



ANALYZE THE BARRIERS AND FACILITATORS FOR NPS AS OPINED BY NURSES, DOCTORS AND DECISION MAKERS.

Deltimol Mathew

MSN, PhD, Professor Cum Vice Principal, Mar Sreeva College of Nursing Palai, Kerala

Harindar Jeet Goyal

MSN, PhD, Retired Principal, R.A.K. College of Nursing, New Delhi

ABSTRACT

Background - India with second largest population in the world is in great need of Nurse Practitioners (NPs) who are an essential component among the health care providers of the developed countries. The objectives of the study were to analyse the barriers and facilitators for NPs in primary and secondary health care settings of Kerala as opined by nurses, doctors and decision makers. **Methodology** - A qualitative approach with descriptive design was used. Using purposive sampling the participants were selected. Based on data saturation 100 in depth interviews with nurses, doctors and decision makers and 12 focus group discussions with nurse educators were done. A self prepared validated semi structured interview schedules were used for data collection and the method of data collection was by in depth interview, focus group discussion. Ethical clearance and administrative permissions were obtained. Informed consent was taken from the participants. The themes and sub themes were identified by thematic analysis. **Results** - The major identified barriers for NPs were lack of collaboration from the physician, team and work environment, lack of acceptance by the consumers, lack of legal protection, lack of administrative and governmental support and problems of nursing education, profession and nursing personnel. The facilitating factors for NPs were the collaboration of the physician and team, acceptance by the consumers, legal protection by law, administrative and Governmental support, availability of experienced and confident nurses and improved professional standards. Now the way forward for NPs to become a reality is to convince the authorities and policy makers, of the benefits of cost-effective, accessible care by NPs, the potential human resource at hand.

KEYWORDS : Barriers, Facilitators, Nurse Practitioners

BACKGROUND

Millions of nurses in a thousand places articulate the same ideas and convictions about primary health care. If they come together as one force, they could act as a power house for change¹. Today the Nurse Practitioners (NPs) are considered as the critical component of a modern health care system by the consumers and the other care providers and many Americans depend on NPs for much of their health care needs. The presence of NPs in the health care system have become very essential and for more than fifty years they provide a vast amount of services in acute, chronic and community settings².

According to the International Council for Nurses, it has been estimated that approximately 70 countries have established NP/APN roles or are exploring the possibility of introducing these roles. APN services can include health care at the primary, secondary and tertiary levels³. The Kerala Health Policy – 2013, says that, though the service of the nurses of Kerala is well appreciated all over the world, in Kerala itself the profession has not been allowed to realize its full potential. The potential of nursing cadre as an independent professional need to be identified and propagated⁴.

There are many studies which show that patient outcome is equal or even better with nurse practitioners when compared with that of physicians. Evidence regarding the impact of NPs compared to doctors on health care quality, safety, and effectiveness were systematically reviewed. Data from 37 of 27993 articles published from 1990-2009 were summarized into 11 aggregated outcomes. Outcomes for NPs compared to doctors (or teams without NPs) were comparable or better for all 11 outcomes reviewed. A high level of evidence indicated that patient outcomes on satisfaction with care, health status, functional status, number of emergency department visits and hospitalizations, blood glucose, blood pressure, serum lipid levels and mortality are similar for NPs and doctors⁵.

The demographic shift of ageing population will increase the need for health services focused on chronic disease, co morbid status, and the unique health promotion for older adults. Nurse Practitioners can best position themselves for

this demographic shift by increasing their knowledge about health care needs of older adults⁶.

Nurse practitioners are spreading to many countries as they are recognizing the need for affordable care for a larger number of citizens. Many Indian nurses migrated to USA, UK are working as nurse practitioners successfully. India being a developing country with second largest population in the world is in great need for nurse practitioners but there is no recognized APN role here. There is no study done regarding the barriers and facilitators for NPs in India. So the investigator desired to find out the barriers to implement it. In implementing NP programme, identifying the barriers and facilitators is the decisive step as these are the key factors for a successful transition.

Statement Of The Problem

"A study to explore the barriers and facilitators for nurse practitioners (NPs) in primary and secondary health care settings of Kerala as opined by nurses, doctors and decision makers.

Objectives of The Study

1. To analyze the barriers for nurse practitioners programme in primary and secondary health care settings of Kerala as opined by nurses, doctors and decision makers.
2. To analyze the facilitators for nurse practitioners programme in primary and secondary health care settings of Kerala as opined by nurses, doctors and decision makers.

Methodology

Research Approach and Research Design

Qualitative approach was used to accomplish the objectives of the study. Explorative descriptive research design was used to identify the opinion regarding the barriers and facilitators for Nps.

Setting of Study

The study was conducted in the primary health care centers, government and private hospitals of different districts of Kerala.

Population

- Nurses, doctors and decision makers of Kerala state

Samples

- The various stake holders like nurses, doctors and decision makers who met the sampling criteria were selected from the different districts of Kerala.

Inclusion Criteria to identify the barriers and facilitators for NPs

Nurse Educators

- Nurse Educators either from Government or private sector who are working at present.
- Nurse Educators having either PG or PhD.
- Nurse educators having minimum five years of clinical or teaching experience.

Staff Nurses

- Staff nurses either from Government or private sector who are working at present.
- Nurses having either Diploma or degree.
- Nurses having minimum five years of clinical experience.

Doctors

- Doctors either from Government or private sector who are working at present.
- Doctors having either MD or MS.

Decision Makers

- Government level decision makers
- Governing Council Members of Kerala Health University
- State level Nursing education director
- Executives of nursing associations

Exclusion Criteria

- Cognitively impaired
- Those who were not willing to participate

Sampling Procedure

The hospitals were selected by purposive sampling.

Criteria for selecting Government hospitals

1. To get the picture truly representing the state of Kerala, the hospitals were selected from south, north and central parts of Kerala
2. Government Hospitals attached with nursing colleges.

Criteria for selecting Private hospitals

1. To get the picture truly representing the state of Kerala, the private hospitals were selected from south, north and central parts Kerala.
2. Private hospitals having NABH accreditation.
3. Private Hospitals attached with Nursing Colleges.

Purposive sampling was used for selecting participants.

Sample size – sample size was determined based on theoretical saturation of data. A total of 100 semi structured interviews (senior nurse educators – 10, senior staff nurses – 18, doctors -55, decision makers – 17) and 12 Focus Group Discussions (FGDs) were conducted among nurse educators covering five districts selected for the study.

Tools and Technique

The tool consists of:

Tool 1 – Semi structured interview schedule to analyse the barriers and facilitators for nurse practitioners as opined by nurses.

Tool 2 - Semi structured interview schedule to analyse the barriers and facilitators for nurse practitioners as opined by doctors.

Tool 3 - Semi structured interview schedule to analyse the barriers, facilitators for nurse practitioners as opined by decision makers.

Tool 4 – FGD guide line

Technique – In depth interview was used for assessing the barriers and facilitators for NPs and was supplemented by FGD with nurse educators.

After obtaining the ethical clearance and getting permission from the concerned authority the data were collected from August 2016 to March 2018. Met all the participants at their work places as per their conveniences after taking prior permission. In depth interview was used to collect data from senior nurses, doctors and decision makers which was varied about a duration of 30 minutes to one hour depending on their availability. Focus group discussion was conducted to collect information from nursing faculty which was lasted for one hour. Data were collected by Interview notes, & Audio taping. The researcher herself collected all the data.

Data Analysis Plan

Verbatim transcriptions of the interviews and FGDs were analysed to discover and describe the barriers and facilitators for having NPs. Interview notes were also obtained and analysed. Confidentiality was ensured by assigning a code number to the recording at the beginning of the interview. Content analysis and thematic analysis of the in depth interviews and the FGDs were done. The data were analyzed manually and appropriate software (Microsoft word) was used for the organization and retrieval of the data. The following were the steps used for analysis.

- Free listing of responses and pile sorting
- Domain identification
- Numerical Coding
- Summarizing
- Cross tabulation

Qualifiers and corresponding adjectives were used to report the opinion expressed by various stake holders. They were expressed in semi quantitative form as shown in table 1:

Table 1 : Qualifiers and adjectives used for the semi quantitative expression of observations

Proportion of respondents	Qualifiers used	Adjectives used
< 10%	< 1	Very few
10-24%	1	Some
25 – 49%	2	Approximately half
50 – 74%	3	Majority/over half
75 – 89%	4	Most
≥ 90%	5	Almost all

Semi quantitative approach was followed in the analysis and presentation of the report whenever possible.

RESULTS AND DISCUSSIONS

Section 1: Demographic data of the participants

Section 2: Barriers for NPs as per the opinion of nurses, doctors and decision makers.

Section 3: Facilitators for NPs as per the opinion of nurses, doctors and decision makers.

Section 1: Demographic data of the participants

For assessing the barriers and facilitators for NPs a total of 100 in depth interviews with ten nurse educators, eighteen senior staff nurses, fifty five doctors and seventeen decision makers were done. Twelve FGDs were conducted with junior nurse educators. All participants were working at the time of data collection. Among the senior nurse educators 50% of the participants belonged to the age group of 41-50 years and the remaining 50% were in the age group of 51-60 years.

Most of the participants were females (90%). Majority (80%) were post graduates and the remaining were with P G and Ph D. Majority (80%) had clinical experience between 11-20 years

and 50% had teaching experience above 26 years. Only 20% had work experience abroad and with Nps.

Doctors from almost all specialties ranging from senior consultants to fresh post graduates were included in the study. Among them 37% were of the age group of 56-65 years. Majority (82%) were males. Among the doctors 27% had work experience abroad and 22% had work experience with Nps.

Section 2: Assessment of barriers for NPs as per the opinion of nurses, doctors and decision makers.

The major themes identified as the barriers by the in depth interview and FGDs were the problems with the collaborating physician, collaborative team and work environment, consumers, legal aspects, the administration and the Govt. nursing education, nursing profession and nursing personnel. The most identified barrier was the lack of collaboration from the doctors and they may consider NPs as a threat to them.



Figure 1: Summary of identified barriers

Barriers From Collaborating Physicians

Almost all the participants were having the opinion that the health care is dominated by doctors and they are the decision makers of the entire health care system. Most of the nurses opined that if people are competent definitely it is a threat for physicians. Also some of the doctors openly expressed that their job opportunities may be reduced and there is no scarcity of doctors in Kerala. Most of the participants expressed that the non acceptance, ego of doctors and protest from IMA are the major barriers.

Barriers in collaborative team and in work environment

Most of the nurses mentioned that nobody is having a clarity about the idea of NPs. The nurses commented that the doctors do not want to lose their authority and the nurses themselves do not want to take the risk. There can be lack of acceptance and the work environment may not be friendly.

“There may be non acceptance from consumers and team members. The work environment may not be friendly. Role conflict can exist. In India – in some areas the mind set of people has to change”. (Higher level medical administrator)

Barriers from the consumers for NPs

Most of the participants were having the view that the unawareness of the public regarding NPs will be a major barrier. But once they are aware of it people will easily accept. Doctors were having the opinion that the people will prefer doctors.

“Consumers don't know anything about NPs. Public is unaware of NPs. People may not accept initially, it will take time”. (Nurse educator –Kottayam)

Barriers in legal aspects

Another major area of problem will be lack of legal protection. Majority of the doctors were concerned about the licensing authority and the source of support in case of any problem. As the monitoring system is not very efficient in India, there are chances of fake practitioners.

“Legal problems are likely to rise, NPs have to take responsibility of what they are doing. It should be legalized”. (Higher level medical administrator)

Barriers in the administration and in the Govt. for NPs

In the opinion of most of the participants, the major barriers for NPs from the administration and Govt. were lack of fund or not utilized effectively and lack of policy. Another barrier is that nurses are having less role in forming the policy. Initial resistance if any can be overcome by deliberate discussions and active involvement of the stakeholders in the early stages of its implementation.

“Nps are not in India as the nurses are not able to influence the Govt. Requires high level negotiation and political lobbying. Govt. is forced to accept all the demands of the doctors”. (FGD-TVPM)

Barriers in nursing education for NPs

Majority of the nurses and doctors commented that one of the main barrier is not maintaining the standard of nursing education. Most of the nurses commented that the nurses are not permitted to practice what they are studying. Most of the nurses opined that there is no system of up gradation of skills.

“It is a welcome move, but there is a need to improve the training of nurses. In the present scenario all registered nurses are not prepared to take up the tasks”. (Senior Staff Nurse, Kollam).

Barriers in nursing profession

Nursing is a female dominant profession and they are very submissive and not assertive. Most of the participants were having the opinion that there is no course and no post for NPs. If there is no scope nobody will be there to do the course. There will be an inertia to accept the change.

“NP course is not there. Even for the courses we have, there is no post as per the qualification. Job description and permission should be there. There is a lack of confidence among nursing persons. Initial resistance may come from part of less qualified nursing personnel”. (FGD-Kozhikode)

Barriers with Nursing personnel

Most of the nurses were having the view that there should be cooperation and team spirit among nurses.

“Nps are needed, but the quality and the standard should be ensured. NPs are a threat to doctors to some extent” (Medical practitioner TVM).

Comparison of identified barriers for NPs as per the opinion of nurses, doctors and decision makers

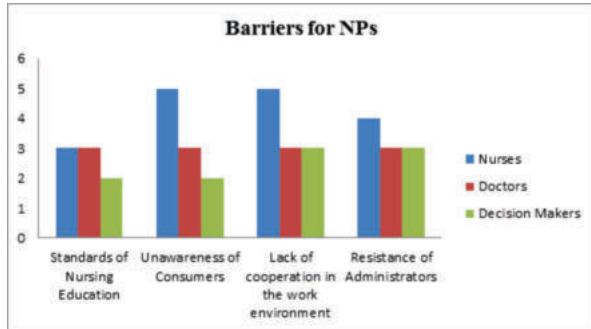


Figure 2: Comparison of identified barriers for NPs as per the opinion of nurses, doctors and decision makers

Majority of the doctors and nurses and some of the decision makers were having the view that problems to maintain the standards of nursing education. Other major barriers identified by almost all nurses were unawareness of the consumers, lack of cooperation in the work environment, non acceptance by the collaborating physician and the less role of nurses in policy making. More than half of the doctors and decision makers also had the view that the lack of cooperation in the work environment, non acceptance by the collaborating physician and the less role of nurses in policy making will be the barriers for NPs. (Figure 2)

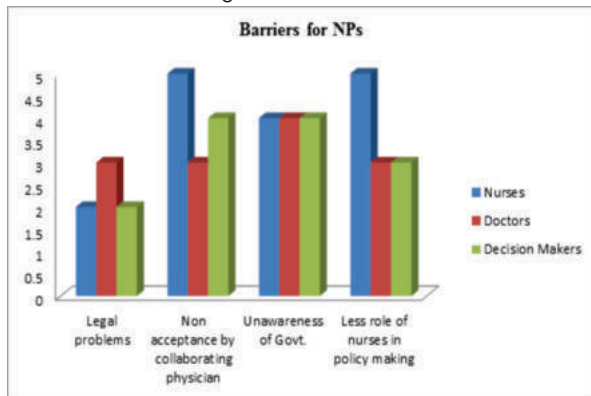


Figure 3 : Comparison of identified barriers for NPs as per the opinion of nurses, doctors and decision makers

Most of the nurses, doctors and decision makers opined that unawareness of the Govt. regarding NPs is a major barrier for NPs. Most of the nurses also had the view that resistance of the administrators also can be a barrier and more than half of the doctors and the decision makers had the same view. Approximately half of the nurses and decision makers and more than half of the doctors also opined thus legal problems can be a barrier. (Figure 3)

Section 3: Assessment of facilitators for NPs in the health care setting and nursing profession as per the opinion of nurses, doctors and decision makers.

As per the in depth interviews and the FGDs the major identified facilitators for NPs were cooperation from the collaborating physician & team, awareness about NPs and utilization of NPs by the consumers, legal protection, support from the administration and Govt., ensuring standards of nursing education and profession.

Facilitators from Collaborating physician and team

Most of the participants had the view that the confusions and problems can be avoided if there is proper job descriptions and role clarity. More than half of the doctors opined that by whole hearted support and training the NPs the collaborating physicians can promote Nps.

“Nps can be promoted by recommending and having clear cut specification of job responsibility. NPs can be engaged for early detection and the responsibilities can be delegated”. (Physician - TVPM)



Figure 4 : A summary of identified facilitators for Nps

Facilitators from the Consumers

Almost all the nurses had the view that once the consumers are aware of the NPs they will demand for NPs. Public should be made aware by using mass media. Nurses can prepare documentaries, especially regarding nurses who are working as NPs. Majority had the view that winning the confidence of the public is important for the effective implementation of NPs.

“Once the people become aware of the system, they will easily accept and they will demand through public media”. (Higher level decision maker, KUHS)

Facilitators in Legal aspects

One of the most important aspects is the legal protection. Legal problems can be avoided if the nurses are functioning within a set limit. Most of the nurses opined that there should be nurse practice act and provider protection act.

“Nps can perform very well if legal protection is provided, even if their efforts results in unexpected danger to the patient which happens in other discipline. It should be ensured that each individual (NP) is taking responsibility for the interventions that they are doing”. (Higher level decision maker, KUHS)

Facilitators in Administration and the Govt.

Most of the nurses had the view that the administrators can support the NPs by assessing the quality of the work performed by the nurses. The administrators and the Govt. should be aware of the utilization of the NPs. It was also highlighted that many of the hospital administrators want to have NPs in the clinical practice.

“Administrators can start the programme and create the course. Seek attention of Decision/Policy-makers and state the need in society. Make adequate legislation and implement, when the situation is congenial”. (Higher level decision maker, KUHS)

Many of the decision makers had the opinion that it should be made a matter of discussion and should be brought before the members of the parliament.

The Govt. can create posts and modify the health policy.

“Nps are needed in Kerala, both in urban and rural areas. It can be implemented by a process of task shift, which means certain level of tasks can be performed by NPs” (State level decision maker).

Facilitators in Nursing Education

Most of the nurses were having the opinion that Kerala with highest number of nurses is the apt place for starting the NP programme by ensuring the standard of the nursing institutions and educations. There are many experienced teachers and the syllabus for the basic education is good.

“In order to ensure standards, the course should be accredited post-graduation and the entry criteria should be kept minimum as graduation. The nurse educators should be clinically competent”. (Senior nurse educator-Kottayam)

Facilitators in Nursing profession

Most of the nurses had the opinion that with proper planning and by recommendations of the council, the Govt. can decide, what all things the nurses can do. The nursing associations should be strong. More than half of the nurses had mentioned that even with the present training nurses are capable of doing many procedures. But there should be clear cut idea about the scope of practice. The nurse practice act can be amended.

Facilitators in Nursing personnel

Almost all the nurses were having the opinion that by closely monitored programme nurses can perform in much better ways. Even with the present training there are many nurses who function very well. Nurses should have clear views and should be assertive in what they are saying. It should be started after extensive review of the nursing education.

“Enough nursing personals are there - After training NPs can work abroad. Once recognized by the Govt. there won't be any barrier. There should be clear cut specification of job responsibility. Physician can train NPs, this will produce excellent results”. (Physician-TVPM)

Comparison of identified facilitators for NPs as per the opinion of nurses, doctors and decision makers

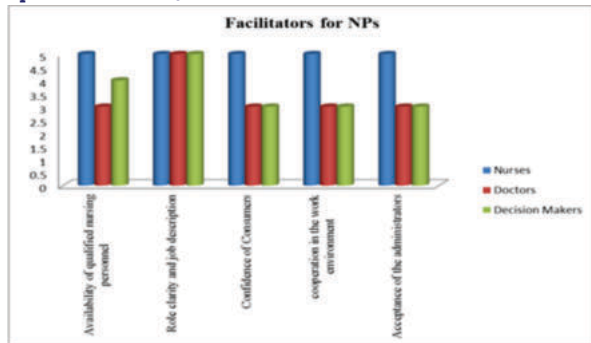


Figure 5 : Comparison of identified facilitators for Nps

Almost all the nurses, majority of decision makers and more than half of the doctors held the view that availability of qualified nursing personnel is a facilitating factor for NPs

while all the participants stressed the importance of having role clarity and job description. Almost all the nurses and more than half of the doctors and decision makers were confident of winning the confidence of the consumers, cooperation in the work environment and acceptance of the administrators (Figure 5).

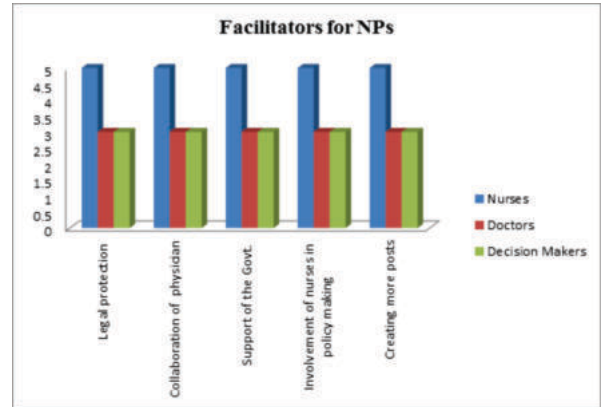


Figure 6 : Comparison of identified facilitators for NPs

Almost all the nurses, more than half of the doctors and the decision makers were of the view that the legal protection, collaboration of physicians, support of the Govt. and involvement of nurses in setting the policy are the facilitating factors (Figure 6).

The main identified barriers for NPs from the above findings are non acceptance, lack of job description, role clarity and cooperation. There is lack of legal protection and doctors are the final decision makers. The barriers in the administration and Government are lack of fund or used ineffectively. The nurses are having less role while the health policy is formed.

The main problems identified with nursing education and profession were that there is neither a course and nor posts for NPs. There is lack of skilled teachers for the course. Nurses are very submissive as it is female dominant. Among the nurses there is lack of unity, shortage of skilled and specialized nurses, inertia to accept changes and feeling of inadequacy. Since it is a matter of risk undertaking, it is difficult to have unity in opinion.

As per the present study following facilitating factors for NPs were identified in Kerala. Most of the participants were having the opinion that Kerala with highest number of nurses is the apt place for starting the NP programme by ensuring the standard of the nursing institutions. There are experienced graduates and teachers. In order to ensure standards the NP programme should be an accredited post graduate course and the entry criteria should be kept minimum as graduation. The present syllabus for the basic education is good. The problems in the work environment can be avoided by proper job description and ensuring role clarity. In order to get acceptance from the consumers, they should be made aware of it using the mass media.

As opined by the higher state level administrator by means of 'task shift', certain level of tasks can be performed by NPs which was supported by the most of the Governing Council members of the KUHS. There should be policy from Government and the license for safe practice. For legal protection, there should be law, registration and license. Nurses should be involved in policy making. Initially there will be resistance as seen with any new programme. But in due course of time the consumers and the collaborative team will accept. INC can suggest to the Government and if there is strong support of the Government the problems can be solved to a great extent. The Government should form Committees for

implementing it after studying the problem. The Nurse Practice Act and Provider Protector Act should be enacted.

Summary of identified Barriers and Facilitators

Identified Barriers

- Nonacceptance by the physicians and the resistance to collaborate
- Health care dominated by the physicians
- Lack of
- Job description and role clarity
- Awareness
- Legal protection
- Policy and nurses are having less role in policy making
- Unity among nurses
- Skill based training

Identified Facilitators

- Availability of qualified nursing personnel
- Role clarity and job description
- Confidence of Consumers
- Cooperation in the work environment
- Acceptance of the administrators
- Legal protection by registration and license
- Collaboration of physician
- Awareness and support of the Govt.
- Involvement of nurses in policy making
- Creating more posts
- Role clarity and job description in the work environment.

The above findings are congruent with the studies done in various parts of the world. Upon analysis of various studies regarding the views of the stakeholders, administrators, nurse practitioners, and general practitioners of different nations where the role of nurse practitioner is a reality for decades the facilitators and barriers for advanced nursing practice were the following.

A study was conducted in UK, in 2002, for identifying barriers to develop the nurse practitioner role in primary health care as per GP perspective. The major barriers were concerns with threats for GP status, including job and financial security, nursing capabilities, organizational and structural barriers⁷.

A qualitative investigation which was done in 2013, for revisiting the scope of practice, facilitators and barriers for primary care nurse practitioners found that NPs take similar responsibilities to deliver primary care services, but the successful NP practice is limited by the regulatory environment and billing practices, lack of comprehension of the NP role and the challenging work environment⁸.

In a study done to review the literature about the Canadian experience with nurse practitioner role implementation and identify influencing factors showed that the facilitating factors were active participation of the stake holders in early stages of implementation, recognition and willingness to work with NPs, and the role clarity^{9,10,11}.

In order to identify the barriers and facilitators to the role development and effective practice in specialist and advanced nursing roles in acute settings a systematic review and meta synthesis was done. The barriers and facilitators were related to the practitioner's personal characteristics, previous experiences, professional and educational issues, managerial and organizational issues, relationship with other health care professionals and resources¹².

The 2013 Health Policy of Kerala⁴ envisaged to launch NP programme but it is not yet implemented. A case study done in 2012 in Gujarat on the health policy process for independent nurse practitioners in midwifery (NPM) showed that policy was delayed because of frequent change of secretaries and commissioners of health who led the policy process and lack

of shared vision of the policy initiators. Many were unconvinced about developing an autonomous cadre of midwives who can fill in for doctors and it was seen as a competition by obstetricians. There was less space for open dialogue among the various actors, all the discussion were through notes on the file¹³.

CONCLUSION

Development of APN and NP care models will be of great use for providing much-needed care in a developing country like India. Resistance from the collaborating physicians is going to be a major barrier but it is the responsibility of the statutory body to decide what is good for the public. The success depends on how tactfully and carefully we are handling it, which is not only the responsibility of the Council, associations or nursing leaders but also of each individual nurse. There should be Nurse Practice Act and Provider Protection Act. NPs will help to improve the skill and knowledge of nurses and the attitude of the public will change.

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