

# Advancing nursing roles to improve access to care in Finland

## Overview

In the early 2000s, physician shortages across Finland drove the national government to recommend shifting responsibilities from physicians to nurses and incentivized municipal restructuring of health providers. Around this time, universities developed various postgraduate programmes to support these efforts and nurses gradually began taking on additional responsibilities. Subsequent government policies provided further support for the advancement of nursing roles and legislation was enacted in 2010 to allow nurse prescribing for a defined list of medications with a new postgraduate programme developed to support this. Advanced practice nurses have been positioned to autonomously deliver a range of health services to patients, including consultations, ordering and carrying out diagnostic tests, managing patients with chronic disease and treating minor acute conditions, among other responsibilities. Advanced practice nurses now manage approximately half of all patient visits in health centres. According to a study carried out in a rural health station, advanced practice nurses were able to meet patients' care needs without a physician up to 70% of the time.<sup>1</sup> Early studies indicate both physicians and nurses have reported improved workplace wellbeing as a result of changes. Furthermore, patients also appear satisfied with the care they receive from advanced practice nurses. A countrywide evaluation on nurse prescribing is currently underway, with results expected by the end of 2015. Results of this evaluation will be used to inform future directions for nurse prescribing in Finland.

## Problem definition

In 2000, Finland faced a shortage of physicians with 241 physicians per 100 000 population, compared to a WHO European Region average of 302 per 100 000.<sup>2</sup> Not only did this shortage make responding to patient demands challenging, it was also found to contribute to inequities in access as providers were primarily concentrated in urban settings

(Box 1). In contrast, Finland had an above average volume of nurses with 954 per 100 000 population, compared to a regional average of 666 per 100 000.<sup>2</sup> However, the scope of practice and autonomy of nurses at the time was relatively limited, compromising the extent to which nurses could support the provision of services in underserved areas.

## Box 1

What problems did the initiative seek to address?

- Shortage of physicians, particularly in rural areas.
- Above average volume of nurses compared to the WHO European Regional average.
- Limited autonomy and scope of practice for nurses.

## Health services delivery transformations

### Timeline of transformations

Based on an analysis of 31 pilot projects conducted between 2003 and 2004,<sup>3</sup> the Ministry of Social Affairs and Health recommended shifting responsibilities from physicians to nurses to address access disparities and physician shortages in rural areas (Table 1). Since, several government policies have further promoted the advancement of nursing and legislation was passed in 2010 to enable nurse prescribing. At present, government support for the advancement of nursing continues to be guided by the National Development Programme for Social Welfare and Health Care 2012–2015.

### Description of transformations

**Selecting services.** This initiative has worked to ensure the comprehensive package of services offered to the Finnish population is readily available, with an emphasis given to patient education and self-management support. Advanced practice nurses are now responsible for services such as performing consultations, ordering and carrying out diagnostic tests, managing patients with chronic disease (for example providing health education, lifestyle advice and follow-up care), managing minor acute conditions (such as minor infections and injuries) and referring patients to necessary specialist care.

**Designing care.** Evidence-based national and local clinical guidelines

**Table 1**

What were the chronological milestones for the initiative?

2002	National Project to Ensure the Future of Health Care 2002–2007 recommends advancing nursing roles to address provider shortages; Ministry of Social Affairs and Health offers state grants to municipal councils to incentivize provider restructuring.
Mid-2000s	Polytechnic universities develop various postgraduate programmes to support advanced training for nurses.
2008	National Development Plan for Social and Health Care Services 2008–2011 launched; promotion of advanced nursing roles included in the Plan.
2010	Legislation passed to allow nurse prescribing by advanced practice nurses.
2011	Decree defining postgraduate education for nurse prescribing effected.
2012	First cohort of advanced practice nurses complete training on nurse prescribing.
2012–present	National Development Programme for Social Welfare and Health Care 2012–2015 guides the further advancement of nursing.

**Table 2**

How was the delivery of health services transformed through the initiative?

Before	After
<b>Selecting services</b>	
Comprehensive package of care including health promotion, screening, acute treatment and chronic care management offered to population.	Comprehensive package of care continues to be offered; advanced practice nurses offer services including diagnostic testing, chronic disease management and minor acute care.
<b>Designing care</b>	
Care delivered by physicians following national and local guidelines.	Evidence-based national and local guidelines developed to guide care delivery by advanced practice nurses; set medication list for nurse prescribing developed.
<b>Organizing providers</b>	
Majority of care delivered by physicians; low numbers of physicians limit care access, particularly in rural areas.	Increased proportion of care delivered by advanced practice nurses; advanced practice nurses may work in partnership with physicians, within multidisciplinary teams or, in some cases, independently using e-consultation to connect with physicians as needed.
<b>Managing services</b>	
Municipal councils responsible for management and planning of health services and organization of providers within their local jurisdictions.	Municipal councils retain management and planning responsibilities over health services and provider organization.
<b>Improving performance</b>	
Nurses' competencies underdeveloped.	Nurses' competencies expanded.

have been developed to guide decision-making and services delivery by advanced practice nurses. In addition, national standards have been set for nurse prescribing.

**Organizing providers.** The initiative has shifted roles previously performed by physicians to advanced practice nurses. Advanced practice nurses may work in primary care practices, health centres or hospital settings, either in partnership with physicians or as part of a larger multidisciplinary team. In rural areas and smaller health facilities not always staffed with a physician, advanced practice nurses may work independently to deliver the majority of care, supported by physicians via e-consultations as required.<sup>4</sup>

**Managing services.** Municipal councils have a high degree of autonomy over health services planning within their local area, including over the development and management of provider organization. This has allowed strategic alignment of advanced practice nurses to areas in greatest need of additional human resources.

**Improving performance.** Advanced practice nurses gain necessary

competencies through postgraduate training at polytechnic universities, with ongoing skills-testing helping to ensure acquired competencies are maintained.

### Health system enabling factors

The Ministry of Social Affairs and Health formally recommended advancing nursing roles through publication of the National Project to Ensure the Future of Health Care 2002–2007 and made state grants available to municipalities to incentivize uptake of recommended organizational changes (Table 3). The National Development Plan for Social and Health Care Services 2008–2011 continued state grants for municipalities to further advance the role of nurses. Complementary legislation to enable nurse prescribing provided added support for the initiative. Presently, the National Development Programme for Social Welfare and Health Care 2012–2015 continues to guide and promote the further advancement of nursing roles.

The Ministry of Social Affairs and Health funded the development of a standardized postgraduate training curriculum for nurse prescribing,

requiring approximately 1125 hours of training to achieve this certification. Higher education is often funded by employers and salary increases may be locally negotiated by advanced practice nurses after completing the degree, offering an incentive to achieve this qualification. As physicians are salaried by municipalities, sharing responsibilities with advanced practice nurses allows a reduction in physician workload without negative effects on income, thereby incentivizing their cooperation.

### Outcomes

Several small-scale evaluations have recorded the impact of the initiative and reported positive outcomes including reductions in patient visits to physicians, improved productivity,<sup>5</sup> and greater workplace wellbeing for providers (Box 2).

#### Box 2

What were the main outcomes of the initiative?

- Advanced practice nurses managed approximately half of all patient visits to health centres.
- Advanced nursing consultations reduced acute patient visits to physicians by up to 25%.<sup>4</sup>
- The majority of patients at rural health facilities could be cared for by advanced practice nurses.
- Both nurses and physicians reported improved workplace wellbeing and professional cooperation.
- Patients experienced better access to providers and reports show that patients have been satisfied with care provided by advanced practice nurses.<sup>4</sup>

Table 3.

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none"> <li>• National plans and policies promote and guide advancement of nursing.</li> <li>• New legislation permits nurse prescribing for certain medications.</li> </ul>
Incentives	<ul style="list-style-type: none"> <li>• State grants made available for municipalities to advance nursing roles.</li> <li>• Advanced practice nurses may negotiate higher salaries.</li> </ul>
Competencies	<ul style="list-style-type: none"> <li>• Standardized postgraduate curriculum for nurse prescribing developed.</li> </ul>

### Change management

#### Key actors

The Ministry of Social Affairs and Health led the initiative through

issuing official recommendations to support the advancement of nursing roles and encouraging municipal uptake of recommendations with complementary policies, legislation and incentives (Box 3). Cooperation between national and municipal governments was essential for the development of the initiative and municipal councils were invited, along with other stakeholders, to participate in discussions and seminars during the planning process. Universities played a key role in developing new higher-education programmes to train advanced practice nurses to take on additional responsibilities.

### Box 3.

Who were the key actors and what were their defining roles?

- **Ministry of Social Affairs and Health.** Recommended development of advanced practice nursing; supported initiative with complementary policies, legislation and incentives.
- **Municipal councils.** Responsible for local health services planning and organization; led local health system restructuring to support advancement of nursing roles.
- **Universities.** Led development of postgraduate programmes for advanced nursing.
- **Advanced practice nurses.** Complete required postgraduate training; manage additional responsibilities in patient care.

### Initiating change

Pilot studies on advancing nursing roles provided the necessary evidence to secure government support for change. The majority of stakeholders were generally supportive of the initiative, with the exception of medical associations. However, as providers were largely in favour of proposed changes, the Ministry of Social Affairs and Health was able to work with the executives of these associations to overcome resistance. International nursing recommendations and models provided inspiration for activities and the Thematic European Nursing Network offered Finnish universities exposure to international advanced nursing programmes that had been running for many years in Ireland, Sweden and the United Kingdom.

### Implementation

Specific roles and responsibilities taken on by advanced practice nurses vary based on local needs. Cooperation and support from physicians and nurse managers was described as critical for the successful implementation of the initiative, with close working relationships already existing between physicians and nurses further facilitating the transition of responsibilities to advanced practice nurses.

### Moving forward

The National Development Programme for Social Welfare and Health Care 2012–2015 continues to guide and promote the further development of advanced nursing

in Finland. Additionally, a national evaluation of the impact of nurse prescribing is currently underway and is due to be completed by the end of 2015. Results of this evaluation will be used to guide the future development of nurse prescribing.

### Highlights

- National legislation provided the necessary framework to align changes in the professional scope of practice for nurses.
- Partnerships and international networks facilitated sharing of experiences and offered inspiration during the design process.
- Formalizing education through the development of postgraduate programmes in partnership with universities supported sustainability and ongoing development of skills.
- Advancing nursing roles contributed to professional empowerment and improved workplace wellbeing.

- 1 Jaatinen, P.T., Vanhatalo, R. & Tasanko, A. (2002). How does a nurse act if there is no physician in a health station?. *Finnish medical journal*.
  - 2 World Health Organization. (2015). European Health for All Database. Retrieved from <http://data.euro.who.int/hfad/>
  - 3 Fagerstrom, L. (2009). Developing the scope of practice and education for advanced practice nurses in Finland. *International Nursing Review*, 56 (2), 269–272. doi: 10.1111/j.1466-7657.2008.00673.x
  - 4 Delamair, M., & Lafortune, G. (2010). Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries. *OECD Health Working Papers*, 54, 79–82. doi.org/10.1787/5kmbrcfms5g7-en
  - 5 Koski J, Elonheimo O. & Linna M. (2004). Labour shortages in primary health care- what are the means to help? In Mikkola H, Klavus J, eds. *Health Economics*. Helsinki, Stakes, Aiheita 3/2004:21–24.
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