

# Nurse Practitioners: Who We Are, and Who We Are Not

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When I first entered nursing, I remember encountering the classic work by Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not* (Nightingale, 1860). At the time I believed this was something of a strange title because, way back then, I thought I knew it all and that I certainly knew what the field of nursing was. Yet I soon learned that this transformative 136-page book—written in England in 1859, a time when there was considerable poverty, neglect, and prejudice—challenged the contemporary views of nursing and of nurses as being ignorant, uneducated people.

Ms. Nightingale's book and its title are still strangely relevant today. Nurses (particularly those in advanced practice) continue to struggle with issues of identity and with the perceptions and knowledge that other colleagues and patients have of our work. How many of us have bristled upon hearing the term “mid-level” or at being lumped together with other equally important clinicians as “non-physician health care providers” or even “allied health professionals” by our respective practice institutions?

The terms “mid-level” and “physician-extender” are essentially industrial terms originated by bureaucracies and organizations. They are not professional, descriptive terms. They also have the unfortunate effects of calling into question the legitimacy of nurse practitioners to function according to our established scope of practice, education, and license, and they only further confuse health care consumers and the public.

The use of such terms should not be considered a fringe issue in any health care setting. Pharmacists, physician assistants, dietitians, research associates,

and care coordinators are all key members of just about any health care organization, and we should not accept the rationale that using “mid-level provider” and other such nomenclature is a matter of expediency and is not meant to degrade any one's position.

Fortunately, the Society of Hospital Medicine has recently taken the giant step of beginning to phase out the inaccurate nomenclature for health care professionals (Shank, 2014). Specifically, they will begin phasing out the following terms in their materials, database, and registration systems: “allied health,” “non-physician provider,” “physician-extender,” and “mid-level.” Good for them.

We all know that identity and the value and expertise of all members of the health care team are important for the broad field of health care, for caregivers, and for their patients. We have taken important steps to developing strong interprofessional models of education and collaborative practice. Yet as part of this ongoing continuum, we need to continually be grounded by our own identity as nurse practitioners and to have that accurately described and reflected in our professional and corporate language systems. We also need to perfect our elevator and airplane passenger speeches, when we may have less than a minute to say who we are and who we are not. In a nutshell, we need to be known for what we do rather than by what we don't do.

When she wrote her classic *Notes on Nursing*, I think perhaps Miss Nightingale may have had a sense that, going forward, the various roles of nurses would continue to be challenged, and I believe she realized that a fundamental identity, scope of practice, and accountability are crucial to the success of nursing in all of its forms. I like to think that she is still teaching us.

## REFERENCES

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