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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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## Nurse Practitioners: Founding History and Present Challenges

Mimi Secor, NP:

Nurse practitioners were first introduced in 1965 by then public health nurse Dr. Loretta C. Ford and pediatrician Dr. Henry Silver, and since this time nurse practitioners have been helping to meet the health care needs of our nation and worldwide for nearly fifty years. Currently in the United States there are an estimated 189 thousand nurse practitioners working in a variety of settings, with the majority of nurse practitioners working in primary care. Nurse practitioners are uniquely qualified to meet today's health care challenges, providing high quality, affordable, accessible care.

You're listening to ReachMD, a channel for medical professionals. Welcome. I'm Nurse Practitioner Mimi Secor, your host, and with me today is Dr. Loretta Ford, the cofounder of the nurse practitioner movement. Dr. Ford is retired Dean and Professor Emerita at the University of Rochester School of Nursing, and is an internationally known nursing leader. She has devoted her career to practice, education, research, consultation, and influencing health services, community health, and military nursing. Dr. Ford has received numerous awards and in 2011 she was inducted into the National Women's Hall of Fame. Today we're discussing the nurse practitioner movement, past, present, and future. Hello, Dr. Ford. Welcome to ReachMD.

Dr. Loretta Ford:

Hi, Mimi. Nice to talk to you today.

Mimi Secor, NP:

Great. Well Dr. Ford, especially for the benefit of our younger listeners, let's go back to the beginning. You started the first nurse practitioner program with Dr. Henry Silver in 1965 in Colorado. Why did you develop the concept of the nurse practitioner role?

Dr. Loretta Ford:

Well actually it came out of the health needs of children and families in my public health nursing practice in rural Colorado, and of course our goal was to achieve and maintain the wellness of children through the child health conferences or clinics at the time.

Mimi Secor, NP:

Can you describe briefly, Dr. Ford, the nurse practitioner model you had in mind in those early days? What was your dream design?

Dr. Loretta Ford:

Well it was a contribution of both nursing science practicing goals of the profession of nursing and public health sciences, and so that really oriented itself toward the preservation, promotion, protection of health, and also to prevent disease and disability not only of children but of families, and we did it through immunization clinics, and parent education, and growth and development testing, and other measures that were conducive to the wellness and health of children and families in community settings.

Mimi Secor, NP:

It was very forward thinking of you certainly, combining the two. What were some of your biggest challenges in those early years?

Dr. Loretta Ford:

Surprisingly the challenges came from nurse educators who were very concerned that because I was partnering with a physician that medicine would control nursing and they're wondering if it was safe and if the nurses were competent enough to make those clinical decisions, and it seemed as though the less people knew about what we were doing the more they resisted, and even some people didn't want to learn. So there was really a fair number of controversy about the model. Now some of the physicians that we worked with and helped us in terms of developing the nurse practitioner model were very enthusiastic about it, but there were some physicians who had reservations, let's say, more than resistance it was reservations about our work with nurses to make these kinds of decisions.

Mimi Secor, NP:

And hasn't this all continued for decades now, we still continue to debate these issues at state levels.

Dr. Loretta Ford:

Well fortunately it's not with nurse educators because the universities have stepped up to the challenge and developed higher advanced education for nurse practitioners and for other advanced practice nurses, by the way.

Mimi Secor, NP:

Absolutely, and we'll be talking about that more because as you know, I'm almost to the end of my doctoral program, and feeling pretty challenged these days.

Dr. Loretta Ford:

Well I congratulate you.

Mimi Secor, NP:

Perfect pre-retirement activity, right?

Dr. Loretta Ford:

You'll really be pleased that you've done this. Yeah.

Mimi Secor, NP:

Oh, thanks, Dr. Ford. Certainly the nurse practitioner role has changed dramatically in so many ways over the years. What do you think are the most significant changes that have occurred?

Dr. Loretta Ford:

Well, of course the most significant change is more in education, where as I said, the universities took on the advanced education that we started, so developed masters and higher degrees for nurse practitioners and these other nurses. So I think that's the most significant one because we began to put into the marketplace many more models, and many more practitioners who were proving themselves to be competent and safe, and of course it recruited the brightest and the best.

Mimi Secor, NP:

Absolutely.

Dr. Loretta Ford:

And it kept a lot of nurses in nursing who were dissatisfied with some of the things that were demanded of them which were pretty low level compared to what potential that they had.

Mimi Secor, NP:

Right. Right.

Dr. Loretta Ford:

Now there were other changes too. The research in nursing began to move much more toward outcomes of practice. The research before nursing was mainly on either nurses or the institutions and the education of them. This now began to be clinical focused in terms of looking at the outcomes, the difference that these nurses were making in patient behavior or patient status.

Mimi Secor, NP:

Right.

Dr. Loretta Ford:

And, the wellness and their understanding of their problems, and assuming responsibility for their own lifestyles.

Mimi Secor, NP:

And that's certainly a huge focus today and will continue to be as we try to contain costs.

Dr. Loretta Ford:

Right. And then of course another one of the changes was huge development of organizations that took on some of the political issues in the profession that were sort of ignored for quite some time which kept nurses from as I say, practicing to the extent of their full preparation.

Mimi Secor, NP:

Absolutely. It wasn't until fairly recently that we had state nurse practitioner organizations and certainly we've had national nurse practitioner organizations for some time, but not in the very beginning.

Dr. Loretta Ford:

No. And also we didn't have a lot of enthusiasm for the nurse practitioner in the early years either. The other thing I think that has developed is the specialties that have evolved. We started with children in communities and the wellness orientation, but then other specialties cropped up starting with school nursing, and then we went to adult nursing, and then even some of the other specialties now in oncology, and neurology, and forensic nursing. So that the many specialty organizations have grown up a hindrance and a help in many ways because when there are too many organizations their goals begin to overlap and their challenge for membership does, and so there needs to be a bringing together of these organizations, but at any rate, this has been one of the outcomes that one needs to think about.

Mimi Secor, NP:

Absolutely. Absolutely. What do you think, Dr. Ford, is one of the biggest challenges facing nurse practitioners today?

Dr. Loretta Ford:

I think most of them could be resolved through statutory authority, and that's because we only have about 20 states that allow nurses to practice to the full extent of their preparation. Now that's legally. Nurses do practice to the extent that people need their services as much as they can within legal bounds, but some of the legal bounds are hampering the delivery of services and depriving patients and families and communities of their full health education and health services that nurse practitioners could provide, and so the challenges then of course are mostly at this point from the organized medical society, not physicians themselves. Individual physicians are not very concerned about that, but the organizations are very well heeled, so to speak, and they have major war chests in the lobbying area. So they're the resisters to any changes in the legislative statutory authority that nurse practitioners need to use the education that they have invested in.

Mimi Secor, NP:

Well and that's certainly what we found, we almost were able to pass our bill in Massachusetts and then we met resistance at the very end of the process, legislative process, but we're going to try again next year. It wasn't certainly because we didn't give it a good campaign. We really, really pummeled those legislators with education and the facts they needed, but we'll try again next year.

Dr. Loretta Ford:

Well it speaks to having nurses moved into the policy development area very rapidly, and that's happening in many places which is good.

Mimi Secor, NP:

Yeah. Very good.

Dr. Loretta Ford:

And most important in Washington.

Mimi Secor, NP:

Yeah. Exactly. So what future opportunities do you see for nurse practitioners? It certainly seems pretty wide open for us right now.

Dr. Loretta Ford:

Well, it does and I think probably the opportunities are the best they've ever been in the fifty years since we started.

Mimi Secor, NP:

It's amazing.

Dr. Loretta Ford:

That's half a century, would you believe, later, and we're still struggling with some of the basics. I shouldn't complain though because women are struggling for 100 years after they got the vote to keep it. Well the future opportunities, ones that nurse practitioners will make for themselves. There are so many needs that are evolving, so to speak, they've been around for a long time but if you just look at chronic disease problems alone there are a huge number of services that nurse practitioners, with or without the legal background, could develop. The home services that are needed, or the aging in place services, or some very highly skilled services that could keep people in their homes but provide them with the services, or coordination of care is a big issue today.

Mimi Secor, NP:

And that's what we're good at, right? Coordination of care is huge and that's really an area that we tend to excel in, correct?

Dr. Loretta Ford:

Yes. That's our daily work.

Mimi Secor, NP:  
Exactly.

Dr. Loretta Ford:

I think we're going to find some of the things that we learn basically in nursing are still the needs of the people, and they're so close to the human aspects of living and dying that nurses do so well and have done for centuries, and almost silently are unrecognized and now I think we have opportunities that we've never had before and I think the new legislation on the ACA or the Affordable Care Act will certainly provide for the development of these.

So innovation knows no bounds and I think what we need is to find if we need partners like bioengineers. We always think about partnerships with medicine or with physicians or with medical personnel, but there's a whole other field of sciences that we haven't even begun to tap. So nurses could look for new partners in the fields of microbiology and the fields of bioengineering, computer science, that we really need to think a little more broadly about new partners.

Mimi Secor, NP:

I like that. That's critical. It really segues well into asking you what you think about the doctor of nursing practice recommendation for entry into practice as a nurse practitioner as we kind of wrap up the interview.

Dr. Loretta Ford:

I think it's a natural progression of the \_\_\_\_\_ (13:29) of practice and education and research that we're into now, and policy making as well, and you know, the DNP is a professional degree. It's academically certified and it's just like the MD, it's just like the PharmD, pharmacology doctorate, it's like audiology, all of these education are all professional degrees and they are earned academic degrees. Now there's another research degree, the PhD, that is oriented toward research, but the DNP is a natural progression and I think it will come about, but you know, social change is very difficult, and academic change is no less.

Mimi Secor, NP:

Absolutely. So we always have to remember Change Theory, right?

Dr. Loretta Ford:

Right.

Mimi Secor, NP:

Dr. Ford, thank you so much for being my special guest today. This has been really interesting. It's been an honor and a pleasure talking with you. Thank you so much for everything you've done for nursing, nurse practitioners.

Dr. Loretta Ford:

Thank you.

Mimi Secor, NP:

I'm Nurse Practitioner Mimi Secor, and you're listening to ReachMD, a channel for medical professionals. Thank you for listening.