



Barriers and Facilitators for Implementing the Nurse Practitioners Full Prescriptive Authority: A Systematic Literature Review

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Research Questions

What are the barriers and facilitators of NP achieving their full prescriptive authority?

How has implementation of NP prescriptive authority been done?

Specifically for Psychiatric Mental Health NPs, how does full prescriptive authority affect them considering a significant number of medications they prescribe are still controlled substances?

Background

Studies have shown that increased roles of the Nurse Practitioner (NP) have a positive impact on the health care field as a whole. Patients are seeking out care from NPs at larger rates than in the past, and this promotes a need to increase NP prescriptive authority. The purpose of this literature review is to identify existing knowledge about the implications of NP prescriptive authority and existing barriers.

Findings and Implications

NPs most commonly report laws as the largest barrier to increasing their scope of practice- not physicians (Kraus, DuBois, & DuBois, 2017).

The primary focus of Nurse Practitioner prescribing has changed from acute care to management of chronic conditions over the past two decades. By 2010, 8 of the top 10 drugs most commonly prescribed by NPs and Primary Care Physicians (PCPs) were the same (Tranmer et al., 2015).

More clarification of the NP role is needed. Specifically, members of the multidisciplinary team need better communication about the role and scope of practice of the Nurse Practitioner (Cowley, Cooper, & Goldberg, 2016).

Very little information was found specifically about Mental Health NPs and their experiences with full prescriptive authority. This indicates a gap in existing literature and would be a good research study.



Methods

Research databases used for this literature review include CINAHL, PubMed, Psych Infor and Google Scholar. All studies related to the impact, implementation, barriers and facilitators of NP full prescriptive authority published over between 2014 and 2017 were considered. Examples of key search terms include, but are not limited to, Nurse Practitioner and Prescribing, Barriers to NP Prescriptive authority, Facilitators to NP prescribing, Full NP prescriptive authority, Implementation of NP prescribing, non-medical prescribing, Psychiatric NP prescriptive authority, and non-medical psychiatric prescribing. A systematic analysis will be done using the PRISMA method and checklist.

Sources

Cowley, A., Cooper, J., & Goldberg, S. (2016). Experiences of the advanced nurse practitioner role in acute care. *Nursing Older People (2014+)*, 28(4), 31. doi:<http://dx.doi.org/10.7748/nop.28.4.31.s23>

Kraus, E., DuBois, J., & DuBois, J. M. (2017). Knowing Your Limits: A Qualitative Study of Physician and Nurse Practitioner Perspectives on NP Independence in Primary Care. *JGIM: Journal Of General Internal Medicine*, 32(3), 284-290. doi:10.1007/s11606-016-3896-7

Tranmer, J. E., Colley, L., Edge, D. S., Sears, K., VanDenKerkhof, E., & Levesque, L. (2015). Trends in nurse practitioners' prescribing to older adults in Ontario, 2000-2010: a retrospective cohort study. *CMAJ Open*, 3(3), E299-E304. doi:10.9778/cmajo.20150029