Nurse Practitioners
Reshaping Health Care
From Roots to Shoots

Presentation
Karen Anne Wolf PhD, ANP-BC, DFNAP
Samuel Merritt University, Oakland CA. USA
Sigma Theta Tau International Research Conference
Brisbane Australia
Background: The Roots of Nurse Practitioner Roles

- Study recorded the history of the 1st generation of nurse practitioners educated in Massachusetts at Massachusetts General Hospital (MGH) in Boston, MA United States

- Study goals
  - To describe the factors that influenced the development of the first generation program for nurse practitioners
  - To highlight key experiences & perceptions of the graduates & faculty
  - To recognize the contribution of this first generation of risk takers and role-makers to the shaping of the in the health care system.
Study Methodology 1\textsuperscript{st} Generation Nurse Practitioners in Massachusetts

- Interviews:
  - Former faculty, graduates, administrators, students & physician preceptors

- Primary documents
  - Program files, admission & curricular materials, reports correspondence collected from individuals, published studies and news articles.
  - Archives: MGH Nursing & Hospital, archives & Northeastern University archives
Roots of Change

- U.S. Political climate for change known as the “Great Society Movement”
  - Created the Medicare system of payment for older Americans and Medicaid for persons of low income with the resulting increase need for health care providers
  - Funding for Health Center development and other program of ambulatory care
  - Urban renewal or rebuilding “slum” areas of cities
  - Job programs increased access to health jobs and funding
Growth: Government funding

“Nurses in extended roles are crucial to President Nixon’s goal - if making health care to all our citizens is to be reached”

- 1971 DHEW Report *Extending the Scope of Nursing Practice*
Roots of Change: Within Nursing

“Medicine and nursing have common goals: the preservation and restoration of health. Yet their roles in achieving these objectives are not identical and may be visualized as two overlapping circles, each with its own content but sharing a common ground”

- Barbara Bates M.D, July 1970
Williamstown Summit
Build consensus & Support

- Used “outside” experts such as Dr. Loretta Ford to influence for internal decisions at MGH

- Developed consensus between staff serving pediatric and adult populations about how NP would support care

- Decision made to begin a Pediatric Nurse Practitioner Program
Two branches of MGH NP Role Development

First: In 1968- Pediatric Outpatient & Community program
- Providing well child care for underserved near hospital in new health center
- Established with strong support and a research agenda

Second: 1970-1980 Adult Outpatient Medicine
- Management of chronic illness
- Established to extend care to underserved populations in surrounding communities
MGH Pediatric NP Program Core of Health Center Model

- 6 out of 7 Nurses trained as NPs
- 2 pediatricians
- 2 internists
- 1 psychiatrist
- 3 social workers
- 1 dentist
- Nutritionist
Characteristics of 1st Students

- Initially 60% NPs worked in private practices and 40% from public health/community health centers.
- Most students were in late 20's or older - as previous work experience was desired by faculty.
- >50% diploma Graduates with increase in BSN or higher over life of program.
- After two years only 5 of first class were working as NPs while other working as educators, administrators.
- In 1970 with 35 graduates - 72% functioning as PNPs.
Program Characteristics

- Built on public health nursing functions
- Prepared nurses to branch out & expand their role:
  - Classes held once a week over 3-4 months
    - Emphasis on well child care
    - History taking and physical exam
    - Growth & development and anticipatory guidance/health teaching for parents
Factors Supportive to Change in Roles & Systems

- Climate of concern to improve access and experiment to improve care
- Lack of NP Concern for reimbursement
- Physicians more interested in specialty practice
- Nurses ready for risk taking
- Federal & foundation support “man-power” nurse training
Barriers to Role and System Change

- Gradual shift away from well child care to episodic care
- “Doing more & earning less”
- Professional recognition slow to materialize within Nursing
- Medicine moves to follow increased reimbursement in ambulatory practice

Loretta Ford- 1st PNP
1968-1971 PNP Program at Bunker Hill Health Center

- At end of three years, 99 students had completed over 7 course offerings
- Federal Funding- university setting feasible and the program moved to Northeastern University in Boston, MA USA
- Mainstream Nursing Profession resists NP education as “tainted by physician and hospital Control”
Changes with program transfer to Northeastern University

- Certificate Program lengthened to 12 months & curriculum strengthened in role, professional issues & Clinical management enhanced
- Other NP programs included Family NP and school health nurse practitioner
- Certificate program continues until it is closed in 1982. (over 250 graduates)
PNP Program Guided Health Care System Change

- Programs worked closely with physician preceptors/employers NP
  - Student NPs and physicians were accepted as a team and this provided support to for role change and employment success

- Program staff engaged all participant NPs & MDs in follow-up studies
  - Studies used to influence professional groups and government to expand programs for NP training and practice
1971 Adult NP Program Opens

- Program adopts NP-student/physician team admission process
- Funding provided by a variety of sources including Harvard University Continuing medical education, Tri-state health commission
- Former nurse-now physician appointed medical director
- Faculty included MGH physicians and nurses, Harvard Medical and School of Public Health faculty & Program advisors also included local HMO officials
Adult NP Course Overview

- Courses focused on physical exam & history taking, management of chronic illness and acute minor illness

- Initially lectures one day a week at MGH with Didactic experiences at Chronic care hospital

- Program expanded to six weeks/ 5 days a week in 1973

- Preceptor-ship (mentorship by physician) ranged from 6 to 12 month

- In the absence of texts students were provided with handouts
Characteristics of graduates

- Initial students recruited from Massachusetts General Hospital
- Program expansion drew from nurses from Northeast US
- Preference to experienced RNs with management, outpatient or community experience
- Follow studies indicate majority continued in practice
Adult NP Program Highlights

Clinical Preceptor ships:
- Grounded in practice and employment realities
- Employment post graduation assured

Expert faculty
- MGH physicians
- MGH Nurse clinicians, Nurse Practitioners, Clinical Nurse Specialists, Physical and occupational Therapists and social workers
Adult NP Program Highlights

- Cutting edge ideas
- Problem oriented record system
- Algorithm & protocol development & applications
- Exposure to cutting edge research & clinical management
- Health & Nursing professional policy initiatives
National Accreditation Achieved
After 10 years in 1974
Challenge the 3 “A’s” for 1st NPs

- Living with *ambiguity*
  - Little or no professional support or recognition
  - Legal basis not yet established

- Demonstrating *autonomy* & making decisions
  - Crossing professional boundaries
  - Shaking off passive – gendered nursing role conceptions
  - Clinical management not covered in class but expected in clinical setting

- Demonstrating *accountability* for quality and outcomes of care
NP Roles Grow Despite Ambiguity”

- Programs worked closely with physician preceptors/employers NP
  - student and physician accepted as a team & effort made to modify attitudes and practices of both
- Students with strong decision-making capacity sought; former public health nurses, managers, & known risk takers
- Program began to systematize decision making
  - Problem oriented approach by Weed
  - Algorithm and protocols developed & adopted
Health Care System Issues
“lack of professional consensus”

- Prescriptive authority - discomfort with pre-signed prescriptions, differences in use between smaller rural practices and urban group or community settings

- Medicaid reimbursement

- Admitting & visiting privileges
  - Varied access to follow patients in hospitals - rural & suburban areas more accepting as these tended to be more underserved by physician practice
Two Programs Branches- new growth to NP education

- PNP program generated more than a dozen articles describing rationale, underlying data, program outcomes and potential application in terms of cost effectiveness and quality outcomes.

- Rapid transfer of PNP program to university seeded idea of university nurse practitioner educator.

- Program’s graduates went on to establish at least five other NP programs,

- NP graduates provided leadership for professional organization such as NAPNAP, NONPF; and led efforts for legislation and regulatory recognition of NPS.
Thank You