

Advanced Practice Nursing: Reflections on the Past, Issues for the Future

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Purpose/Objectives: To provide a comprehensive historical review of advanced practice nursing, describe the development of the professional role of oncology advanced practice nurses (APNs), and document the current status of major issues.

Data Sources: Published articles, research findings, position papers and statements, conference proceedings, books, newsletters, newspaper articles, executive summaries, standards and guidelines, and personal communications.

Data Synthesis: The oncology APN role has evolved over the past 100 years in response to the healthcare needs of society and available educational opportunities. Trends in health care and education continue to influence the expansion of the professional APN role.

Conclusions: Oncology APNs are prepared to practice in a variety of roles, providing expert clinical, educational, emotional, and supportive care to patients with cancer. Several major professional issues have been identified and addressed. Oncology APNs must document the influence of expert nursing care on patient outcomes and organizational efficiency.

The history of advanced practice nursing provides an understanding of the origins of current practice issues. The advanced practice nurse (APN) role has evolved in response to numerous changes in the distribution of healthcare services, staffing, technology, and educational opportunities. The purpose of this article is to provide an historical perspective of the APN role and current trends in nursing education and practice. Educational preparation and role development of the oncology APN will be highlighted.

Evolution of the Role

The APN role originated in 1877, when nurses began to administer anesthesia (Bankert, 1989). The first course for nurse anesthetists was offered in the early 1900s, followed by the formation of the American Association of Nurse Anesthetists in 1931 (Bankert). The next APN position to develop was the nurse midwife, introduced to the United States in 1925 during the establishment of the Frontier Nursing Service in Kentucky. Subsequently, the American Association of Nurse-Midwives formed in 1929. These early midwives provided obstetrical and general family care and prescribed and performed procedures under medical protocols (Bear, 1995).

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Key Points . . .

- The title advanced practice nurse (APN) is given to an RN who has met specific graduate degree educational requirements, has expert clinical knowledge, and provides direct care to patients. Four types of APNs are recognized: certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists (CNSs), and nurse practitioners (NPs). The term APN does not imply a blending of the CNS and NP roles but, rather, represents both as distinct roles.
- The Oncology Nursing Society (ONS) endorses the title oncology APN to designate RNs with CNS and NP roles in oncology who are prepared at a minimum of a master's degree in nursing with specialty education and experience in oncology. Oncology APNs work with patients in multiple settings and with specific populations in prevention, screening, active treatment, genetic counseling, palliative care, and hospice care.
- Over the past seven years, ONS has addressed and resolved many professional issues related to oncology nursing. Future oncology APN leaders need to collaborate with healthcare team members and negotiate with policymakers to influence practice issues and healthcare reform.

clinical knowledge, and provides direct patient care. The American Nurses Association (ANA), American Association of Colleges of Nursing (AACN), and the National Council of State Boards of Nursing (NCSBN) recognize four types of APNs: certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists (CNSs), and nurse practitioners (NPs) (AACN, 1994; ANA, 1996; NCSBN, 1993). Less than 7% of RNs are APNs (ANA). Every CNS and NP specializes in a specific clinical area. In 1999, 30,000–60,000 CNSs practiced in the United States (Bigbee & Amidi-Nouri, 2001). In 2001, 81,103 NPs practiced in the United States (Pearson, 2001). About 87% of CNSs are employed in nursing; 24% practice in the role of CNS, 25% are in nursing education, and the remaining 38% are in a variety of roles and titles (Health Resources and Services Administration [HRSA],

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