Filipino Nurses' Experiences in a Collaborative Advanced Practice Model: A Critical Incidents Study

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Abstract: The advanced practice nursing role has been found to be a potential solution in low and middle-income countries where access to primary care physicians is limited. In the Philippines, this advanced role has yet to be enacted, hindering the full potential of nurses as primary care providers. Hence, this study aimed to provide an in-depth analysis of nurses' experiences within a collaborative advanced practice model for hypertension care in the Philippines. This qualitative study utilized a modified version of the Critical Incident Technique. Three participating nurses were asked to self-report the behaviors, interactions, and emotions that positively or negatively impacted their clinic experiences. Similarities in the data were iteratively labeled and classified until major themes emerged.

Findings indicate that the overarching theme underpinning the nurses' experiences in a collaborative advanced practice model was the significant role transition they underwent. While undergoing this transition, three distinct sub-themes of critical incidents emerged: 1) acquiring and maintaining competence, 2) establishing and strengthening collaboration, and 3) gaining and maintaining trust or respect. These insights on the successful role transition of advanced practice nurses in a primary care setting should be used by low- and middle-income countries when establishing their advanced practice nursing frameworks. Furthermore, training programs that prepare advanced practice nurses should also tailor their curricula and strategies on the relevant competencies to include collaboration skills towards building trust with patients and other healthcare providers.

Keywords: Advanced Practice Nursing, Essential Hypertension, Critical Incident Technique

Received 12 May 2023; Revised 26 July 2023; Accepted 30 July 2023

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Introduction

Within the global healthcare landscape, the importance of advanced practice nurses (APNs) has been gaining recognition as a pivotal approach to enhance health service delivery. APNs are highly skilled and knowledgeable healthcare professionals who can provide advanced and specialized care to patients.[1] Their expertise and expanded scope of practice allow them to diagnose and treat a wide range of health conditions. Nurse practitioners (NPs) and clinical nurse specialists (CNSs) are two distinct

DOI: 10.60099/prijnr.2023.263006

categories of advanced practice registered nurses. NPs generally possess a broader scope of practice and primarily focus on direct patient care, whereas CNSs tend to specialize in specific diseases or conditions, operating in a more specialized capacity.[2,3] By institutionalizing the roles of APNs in the healthcare system, the adequacy of the number of nurses with specialized skills is improved, thereby enhancing care outcomes, particularly for patients requiring complex healthcare interventions.[4,5]

However, the implementation of APN frameworks varies across countries and not all have established models in place. For instance, in the Philippine context, advanced practice nursing has yet to be formalized in professional and educational policies.[6] The absence of a well-defined APN structure presents difficulties in ensuring that there are enough nurses possessing specialized expertise to deliver care for patients in need of complex care. Given the country's current nursing shortage[7], the availability of healthcare services, especially in underserved areas, is notably affected. This situation disproportionately affects vulnerable populations who depend on accessible and timely healthcare. This particularly holds true when it comes to the provision and management of chronic diseases like hypertension.

In the Philippines, cardiovascular diseases continue to be a leading cause of mortality, and hypertension is identified as the most influential risk factor. Despite this, hypertension has a low control rate of 20% and an adherence rate of only 66% for those receiving treatment.[8] One proposed solution is task-shifting, a strategic redistribution of tasks from highly qualified healthcare workers to those with fewer qualifications and shorter training.[9,10]

As the most numerous health professionals, Filipino registered nurses (RNs) could be trained as APNs to manage primary hypertension in geographically isolated community settings. In fact, the Philippine Universal Health Care Act in 2019 was signed into law with the aim to "provide a health care delivery system that shall afford every Filipino a primary care Provider."[11, p.8] Given the uneven distribution of physicians in the country, appropriate credentialing of APNs is one of the necessary steps to making primary care more accessible to Filipinos in disadvantaged areas. However, due to the unavailability of an established APN framework in the country, there are few opportunities for masters-prepared RNs to actualize their potential as APNs. To address this gap, a Hypertension Training Program (HTP) was offered to equip master's-prepared RNs with the requisite clinical knowledge and attitudes to provide entry-level APN care for persons with primary hypertension.[12] Following this program, a collaborative model was used such that the selected, trained participants collaborated with primary care physicians to provide APN-level patient care during clinic consultations. This study aimed to provide an in-depth understanding of the participating RNs' experiences with this collaborative advanced practice model.

Literature Review

The transition shock experienced by novice nurses, when adjusting to the role of an expert nurse, is the subject of many studies.[13,14] Arguably, the most notable of these is Patricia Benner's *Novice to Expert,* widely used as the framework for career advancement for nurses.[14] According to Benner, there are five levels of skill acquisition that novice nurses must undergo to develop the competency expected from expert nurses. Unfortunately, while this transition from "novice" to "expert" is a widely researched phenomenon among staff nurses, less is known about the adjustments expert nurses undergo when taking APN roles.

The transition from being an expert nurse to becoming an APN is often described as a paradigm shift, symbolizing the move from the bedside to a leadership position at the forefront of patient care.[15] The adjustment period for new APNs is typically associated with high-stress levels, anxious feelings, role confusion, and overall emotional turmoil.[15] To determine what would help prepare new APNs, Hilary

Barnes studied the links between the transition to an APN role, prior RN experiences, and a formal orientation for new APNs.[16] Based on a sample of 352 APNs, the study showed that receiving a formal orientation was the only factor positively correlated with role transition.

To ensure a successful onboarding process, formal orientations for new APNs should be tailored according to the context and aims of their healthcare unit.[17] Recently, there has been an increasing demand for interprofessional collaborations between physicians and APNs.[18] This necessitates a shift away from the models of supervision wherein physicians oversee APNs to ensure that they meet the standards of competence within the department (e.g., as qualified primary care providers for patients with hypertension). Although supervisor tasks may be initially delegated to physicians, such arrangements should not be treated as a permanent supervisory relationship.[19] Instead, they should be treated as a "progression of the collaborative practice" between two healthcare professionals.[19, p.14] Since the ultimate goal is to optimize the individual skills of physicians and APNs, these formal orientations ought to be designed in preparation for interprofessional collaborative practice in primary care.[20,21]

In the Philippines, there is a paucity of knowledge on the functions of APNs in the broader healthcare system, let alone their potential to reinvent primary care. After evaluating the Philippine educational policies for APNs, it was found that there is a lack of standardization in the APN practice in the country and that these guidelines and regulations tend to be institution-based.[22] Since the APN role has yet to be enacted, there are also no standards of practice for expert nurses already carrying out APN functions within interprofessional healthcare teams.[12,23] These findings also suggest that the roles of APNs in the Philippines tend to be specialized rather than expanded, which diverges from the global standard. A collaborative model could foster interprofessional practices in the Philippines by broadening APNs' scope of practice, promoting their profession's autonomy, and validating their aptitude to provide clinical consultations.[23,24]

In this vein, the HTP was implemented to prepare qualified RNs to provide entry-level APN care for patients with primary hypertension in Manila, Philippines.[12] The 32-hour, seven-module training program was found to significantly improve the level of knowledge and self-efficacy of the participants after participation.[12] The results corroborated the evidence that APN care in collaborative settings is comparable to the usual care provided to patients with hypertension, in terms of patient satisfaction, patient's knowledge about hypertension, patient's self-management ability, and patient's medication adherence.

Hence, a follow-up critical incident study was conducted to investigate the experiences of the three trained RNs who completed the training program and actively participated in clinic consultations with patients with primary hypertension. Through the exploration of these critical incidents, important factors that influenced their transition to becoming APNs were identified, providing valuable insights for enhancing the support and development of future APNs in similar settings.

Study Aim

This study aimed to provide a qualitative analysis of the critical incidents experienced by APNs during clinic consultations with patients with primary hypertension in Manila, Philippines.

Methods

Study Design: The qualitative method used for this study was adapted from John Flanagan's Critical Incident Technique (CIT).[25] When applying this technique, the participant is prompted to recall and describe an incident when an event, behavior, or action impacted – either positively or negatively – a specific outcome (e.g., finishing an assigned task). In this study, the participants were asked to self-record the critical incidents they experienced during the clinic consultations. In the context of this program, a critical incident pertained to any behavior, interaction, or

emotion perceived by the participants as positively or negatively impactful to their clinic experience as new APNs.[26] The reporting of this study followed the COREQ checklist for reporting qualitative studies.[27]

Sample and Setting: A purposive sample of three nurses, one female and two males, from among the twenty-four participants who completed the HTP, verbalized their commitment and availability to participate in the clinic consultation phase.

The study took place in District Five of the City of Manila, a highly-urbanized city in the Philippines. In the country, it is estimated that the overall reported prevalence of hypertension stands at 38.6%.[28] A government university College of Nursing Clinics for Wellness was used as the venue for the clinic consultations. Each APN was provided with a fully-equipped examination room. Additionally, a separate room served as the collaborating physicians' office. During the consultation, the APNs obtained the patient's history, performed a physical examination, and summarized the assessment and plan of care. The APNs then proceeded to the collaborating physician's office to discuss their patient assessment and management plan. The consultations, both the initial visits and follow-ups, were conducted over a span of six weekends. Hence, it included a total of at least 42 APN-patient encounters, as the experiences of the three trained RNs were multiplied by the 21 patients seen twice. All three APNs took part in the entire course of the study until its completion. Hence, no refusal and dropping out of participants were recorded.

Data Collection: Initial establishment of rapport was done prior to the commencement of the data collection process. In preparation for the clinical consultations, the principal investigator (PI) (SFD, female, and a Ph.D. candidate with a background in qualitative research methodology) gave the three APNs an orientation on the CIT and a list of guide questions to help the participants structure their written accounts of the critical incidents they encountered. The interview guide, which served as a prompt, was framed openly to allow the data collection flow to adapt to the unique circumstances of each of the participants.

The PI, an experienced APN herself, knows the benefits of institutionalizing advanced practice in the profession; hence, bracketing was utilized to suspend and set aside any form of bias arising from this context. To mitigate recall bias, the APNs were asked to describe their incidents in a journal at the end of every clinic day. Apart from these self-recorded reports, a small group discussion (SGD) was held with the APNs and collaborating physicians. The SGD highlighted the critical incidents encountered by the participants related to their patients' experiences, insights, and clinical issues. No audio or video recordings were utilized. Instead, the data collector employed the use of field notes to document all important information and contents that surfaced during the discussion.

Data Analysis: After data saturation was achieved towards the end of the sixth encounter, the APNs' journal entries and SGD notes were encoded verbatim and analyzed using NVivo (QSR International). Transcripts were returned and confirmed by the participants to ensure the accuracy of the written statements. With the study objective in mind, the investigator highlighted and annotated the transcripts to identify keywords, phrases, and sentences that best described the "critical incidents" encountered by APNs. Next, the investigator iteratively read and annotated these transcripts to classify similar themes and subcategories. The prominent themes and patterns that emerged were named according to the content they represented. Finally, these themes were integrated into nodes to develop a detailed description of the experience of the RNs in the APN role.

Trustworthiness: One independent rater was asked to classify the same incidents into categories and subcategories to see if they would come up with the same ones as the investigator. Although there were no set criteria for categorization, labels are typically acceptable if the independent rater can correctly classify 75-85% of all incidents into the identified categories and 60-70% into their respective subcategories.[29]

To further improve credibility and ensure trustworthiness, an informal interview was held with the participants after the initial analysis to determine whether the categories and subcategories of critical

incidents that emerged were accurate.

Ethical Considerations: This study was reviewed and approved by the University of the Philippines Manila Research and Ethics Board (UPMREB- 2016-438-01). Informed consent was secured from all the participants involved at the time of their recruitment. Principles of confidentiality and anonymity were strictly followed such that the study forms and transcripts were coded and only accessible to the investigators. APNs were told that there were no direct benefits to participating in the study, except for the enhanced knowledge and skills acquired during the training program and the experience gained in clinical consultations.

FINDINGS

The three participants were master's prepared nurses (MSN, MN, MAN) who majored in adult health and were part of a 24-participant cohort who completed the pretest and posttest of the HTP. All three participants during the consultation phase held advanced degrees at the time of the program. APN#1 held a master's degree and served as a faculty member in a college of nursing. APN#2 was a Ph.D. in nursing student and a head nurse in a hospital. APN#3 was currently pursuing a Ph.D. in Nursing and worked as a faculty member at a college of nursing. The three had an average age of 35 years and an average clinical experience of 11 years.

Figure 1 shows the themes and subthemes of critical incidents derived from the qualitative data. Similar incidents were clustered under the same label until three distinct sub-themes emerged. Iterative analysis continued until the overall theme was identified. The rectangles below represent the three sub-themes named according to the content they represented: *acquiring and maintaining competence*, *establishing and strengthening collaboration*, and *gaining and maintaining trust or respect.* Together, these sub-themes underpin the overarching theme of *transitioning to a new role.*

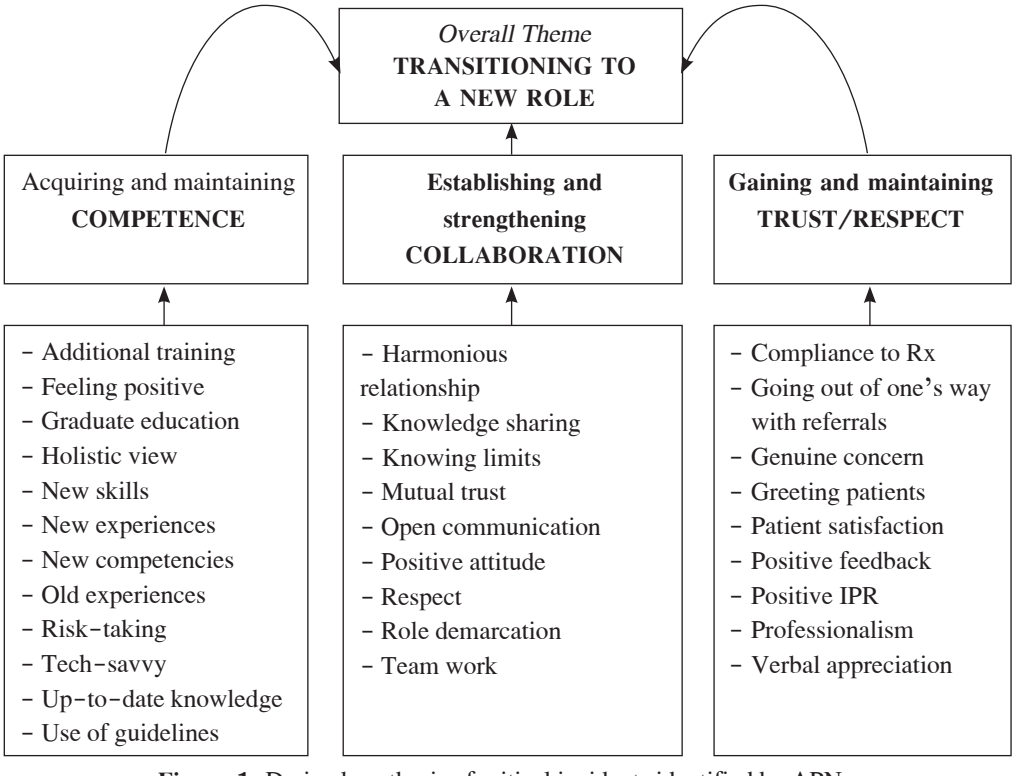

Figure 1. Derived synthesis of critical incidents identified by APNs.

Overall Theme: Transitioning to a new role

The overarching theme is that the APNs underwent a significant role transition during the clinical consultations. Despite their substantial clinical experience, the APNs reported feeling anxious during their first day of managing patients with primary hypertension:

> *"The first clinic day was pretty good for me, although I was a bit nervous and anxious when I faced my first patient. Even though I have clinical experience, this clinic is somewhat different. In this clinic, we work as Advanced Practice Nurses wherein we are expected to deliver patient care at its finest."* (APN #2)

> *"I was petrified at first. The thought of making mistakes in prescribing anti-hypertensive meds was a significant issue for me. I felt not that competent because I was confused about which meds to give or add or change. Part of the confusion was the thorough head-to-toe assessment and Gordon's Health assessment – in which I got a lot of data from each patient. [But these] were not hypertension-related. Some were onco[logy] or family problems, reproduction problems, arthritis, UTI, asthma, and others. I spent too much time with other concerns. I did not prioritize the JNC algorithm for our basic goals for today."* (APN#3)

The participant referred to the 8th Joint National Committee (JNC 8) hypertension guidelines, the cornerstone of managing patients with primary hypertension.[30] Although primary care providers typically follow these guidelines, clinical decisions are only made after carefully considering each patient's specific circumstances. Initially, APN#3 was "not fully confident, especially when the patient has many comorbidities" since various factors had to be considered "in terms of referrals, recommendations, lab requests, health teaching on the diet, exercise, smoking and alcohol, the do's and don'ts of coping," among others. However, these insecurities were eventually replaced with anticipation as the APNs adjusted to their new role:

> *"Every day was filled with new learnings from the principal investigator, colleagues, collaborating physicians, and the patients. When I came into the clinic in the morning, it felt like I always craved for new learnings."* (APN #2)

> *"On the third day of our APN clinical duty: I was excited and looking forward to another fruitful and gratifying care work. [I was] excited to see patients."* (APN #3)

Three major sub-themes emerged as the participants continued to ease into their new roles. First, they felt more competent in the APN role due to their educational and clinical backgrounds and the additional training they received from the HTP. Second, the participants reported positive learning experiences while working with their collaborating physicians and colleagues. Finally, after six weeks of consultations, the participants also built mutual trust and respect with their patients, collaborating physicians, and colleagues. In the following sections, these sub-themes are discussed in more depth.

Sub-theme 1: Acquiring and maintaining competence

One sub-theme that emerged is the acquisition and maintenance of competence. Competence is broadly defined as the capability to perform a particular task and produce its expected outcomes by utilizing one's knowledge and abilities. For healthcare providers, this also entails the capacity to apply one's proficiencies in various situations with different prescribed standards.[31] According to Benner, nurses can achieve competence over time by developing their skills via formal education, apprenticeship, short courses, or observation.[14] In this study, competence resulted from the participants' existing skills as RNs and the new skills they acquired during the HTP:

"Each patient encounter was unique. It was difficult at first, but I was more comfortable with the subsequent patients because I was confident enough in my [previous] patient encounters. The initial anxiety I experienced during my first patient consultation [went away]." (APN#2)

Simultaneously, the additional training from the HTP helped the participants maintain and acquire competence in their new roles. As APN#1 put it, he felt that the program gave him "*a broader and deeper holistic view of* [his] *patients' state of health*" during the consultations. In this case, competence also requires keeping up with innovations in primary care. With the rapid changes brought about by technology, APNs must learn to keep their repertoire of skills up-to-date. Some may even feel compelled to take risks by using new digital tools during clinical consultations. For instance, APN#1 reported experimenting with new apps she found helpful in confirming what "*the best treatment option is*" for her patients.

On the other hand, the participants also reported experiencing feelings of incompetence and limitations in their ability to perform their new roles. As a result, APNs may have experienced confusion regarding their position within the healthcare system and limited their capacity to apply their competencies during clinical consultations:

"Given the current Philippine situation on APNs, I also felt I needed to know my limits. Not even one law regarding APNs is available at the moment. Thus, some professional duties and competencies during clinic times were limited." (APN#1)

Another participant described the lack of understanding vis-à-vis the functions of APNs as a potential hindrance to their successful – and confident – transition to an advanced nursing role during consultations:

"Nurses with advanced competencies (i.e., master's-prepared RNs with appropriate clinical experience) who were trained for the APN role will play a significant role in developing advanced practice in the country. However, on a personal level, the APN's lack of confidence in adopting new advanced roles may inhibit them from fully performing the functions or responsibilities of an APN. Further, due to its novelty, there may be a lack of organizational understanding for APNs (i.e., laws, policies, specific roles, etc.) in managing the clinic. Due to this, poor planning may lead to unsatisfactory advanced practice nursing models or frameworks. Finally, with the APN's presence in the healthcare team, different professionals (i.e., medical doctors) may view APNs as competitors or antagonists in the team." (APN # 1)

Sub-theme 2: Establishing and strengthening connection

Another recurring sub-theme in the APNs' experiences is the importance of good working relationships with the collaborating physicians and other clinic personnel:

"Patients expressed positive feedback, and that made me more encouraged and inspired to pursue advanced practice nursing. It is such evidence that nurses in collaboration with licensed physicians will definitely have good teamwork and positive outcomes." (APN#2)

The interpersonal relationships forged during the program also shaped these positive outcomes. For six consecutive weekends, everybody in the clinic enjoyed the home-cooked lunches served at the collaborating physicians' office. APN#1 also mentioned that his adjustment to the APN role was positively impacted by his interactions not only with collaborating physicians, but also with his fellow APNs, clinic nurses, and ancillary personnel:

> *"The APNs, collaborating physicians, administrative staff, etc., and their productive teamwork and camaraderie will definitely assist in gearing towards the development of APNs in the Philippines." (APN#1)*

On an interdisciplinary level, the collaboration was described by APN#3 as an educational one since her collaborating physician was knowledgeable on "*medical findings like cancer and other diseases not related to hypertension.*" This relationship proved to be mutually beneficial since the collaborating physicians found their time with the APNs to be a positive learning experience as well. In addition, open communication and mutual trust were crucial factors in avoiding potential misunderstandings, as shared by one collaborating physician and one APN during the small group discussion:

> *"It was a good experience working as a collaborating physician. There was barely any refinement to be made on the APNs' consultations since they really knew what to do. For the patients with uncontrolled hypertension, we felt the need to change their meds. There was some hesitation on our part since a previous physician prescribed those meds. I may not know what they were thinking in prescribing those, and [the APNs] may not know what I'm thinking about wanting to change the meds. So it goes both ways."* (Physician#1)

> *"My experience with the collaborating physicians was also excellent. They were very open to suggestions from the nurse practitioners when it came to patient care. But, again, trust in each other made this collaboration work."* (APN#3)

Sub-theme 3: Gaining and maintaining trust or respect

Gaining and maintaining the trust of their patients and colleagues is another sub-theme that emerged from the participants' transition into the role. During consultations, the APNs sought to earn the trust of their patients, which then translated into compliance with treatment and patient satisfaction. APNs identified several ways to maintain positive interpersonal relationships with their patients. They found that even the most straightforward changes in demeanor (e.g., greeting the patient, verbalizing appreciation) and maintaining professionalism (e.g., requesting referrals, suggesting care management plans) indicated competence and genuine concern for the patients. The congenial working environment in the hypertension clinic could also be a critical factor in the patient's satisfaction and cooperation during the consultations:

> *"Most patients said they were glad about their experience here since we took care of and listened to them. Here, it's unlike the outpatient clinic, where they just momentarily assess the patients and then write down one line under the recommendations."* (APN#3)

APN#2 echoed this, recalling that the patients "*verbalized their satisfaction in the clinic and are grateful to the care providers and nurses.*" Consistency is another major factor in building trust with patients:

> *"Many patients said they prefer the care provider they first consult with to be the person they follow up with. That way, they could maintain one line of care. I think that's also why they really like this clinic since they always see the same person – unlike in other departments where they sometimes get assigned to different care providers."* (APN#1)

The APNs found that going beyond what was expected of them during the consultations was a significant factor in getting the approval of their collaborating physicians. For example, one of the APNs had a male patient whose wife was a patient of another APN. Upon noticing that the patient was taking medications that were not prescribed to him, the APN

reached out to his wife after the consultation to rectify the situation. This impressed her collaborating physician and earned the trust of both patients:

> *"When I went to Dr. R, she was pleased to hear that I went out of my way to inquire more with the wife (a patient of another APN) regarding the meds she is taking and why his husband is also taking her meds unknowingly. I also appreciated how the couple helped each other to achieve a healthy lifestyle and that they followed all the medical recommendations I gave them. They even gave me a rosary as a token of their gratitude for helping them to be healthy and happy." (APN#3)*

While some patients only saw the consultations as part of a research project, the APNs felt it should be their entry point to the healthcare system. Hence, the APNs took it upon themselves to ensure that patients receive continued care after consulting at the hypertension clinic. This required extra time and effort:

> *"Yes, we should be the instrument for patients to have better health management since we won't always be here. We should go beyond our responsibilities and think that after this check-up, we must make sure that we refer the patients to other healthcare providers so that the care management is continuous."* (APN#3)

Similarly, another APN felt that extra care should be given, especially to "*patients with health complications who require continued care from other health care providers.*" During the small group discussions, the collaborating physicians' respect for the three APNs' expertise was very apparent. Both expressed their admiration of the APNs' knowledge level in data collection, assessment, and care management suggestions during the consultations. Although this process took time, the APNs felt that they earned their collaborating physicians' trust after doing six weekends of consultations:

> *"During the SGD, the collaborating physician was amazed at how APNs care for their patients. She was comparing us to nurses she commonly interacts with in the hospital. [She said] there was a big difference in data collection, physical assessment, management of care suggestions, recommendations, and how we present all of the data to them. They appreciate that; I think that's how we earned our collaborating physician's trust."* (APN#3)

Discussion

This study builds on two strands of literature. On the one hand, the participants' positive experiences coincide with the evidence suggesting that a formal orientation could effectively facilitate the role transition from RN to APN.[16] Consistent with Poronsky's description, the journey of APNs as they transition into their new roles often involves "anxiety, stress, role confusion, and emotional turmoil".[15, p.351] Nonetheless, they are able to overcome these challenges shortly in the days following their first encounter with patient consultation. In this sense, the HTP corroborates the support for formal onboarding processes to ease this role transition and collaborative practices between physicians and APNs in primary care.[17,18,21] This also coincides with recent findings in the US, Switzerland, Singapore, and Scotland on clinical fellowships and residencies designed to support APNs during this transition by building trust with collaborating physicians.[32] Such programs have also been shown to mitigate anxiety and increase overall work quality since APNs' performance tends to deteriorate during the first year of practice due to being subjected to rigorous scrutiny.[33]

Aside from building trust and competence, a well-designed transition program for APNs also succeeds in increasing both the autonomy and recognition of APNs' roles and responsibilities.[33] The findings of this study highlight the potential of a formal training

program aimed at promoting collaborations between APNs and physicians, such as in the care of patients with chronic conditions like hypertension, providing a more structured pathway towards independent practice for APNs in the Philippines. On the other hand, the three sub-themes reflect the need for a more comprehensive framework to recognize the functions of APNs within the Philippine healthcare system. The APN role still lacks a standardized framework in the Philippines, making it difficult to establish their roles and responsibilities in the workplace.[6,22,23] The participants found that the absence of such a framework hindered them from fully exercising their competencies in the workplace. Despite their proven readiness to provide consultations, the participants felt limited by the lack of organizational understanding of their profession. Some Filipino APNs may be confused about their scope of practice within the healthcare system because their functions are not yet clearly defined. Nonetheless, the professional scope of APNs is an issue that is not unique to the Philippines alone. The complexities and considerations involved in defining and optimizing the role of APNs continue to pose challenges in the global community. For instance, studies in Hong Kong[34], New Zealand[35], and Singapore[36] also highlight the need to strengthen the mechanism by which advanced practice nursing should be defined to establish role clarity and optimization. Hence, context-specific factors may prevent Filipino APNs from asserting their professional competence. As Estrada put it, the lack of formality regarding the APN role may diminish their self-confidence and undermine the public trust and awareness of their profession.[24] Similar to the nursing situation in Latin America and the Caribbean[37], until an actual APN framework is enacted, the lack of formal and binding APN structures may contribute to the Filipino APNs' reluctance to fully embody their roles, in fear that it would be perceived as a threat or liability by other healthcare providers.

The negative perceptions identified in this study could be mitigated by implementing collaborative models between physicians and APNs.[19] Indeed, the participants described their experiences with the HTP as mostly positive on the interpersonal and interdisciplinary levels. Collaboration involves elements such as collegiality, teamwork, open communication, mutual recognition of expertise, and a high level of trust. In contrast, supervisory relationships between physicians and APNs entail the former's direct oversight of the latter.[20] The experiences of the three participants coincide with the positive clinical outcomes reported by previous studies on collaborations between physicians and APNs.[18,19]

However, one should also consider the inevitability of conflict in healthcare teams. In interprofessional primary care settings, a common barrier to conflict resolution is the perceived superiority of specific team members, which instills feelings of intimidation, resentment, and inferiority in others.[38] Collaborative models have the potential to overcome some of these barriers, as evidenced by the interpersonal trust and interprofessional respect that emerged among the collaborating physicians and APNs who participated in this study. This result provides further evidence that collaborative settings produce positive patient outcomes since they optimize the individual skills of physicians and APNs.[20]

Limitations

There were only three participating APNs in the study, therefore, replication using a larger sample in a different setting is recommended. There are also methodological limitations to utilizing self-reported data, being susceptible to the participants' cognitive (e.g., recall bias) and response biases (e.g., social desirability bias). Lastly, the sampling of patients with primary hypertension was limited to the City of Manila, Philippines. To test the transferability of these findings, regional coverage should be expanded by recruiting patients from other parts of the Philippines and other LMICs without a formalized APN framework.

Conclusions and Implications for Nursing Practice

The dominant theme that emerged from the experiences of the newly-trained nurses in the study is the process of transitioning to a new role. The challenges that the APNs faced during this adjustment were mitigated by the collaborative setting where the study took place. The three significant sub-themes discussed earlier epitomize how this interprofessional collaboration doubled as a formal orientation to prepare APNs for consultations. The additional training the APNs underwent helped consolidate their competencies from previous clinical experiences and their advanced educational background. Despite their initial anxieties, the APNs harnessed existing skills and developed new ones to appropriately manage patients with primary hypertension adequately. The amicable working relationship of the APNs and their collaborating physicians also attests to the potential of collaborative models in mitigating sources of tension in interprofessional settings. During the small group discussions, the collaborating physicians lauded the APNs' extensive knowledge and aptitude for primary care and their ability to earn the trust of their patients.

These findings provide a basis for the establishment and integration of APNs in LMICs. Given the rising prevalence of hypertension in LMICs and the global shortage of primary care providers, there is an urgent need to optimize the potential of APNs in managing patients with primary hypertension. The experiences of the participants during their role transition can offer valuable insights and input for the institutionalization of APNs in various healthcare facilities. These experiences can contribute to the development and implementation of proposed legislative measures aimed at recognizing and integrating APN roles within the healthcare system.

Further studies are needed on the comparative outcomes of this collaborative model when APNs and physicians have varying levels of competence and familiarity with the APN role, respectively.

Acknowledgments

This work is part of the Ph.D. dissertation of the primary author which received valuable expert input from the examination panel: Dr. Annabelle R. Borromeo, Dr. Araceli O. Balabagno, Dr. Letty G. Kuan, and Dr. Melissa Reyes. The authors wish to acknowledge Lei Dianne Herrera and Samantha Macapobre for their support in data collection, and Patricia Eunice Miraflores and Randy Ian Gallego for preparing the initial draft of this manuscript for publication.

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ประสบการณ์ของพยาบาลฟิลิปปินส์ในรูปแบบการปฏิบัติการพยาบาลขั้นสูงที่ร่วมมือกัน: การศึกษาเหตุการณ์สำคัญ

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บทคัดย่อ: บทบาทของพยาบาลผู้ปฏิบัติการพยาบาลขั้นสูงเป็นทางออกหนึ่งที่มีศักยภาพในการแก้ปัญหาการเข้าถึงการบริการของแพทย์ระดับปฐมภูมิที่มีจำกัดในประเทศที่มีรายได้น้อยและปานกลาง สำหรับในฟิลิปปินส์ บทบาทการปฏิบัติการดูแลขั้นสูงนี้ยังไม่ได้รับการประกาศใช้เป็นกฎหมายซึ่งเป็นอุปสรรคต่อศักยภาพของพยาบาลในฐานะผู้ให้บริการปฐมภูมิ ดังนั้น การศึกษานี้จึงมีวัตถุประสงค์เพื่อนำเสนอการวิเคราะห์เชิงลึกเกี่ยวกับประสบการณ์ของพยาบาลในรูปแบบการปฏิบัติการพยาบาลขั้นสูงที่ร่วมมือกันสำหรับการดูแลผู้ที่มีความดันโลหิตสูงในประเทศฟิลิปปินส์ การศึกษาเชิงคุณภาพนี้ใช้เทคนิคการวิเคราะห์เหตุการณ์สำคัญฉบับปรับปรุง ผู้วิจัยขอให้พยาบาล 3 รายที่เข้าร่วมการศึกษานี้รายงานพฤติกรรม ปฏิสัมพันธ์และอารมณ์ที่ส่งผลในเชิงบวกหรือเชิงลบต่อประสบการณ์ทางคลินิกของตนเอง ข้อมูลที่มีความคล้ายคลึงกันได้รับการติดสัญลักษณ์และจัดประเภทจนกว่าจะมีประเด็นสำคัญเกิดขึ้น

ผลการวิจัยพบว่าประเด็นหลักที่สนับสนุนประสบการณ์ของพยาบาลในรูปแบบการปฏิบัติการพยาบาลขั้นสูงที่ร่วมมือกันคือ การเปลี่ยนผ่านบทบาทที่สำคัญในการทำงาน ในระหว่างการเปลี่ยนผ่านนี้ พบประเด็นย่อยที่แตกต่างกัน 3 ประเด็นของเหตุการณ์สำคัญ ได้แก่1)) การได้มาและการดำรงสมรรถนะ2)) การจัดตั้งและเสริมสร้างความร่วมมือให้เข้มแข็ง และ 3)) การได้รับและดำรงความไว้วางใจหรือความเคารพ ข้อมูลเชิงลึกเหล่านี้เกี่ยวกับการเปลี่ยนผ่านบทบาทที่ประสบความสำเร็จของพยาบาลผู้ปฏิบัติการพยาบาลขั้นสูงควรได้รับการนำไปใช้ในสถานพยาบาลระดับปฐมภูมิในประเทศที่มีรายได้น้อยและปานกลางในการกำหนดกรอบการปฏิบัติการพยาบาลขั้นสูง นอกจากนี้ โครงการฝึกอบรมที่เตรียมพยาบาลผู้ปฏิบัติการพยาบาลขั้นสูง ควรมีการปรับหลักสูตรและกลยุทธ์ตามสมรรถนะที่เกี่ยวข้องเพื่อรวมทักษะความร่วมมือกันในการสร้างความไว้วางใจต่อผู้ป่วยและผู้ให้บริการสุขภาพอื่นๆ

Pacific Rim Int J Nurs Res 2023; 27(4) 767-780

คำสำคัญ: การปฏิบัติการพยาบาลขั้นสูง ความดันโลหิตสูงปฐมภูมิ เทคนิคการวิเคราะห์เหตุการณ์สำคัญ

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