

# THE MYTH OF THE FILLERS AND EXTENDERS: LET US CLARIFY THE ROLE OF NURSE PRACTITIONERS



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I WRITE THIS editorial with some trepidation because I realize that we, as nurses, understand the role of nurse practitioners (NPs). So why would I be asking us to clarify this role? I am really challenging all of us to better articulate who we are and what we do to those who are not only skeptical about nursing's role in the health care system but also are particularly resistant to the role of the NP.

We as a profession have a shared understanding of nursing despite some disagreements among us; we generally understand what we do and what we value. I am proud to be a nurse and to embrace a belief in caring and compassion, evidence-based practice, holistic/integrative care, and concern for patients and their families and communities and a recognition of both the social and biological determinants of health. We value interprofessional health care and collaboration and continuity of care in order to provide patients with the highest quality of care possible. We believe in facilitating access to quality health care. NPs are in the category of "advanced practice," and they embrace all of these concepts noted while also having attained specific skills to diagnose and treat common chronic and acute health care conditions.

Both the Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health*, commis-

sioned by the Robert Wood Johnson Foundation, and the Affordable Health Care Act emphasize the strength of nursing as major contributors to high-quality health care. They point to NPs as being able to serve as primary health care providers. At the same time, the American Medical Association has opposed many of the recommendations in *The Future of Nursing* report, and NPs continue to experience resistance from some physicians to their practice. In addition, often, when physicians do support NP practice, they refer to NPs as "filling the gap" in the primary care provider shortage or as "physician extenders." By labeling NPs in this way, they do so only in relation to themselves (physician fillers or extenders) rather than as a health care discipline that contributes to patient care in a unique, as well as complementary, way. The term *physician extender* is particularly disturbing because it assumes that nurses merely are a part of the physician, simply extended a bit further, like an extension cord. When the lack of primary care physicians is discussed, NPs are frequently referred to as being able to fill in the gap created by this lack of primary care doctors. We need to communicate to our physician colleagues that nurses are part of a collaborative care team rather than an extension of another discipline; we need to communicate that we complement the work of other health care disciplines, and we bring something unique. Maybe, if we could better articulate what NPs do that is specific to our education, our discipline, and our

roles and responsibilities, we would help our colleagues see that we are not fillers or extenders.

We all agree that nurses bring something unique to health care. We do much more than fill in gaps or extend someone else's practice. If many of our colleagues in medicine continue to see us as fillers and extenders, it is not difficult to understand why they are fearful that we may, eventually, tread on their turf. They may believe that if we do well at filling and extending, we might fill and extend too much and cross a boundary into their territory. It is important that we recognize and understand the roots of such a fear. At the same time, it is important to dispel these fears. One way to do so is to help our physician colleagues understand who we are. What is it that nursing brings that is unique to health care and that complements medicine, leading to higher quality coordinated health care for all? If we can articulate this strongly, perhaps we can decrease the resistance that we experience.

This year, we are charged with strategizing to implement the eight recommendations of *The Future of Nursing* report. One strategy might be to better articulate to our physician colleagues that we have no intention nor desire to tread on medicine's turf. In fact, we believe that we must transcend turf battles, as I emphasized in my previous editorial for the *Journal for Professional Nursing*. I am now raising the question of how we can actually transcend these battles. A beginning step might be to clarify that we seek collaboration where various health care providers bring complementary skills to our patients. We do not seek to be physicians nor do we seek to fill or extend. We do, however, seek to collaborate and to complement; we seek to provide care on a continuum that is coordinated and high quality, care that is accessible and meaningful. We are proud to be nurses, and we take seriously our responsibility to promote and improve the health of the public.