

NON-MEDICAL PRESCRIBING IN SPAIN. OPINIONS OF NURSING AND PHYSIOTHERAPY STUDENTS

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Abstract

Introduction: Prescribing medicines is a traditional role of medical doctors. However, many countries empowered to perform these competences other medical professions as nurses, midwives, physiotherapists or pharmacists.

Aim: The aim of study is an attempt to assess attitudes of nursing and physiotherapy students towards non-medical prescribing.

Material and methods: The qualitative focus group study have been performed in group of 7 students in October 2017. All of participants gave the informed consent to take part in the study. The interview was recorded and the transcript have been prepared. The interview had a semi-structured form. It covered following issues: right to diagnose, right to refer patient to diagnostic tests and other medical professions, independent and supplementary prescribing.

Results: From 7 participants, 6 was nurses and 1 was a physiotherapist. All of participants admitted that they use medicines in their everyday practice as nurse or physiotherapist. Participants find independent nurse prescribing as a difficult issue. One participant told, that independent non-medical prescribing is not the competence of nurse or physiotherapist. On the other hand, other participant point that it can make its job easier, faster and more comfortable. All of participants agreed, that independent non-medical prescribing could be a good solution, but in the future; not now for sure.

Conclusions: Nursing and physiotherapy students have very different opinions regarding non-medical prescribing. Students do not find prescribing medicines as their professional role, but they acknowledge its advantages. In students' opinion, non-medical prescribing can be a good solution in the future.

Keywords: medical professions, prescribing, nurses, physiotherapists.

1 INTRODUCTION

In many countries, certain medicines or medical devices can be prescribed not only by a physician, but also by other healthcare professionals, particularly by nurses. This is mainly the case in developing countries (where due to the shortage of medical stuff, patients are treated by nurses, rather than doctors [1] but also in well developed countries, where introduction of these powers is an element of growing professional autonomy of nurses [2-4]. In Europe, nurses are empowered to prescribe e.g. in the Netherlands, the United Kingdom, Ireland, Sweden or Finland. These solutions are also well-known in the United States, Australia or New Zealand [2-4]

There are several reasons for granting nurses the prescriptive authority. Studies suggest that nurse prescribing will improve quality and continuity of patient care. It shall also facilitate an access to the healthcare services. Moreover, nurse prescribing creates a potential to make better use of nurses' professional skills and increase their autonomy. Last but not least, introducing such powers can lead to time savings to medical doctors and patients [2-4].

On the other hand, nurse prescribing tends to be criticized, mainly by physicians. Most of concerns raised are related to patient safety and the quality of care, which seems to be not as comprehensive as in the case of medical doctor care [5].

Nurse prescribing is also a relevant topic in Spanish health care and health sciences. During recent 15 years, nurse prescribing in Spain was not legal, then legal, then implicit illegal and legal again [6]. However the prescribing competences of nurses in Spain are still very limited.

According to the recent regulations (royal decree 954/2015), nurses could prescribe healthcare products/supplies related to nursing care and medications not subject to medical prescription [6]. It also shall be noted, that to start prescribing, additional (6 ECTS) training is required [6].

Prescribing authorities can be also desired in other medical professions as physiotherapist or pharmacist. On the other hand, these competences are connected with higher level of professional liability, what can refrain health care professionals from seeking independency.

In fact, level of professional independency depends on real willingness of interested professionals. The law shall follow standards and healthcare reality. Thus authors attempt to assess views of young professionals (nurses and physiotherapists) regarding the issue of non-medical prescribing.

2 METHODOLOGY

2.1 Study design

To acquire qualitative data, authors designed the study as a focus group interview (FGI). Before the focus, the frame plan of the meeting have been prepared by the researchers. Focus have been conducted in the semi-structured manner.

2.2 Time and place of the focus group

The focus group have been conducted on 8th November 2017 in the group of master students of public health at the University of the Balearic Islands. The meeting took place in one of the classrooms of the University (Palma de Mallorca, Spain). Organizers provided participants with beverages and drinks. Participants were sitting around the round table.

2.3 Informed consent

Before the start, participants have been informed about the aim of the focus group and its right to withdraw from the research in every time. All of the participants sign also a written informed consent to take part in the study. The form of the consent have been prepared in two counterparts. One for the participant and one for organizers. Participants were reminded, that any information provided during the FGI would remain anonymous.

2.4 Focus group schedule

The focus group schedule consisted of 5 main thematic areas:

- Introduction to topic of non-medical prescribing
- Pharmacology education of nurses and physiotherapists
- Over-the-counter medicines prescribing
- Supplementary non-medical prescribing
- Independent non-medical prescribing

The group lasted approximately 45 minutes and the session was audio-taped. The audio-tapes were transcribed and analyzed.

3 RESULTS

3.1 Sample

In the FGI took part 7 students of the University of the Balearic Islands. All of the students attended Master Public Health Programme. One student was a physiotherapist, 6 student were nurses. Among nurses, one student was also a physiotherapy student. The group consisted of 6 women and one men.

3.2 Introduction to the topic – Spanish background

In the beginning of the interview, moderator provided participants with the basic information regarding non-medical prescribing and the models of non-prescribing. The moderator explained participants the idea of independent and supplementary prescribing.

Firstly, the moderator asked participants if they use medicines in their daily practice. All of nurses who already practice (4 persons) answered that they do. The physiotherapist said, that in her profession only the medicines in form of ointments were use.

After that, the moderator asked how much autonomy in dispensing drugs they have. All of nurses answered that they have to ask a doctor and wait for the medical order. On the other hand, the physiotherapist answered, that do not need any authorisation to use the medicines in form of ointments, but it is because of the fact, that these kind of medicines are quite safety.

3.3 Education regarding pharmacology

Then, the moderator asked about the pharmacology background of respondents. One of the participants answered, that she had pharmacology course during the studies, but it was very general. She admitted, that she learned how to use medicines during her work in the department. The other one said, that they learned about interactions and during the pharmacology course but in general way. In her opinion, amount of hours dedicated to the topic is not enough.

In opinion of another nurse, in the clinical practice there are medicines used more often and less often, and the nurse acquire deeper knowledge regarding usage of the medicines during its practice.

Moderator asked also about the education of physiotherapy students. In opinion of the physiotherapist, her job is not very related to pharmacology as e.g. work of the nurse, unless the curriculum is similar in this area.

3.4 Right to order OTC medicines

In opinion of participants, nurse should have a right to order to the patient basic medicines, particularly these which are related to the nursing practice, because in some cases (related to nursing care), the doctor does not know what medicine shall be applied.

However, they said also, that they generally did not do it in their practice. One of nurses explained, that firstly the law did not allow it. Now the situation did not change, because the computer systems in health care units still do not have this kind of facility. That is why, nurses still have to ask a doctor for a medical order, even for the most basic drug. Participants were not satisfied with this situation. They even point out, that doctors often make mistakes in case of medicines intended to nursing care, that is why this area shall be managed by nurses.

One of nurses concluded, that firstly the law did not allow nurses to order medicines, now it is a matter of computer systems in health care centres.

Slightly different opinion was provided by a physiotherapist. She said that right to order medicines by physiotherapist had positive and negative aspects. She said, that in many cases physiotherapist did not have sufficient knowledge regarding the health state of the patient to order a medicine. In her opinion, it would require better preparation.

3.5 Right to “supplementary prescribing”

The moderator explained a general concept of supplementary non-medical prescribing as a situation when e.g. nurse can prolong the treatment ordered already by a doctor, change the dose and issue prescription in this area.

One of respondents answered immediately, that this competence could be even more useful than the previous one. In her opinion, it have to be not only continuation of the same treatment but it need to cover control of the treatment and right to change the dose of the medicine. Otherwise, nurse would act as a secretary, she said. Other respondent in this context add, that it was a good idea to give nurse a competence to perform sort of drug review.

Respondents are were not afraid of the rising responsibility and this competence would be useful particularly in treatment of chronic diseases. They wanted to have such empowerment, but they point, that many doctors did not want to agree to share with nurses any of their prescribing competences.

They are also concerned, that doctors would not support nurses and would not cooperate with nurses in this area.

On the other hand, one of participants reminded, that there were more and less safety drugs, and the pharmacology knowledge of a nurse is not always enough. Thus, there should be some protocols or guidelines which would help nurse in supplementary prescribing. Moreover the scope of supplementary prescribing shall be limited to the area of clinical practice of the nurse.

3.6 Right to “independent prescribing”

The moderator provided participants with the basic information regarding independent non-medical prescribing which is similar to medical prescribing but generally limited to the defined list of medicines which can be prescribed by a nurse or other medical professionals.

The first answer was: “I think it is not our competence for 100%”. After this answer no one of respondents wanted to say anything more. One respondent were ask directly by the moderator. He said, that medical doctors were much better prepared to prescribe independently. He add, that maybe in the future it could be also a competence of nurses, but it required much better preparation.

The physiotherapist said, that it could be a better model than supplementary prescribing for physiotherapy, but not for now. Anyway, in her opinion it needs not better, but different preparation.

3.7 Summary

Even Spanish nurses and physiotherapists use the medicines in their daily clinical practice, they have a little autonomy in using, ordering and prescribing it. All of respondent agreed, that their training regarding pharmacology was only general. In case of prescribing, participants suggested that, this training should be even not better, but different. Lim and Honey indicate, that so called “integrated approach” in pharmacology teaching, which includes e.g. elements of law and ethics or communication skills was giving better results that education focused specific on the pharmacology issues [7]. Perhaps it could be a proper guideline for authorities who prepare the curriculum.

Participants support the competence of nurses and physiotherapists to order basic drugs. They find it as useful. Even the law allow nurses to perform this competences, they have obstacles to do it in practice. This situation is similar to polish case, where despite the new law, which empowered nurses to prescribe, they do not perform it in a wider scale [8].

Most of participants agreed also with an idea of supplementary nurse prescribing. However, in their opinion, it should not be limited to prolonging the treatment, because it is close to role of medical secretary. Nurses are also concerned regarding the cooperation with doctors and their negative attitudes on this competences of nurses. This scepticism is visible and reported in scientific literature in many countries including United States [5] and Poland [9].

On the other hand, nurses were sceptical about the independent non-medical prescribing. Participants seems to be not ready for this kind of duties, what have to be respected. Up-down approach in this area may not be effective as in case of beginning of polish “nurse prescribing reform”

4 CONCLUSIONS

Participants of a study had very divided opinions regarding different models of non-medical prescribing. Nurses are generally more enthusiastic, than physiotherapist, who claim that many aspects of prescribing did not fit to the physiotherapy. Perhaps, that is why, the concept of nurse prescribing is much more popular than physiotherapy prescribing.

Conditions, which seems to be crucial in development of non-medical prescribing have double basics. The first one is relation between medical doctor and non-medical prescriber which must be based of the mutual trust and support. The second one is education, particularly regarding pharmacology. The integrated approach in this area could be an effective way to improve effects of this education and willingness to undertake challenge of prescribing by nurses and physiotherapist.

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