

# **The role of the Nurse Practitioner at the Dermatology outpatient clinic in the Netherlands**

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## **Abstract**

**Title.** The role of the Nurse Practitioner at the Dermatology outpatient clinic in the Netherlands.

**Background.** Advanced Practice Nursing (APN) is an umbrella term for different roles, role titles and role contents. APN is important for the future. In recent studies, it was strongly recommended to clarify certain roles, especially the role of the NP. Because of its hybrid character, Dermatology was chosen to specify the NP role.

**Research question.** What is the role of the NP at the Dermatology outpatient clinic in the Netherlands? In addition, the role of the Dermatology nurse is highlighted, to compare both roles.

**Method.** A sequential explanatory mixed method design with two components: (1) Survey mapping the role and role development of NP Dermatology (2) Qualitative case studies about the role of the NP and the role of Dermatology nurses .

**Results.** Twenty-two NPs, working at a Dermatology outpatient clinic, were identified. Their role was in particular characterized by de combination of care and cure. This combined with their gained expertise made their role unquestionable. However, in some cases, Dermatology nurses were given the same responsibilities as NPs. This may threaten the role and position of the NP.

**Conclusion.** The role of the NP seems to fit with the hybrid character of Dermatology. However, only a small number of NPs is employed at the Dermatology outpatient clinic in the Netherlands and their role is still vulnerable. Positioning seems to depend merely on personal and organizational factors.

**Recommendations.** NPs should better profile themselves within their expertise in order to enhance their position.

**Keywords:** Advanced practice nursing, Nurse Practitioner, Dermatology

## Introduction

Advanced Practice Nursing (APN) is an umbrella term for different roles, role titles and role contents. APN roles are being developed globally. The International Council of Nurses (ICN) defines the APN as: *'a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competences for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master level degree is recommended by practice.'*<sup>1</sup> APN is important for the future; advanced practice nurses provide cost-effective care and are highly regarded by patients<sup>2</sup>. With the development of national and international competences and regulatory policies of the last years, the role of the Nurse Practitioner (NP) is one of the most developed roles within the APN<sup>2</sup>. In a recent study in the Netherlands, regarding the roles and positions of nursing, it was strongly recommended to clarify certain roles within APN, especially for the role of the NP (in Dutch: *Verpleegkundig Specialist, VS*)<sup>3</sup>. This clarity is needed to make the role of the NP visible to other professionals and patients<sup>3</sup>. In light of the recommendations of the ICN this needs to be done in the context of their country<sup>1</sup>.

In the Netherlands, the NP function was implemented in 1999<sup>4</sup>. The implementation was originally meant to give an answer to several human resource problems: a shortage of physicians, the lack of career possibilities for nurses and to increase the continuity and coordination of care.<sup>4</sup> The first NPs were certified in 2000. And in 2005, there were about 177 NPs in the Netherlands<sup>5</sup>. The number of NPs increased to nearly 2500 in September 2014<sup>6</sup>. Several studies about the first generation of NPs in the Netherlands suggested that the role of the NP was unclear to the NPs themselves and to the other healthcare disciplines<sup>7-10</sup>.

In recent years, the role of the NP has expanded and continues to evolve.<sup>1</sup> Since 2012, NPs are allowed to work independently from the physicians. The NP integrates complex evidence based 'care' (nursing domain) with protocolled 'cure' (medical domain).<sup>11</sup> The NP can play a key role in care coordination, reallocation of tasks, promoting demand steering, improving the quality of care and life, guiding and coaching nursing care and doing scientific research<sup>11</sup>. The actual content of the role varies<sup>1</sup> within the specialty<sup>1</sup>. Consequently, to clarify the NP role in every specialism a specific approach is needed.

Worldwide, there is a great demand for dermatological care<sup>12,13</sup>. The ageing population and the increase in all types of skin cancer, as well as the introduction of a variety of new systemical therapies have had a major effect on the Dermatology outpatient workload.<sup>13</sup>. Dermatology appears to be located at the interface between nursing and the medical domain. Nurses are involved within Dermatology to provide education, therapy and to

support diagnostics<sup>14-17</sup>. Also in the Netherlands, nurses are trained and employed at the Dermatology outpatient clinic.

Due to its typical hybrid character, Dermatology was selected to specify the role and role development of the NP. Little is known about the current role of the NP within Dermatology in the Netherlands. International literature shows great diversity in the role of the NP<sup>18-21</sup>; this literature is primarily focused on the employability of the NP in certain medical treatments. In addition, the work of the NP is only compared with that of the Dermatologists<sup>20-22</sup>. In this context, it is interesting to explore the role development of the NP within Dermatology, and to also compare the role of the NP with Dermatology nurses. With this study, the NP Dermatology will be profiled, in order to provide more clarity to the other healthcare professionals, which consequently will be beneficial to patients.

## **The study**

### **Research question**

The research question is: 'What is the role of the NP at the Dermatology outpatient clinic in the Netherlands?'. In addition, the role of the Dermatology nurse is highlighted, to compare this role with the role of the NP.

### **Design**

A sequential explanatory mixed method design was used<sup>23</sup>. This comprises of two components: (1) a survey, with quantitative and qualitative questions, mapping the role and the role development of the NP at the Dermatology outpatient clinic (2) Case studies with semi-structured interviews to provide in-depth information about the role of the NP and to explore the differences with Dermatology nurses.

### **Participants**

**Survey.** The target population of the study consisted of all certified NPs, working at Dermatology outpatient clinics in the Netherlands. Certified NPs completed the Master of Advanced Nursing Practice (MANP) study at a University of Applied Sciences, a two year study program. NPs in training were excluded due to the topic of this study. The exact size of the NP population in Dermatology was originally unknown. Based on figures from an informal network group of NPs, it was estimated that the population should consist of thirty NPs. The outdated register in combination with the snowball sampling method was used to identify the participants.

**Case studies with interviews.** In the survey, participants were asked whether they were interested in participating in the additional qualitative study. Five cases were chosen. This number should provide ample opportunity to identify themes<sup>24</sup>. Maximum variation sampling was applied. Work experience and work setting were used as criteria for this type of sampling. To compare the role of the NP with the role of a Dermatology nurse, the case study population also consisted of Dermatology nurses working in the same setting and context as the selected NPs. These nurses were not certified in Advanced Nursing Practice (ANP). Interviews with Dermatology nurses were mainly conducted as a form of member check.

### **Data collection**

The survey which is named 'role and role development', was based on the survey developed by Offenbeek et.al<sup>25</sup>. They explored the role development of the first generation of NPs. This original survey was tested on face validity by two NPs<sup>25</sup>. For the current study population, the survey has been adapted. Questions about the role of the NP in comparison with the role of the Dermatology nurse were added. The survey was a mix between open and closed questions about education, role development, positioning, and job satisfaction, see Appendix A. In previous research, 'completeness of the NP's function' and 'job satisfaction' were analyzed by using scales. Items which led to a low internal consistency in one of these scales, were deleted. Respondents were invited to participate by email and/or telephone. Data collection of the survey took place in December 2014 and in January 2015. The survey was sent digitally.

Sequel to the survey, semi-structured interviews were conducted with selected cases. After analyzing the survey, a semi-structured interview guide was developed, based on the outcomes of the survey. The topic list was tested by the research student (MN) and the supervisor (YH). Several areas were explored, namely; organization of the outpatient clinic, previous career experiences, education and function (table 1). The audio-recorded interviews lasted thirty to fifty minutes. The interviews took place between February 2015 and April 2015

### **Ethical considerations**

The study was conducted to the principles of the Helsinki declaration, according the latest version of October 2013. No approval by the Medical Research Ethic Committee (METC) was needed, because the study did not meet the criteria of the Medical Research Involving Human Subjects Act (WMO). The data was treated in confidence and anonymously<sup>26</sup>.

Participants were given an information sheet, outlining the study procedure. In addition, informed consent was obtained from all participants, prior to the interviews

### **Data analyses**

Quantitative data of the survey was analysed by using the SPSS program, version 22. Descriptive statistic of this data was analysed on item level. There were two subscales analysed, the first one was completeness of the NP function (6 items, *cronbachs*  $\alpha$ : 0,727) and the second one was job satisfaction (5 items, *cronbachs*  $\alpha$ :0,819). These questions were analysed by scale level. Open qualitative questions of the survey were entered into Word and then in-vivo coded by research student (MN) and supervisor (YH).

The interviews of the qualitative component were transcribed verbatim into the program 'F4'. After each case, 'within-case analysis' ensured an understanding of each case study, to help prepare for the next interview. The data was systematically encoded, using the program 'NVivo', version 10. To ensure rigour, all qualitative transcripts were coded by the researcher (MN) and a supervisor (YH). Codes were compared and differences were discussed to reach intercoder agreement. After data collection, codes were linked and reduced. Cross-case analysis was undertaken to identify cross-cutting themes<sup>24</sup>.

The combined data of the survey and case studies were interpreted to describe the current role of the NP at the Dermatology outpatient clinic in the Netherlands.

## **Findings**

### **Survey**

A total of 32 potential respondents were identified and approached for the survey of which eight did not meet the inclusion criteria. Also four of the potential respondents declined to participate. During the analyzing process, two respondents were excluded, one was not working at an outpatient clinic, the other was working as a Physician Assistant. In conclusion, 18 respondents completed the survey. The characteristics of the respondents are summarized in table 2. The NPs were employed at a hospital, a specialized center or private clinic at a Dermatology outpatient clinic. They were certified between 2000 and 2014.

**Education.** Before the initial ANP education, eight respondents (44.4%) worked as a nurse or NP (uncertified) within Dermatology. Two of the respondents, who already worked as NPs, followed their education only for title legislation. Most of the other respondents started their education to expand their knowledge. Also some respondents wanted to gain

more independence and responsibility. Another goal was to combine care and cure in their practice.

**Role development.** In the survey, the respondents were asked whether they fulfilled a complete role as an NP. They reported they fulfilled their role between 'almost' and 'complete'. Another question in the survey was about issues that could be developed to make complete use of the competences of the NPs. Most respondents mentioned that positioning and acceptance of their role should be improved. Other issues of improvement were the financial declaration system and research. Next to having more time for research, the NP wanted to declare their own consults. According to many respondents, their role of NP is characterized by the combination of care and cure, case management and/or coordination of care. Also the respondents noticed independence as a characteristic attribute of their job.

**Positioning.** Respondents saw their current position to a large extent as an NP discipline ( $M=3,94$ ,  $SD=0,998$ ), on a 5-point Likert scale. However, in their perception, the NP position was closer linked to the medical discipline ( $M=3,56$ ,  $SD= 0,616$ ) than to the nursing discipline ( $M=3,11$ ,  $SD=1,132$ ).

**Satisfaction.** All respondents were 'most of the time' satisfied with their job. They reported that they were most satisfied with their independence and patient care. Respondents were most dissatisfied with the position of their role. For example, the lack of support from others within their own organization. And some respondents were dissatisfied about the high workload.

## Case studies

To gain in depth information, the outcomes of the survey were used for the interviews. For characteristics of the five cases, see table 3. Five NPs and five Dermatology nurses were interviewed. Two participants already worked within Dermatology prior to their education. The other participants were working in other specialisms. The role of the NP is described by three themes: 'role development', 'most important characteristics' and 'positioning'.

**Role development.** The theme 'role development' applied to the development and acceptance of the NP role. Two participants showed that because their own experience, they had become an NP by own initiative. When they became NP, the profession was not well known. They noted problems with the acceptance by doctors.

*'At those days, I was the first NP.. And specifically the medical specialists had a strong resistance against 'the nurse, who is gonna play for doctor', well I've heard this many times, you know'. (NP)*

Furthermore, the participants without experience in Dermatology became NP, because their job was initiated by Dermatologists. At start, Dermatologists came up with a work description for the NPs. However, the exact details of the job content were not clear yet. The participants needed training to meet the requirements of the work description. Some Dermatology nurses and medical assistants showed problems with the acceptance of the new function at start.

*'...Especially at start I tried to earn credits with them. I dragged bin bags and was cleaning rooms, just to get accepted by the team. For some people, I really had to make an effort.' (NP)*

All participants have developed expertise in a particular patient group or groups. Most of them have become experts in the treatment of chronic skin diseases. During the process of role development, participants had to indicate their own goals and limits. Participants seemed to have much influence in the continuity of their role development.

*'Look, if you come with a proposal, then you have to support it well with arguments, to achieve this... but you have to do it by yourself'.(NP)*

One participant indicated that she would like an extension of her tasks and patient groups. While other participants indicated that they like to continue deepening their specialized knowledge. However, all participants agreed that they want to implement improvements in the care process.

**Most important characteristics.** The theme 'most important characteristics' involved characteristics which specify the role of the NP within Dermatology.

The participants combined their care and cure in the majority of their tasks. The care included providing information and guidance for patients with a (chronic) skin disease. It also included observation and evaluation of (medical) treatments. According to the participants, allocating time and nursing experience were essential for the care component. These made the distinction between the work of the NP and the work of Dermatologists.

*'Yes, I think indeed that it's a pre eminent specialism in which you can work well with NPs. It's about chronic care, but one can also partly provide for intensive care. We can do lots as NP within this field. And information and instruction is supported. And the influence on the quality of life. It's nice all that can be combined with prescribing medicine. I don't only give briefings, but can indeed adjust policy too.' (NP)*



The cure component in Dermatology included diagnostics of particular skin diseases, prescribing and evaluation of complex medicines and treatments, and conducting little surgeries. The NP was subjected to specific professional regulations, this in contrast to the Dermatology nurses who were not allowed to diagnose, prescribe and conduct surgeries. The impact and responsibilities of the cure component seemed to depend on the NPs expertise.

Next to this, theoretical knowledge of the cure made an essential difference between NPs and Dermatology nurses according to the NPs. Most of the NPs acquired their medical knowledge during their education and training-on-the-job

*'Simple wounds can change in complex wounds. It is very important to know the background of a wound. You should not only look at what the wound needs but also where it comes from. In practice, this is often forgotten by nurses and physician assistants. They use all kinds of treatments, but forget to take a step back to what actually was going on, how did that wound happen, what do you think of that?' (NP)*

**Positioning.** The theme 'positioning' involved the position of the NP within the hospital organisation. It also involved the vulnerability of the NP role.

According to the participants, in time the physicians got a clearer picture of the role of the NP. They considered themselves a good working partner of the Dermatologists and they felt appreciated by them.

*'The younger physicians see them more like someone who, yeah, I've just been digging into the matter of certain categories and I have gained quite a bit of knowledge on this.' (NP)*

Some of the Dermatology nurses in this study, did not always fully understand the value of the NP. Even though, their own role showed variation. One of this nurses reported that she only carried out an assisting role. Some Dermatology nurses at other outpatient clinics had their own consultation hours, which focused on the care component. Furthermore, in some outpatients clinics, the Dermatology nurses performed the same role as the NP. The Dermatologists and these nurses seemed to have accepted the related responsibilities.

*'Yes, they are not allowed to make a diagnose and are prohibited from making independent requests. So they should always have supervision, but the mighty specialists don't mind that for one bit. (NP)*

In some cases, the role of the NP still seemed to be very vulnerable. Only one participant did not have an NP colleague at the outpatient clinic. She felt unhappy about her position, neither belonging to the medical discipline nor to the nursing discipline. Another participant, with years of experience, almost lost her job, when her supervising Dermatologist retired.

Remarkably, in one case, a longtime NP did not encounter the difficulties in positioning. However, the position of this NP seemed exceptional, which can be explained by the fact that she also was a supervisor to residents.

## Discussion

In this study, the role of the NPs who worked in Dermatology outpatient clinics was examined and compared to role of the Dermatology nurses. A total of twenty-two NPs were identified. Their role was in particular characterized by the combination of care and cure. This combined, together with their gained expertise, made their role unquestionable. However, in some cases, Dermatology nurses were given the same responsibilities as NPs. This may threaten the role and position of the NP.

Through case studies, a variety between different cases was shown. The variety seems to indicate that the NPs positioning and acceptance is associated with previous Dermatology experiences. NPs with experience in Dermatology seemed to be responsible for more complex cure aspects, which distinguishes them from Dermatology nurses. Notably, the first generation nurses who specialized themselves as NP were nurses with extensive experience within their own specialism<sup>4,25</sup>. In contradiction with this, the present study shows, that less than 50% of the NPs previously had experience within Dermatology.

Compared to studies about the first generation of NPs<sup>4,25</sup> it seems that acceptance by doctors has improved. NPs have become close working partners and their role is more familiar to the doctors. In contrast, there seems to be an area of tension between the NPs and Dermatology nurses because of the similarity in tasks.

The strength of this research is the design which allowed data triangulation, which led to an overall view of the role of the Dermatology NP. The limited population may be a shortcoming of this study. However, this limited group showed clearly the vulnerability of the NP role. In this study, NPs were aware of their added value. As an implication of these findings, NPs should better profile this skills. This can probably lead to more acceptance and better positioning.

The study also implicates that nurses need more experience if they want to become an NP. This would lead to more responsibilities. Further research could determine the barriers and facilitators for Dermatologists when working with an NP.

### **Conclusion**

The role of the NP seems to fit with the hybrid character of Dermatology. However, only a small number of NPs are employed at Dutch Dermatology outpatient clinics and their role is still vulnerable. Positioning of the NP seems to depend merely on personal and organizational factors within the clinics.

### **Recommendations**

NPs should profile themselves in a better way, within their expertise, in order to enhance their position. They should further develop their responsibilities within the cure component. Because of their gained expertise, there could also be a role for the NP to guide Dermatology nurses. In this way, the role of the NP could be strengthened within their field.

### **Acknowledgements**

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## Tables

**Table 1:** Interviewguide

<b>Previous workexperience</b> <ul style="list-style-type: none"><li>- Activities/ responsibilities</li><li>- Patientgroups</li></ul>
<b>Education</b> <ul style="list-style-type: none"><li>- Guidance</li><li>- Clarity function</li></ul>
<b>Organization</b> <ul style="list-style-type: none"><li>- Description</li></ul>
<b>Function</b> <ul style="list-style-type: none"><li>- Patientgroups</li><li>- Activities/ responsibilities</li><li>- Collaboration with other professions</li><li>- Differences compared with other professions</li></ul>

**Table 2** Demographics of nurse practitioners (NPs) dermatology participants

Characteristics	<i>n</i>	Percentage
<b>Setting</b>		
University medical centre	3	16.7
General hospital	12	66.7
Cancer centre	2	11.1
Private clinic dermatology	1	5.6
Total	18	100.0
<b>Graduation ANP</b>		
2000-2004	2	11.1
2005-2008	6	33.3
2009-2011	5	27.8
2012-2014	5	27.8
Total	18	100.0
<b>Previous work experience</b>		
As nurse dermatology	6	33,3
As NP dermatology *	2	11.1
No experience dermatology	10	55.6
Total	18	100.0

\* uncertified

*Table 3 Casestudies*

Case	Graduation NP	Previous work experience NP	Setting	Number of Dermatology Nurse per case
1	2009	Nurse other specialism	General hospital	None
2	2006	Manager other specialism	General hospital	1
3	2006	Nurse other specialism	General hospital	2
4	2014	NP Dermatology (uncertified) since 1999	University medical centre	1
5	2000	Nurse Dermatology since 1990	General hospital	1

## APPENDIX A: Survey

### Persoonlijke gegevens en werkplek

1. Uw geboortejaar	19 . .
2. Uw geslacht	<input type="checkbox"/> V <input type="checkbox"/> M
3. Soort ziekenhuis:	<input type="checkbox"/> Academisch ziekenhuis <input type="checkbox"/> STZ- ziekenhuis <input type="checkbox"/> Perifeer ziekenhuis <input type="checkbox"/> Anders nl.:
4. Wanneer heeft u het diploma Master of Arts in Advanced Nursing Practice behaald?	
Maand:	Jaar:
5. Sinds wanneer bent u werkzaam als Verpleegkundig Specialist binnen de Dermatologie?	
Maand:	Jaar:
6. Welke functie vervulde u voor deze functie? .....	
7. Bent u naast het specialisme dermatologie ook nog werkzaam elders?	
<input type="checkbox"/> Nee	
<input type="checkbox"/> Ja, nl.....	
8. Welke rol(-len) vervult u als Verpleegkundig Specialist in uw huidige functie?	
(u kunt eventueel meer mogelijkheden aankruisen)	
<input type="checkbox"/> a. Polispreekuur houden, zo ja <input type="checkbox"/> verpleegkundig spreekuur en/of <input type="checkbox"/> medisch spreekuur	
<input type="checkbox"/> b. Uitvoeren van -voorgeschreven- behandelingen en/of onderzoeken	
<input type="checkbox"/> c. Coördinatie van zorg	
.....	
.....(bv. over bepaalde patiëntengroep/ over locaties binnen instelling / tussen disciplines	
)	
<input type="checkbox"/> d. Consulent voor .....	
.....(bv. patiëntengroep /afdelingen/andere discipline/ instellingen)	
<input type="checkbox"/> e. Leidinggevende rol	
<input type="checkbox"/> f. Zelfstandig onderzoeker	
<input type="checkbox"/> g. Rol in het opleiden van..... (bv. verpleegkundigen /co-assistenten)	

h. Case Manager

j. Anders, nl: .....

## Opleiding

9. Welk doel beoogde u met het volgen van de opleiding Advanced Nursing Practice?

10. In welke mate heeft u dit doel tot nu toe gerealiseerd?

- 1. Niet of nauwelijks
- 2. Een beetje
- 3. In redelijke mate
- 4. In belangrijke mate
- 5. In zeer belangrijke mate

11. In welke mate heeft het theoretische deel van de opleiding (tot nu toe) bijgedragen aan de ontwikkeling van uw competenties?

- 1. Niet of nauwelijks
- 2. Een beetje
- 3. In redelijke mate
- 4. In belangrijke mate
- 5. In zeer belangrijke mate

12. In welke mate heeft het praktijkgedeelte -training on the job- van de opleiding (tot nu toe) bijgedragen aan de ontwikkeling van uw competenties?

- 1. Niet of nauwelijks
- 2. Een beetje
- 3. In redelijke mate
- 4. In belangrijke mate
- 5. In zeer belangrijke mate



## Rolontwikkeling

13. In welke mate heeft u door het volgen van de opleiding andere taken, verantwoordelijkheden en bevoegdheden gekregen? (In vergelijking met het werk dat u deed voor u aan de opleiding begon)
- 1. Niet of nauwelijks
  - 2. Een beetje
  - 3. In redelijke mate
  - 4. In belangrijke mate
  - 5. In zeer belangrijke mate

Toelichting bij vraag 13

Welke taken, verantwoordelijkheden en bevoegdheden zijn nieuw?

Zijn er ook taken, verantwoordelijkheden en bevoegdheden weggevallen? Zo ja, welke?

14. Welke taken, verantwoordelijkheden en bevoegdheden in uw huidige functie vindt u het meest kenmerkend voor een Verpleegkundig Specialist?

15. In hoeverre vindt u dat u op uw huidige werkplek op dit moment een volwaardige functie als Verpleegkundig Specialist vervult wanneer het gaat om

	volledig	grotendeels	ten dele	nauwelijks
Uw taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uw verantwoordelijkheden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uw bevoegdheden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uw rol t.o.v. patiënten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uw rol t.o.v. interne collega's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uw rol t.o.v. externe collega's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Op welke punten vindt u dat uw huidige functie zich nog zou moeten ontwikkelen om daarin de competenties van een Verpleegkundig Specialist volledig te kunnen benutten?

17. Hoe vaak komt het voor dat u zelf vindt dat u bij het uitvoeren van de patiëntenzorg supervisie nodig heeft:

- 1. Nooit
- 2. Soms
- 3. Regelmatig
- 4. Meestal
- 5. Altijd

18. Hoe vaak krijgt u bij het uitvoeren van de patiëntenzorg supervisie:

- 1. Nooit
- 2. Soms
- 3. Regelmatig
- 4. Meestal
- 5. Altijd

19. Van wie krijgt u supervisie:  
(eventueel meer antwoordmogelijkheden aankruisen)

- 1. Specialist
- 2. AGIO
- 3. AGNIO
- 4. Verpleegkundig Specialist
- 5. Verpleegkundig consultant
- 6. Anders, nl.....

## Positie in het werk

20. In welke mate heeft u het gevoel dat u in uw huidige functie deel uitmaakt van de volgende disciplines?

1 = Niet of nauwelijks  
2 = Een beetje  
3 = In redelijke mate  
4 = In belangrijke mate  
5 = Helemaal

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Medische discipline          | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Verpleegkundige discipline   | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Paramedische discipline      | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> VS als eigen discipline      | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Dermatologie verpleegkundige | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Beleidsstaf en management    | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Overig                       | 1 | 2 | 3 | 4 | 5 |

21. In welke mate hebben de volgende disciplines waardering voor het werk dat u vervult in uw huidige functie?

1 = Niet of nauwelijks  
 2 = Een beetje  
 3 = In redelijke mate  
 4 = In belangrijke mate  
 5 = In zeer belangrijke mate

	1	2	3	4	5	n.v.t.
<input type="checkbox"/> Medische discipline	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> Verpleegkundige discipline	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> Paramedische discipline	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> VS als eigen discipline	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> Dermatologie verpleegkundige	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> Beleidsstaf en management	1	2	3	4	5	<input type="checkbox"/>

22. In hoeverre maken uw feitelijke werkzaamheden naar uw mening deel uit van de volgende disciplines?

1 = Niet of nauwelijks  
 2 = Een beetje  
 3 = In redelijke mate  
 4 = In belangrijke mate  
 5 = In zeer belangrijke mate

<input type="checkbox"/> Medische discipline	1	2	3	4	5
<input type="checkbox"/> Verpleegkundige discipline	1	2	3	4	5
<input type="checkbox"/> Paramedische discipline	1	2	3	4	5
<input type="checkbox"/> VS als eigen discipline	1	2	3	4	5
<input type="checkbox"/> Dermatologie verpleegkundige	1	2	3	4	5
<input type="checkbox"/> Beleidsstaf en management	1	2	3	4	5

23. Hoe vaak neemt u deel aan na- en/of bijscholingsactiviteiten van de volgende disciplines?

1 = Nooit  
2 = Soms  
3 = Regelmatig  
4 = Vaak  
5 = Heel vaak

<input type="checkbox"/> Medische discipline	1	2	3	4	5
<input type="checkbox"/> Verpleegkundige discipline	1	2	3	4	5
<input type="checkbox"/> Paramedische discipline	1	2	3	4	5
<input type="checkbox"/> NP als eigen discipline	1	2	3	4	5
<input type="checkbox"/> Dermatologie verpleegkundige	1	2	3	4	5
<input type="checkbox"/> Beleidsstaf en management	1	2	3	4	5

24. Hoe vaak heeft u informele contacten over werkgerelateerde zaken met de volgende collega's?

1 = Nooit  
2 = Soms  
3 = Regelmatig  
4 = Vaak  
5 = Heel vaak

<input type="checkbox"/> Medische discipline	1	2	3	4	5
<input type="checkbox"/> Verpleegkundige discipline	1	2	3	4	5
<input type="checkbox"/> Paramedische discipline	1	2	3	4	5
<input type="checkbox"/> NP als eigen discipline	1	2	3	4	5
<input type="checkbox"/> Dermatologie verpleegkundige	1	2	3	4	5
<input type="checkbox"/> Beleidsstaf en management	1	2	3	4	5

25. Aan welke formele overlegsituaties in het werk neemt u op reguliere basis deel?

## Tevredenheid met het werk

26. Geef bij de volgende vragen aan of u als Advanced Practice Nurse tevreden bent met uw huidige functie

1 = Nooit  
2 = Soms  
3 = Regelmatig  
4 = Meestal  
5 = Altijd

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Vindt u het prettig om aan de werkdag te beginnen? | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Heeft u plezier in uw werk?                        | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Is uw huidige werk uitdagend voor u ?              | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Motiveert het werk u?                              | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bent u tevreden met het werk dat u doet?           | 1 | 2 | 3 | 4 | 5 |

27. Waarover bent u het meest tevreden?

28. Waarover bent u eventueel ontevreden of wat zou u anders willen hebben?

## Loopbaanwensen

29. Hoe lang zou u zelf nog in uw huidige functie werkzaam willen blijven?  
..... jaar
30. Als u daarna een volgende loopbaanstap wilt maken, waar gaat u voorkeur dan het meest naar uit?
- |  |   |
|--|---|
| <input type="checkbox"/> Medische functie                  | <input type="checkbox"/> Hogere beleids- of managementfunctie |
| <input type="checkbox"/> Verpleegkundige functie           | <input type="checkbox"/> Eigen praktijk als.....              |
| <input type="checkbox"/> Anders, nl.....                   |   |
| <input type="checkbox"/> Ander type VS functie, zoals..... |   |
31. Ziet u belemmeringen die het realiseren van een dergelijke stap in de weg kunnen staan?
- Nee
- Ja, nl.....

Dit waren de vragen.

Nogmaals onze hartelijk dank voor uw deelname aan dit onderzoek

Ruimte voor eventuele opmerkingen: