**Critique of Systematic Research**

**Research problem**

This study was carried out to attempt to identify the results of the roles of nurse practitioners and primary care practice interacting. The recruitment and retention of nursing practitioner has been very low, resulting to severe shortage of these professionals especially in rural and remote settings. The role of giving primary care by practitioners has faced many challenges. Most of the primary care delivered today is on a fee-for-service basis.

There have been few studies done to examine how the role of the nursing practitioner (NP) has an impact beyond the individual and family level. Very limited information exists which describes the effects of introducing NP role on the primary health care practices of the health system. The changes that occur on general practitioners (GP), primary care, the health system and the overall community as a result of introducing NP to handle primary health care matters are still not well documented.

**Design of the study**

The study used a case study design which was based on ecological framework. Case study means gathering as many details and as much knowledge about a case as possible and constructing it to get some answers.  A case study involves several cases, and for each case, a lot of data is mined to be able to explore, evaluate, analyze and describe the matter of interest within it. The more the cases used, the more confident the findings of the study. These findings can be compared to findings from other case studies to draw on relationships and comparisons. The relationships within the cases are then represented using an ecological framework.

The role of the NP in this study is the center of the study. It is then surrounded by other environments such as the community, the practitioner and the health care system; all which have either a cause or effect impact on the role of the NP. This study was conducted in a rural setting in one of the health providers that were government based.  The NPs for the study were employees of the health institution; they had been educated on family care provision up to Masters Levels and were salaried by the institutions. They were placed to strengthen the role of NP in that community. 25 respondents were selected to take part in the study.

**Quantitative and qualitative data**

*Quantitative data* in the study was collected through conducting interviews, direct observation, taking field notes and reviewing documents as well as archived records.  The interviewees were given semi-structured questions to answer so that they could well explain what they thought were the impacts of introducing NP roles into the community, be they positive or negative. For formal observation, there was physical interaction with the staff as they went on with their duties. Field notes were collected during informal meetings. Documents used included clips from newspapers and TVs, letters, notes from conferences and seminars as well as documents released by the government concerning implementation of the NP role.

*Qualitative data* collected was mainly comprised of records from the health authority. The study used records from before the NP role was introduced and after so that it could be able to compare if there were any changes. The timeline of the before period was 7 months, and the after period was a similar 7 months. The study utilized 11, 524 cases.

**Rigour**

The methodology for this research study was based on that of Yin’s, Miles and Huberman’s. The recommendations of Yin’s methodology did, however, not fit well with the data collected for this study. Therefore, the study used the Teddlie and Tashakkori framework which integrates both quantitative and qualitative data to make inference. This integrated method looks at the quality of the design as well as the interpretive rigour of the study. The quality of the design was upheld by using multiple sources of gathering evidence. The interpretive rigour was ensured using both within-case and cross-case analysis in order to have a comprehensive revelation of the patterns that emerge after the role of the NP was introduced.

**Findings**

The results of the study were that NP had an impact on how primary care. There were significant changes when patients were given additional time with the NPs during visits, when a team approach was used to deliver NP and when the style of practice changed from solo to team. This also improved the job satisfaction of the physicians. Patients who accessed NP availed themselves more often for their appointments. There was a reported improvement in relationship amongst staff members by the practice staff.

 For the community, the role NP made it easier to reach those patients who lived in populations that were harder to serve. The practice also made relations between the community and the hospital better. These primary care services also resulted to a reduction in the need for emergency services and of hospital admissions.  NP presence made their colleagues love their work environment more; the colleagues reported an increased desire for their work environment and would be very reluctant to leave.

**Conclusion**

It is clear from the study that the role of NP has a positive effect on the delivery of primary care services. Fundamental problems facing the health care system were improved when NP was introduced. These effects were felt both within the system as well as externally. Notable improvement was reported on the provision of patient care, in relationships and teamwork among colleagues as well as accessibility to the practice by the students. The community appreciated the reduction in need for hospital emergency and admission services. Thus the role of NP is very important in this setting and NP plays a crucial role in meeting the population’s primary health care need.

**References**

Melnyk, B. M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare* (2nd Ed.). Philadelphia, PA: Wolters Kluwer/Lippincott, Williams, & Wilkins.

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