Florence Nightingale, the founder of modern nursing has rightly stated that nursing is the care which puts the person in the best possible condition for nature to either restore or preserve health or to prevent or cure injury. Nursing has its own entity and ethics which makes it a profession. In response to the rising health needs, the need for independent nursing is the demand of the hour. This concept has helped in meeting the consumers’ demand for health benefits.

Definitions

According to American Academy of Nurse Practitioners, “An Independent Nurse Practitioner (INP) is an advanced practice nurse with a Master’s degree in nursing in the specialised area of her/his interest and licensed to practice in her/his state.” The International Council of Nurses defines INP as “A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.”

Requirements for Independent Nurse Practitioner

Becoming independent nurse midwifery practitioner is one of the important challenges as it needs specialised qualification. The basic requirements are mentioned below:

- Basic nursing education
- Registration with appropriate authority as nurse
- Advance Nursing Certification (Master Degree in any field)
- Collaboration with any hospital/agencies for referral and reimbursement

Areas of Practice

Independent nurse midwifery practitioners work in a variety of settings. These include:

- Community Clinics and Health Centres
- Nurse managed-centres
- Private practices (either by themselves or together with a physician)
- Hospitals
- Nursing homes

During the twentieth century, the nursing profession has undergone immense change. Nursing has been thought to be a part of the medical team where all professionals provide inputs to build the best care to the patient. But now times have changed, and nurses have developed themselves as independent professionals with a unique body of knowledge. Nursing has progressed from an occupation to a fully licensed profession, with members that provide a broad range of services independently, and in a variety of professional relationships with other care providers. This evolution has changed how nurses are educated, clinically prepared, and how they perceive their role. Outlined below are certain issues in independent practice.

1. Curriculum for independent nurse practitioner development: Today the nursing community strongly supports master’s degree for entry-level practice. However, physicians offer a different service to patients. With five years of medical education and three years of residency training, their level of understanding of complex medical problems cannot be equalled by independent nurse practitioners. Basic academic qualification for entry to both BSc Nursing programme and MBBS is similar. Moreover, during their training period, nurses have more clinical exposure with patients. With further two years of training as a nurse practitioner, nurses can do even more. Research evidence supports that the care of graduate-prepared advanced practice nurse is at least as effective as the care by the physician.

2. Areas of practice: “Non physician providers have historically thrived in settings where physicians were unavailable, places they were unable or unwilling to go”; however, it remains to be seen if independent nurse practitioners will be economically viable in areas of physician oversupply.

3. Quality of care: Many studies show that patients have a high or very high level of satisfaction.
with NP services. Many studies indicate that quality of care provided by NPs is equal to that of physicians regarding the measurement of diagnosis, treatment, and patient outcomes.

4. Cost effective care: Studies have shown that without ready access to supervising physicians, nurse practitioners are likely to order more tests and consultations and quicker to admit patients to the hospital, thereby driving up health care costs.

At the same time, it has been seen that nurse practitioners provide a cost effective care. Several studies have compared the costs of care for two primary care problems and found that the cost of care given by NPs was 20 percent less than the cost of care given by physicians.

5. Autonomy: Nurse practitioners with a master’s degree in advanced nursing practice are authorised to assess patients, make diagnosis, and determine treatment plans. They have the authority to prescribe and can write prescriptions without any physician involvement. They can also provide education and consultation. However, some believe that it’s in the patient’s best interest for physicians and nurse practitioners to work together in collaboration with each other. They should work together in practices where their skills complement each other. It is best that they share the patient load and divide duties. Together, the physicians and nurse practitioners are much more effective than they are separately. It will also help physician to free him to see the patients who need him the most.

6. Public view of nursing: In public opinion, nurses are identified as a means for decreasing the cost of health care. She is considered as “a highly trained professional who is providing an alternative to the expensive primary care physician”. They wonder that “she can do anything that a primary care physician can do.” They are reluctant to recognise nurse practitioners as primary care providers.

However, the public image of nursing has changed to some extent. They have recognised nurses as qualified, caring professionals who care for them when needed.

7. Reimbursement of services: There is some resistance to expanding nursing payments by private and public third party payers. But, the nurses should have the opportunity to be compensated for care by third party insurers. Restriction on reimbursement results in restricted practice areas for nursing. Allowing third party reimbursement will dramatically increase the demands of such services.

The insurance companies believe that there should be collaboration between nurse practitioners and physicians, so that NPs can receive reimbursement for the services they provide.

8. Insufficient evidence-based practice and nursing research

There is a need of promotion of evidence-based practice and nursing research so that with a sound knowledge base, the nurses can function more independently. Nurses with a master’s degree should be encouraged to provide evidence, read nursing research and use evidence to improve or change nursing practices.

At the hospital, there should be a person who is responsible for nursing research activity including fund seeking for research and building of research network. The INC should set nursing research priorities in collaboration with nursing and non-nursing organisations to provide research funds and promote nursing activities for policy formulation.

9. Upgrading nursing education & services

Education programmes should be reviewed intensively and revised and alumni and stakeholders should be involved in the curriculum development. Infrastructural needs such as a library, information technology system and nursing laboratory should be of good quality. Continuing education system should be established as it stimulates nurses to keep up with new knowledge and technology, to increase their skills and competency, and to be able to contribute to the health care team. The existing continuing nursing education programmes should be strengthened or new units established. The role of the INC in regulating nursing practice should be strengthened by amending the Nursing Act to include maintaining of registration of qualified nurses, renewal of license, and setting up a nursing service and nursing education accrediting system to maximise efficiency and effectiveness.

10. Lack of involvement of nurses in health and nursing policy formulation and planning

There is insufficient involvement of nurses in health and nursing policy formulation and planning. Nurses need to know how the health care system is structured and it operates, because it has a significant impact on nursing practice and determines who has access to services and what type of services are available.

While focusing on the management of nursing and midwifery services Dilip Kumar (2005) said, “Nurses and midwives are not well accepted or recognized as leaders or administrators. Nursing management skills, leadership, lobbying and negotiating skills are poor. There is inadequate number of nurse and midwife leaders at the national and state levels for nursing practice, research, education, man-
agement, and planning and policy development. Although the nurse is a member of the health team, she/he is never asked to represent the profession in planning and policy formulation for nursing services, education, etc.

So, nurses need to study policy formulation and planning at all levels of education. Techniques for negotiation and lobbying should be taught. Networking within and outside the nursing profession should be built and strengthened. Data and information on nursing and health should be available, updated and accessible online, if possible. The INC should take the lead and actively participate in health policy formulation, especially policies that will affect and impact the nursing profession. More positions for nurses are needed at the policy / decision level. Knowing the structure of health care system will ensure a reasonable standard of care for all citizens.

**Conclusion**

Access to cost-effective, quality health care is a right of every citizen. NPs provide services for the diagnosis, treatment and management of disease as well as illness prevention and health maintenance. Numerous studies show that nurse practitioners perform as well as physicians in their specialty area of practice, in patient diagnosis, management of specific diseases and patient outcomes. NPs have improved access to and affordability of health care by consistently offering high quality and cost-effective services. Nurse practitioners should be active partners and providers of health care as they insure delivery of quality health care in a cost-effective manner.

**References**

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