The effectiveness of nurse prescribing in acute care

In this article...
- An evaluation of nurse prescribing roles at an acute trust
- Experiences of nurse prescribers and how the role is viewed by other health professionals and patients
- A model for implementing role changes in clinical practice

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Abstract

Background
The role of nurse prescriber has been recognised in the community since the 1990s but it was only in 2002 that it was extended to acute care. At the time of the study, little was known about the impact and effectiveness of nurse prescribing in the acute setting.

Aim
To evaluate the implementation of nurse prescribing roles at an acute trust in England.

Method
A mixed-methods, single-case study was carried out in 2005–06. Semi-structured interviews were conducted with 18 hospital staff, two doctors and two nurses undertaking 52 patient-prescriber consultations involving 47 patients were observed, and 74 patients were surveyed using a questionnaire.

Results
Nurse prescribing was found to benefit patients through improvements in service delivery and better use of staff skills. No differences were found between the medicine-related satisfaction ratings of patients seen by a nurse compared with those seen by a doctor.

Conclusion
Nurses and doctors provided equivalent care. Nurse prescribers were crucial to the success of the initiative because of their enthusiasm, motivation, drive to succeed and a shared vision supporting prescribing roles.

Study findings

Purpose of nurse prescribing roles
Interviews were carried out with 18 hospital staff employed in strategic or operational roles that were relevant to the implementation of nurse prescribing. This included three nurse prescribers; seven of their medical, nursing and pharmacy colleagues; and eight senior trust staff.

Overall, participants expressed positive views about nurse prescribing, making specific comments about the benefits and costs of its implementation for staff, patients and the wider organisation. Themes of quicker and more efficient access to medicines, and better use of staff skills, corresponded to the drivers for non-medical prescribing identified in policy literature at the time (DH, 2006).

Experiences of nurse prescribers
Three nurse prescribers from three clinical teams were interviewed twice for the study. The teams were selected for analysis because their ways of working were considered to exemplify new models of service provision.

The nurse prescribers interviewed said about its use in other settings. A case study approach was taken to explore and evaluate the implementation of seven new nurse prescribing roles in an acute hospital setting. Specific study objectives were informed by a review of the literature and by propositions from clinical practice.

The study explored:
- The purpose of nurse prescribing roles;
- The experiences of nurse prescribers and their teams; and
- The differences between the roles of medical and nurse prescribers.
Nurse prescribing benefits patients through improvements in service delivery and better use of staff skills. It also impacts positively on team working.

There are no significant differences between the way nurses and doctors perform the prescribing role.

Patients seen by a nurse interviewing for the study; all worked in the same teams as the nurse prescribers. They unanimously reported the benefits of the new prescribing roles on patient care and effective team working, with the role changes seen as a "natural progression" for the nurses involved.

**5 key points**

1. Nurse prescribing benefits patients through improvements in service delivery and better use of staff skills. It also impacts positively on team working.
2. There are no significant differences between the way nurses and doctors perform the prescribing role.
3. Patients seen by a nurse.
4. Supportive team working, strategic nurse leadership and action learning are key to the successful implementation of prescribing roles.
5. Employers should ensure supportive and operational infrastructures are in place to underpin role changes.

**Differences between medical and nurse prescribers**

A null hypothesis that there are no differences between the roles of medical and nurse prescribers was investigated using a 15-item structured observation tool. This was designed to assess prescriber competence as well as ability to manage patients' medicine needs (Latter et al., 2005). A total of 52 patient prescriber consultations were observed with 47 patients attending hypertension and renal clinics. The prescribing practices of the two nurse prescribers and two medical prescribers observed were comparable across the dataset. No differences were found in the following:

- Length of consultation;
- Prescribers' approach to patients;
- The ways in which medicines or follow-up consultations were managed;
- The number of patients who received a prescription;
- The medicines prescribed; or
- The frequency of prescribing by the prescriber.

While there were some differences in the method of prescriptions used, such as new or repeat medicines, the dataset was too small to test for their significance.

A 40-item patient survey was also conducted to investigate the null hypothesis. Purposeful sampling was used to select 122 patients who attended the observed hypertension and renal clinics; the principal inclusion criteria were that the patients understood English and could complete the survey in English. The response rate was 61%, with 74 patients returning completed questionnaires.

The survey included two validated rating scales that measured patients' beliefs about their medicines and reported satisfaction with the information they received about medicines (Horne et al., 2001; 1999). No differences were found in patients' beliefs about their medicines, but a statistically significant difference was found in their satisfaction with the information received about their medicines – patients who had consulted a nurse reported higher satisfaction ratings than those who had consulted a doctor. Patients across all ethnic groups surveyed reported similar views about their experiences of prescribing and about their medicines.

The study findings led to the development of a model illustrating what should be considered when implementing a role change. The model contained five forces and four factors (Box 1).

**Conclusion**

This small study used a qualitative design underpinned by case study methodology to explore the implementation of nurse prescribing roles in an acute care setting. Its findings add to the growing body of evidence in support of nurse prescribing. It is now time to focus less on the variation of care delivered by different professional groups and more on the contribution nurses make towards improving outcomes and delivering safe and effective patient care.

**References**


