

Low and Lower Middle-Income Countries Advanced Practice Nurses: An Integrative Review

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Introduction

Countries with low gross national income have difficulty delivering healthcare services. Advanced Practice Nurse (APN) roles have been recommended to improve access to and delivery of health care services. A review of the published literature of APN roles and contributions to health care and outcomes, in low income (LIC) and lower middle-income countries (LMIC) is necessary.

Purpose

To review published literature descriptions of APN roles in low and lower-middle-income countries.

Method

Electronic database search: PubMed, CINAHL complete and ProQuest Health & Medicine. No limits by year or language were set. The names for LIC and LMIC and combinations 'related to advanced practice nurses' titles were used to identify papers. In addition, a review of publication type was performed. Themes found within the publications were assessed against the International Council of Nurses' definition and description of Nurse Practitioner and APN characteristics. An integrative review facilitated the appraisal of the papers identified.

ICN APN Characteristics

Educational preparation

How these identified nurses were educated.

Nature of Practice

What did these nurses do in clinical care of clients/patients/families

Regulatory mechanisms

Was there any regulatory or legislative mechanisms associated with these identified nurses

Results:

5778 publications in 16 languages. This number was reduced to 23, from 18 LIC and/or LMICs once exclusion criteria were applied. Six publications were from 1977 to 1999, and six between 2000 and 2010, with the remaining 11 from 2011-2018. Zambia had the most publications. Notably, 63 countries were not represented. Of those meeting inclusion criteria, the majority addressed education with a lesser extent focusing on practice and regulation of advanced practice nurse's roles. The majority were published during the last decade.

Educational Preparation

APN educational requirements described within the LICs and LMICs varied in length from 48 hours to three years. The type of education ranged from continuing education and non-accredited post registration Diploma to Masters within and outside the country in which they operated:

Nature of Practice

Publications discussed health services provision for the population and identified gaps in the service in which the APN role functioned. The practice of nurses was identified by title and area of specialty practice. Within the publications, titles such as NP (n=13), Nurse Specialist, CNS (n=3), and SN (n=3) were most frequently identified. Areas of specialization included Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome primary care and Community health. Despite describing aspects of care delivered within the title and specialization, the full scope of practice was never described in any of the articles included in this review.

Regulatory mechanisms

There was also variability in the regulation of practice by professional regulatory authorities. One publication identified a local regulatory process for described APN roles for Angola, Bolivia and Sierra Leone. Other publications identified an established national requirement but did not describe a current process

Conclusion:

This review identified the APN role and function within some healthcare systems. Examination of the grey literature could provide additional information about the actual and potential benefits of APN in LIC and LMIC. The published literature that referred to Advanced Practice Nurses' identified their contribution to positive impacts on healthcare over the last 40 years. However, with only 11 publications identified in the last seven years, further review is required

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