One Giant Step Back

The recent publication of a draft vision paper titled “Future Regulation of Advanced Practice Nursing” by the National Council of State Boards of Nursing (NCSBN) waves of decidedly uncomfortable and all-too-familiar feelings through me. This vision, three years in the making, includes a recommendation that, for regulatory purposes, clinical nurse specialists (CNSs) would no longer be classified as advanced practice nurses (APNs), thus limiting the definition of advance practice to nurse anesthetists, nurse midwives, and nurse practitioners (NPs). NCSBN argues that CNSs do not practice “independently”—independent practice being defined as the ability to make medical diagnoses, treat disease, and prescribe medications. What is wrong with this picture???

As my reaction to the document began to take shape, I went looking for an editorial that I had a vague memory of writing years ago about advanced practice nursing (Carroll-Johnson, 1994). As I read the thoughts and feelings that were going through my mind 12 years ago, I felt something akin to déjà vu mixed with a profound sadness that comes from many years marveling at nursing’s uncanny ability to turn on itself in a misguided effort to turn itself out and make a statement in its own favor. To my mind, so much of my 1994 editorial could have been written just yesterday. I hate it when that happens.

I have a great deal of respect and admiration for all categories of APNs. I spent a recent weekend at an APN meeting with a number of NPs and CNSs and, for the first time in a long time, felt hopeful about the lives and daily course of those committed to their care. Of course, CNSs practice independently, but most often they practice within a hospital structure where they are just another nurse on the payroll. Their value is not so easily measured in dollars and cents, and their worth to an institution is often only indirectly. This is not the first and will not be the last time nurses will need to fight for recognition and credibility. These internal struggles sap our strength and divert us. NCSBN needs our help. I urge each of you to read this document and understand the issues. The NCSBN vision paper should have been forward thinking, expansive, and, yes, visionary. Instead it is shortsighted, polarizing, stereotypical, and malignant.

The deadline for comments has passed, but each of us needs to monitor future developments because we all will be affected directly or indirectly. It is not the first and will not be the last time nurses will need to fight for recognition and credibility. These internal struggles sap our strength and divert us. NCSBN needs our help.

References

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