

✧ RESEARCH PAPER ✧

# *Experiences of the new role of advanced practice nurses in Swedish primary health care—A qualitative study*

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*Accepted for publication August 2009*

Lindblad E, Hallman E-B, Gillsjö C, Lindblad U, Fagerström L. *International Journal of Nursing Practice* 2010; **16**: 69–74  
**Experiences of the new role of advanced practice nurses in Swedish primary health care—A qualitative study**

The aim of this study was to investigate and describe the experiences of the first advanced practice nurses (APNs), a new profession for Swedish health care, and of their supervising general practitioners (GPs), regarding the new role and scope of practice of APNs in primary health care. Individual interviews were conducted with the four first APNs and one focus group interview was conducted with five supervising physicians. The material was transcribed verbatim and analysed using latent content analysis. The respondents expressed confidence and trust in the new role of APNs. Some opposition to this new role from the GPs and other colleagues was observed, but was nonetheless overcome. The experiences of the APN role indicate that the new role is clearly demarcated from the role of physicians. The APNs were considered an extra resource for both the GPs and other nurses, which contributed to an increased availability of care for patients. The APN role requires an explicit definition and demarcation in relation to responsibility and roles among colleagues. Further development of the APN role presupposes the right to prescribe medication and order treatments, as well as an evaluation of patient, organizational and inter-professional perspectives on the matter.

**Key words:** general practitioner, nurse practitioner, qualitative study.

## INTRODUCTION

The conception and education of nurse practitioners (NPs), or advanced practice nurses (APNs) as the profession is later known, first commenced in the 1960s in USA. The NP/APNs have become a well-established professional group in England and is also currently being established as a profession in Ireland and Holland.<sup>1,2</sup> Today, NP/APNs are found in nearly 30 countries and on all continents. In the Nordic countries, the first four nurses to graduate from the Advanced Clinical Nurse Specialist programme (120 credits) received their degrees from the University of Skövde, Sweden, in 2005,<sup>3</sup> and today a total of 15 APNs have been graduated. An equivalent programme started in Vaasa, Finland in 2005 and 18 APNs were graduated in December 2006.<sup>4,5</sup>

According to the International Council of Nursing, an APN is defined 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'.<sup>6</sup>*

An APN possesses the competency to assess, diagnose and treat normal and/or acute health problems and situations, and is even able to provide follow-up care and treatment for chronic conditions. Furthermore, an APN is capable of assessing a patient's health situation and history (*anamnes*), evaluate and identify a patient's need for care, order diagnostic or laboratory tests and prescribe medications (rights vary from country to country), as well as refer patients for further care and/or admit or discharge patients from hospital: that is to say, offer holistic care.<sup>2</sup> Other important aspects of care provided by APNs include: the evaluation and development of care, research, leadership and the coordination of preventive and promotional care.

Schober and Affara<sup>2</sup> stress that when the APN role is introduced into a country, the role itself and its 'scope of praxis' should be defined based on the country's needs and existing health-care system. Accordingly, the aim of this qualitative study is to describe the first Swedish APNs' and their supervising general practitioners' (GPs) experiences of an APN's role and scope of practice.

## MATERIALS AND METHODS

Based on an anthropological design,<sup>7</sup> this study was part of a more comprehensive evaluation undertaken in 2006 by

Skaraborg Primary Health Care of the role that APNs play. In the field of health-care research, a timely evaluation of a particular topic or subject is often necessary.<sup>7,8</sup> In this study, it was important to establish the groundwork for the next step in the development of the APN role without too much time passing. The study consists of two study groups. The first group comprised four of the first APN graduates from the University of Skövde and who had worked at various health-care centres run by Skaraborg Primary Health Care. These four APNs were working in a more independent role taking care of patients with acute health problems, such as infections (upper pulmonary infections, urinary tract infections, otitis, dermatitis and skin problems). Two of the interviews took place at the respondents' place of work while the remaining two took place at the respondents' homes. The APNs' interviews, each lasting approximately an hour, were conducted as an open conversation. Questions regarding the APNs' new work responsibilities, completed education, support received from supervising GPs, teamwork with GPs and other colleagues, as well as a number of open-ended questions allowing the APNs to speak freely regarding their experiences and the function of their new role, were included as part of the thematic guide. The transcribed responses resulted in 130 pages of text.

The second study group consisted of five GPs who had supervised the APNs and worked in the same health-care centres as the APNs. The GPs took part in a focus-group interview (about an hour), which took place at a research institute. Focus-group interviews are a useful method for effectively capturing a group's ideas on, and attitudes towards, a certain subject during a relatively short amount of time. The focus group was led by a moderator (researcher of this study), with an observer (co-researcher) also present. The thematic guide used with the focus-group contained questions similar to those used in the APN interviews, but were further developed based on the themes that emerged from the APN interviews. The purpose of the focus-group interviews was to allow the GPs to impart their experiences of the role and function of APNs while also allowing the GPs the possibility to partake of their colleagues' experiences. These interviews were recorded and transcribed (40 pages of text).

The data material, the foundation for the study's anthropological design, was analysed by using latent content analysis.<sup>9</sup> The study's analysis focused on the themes included in the questions given to the respondents. Four

central categories emerged from the respondents' citations and these were then further analysed and interpreted until a common view of the APNs' role and scope of practice was discerned. These four main categories reveal the common perspective of both the APNs and the GPs.<sup>10,11</sup> Relevant ethical standards were adhered to during the study and permission was sought from all participants and organizations involved.

## RESULTS

### Confidence and trust

The respondents indicated the necessity of adapting the international APN role to suit both Swedish health care and the existing context of the areas studied. All of the APNs were working in settings where they had previously been employed as the district nurse for a long time. Thus, their new function as APNs had gradually developed or 'matured' in the minds of the other nurses as well as the GPs and APNs themselves.

Recurring in the interviews was an expression of the necessity for mutual confidence and trust between an APN and his or her supervisory GP. The GPs were very familiar with the skills that the APNs possessed and with the areas in which they needed extra support.

In accordance with common international praxis, APNs should possess the legal authority to order X-rays, laboratory tests and specialist care. However, this study found that in Sweden such was either not possible or else the capacity to do so varied:

*... our health-care centre director has, of course, contacted the hospital and managed to have a constructive discussion so that it is possible for our APN to order X-rays by [her-]self. ... it is accepted. (GP)*

*... what we do here is if X orders an X-ray, I just cosign. (GP)*

In these examples, one sees that there is a lack of confidence in the APNs as professionals.

Upon completing their course of study, the APNs experienced increased confidence and security in their new roll. Both the APNs and the GPs felt that quality supervision was central to the building of confidence in both partners:

*Otitis, for example, is something that is also really difficult, to examine an ear. Therefore, the GP has often followed along*

*to double-check . . . then you get confirmation that what you have seen and heard has been correct and like this. (APN)*

An APN should feel able to ask for help and a GP should feel certain that an APN will ask for help when needed.

### The positioning of old and new roles

Neither the APNs nor GPs were familiar with the new role that the APNs would play, resulting in the lack of a clear conception of what the role should actually include. The APNs were uncertain regarding the name given the new role, exemplified by their reluctance to call themselves APNs or NPs. The majority of APNs still considered themselves as nurses with an expanded level of competency:

*I still feel like a nurse . . . I of course feel like I know more than a nurse. That I have received an injection of medical knowledge. (APN)*

At the other end of the scale, an identity closer to what one could call a 'mini-doctor' was seen:

*. . . you can simplify things by saying something between a district nurse and doctor. Yeah, and sometimes, as a joke, patients can say 'now I'm going to see the woman who is the half-doctor'. (APN)*

A third positioning acknowledged a completely new vocation:

*. . . we are, not mini-doctors like some people say, and we are not nurses either, now we are APNs. (APN)*

For the GPs, a clear distinction between APNs, district nurses and specialist nurses exists:

*Clinical Nurse Specialists have of course already diagnosed patients. They have their role. They do their small part. (GP)*

Yet being an APN entails going a step further. The GPs agreed that the APN function was not about the APNs becoming a GP. The introduction of the new role changed the GPs' role into something more like a consultant to the APNs, which was most successful when work was not stressful. According to the GPs, the new APN function had resulted in exciting, challenging and enhanced teamwork. However, the APNs and GPs had experienced resistance towards the new role from both other GPs and nurses:

*And it is understandable that there are questions regarding territory and the Swedish Medical Association's views and so on. You think of course about your own role (GP).*

Nonetheless, the GPs' skepticism was temporary:

*I think I was a bit doubtful in the beginning. I did not know what it meant . . . if we would lose our role or what would happen then. But, I understood very quickly that this would be positive, that it was another resource (GP).*

The new role was given a mainly positive reception by the various other nurses and district nurses employed at the settings.

### Demarcation

None of the nurses interviewed worked full-time as APNs but instead also juggled roles as district nurses and 'ordinary' nurses during the workday. The most controversial aspect of the APN role was the assuming of authority traditionally allocated GPs:

*. . . but this of course has to do with that we GPs are a little hesitant then, they [can] easily take patients from us and we feel that we are circumvented by others who are sniffing and nipping at our territory. (GP)*

The APNs themselves felt that their new role was clearly demarcated from the GP's role:

*I think that this role is clearly separate from the GP role . . . we work based on the care programme. And there it is explicit [who can do what]. (APN)*

At the same time, however, some controversy remained because of difficulties concerning territorial rights.

At the centre of this dispute lies the question of the increased right to prescribe medication and order treatments, which, to the APNs' great disappointment, did not materialize, and which was also considered to be a fundamental condition for independent work:

*. . . obviously it is frustrating, because I feel you cannot fulfill your duties 100%. (APN)*

Nonetheless, the APNs felt that they could function without the right to prescribe medication and order treatments. The GPs felt that the right to prescribe medication

and order treatments would solve a number of practical problems and eliminate some stress factors, for example when an APN is waiting for a signed prescription. At the same time, however, the GPs were cautious about this part of the role.

The APNs expressed that great care was taken in meticulously following the guidelines delineating their role, whereas the GPs were described as being quite careless regarding the matter, an observation noted by the GPs themselves:

*. . . in a nurse-based centre you notice that the nurses are much more meticulous about precisely following what is [delineated], whereas the GPs work more haphazardly . . . (GP)*

### Expectations and experiences of the function as a resource

The various actors' expectations of the new function varied. For the four APNs, their supplementary education was a clinical career opportunity, a chance that entailed shouldering greater responsibility than when they were district nurses, and an opportunity for the development of personal competency. The GPs, however, referred to mounting pressure on the health-care system, the lack of qualified GPs and an eventual need in the future for a new type of health care that would include altered roles:

*. . . from the beginning we wanted to implement it to solve a situation where there was a shortfall. Since then, we have discovered that other possibilities exist, so to speak. (GP)*

The APNs and GPs agreed that the usefulness for patients would have been greater if the APNs had been able to prescribe medication and order treatments. The APNs were considered an extra resource for both the GPs and other nurses, which contributed to an increased availability of care for patients.

## DISCUSSION

Although the APNs' and GPs' experiences of the new role were mainly positive, discussions nonetheless touched on certain problematic aspects of the role, such as the need for expanded rights in general as well as the right to prescribe medication and order treatments. The APNs and GPs in this study indicated, overall, that they possessed confidence and trust in the role and number of APNs and that knowledge of the function within care is

growing. The development of the APN role presumes a clear defining of roles and rights and responsibilities. This process has started but should be more accurately understood and defined so that the APN role can meet future needs. The growing number of people in the world aged 85 years or older will cause an upsurge in the need for care that APNs will undoubtedly be used to stem.

The defining of the new APN role is essential for developing the new role in accordance with the needs of the health-care system, but APNs should not be considered as a replacement for GPs (cf. Schober and Affara<sup>2</sup>). Instead, APNs should be considered a valuable complement to the health-care system in that they will allow GPs to concentrate their time on more complicated cases.<sup>1,12</sup> According to respondents of the study, however, the increased right to prescribe medication and order treatments would lead to better efficiency, above all within emergency care, but even within follow-up care given to patients with chronic health conditions. Studies from England, Australia and the USA show that, care provided by APNs is high-quality, cost-effective and patient-centred and that it improves patients' ability to receive care.<sup>1,13,14</sup> Nonetheless, these studies also show that care provided by APNs also entails longer visits and more examinations for patients.<sup>14,15</sup> A longitudinal study by Lenz *et al.*<sup>16</sup> found that the number of return visits to GP-run clinics was larger than for NP-run clinics, but that no difference between the two regarding quality of care exists. National, regional, cultural and social factors all influence how quickly structures within the medical system can be changed.<sup>8</sup>

In ethnographic research and analysis, it is important to shine light on a problem from as many different perspectives as possible by using various data collection methods.<sup>17</sup> The limitation of the study was the small number of graduated and working APNs. The results of the content analysis were validated of all authors. In 2009, about 16 APNs are working in the new role in primary health care. A new evaluation out of a patient's perspective will be conducted in a couple of years. The actual study focused on an interpretation of the current situation by investigating confidence in, expectations of, changes in, and limitations to the APN role (cf. Agar<sup>10</sup>). Right now, the focus should lie on the development of confidence in new work routines and increasing the general population's knowledge of the function (cf. Buchan and Calman<sup>18</sup>). Finally, in order to guarantee a positive and productive development of the new APN role, continued evaluation of patient,

organizational and interprofessional perspectives on the matter should occur.

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