Critical Analysis

Author Note

**Introduction**

Nurses deliver services to families, persons and societies inside a range of health care surroundings in hospices, public health settings, hospitals and private practice. However, specific nurses have specific roles such as a Registered Nurse (RN) skilled in medical field, having education of Masters Level, and permitted by the Nurses and Midwives Board of Australia (NMBA) to deliver patient care in a progressive and extended medical setting is a nurse practitioner (NP) (“Nursing and Midwifery Board of Australia—Search,” n.d.). A registered nurse (RN) who is skilled and is recognized as a senior member of the nurse in all aspects particularly in acute care is a Clinical Nurse Specialist (CNS) (Fong, Buckley, Cashin, & Pont, 2017). A clinical nurse specialist establishes an advanced level of proficiency in the medical decision making, particularly to a problematic situation, recognition and solution, and examining and inferring clinical information (Cashin, Theophilos, & Green, 2017). NPS delivers benign, extraordinary quality care in the valuation and administration of patients.

# Nurse Practitioner Standards in Australia

Standard 1: Assesses using diagnostic capability

Standard 2: Plans care and engage others

Standard 3: Prescribes and implements therapeutic interventions

Standard 4: Evaluates outcomes and improves practice

# Domains

## Specialized and Cooperative Practice

This domain is related to the legal and ethical foundation to deliver facilities and care under laws in their respective settings.

## Provision of care

This domain is related to the intrinsic care of persons and communities. It includes an interpretation of resources to deliver planned and appropriate care.

## Reflective and analytical practice

This domain is related to the provision of care that reflects evidence-based practice. Practices and nursing care that is in safety and quality management guidelines (MacLellan, Higgins, & Levett‐Jones, 2015). To ensure the practice of nursing facilities by informed evidence.

# Role of Nurse Practitioner

There are various roles that a nurse practitioner plays that distinguish themselves from other nurses.

## Extended practice

Component that distinguishes nurse practitioner from nurses progressive practice roles is the range of practice honours that are safe by the legislature. Extended practice consequently is distinct from those components of nursing action performed by a registered nurse that calls upon a legislative configuration that is external to the range of practice (Cashin et al., 2017). With this opportunity of practice that integrates extended practices, a nurse practitioner works in that grey zone that integrates both medical and nursing actions.

## Autonomous practice

A nurse practitioner involves in medical practice with noteworthy medical autonomy and responsibility, which includes accountability for the comprehensive incidents of care. It means they are involved in autonomously decision making and inpatient care. They deliver care to follow up and provision of quality care to patients. They work and practice in a multidisciplinary team in a medical care centre in partnership to optimize patient results. They practice independently in their areas of expertise to deliver quality care to patients.

## Nursing Model

This practice is a role model particularly for nurse practitioners to perform their duties in nursing and healthcare setting. Nurse practitioner delivers care flexibly and following the policies described by Nurses and Midwives Board of Australia to provide quality care (Cashin et al., 2017). They deliver services under the nursing model according to the Nurses and Midwives Board of Australia.

# Review of Literature

Nurse practitioner delivers the all-embracing standard that they are projected to accept in their practice. They engross with persons in a socially safe and courteous way, as adoptive open, truthful and sympathetic specialized allies to follow their responsibilities about confidentiality and privacy (Rossiter & Day, 2016). They work in drug and alcohol control, aged care and emergency departments. They practice in medical and surgical private centres and hospitals (Fong et al., 2017). They work in rural and remote area hospitals and healthcare delivery centres and also in community and women's health centres. They deliver services in the chronic and complex care units, pediatrics and mental health services.

Nurses have to indorse knowledge of territory legislation and commonwealth, and joint law relevant to the nursing field. Nurse practitioners have to obey duty following nursing laws and practices. They exhibit information, codes, policies and guidelines that are implemented in the nursing practices (MacLellan, Higgins, & Levett‐Jones, 2015). Delivery of services according to the nursing plan, profession and standards of care. They deliver services in collaboration and association with the multidisciplinary team for the provision of quality care (Tucker, 2016). They recognize their boundaries and provide competent services in a particular area of healthcare (MacLellan, Higgins, & Levett‐Jones, 2015). They ensure safe medical and nursing practices in the fields of emergency and aged care centres. These are the areas that specifically require safe and secure medical practices to be delivered by the standards of Nurses and Midwives Board of Australia.

They are involved in the delivery of services to ensure safe practices and report child or older people abuse. Major roles are particularly related to the prevention and anticipation of communicable and non-communicable diseases. In case of unsafe incidents during medical services, they have a duty to report the authority to make sure that adverse events would be prevented in future.

Nurse practitioner validates widespread information about human disciplines and well-being assessment in nursing practices (O’Connor, Palfreyman, & Borghmans, 2018). They establish inclusive and methodical proficiency in the procurement of pertinent, suitable and precise data that apprise differential diagnoses in nursing practices (Rossiter & Day, 2016). They measure multifaceted and/or unsteady health care requirements of the individual getting care from healthcare settings. They deliver care by comparing the evidence with ancient and existing data (Fong et al., 2017). They provide services to evaluate the influence of comorbidities, counting the impact of co-existing, numerous pathologies and preceding treatments and managements of care (MacLellan, Levett‐Jones, & Higgins, 2015). They demonstrate complete proficiency in medical inspection comprising of somatic, psychological health, communal, cultural and ethnic extents.

Nurse practitioner precisely produces and deduces assessment evidence especially history, comprising of previous treatment consequences, somatic outcomes and diagnostic facts. This information is important to classify common, at-risk and anomalous conditions of health (MacLellan, Levett‐Jones, & Higgins, 2015). Moreover, nurse practitioners evaluate social determinants of health to identify factors that are affecting a particular state of health of individuals. Nurse practitioners have to indorse information of republic legislation and joint law relevant to nursing and healthcare field. Nurse practitioners have to perform duty following nursing laws and practices. They exhibit information, codes, policies and guidelines that are implemented in the nursing practices.

Nurse practitioners take individual accountability to analytically assess and assimilate applicable research conclusions into decision making about health care interventions. Nurse practitioner ethically discovers therapeutic possibilities considering inferences for care by the incorporation of assessment knowledge, the individual's informed decision and finest accessible evidence. They are proactive and logical in obtaining new information associated with nurse practitioner practice. They communicate and supports others to make the best decisions for patients.

Nurse practitioner subsidizes health learning by sharing information with the individual getting care to attain an evidence-informed treatment plan (Cashin et al., 2017). They carefully endorse therapeutic interferences based on precise information of the features and synchronized treatments of the individual getting care. They validate specialized integrity and moral behaviour in delivering healthcare services (Scanlon, Cashin, Bryce, Kelly, & Buckely, 2016). Nurse practitioner carefully and efficiently accomplishes evidence-informed invasive/non-invasive interferences for the medical treatment and/or anticipation of illness, illness, wounds, complaints or disorders. Nurse practitioner understands the follows-up and outcomes of screening for diagnostic examinations in a suitable time frame through the application of care practices.

Nurse practitioner supports, teaches, trains and recommends the individual receiving care concerning self-management, diagnoses, and forecasts plus their reactions to disease, wounds, risk elements and healing interferences, they counsel the individual getting care on therapeutic interferences comprising of remunerations, possible side effects, unforeseen effects, connections, significance of compliance and suggested follow-up (Jennings, Clifford, Fox, O’Connell, & Gardner, 2015). They deliver knowledge by sharing it with others in discussion with the individual receiving healthcare facilities (O’Connor et al., 2018). They provide coordination and organization of care with other healthcare centres, infirmity and aged-care workers, organizations and public resources (Tucker, 2016). They reveal the evidence of hostile events to the individual receiving healthcare. They also report other health specialists, alleviates harm, and inform hostile actions to designated establishments in keeping with the pertinent legislature and administrative strategy. They advocate for better-quality healthcare services and access to health care facilities.

They advocate with the health care organization and policymakers regarding policies and rules that affect health and quality of care. Nurse practitioner takes decisions about the custom of individual-focused diagnostic examinations that are informed via medical conclusions and examination evidence (Jennings et al., 2015). They validate responsibility because of access, price, medical effectiveness and the knowledgeable decision of the individual receiving care. They deliver services to mental health issues more appropriately as compared to other nursing specialties (Wand & White, 2015). They make sure that the individual receiving care is cost-effective, medically operative and affordable. The roles include ordering and/or performing designated testing and diagnostic examinations.

Nurse practitioners are accountable and responsible for the elucidation of consequences and following-up the suitable sequence of action (MacLellan, Higgins, & Levett‐Jones, 2015). They use operative communication approaches to notify the individual receiving care and pertinent health specialists of the health evaluation conclusions and analysis. Their role includes communication of appropriate services and guidelines to the individuals receiving healthcare facilities (O’Connor et al., 2018). They ensure that the services delivered are accurate and are under the treatment plans. They efficiently deliver healthcare services with proficiency and excellence. Their role includes knowledge synthesis regarding epidemiology and pathophysiology of a particular disease. They analyses diseases and disorders in environmental, socio-economic and demographic perspective to demonstrate the pattern of disease (Rossiter & Day, 2016). This information is important for the prevention and anticipation of diseases and syndromes specifically in cases of epidemics and outbreaks.

Their role defines the responsibility of care in accord with pertinent legislature and regulation. They remain cognizant of modifications to legislature and professional principles and exercise suitable variations to practice in reaction to that variation (MacLellan, Levett-Jones, & Higgins, 2016). They subsidize the expansion of strategy and processes suitable for setting and domain (MacLellan, Higgins, & Levett‐Jones, 2015). Their roles are expanded in all sectors of healthcare facilities including legislations, quality care, advocacy, participation and administration. They are involved in decision making, provision of quality care, the anticipation of diseases and prevention campaigns. They are a part of government entities, private organizations to work in collaboration and team to promote health for all.

Nurse practitioners counsel and educate individuals and communities regarding safe and healthy lifestyles. Their role includes prevention and anticipation strategies to promote health. They advocates and delivers a signal for development to nursing practitioner facility if it is supposed that development will progress access to eminence and economical health care for particular populaces (MacLellan, Higgins, & Levett‐Jones, 2015). They validate medical governance in the scheme and appraisal of facilities for health promotion, fortification or the anticipation of damage and/or disease. They enunciate and endorses the role of the nurse practitioner in medical, governmental and professional settings (MacLellan, Higgins, & Levett-Jones, 2015). They act as a teacher and/or counsellor to nursing coworkers and other healthcare providers in the healthcare group. They analyses health care strategies for their inferences on the role of nurse practitioner and the people they deliver services (MacLellan, Levett‐Jones, & Higgins, 2015). Their role affects well-being, infirmity and aged-care strategy and implications through the management and vigorous contribution in professional administrations and workplaces such as hospitals.

# Conclusion

A nurse practitioner provides healthcare services in the all-embracing standard that they are projected to receive in their domain. They involve persons in a socially safe and courteous way, adoptive, open, honest and compassionate specialized associates, who follow their errands about confidentiality and privacy (MacLellan et al., 2016). Nurse practitioner roles are expanded in all sectors of healthcare amenities including legislations, quality care, advocacy, participation and administration. They are the members in decision making, provision of quality care, the anticipation of diseases and prevention campaigns. They provide synchronization and organization of care with other healthcare centres, infirmity and healthcare workers, organizations and public resources to work under the policies and standards designed by the Nursing and Midwifery Board of Australia. Their role has to ensure that the services delivered are accurate and are following the treatment plans. Their role is to efficiently deliver healthcare services with proficiency and excellence. Their role includes knowledge synthesis regarding epidemiology and pathophysiology of a particular disease to help in anticipation of diseases from communities. To control disease burden from Australia, nurse practitioners and their roles need to be strengthened to encourage and facilitate them in modifications of healthcare systems to improve the health status of communities.

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