



# Women's Health Nurse Practitioners in the USA

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It is my great privilege to be one of the contributors for this wonderful Korean nursing journal. As most of you have witnessed, many things in the field of nursing have changed for the last decade or two. Regardless if it is America or Korea, the vast majority of the changes in nursing seem to be good for the profession as well as its consumers.

It excites me to know that I will have an opportunity on a regular basis to share with you what is going on in the field of advanced nursing practice in the United States of America (USA). I can say this without reservation that America leads the world when it comes to medicine and nursing. What we do here may not be immediately relevant to what you do in Korea. However, I trust your critical thinking and clinical skills will be able to adapt and modify what we do in America to better fit the unique demands of in the Korean nursing.

As expected, the first topic that I was assigned to write about is women's health nurse practitioners (WHNPs) in the USA. As an OB/GYN nurse practitioner myself, I have a few words about the profession, which has a relatively short history in the USA. In order to give you some idea of what WHNPs do, I feel it is vital for me to brief you on what the advanced practice in nursing is all about and what other nurse practitioners do.

The advanced practice nurse is described as a nurse who has educational preparation beyond the basic preparation required to become a nurse and includes nurse practitioners, clinical nurse

specialists, and certified nurse midwives, and nurse anesthetists.

Furthermore, the National Council of State Boards of Nursing describes the qualifications of advanced practice nurses related to education, knowledge and skill, and defines advanced practice as the practice of nursing based on the following: knowledge and skills required in basic nursing education; licensure as a registered nurse; graduate degree and experience in the designated area of practice which includes advanced nursing theory; substantial knowledge of physical and psycho-social assessment; appropriate interventions and management of health care status.

I can go further to say that nurse practitioner as a registered nurse with additional nursing education that prepares her/him to provide the public with services, within the role of nursing, in all five basic components of comprehensive health services: promotion, prevention, cure, rehabilitation, and support.

In light of what I have presented in previous paragraphs, here are three pertinent issues: education for advanced practice, regulation of advanced practice, and types of advanced practice.

## Education for Advanced Practice

It requires the baccalaureate degree in nursing and a specified amount of clinical nursing practice as prerequisites. Most advanced practice education takes place at the graduate

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level and includes at least 1 year of full-time study, which includes both didactic study and clinical practice. Graduate programs in the various advanced practice specialties are available throughout the USA.

## Regulation of Advanced Practice

The regulation of advanced nursing practice in the United States varies from state to state. Certification is a voluntary process by which a non-governmental agency or association certifies that an individual licensed to practice a profession has met certain pre-determined standards specified by that profession for specialty practice. However, many advanced practice nurses are certified by national professional organizations who have developed educational and experiential criteria for specialty certification. Many states require certification by a recognized national certification body before a nurse can function at the advanced practice level. Legal authority for advanced nursing practice resides with the state boards of nursing, with the boards of medicine, or through a joint committee. Some states require a separate license for advanced practice nurses, while other states include such nurses under the RN license and describe the scope of practice to include what the nurse has the education and experience to do. Various legal titles are conferred by the states to designate the advanced practice nurse, including nurse practitioner (NP), advanced practice registered nurse (APRN), advanced practice nurse (APN), and advanced registered nurse practitioner (ARNP). In addition, there are a few more certification titles such as certified nurse midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). This issue of advanced practice nurse titling is currently being studied by the state boards of nursing as well as the professional nursing organization.

## Types of Advanced Practice

- **Clinical Nurse Specialist (CNS):** A CNS is a nurse who, through study and supervised practice at the graduate level (masters and doctorate), has become expert in a defined area of knowledge and practice in a selected clinical area of nursing. The roles of the CNS are expert nurse clinician, consultant, educator, change agent, role model, and researcher. The American Nurses Association describes

a CNS as the ability to observe, conceptualize, diagnose, and analyze complex clinical or non-clinical problems related to health, ability to consider a wide range of theory relevant to understanding those problems, ability to select and justify application of theory deemed to be most useful in understanding the problems and in determining the range of possible treatment options, and ability to foresee and discuss short and long range possible consequences.

- **Nurse Practitioner (NP):** A NP is a nurse who conducts physical examinations, diagnoses, and treats common acute illnesses and injuries, provides care to chronically ill adults and children, orders and interprets lab results, and counsels patient on health promotion and health care options. Furthermore, an NP has the advanced education and clinical competency necessary for the delivery of primary health and medical care and who publishes its standards of practice.

The NPs practice includes independent and interdependent decision-making and direct accountability for clinical judgment. The NPs role includes participation in the use of research, development and implementation of health policy, leadership, education, case management, and consultation.

- **Adult Nurse Practitioner (ANP):** An ANP a nurse with a graduate degree in nursing who is prepared for advanced practice in adult health care across the health continuum. Adult nurse practitioners practice in both hospital and community settings.
- **Pediatric Nurse Practitioner (PNP):** A PNP is a nurse who is prepared at the graduate level in nursing to assume a role as a principal provider of primary health care for children. Primary health care includes first contact care, comprehensive care, coordinated or integrated care, and care that is longitudinal over time rather than episodic. Pediatric Nurse Practitioners use the nursing process in providing direct and indirect nursing services to children from birth through adolescence and their families in the specific areas of health promotion, disease and disability prevention, health maintenance, and health restoration.
- **Family Nurse Practitioner (FNP):** A FNP a nurse who is prepared at the graduate level in nursing to assume a role as a principal provider of primary health care for individuals and families throughout the life span and across the health continuum. However, the functions of the FNP include many of the same activities as the ANP and the

PNP focusing on the integrated family unit. The FNPs provide care to clients across the many phases of the life span, including children, adolescents, pregnant women, adults, and older adults.

- Gerontological Nurse Practitioner (GNP): A GNP is a nurse who is prepared at the graduate level in nursing to assume a role as a principal provider of primary health care for older adults. A GNP is a provider of care and advocacy for the older adult to maximize functional abilities; promote, maintain, and restore health; prevent or minimize disabilities; and promote death with dignity. As the guidelines stand, the GNPs provide care for adults age 40 and older.
- Psychiatric Health Nurse Practitioner(PHNP): A PHNP is a nurse who is prepared at the graduate level in nursing to assume a role as a principal provider of primary mental health care in inpatient and outpatient facilities, including ambulatory care centers, 24-hour crisis centers, alcohol and substance abuse clinics and residential treatment programs, schools, and social agencies. The PHNP also provides care in collaboration with psychiatrists and psychologists in private practice.  
The PHNP works with victims of domestic violence, including spouse abuse, child abuse, and elder abuse. Through hospice programs they also provide counseling to clients who are terminally ill with AIDS, cancer, Alzheimer's disease, and other degenerative diseases. A unique practice setting for the PHNPs is caring for the care-giver.
- Women's Health Nurse Practitioner (WHNP): A WHNP is a nurse who is prepared at the graduate level in nursing to assume a role as a principal provider of primary women's health care in inpatient and outpatient facilities, including private physician offices. The WHNP manages female medical issues, such as pregnancy, hormonal replacement therapy, fibromyalgia, lupus, sexually transmitted diseases, female cancers, arthritis, endometriosis, dysfunctional uterine bleeding, Crohn's disease, sexuality, postpartum psychosis, depression, and many more. The WHNP also functions as a provider of care and advocacy for women to maximize functional abilities, promote, maintain, and restore health, and prevent or minimize disabilities during their life span.

How did the WHNPs come about?

Women's experiences in health care have all too often been affected by a climate of practice in which male physiology and behavior have been taken as normative.

Among the further effects of this stance have been failures to include women in much major research, a noticeable sex bias in some treatment choices, a refusal to take seriously certain problems of special concern peculiar to women, a concomitant ignoring of those health considerations of men that are most obviously complementary to women's concerns, and a disregard for the special environmental and social cultural factors that affect women as a group. For example, many of the most important alcohol and drug studies have omitted women in part or altogether; yet increased alcohol consumption is now known to be, relatively speaking, directly linked to episodes of depression and life crises, and to occur concurrently with the use of antidepressants more frequently in women than in men.

Women are different than men in a variety of ways including hormonal, cardiovascular, gastrointestinal, immune, and psychological differences. Women are the primary care-givers and channels of their children and spouses into the health care system and resent being given second-class health care themselves. Female morbidity and mortality are increasing because of gender bias in research. As presently constituted, the care of women is fragmented among medical specialties.

In closing, more and more physicians across the United States are beginning to use or considering using NPs in their practice. They recognize that the key to success in a managed health-care world is to keep clients as healthy as possible. Nurse practitioners are particularly well suited to provide wellness and health maintenance care, patient education, and follow-ups, because of both their education and their orientation toward caring.

A distressing trend I have noticed in the United States is that many nursing schools are closing WHNP programs. Cost seems to be the primary reason. Like many other countries, the United States has been suffering from budget cuts and constraints.

WHNP programs appear costly and unnecessary because they train advanced nurse practitioners who take care of only half the population. From a cost saving stand point, it makes sense. However, this trend may be one step backward in developing a specific clinical management for women's health.