personal opinions and recommendations**

As far as my opinion is concerned, scope of practice is referred to as the actions, responsibilities and processes for which professionals are having legal permission for performance and given professional licensure for that. Interview activity surprised me because APRN scope of practice is highly conductive and favorable. It made me realize that nurses can have the utmost professional advancement opportunities comparable to physicians and other medical professionals. Moreover, I learned stress management techniques having evidence based validation e.g., mindfulness and meditation, deep-breathing relaxation, progressive muscle relaxation and through reframing. Based on the Benner’s model, it was revealed that role transition is the most disturbing and somewhat motivating professional factor which requires careful handling. In a nutshell, this activity was quite helpful for me because it allowed me to have formal discussion about APRN roles and responsibilities, its scope of practice within the organization, its visibility, reputation, placement and credential within the organization, brief history of AP nursing, their proportion, magnitude of her involvement in the policy making, her journey to acquire current status and future aspirations, perceived flexibility in role modification, sources of stress and their management techniques and validity of role transition model of Benner and techniques to overcome conflicting on-the-field situations.

**References**

The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States. Content last reviewed September 2018. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>