(REVIEW ARTICLE)

An overview of the challenges and opportunities for the adoption of the nurse's role in primary care settings

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Abstract

The recent SARS-COV-2 pandemic and the quick change in the epidemiological picture have highlighted the populace's needs and revealed the flaws in the healthcare systems. Even though the nurse's role in care teams is widely acknowledged, some care settings need help implementing the position. Barriers and facilitators must be identified to integrate the nurse's role in primary care settings. This review focused on the main barriers and facilitators to implementing the nurse's role in primary care settings. These results offer insightful data that stakeholders can use to create implementation plans for nurses' participation in programs and activities, addressing the issues that stand out as barriers and highlighting those that are facilitators.

Keywords: Advanced nurse practitioner; Community care; Community health nurse; District nurse; Family health nurse; Family nurse practitioner; Nurse practitioner; Primary care; Public health nurse

1. Introduction

The ongoing epidemiological change brought on by population aging, the rise in non-communicable diseases (NCDs), and, not least, the recent COVID-19 pandemic requires a reevaluation of the population's assistance needs and the models of care for the most vulnerable age groups [1].

The leading causes of death and disability today are non-communicable conditions like diabetes, cancer, chronic obstructive pulmonary disease, and heart disease. They are to blame for roughly 70% of all fatalities worldwide [2]. By 2017, 1 in 8 people will be 60 or older, 1 in 6 by 2030, and 1 in 5 by 2050 in most nations. The result is a gradual increase in health spending, higher tax burdens, and greater inequality in low- and middle-income countries. The significance of the current circumstances explains why citizens have such high expectations for healthcare institutions [3]. To meet the needs of patients and the community, the nurse must think about the current models of care. The complexity of care and the number of requests for consideration has increased due to the most recent COVID-19 outbreak, particularly when managing acute and chronic patients at home [4].

The nurse must consider the current models of care in place to respond to the demands of patients and the community. One of the primary reasons for developing and adopting improved responsibilities and skills for nurses in most

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countries is improved access to treatment, particularly in environments with limited medical resources [5]. Supporting higher levels of care quality by assisting chronic patients who are followed at home and reducing hospital admissions and readmissions is another equally significant factor in the growth of nurse employment. However, performing nursing duties is a requirement everywhere [6]. Along with the level of skill diversity among primary care professionals, specific cultural, governmental, and organizational factors are relevant in different contexts. This epidemiological movement involves redefining the roles of the various professional figures assisting primary care to improve collaboration and redefine capabilities. When creating solutions for integrating nursing responsibilities in primary care, one aspect is particularly highlighted by the diversity of nursing contexts and functions at the international level [7,8,9,]. In light of these various factors and circumstances, the WHO directives are added, establishing fundamental primary healthcare principles compatible with each nation's legal system, organizational structure, and health priorities. This directive's primary focus is on illness prevention and health promotion. Excellent services in prevention, promotion, treatment, rehabilitation, and palliative care are also offered to meet the needs of everyone's health throughout their lives. As a result, it is crucial to consider how nurses' education and training impact how patients are handled in primary care settings [10]. The review articles discuss obstacles to implementing the nurse's role in primary care settings and opportunities.

2. Methodology

The Rapid Review Guidebook, including the following steps, supports the evidence-informed decision-making (EIDM) process advocated by Dr. Dobbin. The framework was "Steps for Conducting a Rapid Review." Using the Health EvidenceTM tool, we found and accessed pertinent research evidence, assessed its methodological quality, and synthesized it.

2.1. Search Strategies

These key search terms were developed after quickly going over the research questions: Challenges and Opportunities for the Adoption of the Nurse's Role in Primary Care Settings

2.2. The final search string is as below

"Challenges and Opportunities", "Adoption of the Nurse's Role" and "Primary Care Settings".

Four databases—Scopus, Google Scholar, PubMed, and the Cochrane Library—are used to conduct thorough searches for publications. Google Scholar has been added to help raise awareness of the gray literature due to the abundance of publications in the work environment and job satisfaction. Scopus, PubMed, and the Cochrane Library expertly provided peer-reviewed article coverage.

2.3. Eligibility criteria

All work related to the work environment published before April 2023 was included in the literature search.

2.4. Data Extraction

Two unbiased medical experts reviewed the articles to ensure the selection's objectivity. In 80% of the instances, the two reviewers agreed upon the final list of articles for additional data extraction.

2.5. Results of the literature search

Initial screening whittled down 153 articles to those that might be pertinent. Relevant articles were disregarded because of their non-English titles, abstracts, and book chapters. The Health EvidenceTM tool's Preferred Reporting Items for Reviews (Figure 1) revealed 23 based on the inclusion criteria.

The Preferred Reporting Items for Reviews (PRISMA) were followed in this review.
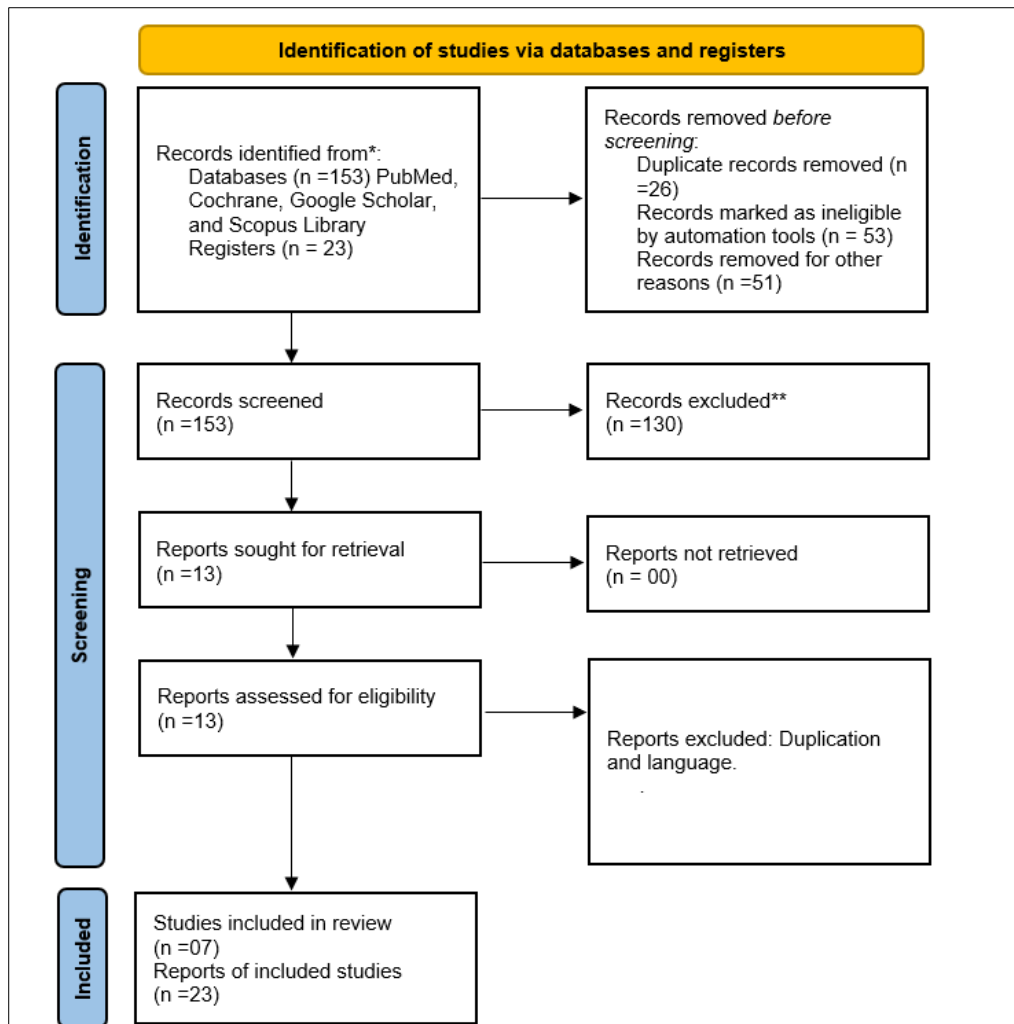
Figure 1 Preferred Reporting Items for Reviews (Health EvidenceTM tool) [11]

(PRISMA) flow diagram of the literature screening process.

3. Result and Discussion

This integrative review includes 23 primary studies on implementing nurses' tasks in primary care settings. After combining the knowledge and experiences of numerous stakeholders, we have identified several factors influencing nurses' role implementation strategies. The two most common designations for a nurse practicing in primary care are registered nurse and nurse practitioner [12,13].

Our analysis demonstrates that the main themes are concerned with the inner workings of the organization of the individual healthcare professionals, the individuals' characteristics, and the interventions' features. One of these is the difficulty in obtaining special education, which prevents nurses from having the knowledge and abilities necessary to work in primary settings. Additionally, laws and regulations impact how nurses do their roles as essential elements that enable them to practice to the full extent of their training independently. Papers documented limitations on nurses' complete range of practice, mainly about prescribing for nurses in advanced roles, which necessitates that they work in conjunction with or under the supervision of physicians. Adopting the role will never be successful if the organizational context in which the nurse job is embedded is not considered [14,15]. There is a shortage of nurses in rural, underserved areas, and retention issues are frequent. Nurses move to other areas due to a lack of employment opportunities and lower pay, particularly for newly hired nurses. Therefore, our study lends giving weight to assertions made in the literature that a lack of understanding of the roles of nurses in relation to other stakeholders is a significant and persistent barrier. to their efficient application. similar to the setting of general practice, for instance, disagreements and misunderstandings were caused by doctors' specialized fields and professional boundaries. The internal organizational environment, the implementation process, and the intervention features' primary facilitators have all

been identified under the CFIR domains. Nurses must be involved in the job's early implementation and preparation for its introduction. These results confirm the necessity of stakeholders taking the initiative in implementation and setting the nurse's position. The expected nursing contribution should generally be taken into account in light of the needs of the patients and each team member prior to carrying out the nurse's duties [16]. The main concerns nurses raise is access to high-quality education, job satisfaction, and difficulties with role development. It was more accessible for people to carry out their duties when educational requirements for nurses, particularly those in advanced professions, were standardized. Partnerships and collaboration, according to earlier research, promote efficient nurse role implementation and raise job satisfaction. In accordance with Konstantopoulos et al., collaboration only occasionally happens naturally [17,18,19]. Respect, trust, and communication, according to the nurses, were the cornerstones of doctor-nurse teamwork. McInnes et al. cited the same factors as encouraging general practice collaboration. Working with doctors and nurses may also improve patient outcomes because nurses add value to practice [20,21,22].

4. Conclusion

In this review, the main barriers and facilitators to the nurse's role integration in primary care settings were discussed. By removing barriers and promoting elements that seem to be facilitators, stakeholders can use these findings to develop strategies for implementing the nurse's participation in programs and activities.

Compliance with ethical standards

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