Differences between nurse practitioners and physician assistants

To the Editor,

I am writing this letter to supplement Dr. Timothy G. Buchman’s lecture entitled “Nurse practitioners and physician assistants enhance quality, value, and safety in critical care,” which was presented at the 39th Annual Congress of the Japanese Society of Intensive Care Medicine, held from February 28 to March 1, 2012. I was asked about the differences between nurse practitioners (NPs) and physician assistants (PAs) by a colleague who participated in the lecture. Since I assumed that many audience members may have had the same question, I have written this letter to answer her inquiry.

Both NPs and PAs are equally competent in one aspect, i.e., performing medical procedures such as ordering and interpreting diagnostic tests, inserting central venous catheters and chest tubes, prescribing medications, and so on. However, NPs perform these procedures as an extension of nursing care, whereas PAs perform them as a part of their medical practice because each profession comes from a distinct discipline, i.e., nursing or medicine. This difference influences both professional individuals in a practical as well as a philosophical manner.

A NP is an advanced practice registered nurse (APRN), as are clinical specialists, certified nurse-midwives, and certified registered nurse anesthetists. They are educated at accredited nursing programs at a master’s or doctoral level. Each program focuses on a specific field. The fields currently offered by the American Nurses Credentialing Center (ANCC), the largest credentialing organization for NPs in the United States, are acute care, adult, adult psychiatric and mental health, diabetes management-advanced, family, family psychiatric and mental health, gerontological, pediatric, and school nursing 1). After completing the program, NP candidates take a licensure exam to be certified as NPs.

On the other hand, PAs are educated in an accredited master’s program affiliated with a medical school or school of allied health 2). Students typically enter the program after some health care experience with a Bachelor of Science 3). The curriculum covers all areas of clinical medicine.

One study demonstrated the differences between the competencies of NPs and PAs that may be related to their educational backgrounds 4). Mitchell conducted a survey of preceptors serving for NP students and PA students. The majority of the participants were medical doctors in southeast Georgia, United States. According to Mitchell’s study, preceptors perceived that NPs’ positive characteristics included a holistic approach, a preventive and psychosocial emphasis, communication skills, and compassion and empathy to the patient. The preceptors evaluated that NP students needed more pathophysiology and pharmacology contents. Several preceptors advocated less hours of nursing theory in the NP program to increase the hours spent on basic science and anatomy. On the other hand, the PAs were found to be well prepared for general medicine and to collaborate well with other health care professionals. Several preceptors suggested a more holistic and preventive approach to PA training.

These differences described above may reflect different philosophical perspectives between the two disciplines. I will present the nursing perspectives below, because I assume that the majority of readers are already familiar with medical perspectives.

Critical care nursing is defined as “assisting, supporting and restoring the patient towards health, or easing the patient’s pain and preparing them for a dignified death” by the World Federation of Critical Care Nurses 5). The Constitution that is endorsed by the Japanese Society of Intensive Care Medicine, Nursing Division, further states that the aim of critical care nursing is “to establish a therapeutic relationship with patients and their relatives and to empower the individual’s physical, psychological, sociological and spiritual capabilities by preventive, curative and rehabilitative interventions.” It must be noted that nurses endeavor to promote health despite critical illness. From nursing’s perspective, health and illness are not distinct entities. Health and illness have traditionally been considered a continuum in nursing 6). Nowadays, the concept of “health” is becoming expanded to connote “a state of actualization of inherent and acquired human potential” 7), “a sense of wholeness, forgiveness, evolved consciousness, and inner peace” 8), and “a state and a process of being and becoming an integrated and whole human being” 9) to list a few definitions. Critical care nurses help patients achieve an optimal level of health through caring 9) and/or rapport 10) while respecting the patient’s culture 11).

NPs order diagnostic tests and interpret data, prescribe medications (if legally approved), and/or perform invasive procedures in addition to the traditional nurse’s role, as described in the previous paragraph. PAs diagnose and treat patients utilizing a broad range of
knowledge and skills and may reduce the workload of physicians. Each profession possesses a unique role and value. I hope that this letter will help readers to understand such uniqueness of NPs and PAs.

No conflicts of interest have been declared by the author.

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References

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