

ADVANCED NURSING PRACTICE IN THE BRAZILIAN CONTEXT: A SCOPING REVIEW

PRÁTICA AVANÇADA DE ENFERMAGEM NO CONTEXTO BRASILEIRO: REVISÃO DE
ESCOPO

PRÁCTICA AVANZADA DE ENFERMERÍA EN EL CONTEXTO BRASILEÑO: REVISIÓN DE
ALCANCE

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ABSTRACT

Objective: to map the implemented actions of Advanced Practice Nursing in the Brazilian context. **Method:** scoping review designed according to the Joanna Briggs Institute guidelines, with information sources from the Web of Science, Scopus, Cochrane Library, PubMed, Cumulative Index to Nursing and Allied Health Literature, Excerpt Medica Database. **Results:** 23 articles were selected. The actions most evidenced by the findings refer to drug prescription, request for laboratory tests, referral of patients to other services and professionals, use of telemedicine under protocols and the implementation of the nursing process, especially by nurses in Primary Health Care. **Conclusion:** still in the early stages of implementation in Brazil, Advanced Nursing Practice has Primary Health Care as its strongest scenario. It is also important to emphasize the challenges, such as the nurses' lack of knowledge about their role, the lack of training and the lack of recognition of the practice by the multidisciplinary team.

Descriptors: Advanced Practice Nursing; Evidence-Based Nursing; Nursing; Latin America; Primary Health Care.

RESUMO

Objetivo: mapear as ações implementadas de Prática Avançada de Enfermagem no contexto brasileiro. **Método:** revisão de escopo delineada conforme as diretrizes do *Joanna Briggs Institute*, com as fontes de informação nas bases *Web of Science*, *Scopus*, *Cochrane Library*, *PubMed*, *Cumulative Index to Nursing and Allied Health Literature*, *Excerpt Medica Database*. **Resultados:** foram selecionados 23 artigos. As ações mais evidenciadas pelos achados se referem à prescrição de medicamentos, solicitação de exames laboratoriais, encaminhamento de pacientes para outros serviços e profissionais, uso da telemedicina sob protocolos e a execução do processo de enfermagem, especialmente, por enfermeiros da Atenção Primária à Saúde. **Conclusão:** ainda em estágio inicial de implementação no Brasil, a Prática Avançada de Enfermagem tem como forte cenário a Atenção Primária à Saúde. É importante enfatizar, também, os desafios, como a falta de conhecimento do enfermeiro acerca do seu papel, o despreparo na formação e a falta de reconhecimento da prática pela equipe multidisciplinar.

Descritores: Prática Avançada de Enfermagem; Enfermagem Baseada em Evidências; Enfermagem; América Latina; Atenção Primária à Saúde.

RESUMEN

Objetivo: mapear las acciones implementadas de la Práctica Avanzada de Enfermería en el contexto brasileño. **Método:** se realizó una revisión de alcance de acuerdo con las directrices del Instituto Joanna Briggs, utilizando fuentes de información de *Web of Science*, *Scopus*, *Cochrane Library*, *PubMed*, *Cumulative Index to Nursing and Allied Health Literature* y *Excerpt Medica Database*. **Resultados:** Se seleccionaron 23 artículos. Las acciones más evidenciadas por los hallazgos se refieren a la prescripción de medicamentos, solicitud de pruebas de laboratorio, derivación de pacientes a otros servicios y profesionales, uso de la telemedicina bajo protocolos y la aplicación del proceso enfermero, especialmente por parte de las

enfermeras de Atención Primaria. **Conclusión:** aún en fase inicial de implantación en Brasil, la Práctica Avanzada de Enfermería tiene en la Atención Primaria de Salud su escenario más fuerte. También es importante destacar los desafíos, como la falta de conocimiento de las enfermeras sobre su papel, la falta de formación y la falta de reconocimiento de la práctica por el equipo multidisciplinario.

Descriptores: Enfermería de Práctica Avanzada; Enfermería Basada en la Evidencia; Enfermería; América Latina; Atención Primaria de Salud.

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INTRODUCTION

Nursing as a socially relevant, historically determined profession aims to produce health actions, based on evidence and specific knowledge.¹ Advanced Practice Nursing (APN), as a practice model, is declared an integral part of providing high quality health care, through innovative collaboration and decision-making in health management.²

According to the International Council of Nursing (ICN), advanced practice actions in nursing, refers to the application of theoretical, practical, and evidence-based treatments through a comprehensive scope of practice that seeks to respond to the problems of patients in a specific clinic, whose core competency is patient- and family-centered practice, followed by expert guidance and training, patient consultation, ethical decision making, collaboration, research skills, and clinical and disciplinary leadership.³ Advanced practice is beyond basic practice, within the clinical domain and can be distinguished by clinical experience, leadership, autonomy, and role development.²

It is also evident that this terminology encompasses a large and growing variety of actions, different definitions are adapted to each context, since each country is at a different stage in its own implementation and regulation of professional practice. Although comprehensive attributes of the international Advanced Practice Nurse have been identified, the complexity of the role makes it difficult to identify the unique contribution of the advanced practitioner. Part of this can be attributed to the lack of clarity of the role and actions of advanced practice nurses.⁴

Latin America, like other countries seeking to establish the role of Advanced Practice

Nurse in different health care settings, it is important to recognize these actions of the nursing professional to advance in the implementation in the local context, with a clear definition of the role and functions for accreditation of their professional practice.⁵

To achieve positive results in the promotion, health recovery and prevention of diseases and illnesses, in face of the growing needs of patients, families and the community arising from facing the demands of the health context, the implementation of APN actions is already underway in the Brazilian context.⁶

In this scope, nursing academic works and articles have been published to make APN visible and to strengthen it in Brazil, but incipiently. There is still conceptual confusion of APN, a fact that hinders the understanding of nurses' actions in Brazil, as pointed out in the study by Olímpio et al. (2018), in which the use of the term APN is made interchangeably with other similar concepts, such as Advanced Practice Nursing and Advanced Practice Nurse, a fact that contributes to the problem of several functions and may represent another barrier to its implementation, especially in non-English-speaking countries.⁷

Studies show that the implementation of the APN has been occurring gradually and there are articulations aiming to regulate the APN in Latin America through strategic and priority plans. However, there is much to discuss and collaborate on the subject considering that the performance of the Advanced Practice Nurse can have a positive impact on health systems and politically guarantee the definition of advanced practice roles in the professional category.⁸

It is understood that Brazil presents favorable conditions for the development of the role of advanced practice, as it already presents foundations for the regulation of the practice, especially through Law No. 7498/1986, which regulates the exercise of the nursing profession.⁹

The discussion about the incorporation of advanced practice nurses in Brazil and Latin America, began in 2013, with the launch by the Pan American Health Organization (PAHO) of the resolution Human Resources for Health: expanding access to qualified health professionals in health systems based on Primary Health Care (PHC), which advocated increasing the number of advanced practice nurses in Latin America, aiming to increase access to health services and universal coverage to meet the health needs of the population.¹⁰

In 2014, the PAHO Executive Committee proposed a Strategic Plan for Universal Health Coverage, with a focus on quality of services, encouraging the Ministries of Health of Latin American countries to train human resources trained to work in PHC, introduce new profiles of professionals and technicians and strengthen existing ones, consolidating multidisciplinary and collaborative teams.¹¹

In Brazil, the Federal Council of Nursing (COFEN- in Portuguese), in partnership with PAHO, since 2015, has promoted discussions related to the APN aimed at its implementation in the context of primary health care. Such discussions are based on the Canadian and American models and aim to increase the scope of nurses' practice and their reactivity, expanding access and coverage to the population's health.¹² For these authors, the implementation of the APN assumes of expanding the possibilities of nursing practice and developing its clinical practice, resulting in greater access to health services.

Thus, nursing clinical practice will not reproduce the biomedical model by performing "pseudo medical consultations" of individual and curative character, or will be responsible only for activities focused on service organization and supervision.¹³

In May 2016, at a meeting held between the Federal Council of Nursing (COFEN), the Brazilian Association of Nursing (ABEn -in Portuguese), the Coordination for the Improvement of Higher Education Personnel (CAPES), and the Ministry of Health (MS), there was a pact for the implementation of advanced practices in Brazil.¹⁴

The Federal Council of Nursing (COFEN) sees the APN as a powerful force for the health system and recognizes the need for its implementation as soon as possible.¹⁵ Thus, it is important that Higher Education Institutions (HEIs) also heed this call since they are protagonists in the education of nurses and nursing graduate students.¹⁶

Now, it is known the creation of the Commission of Advanced Practice in Nursing - CPAE, defined by Portaria COFEN nº1288 of 2021 (COFEN Ordinance No. 1288 of 2021). It is understood in this creation the interface with the purpose shared by the ICN and WHO/PAHO for implementation of the APN by the countries, which represents an advance in Brazil.¹⁷

Therefore, mapping these actions of advanced practice nursing, will contribute to the advancement of Brazilian discussions, for the implementation of this practice in the territory, since the International Council of Nurses (2021)¹⁸ in the 11th Conference of the NP/APN Network of the International Council of Nurses (ICN): Envisioning Advanced Practice Nursing Beyond 2020: Wider Reach, Bigger Impact, mentions that advanced practice nursing is one of the fastest growing healthcare professions in the world, and may include clinical nurse specialists, nurse practitioners, obstetric nurses, and nurse anesthetists.

Advanced practice nursing is an essential element in the development and updating of health care systems to provide better quality care for lower costs, increasing access to primary care, especially in remote regions.¹⁸

Thus, advanced practice nursing is necessary for the expansion of the population's access to health services to increase the coverage and autonomy of nurses, changing their competence profile to allow them to act in different population groups and vulnerabilities such as people with chronic diseases, children, pregnant women, and the elderly.¹⁹

Bringing to light these APN actions, in question, in Brazil, will strengthen the legislative bodies of our country, contributing to the expansion of the scope of professional practice, through the translation of knowledge into interventions that aim at the quality and resoluteness of nursing actions, providing the accreditation of nurses for APN, as well as contributing to the awakening and sensitization of training bodies.

OBJECTIVE

Map the implemented actions of Advanced Practice Nursing in the Brazilian context.

METHOD

The study was designed according to the Joanna Briggs Institute (JBI) guidelines for scoping review²⁰ and, for the quality and transparency of the writing of this article, the guidelines contained in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)²¹ checklist were followed. The protocol was registered in the Research and data management software for open science (OSF) platform.²²

To initiate, the review question structured by the mnemonic strategy PCC (Population,

Concept, and Context) was established for the development of the research guiding question and the literature search.²⁰ Thus, we aimed to identify evidence of nursing actions (Population), in Advanced Nursing Practice (Concept) in the Brazilian context (Context). The contexts of interest were any settings related to advanced nursing practice. The question that guided this scoping review: "What actions of advanced nursing practice are evidenced in the Brazilian context?"

Eligibility Criteria

The eligibility criteria followed the structure of the acronym PCC. A preliminary search in the Pubmed database (US National Library of Medicine) was conducted to identify the keywords and descriptors most used in the indexation of studies on the theme of Advanced Practice Actions in Brazil.

The search strategy used was adapted to the specific needs of the theme, using only the descriptor "advanced practice nursing", due to the incipient literature. The databases consulted for this review were: Web of Science, Scopus, Cochrane Library, PubMed. Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Excerpta Medica Database (EMBASE). The term APN was used as the unit in our decision. However, if we added another descriptor, we would have retrieved little on the subject, considering the current stage of advanced practice in Brazil, so as not to contribute to training, practice and research.

Included were primary or secondary studies that addressed APN in the Brazilian context, regardless of the type of design. The languages included in this review were Portuguese, English and Spanish. There was no time cut because it is still an incipient theme in Brazil. The excluded studies were those related to the regular practice of nurses and that did not comprise the scope of the study, as well as publication types such as editorials, case studies, abstracts of conferences and book chapters, letters to the editor, comments, and the like.

Data Collection

To ensure the quality and transparency of the writing, we used the PRISMA-ScR tool with its checklist and flowchart.²³ Studies that dealt with the actions of advanced nursing practices in the Brazilian context were included, regardless of the design, year of publication and language of the articles.

For data collection, the following databases were searched: Latin American and Caribbean Literature on Health Sciences (LILACS), Web of Science, Scopus, Cochrane Library, PubMed (Medical Literature Analysis and Retrieval System Online- MEDLINE). Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Excerpta Medica Database (EMBASE). In the gray literature search, one reference was found that was not included as it did not deal with APN actions specifically. The articles found were exported to EndNote, where duplicate articles were excluded. Next, the articles were exported to the Rayyan software, where the selection steps of the studies took place. The first step consisted of reading the titles and abstracts of the articles, considering the eligibility criteria and the guiding question of this review. In the second step, the articles were read in their entirety to select the final sample.

The process to select the studies and extract the evidence from the retrieved articles was developed in a double-independent manner. Both the database search, selection by title

and abstract, and full-text reading of the articles were performed by two independent reviewers, and disagreements were resolved by a third reviewer.

The reviewers were trained in the use of EndNote and Rayyan software. The first, a reference manager, removed duplicate articles. The remaining articles were reported to the software Rayyan, (Intelligent Systematic Review) which allows greater speed at the time of selection and allows blind review. The articles passed through this stage were read in full by the reviewers.

The data extraction was done using a form built by the authors based on the recommendations of the JBI Manual for Evidence Synthesis²⁰. The extracted data were organized in a synoptic table containing the following information: title, author/full reference, database, year of publication, country, journal that was published, training of the professional nurse, study objective, design and approach, study setting (PHC, hospital, outpatient clinic), study population and sample, inclusion and exclusion criteria, advanced nursing practice actions, competencies for advanced nursing practice in the dimensions of management ,clinical, research ,leadership and education; use of nursing theories (major and middle range); use of the nursing process; standardized language systems (NANDA-I, NIC, NOC and ICNP); gaps and limitations of the study; implications for nursing clinical practice; main conclusions; main suggestions and/or innovations.

This form was reviewed and discussed by the two reviewers before starting the reading of the full articles and data extraction. In addition, the reviewers were trained by means of a sample article to ensure cohesion in interpreting the variables and filling out the form. There were no disagreements and no changes in the form. If disagreement occurred, a third party was asked to give an opinion. No critical evaluation of individual sources of evidence of the retrieved articles was performed, because this type of review does not require such evaluation.²⁰

Data analysis and processing

For data manipulation and synthesis, based on the data extracted from the selected articles, a content and frequency analysis of each piece of data was performed in order to relate the guiding question of the research to the data presented, from a profile of the selected articles. A comparative analysis of the studies included was performed in order to identify, through convergence and divergence of the findings, possible gaps in knowledge in the area.²⁴

RESULTS

The search strategies allowed retrieving 1319 articles, 148 of which were replicates. The titles and abstracts were read and analyzed to choose the articles relevant to the guiding question of this research, resulting in the selection of 71 articles. From these, after reading the full text, 23 articles were selected that specifically dealt with the actions of advanced nursing practices in the Brazilian scenario. Figure 1 represents the flow of analyses.

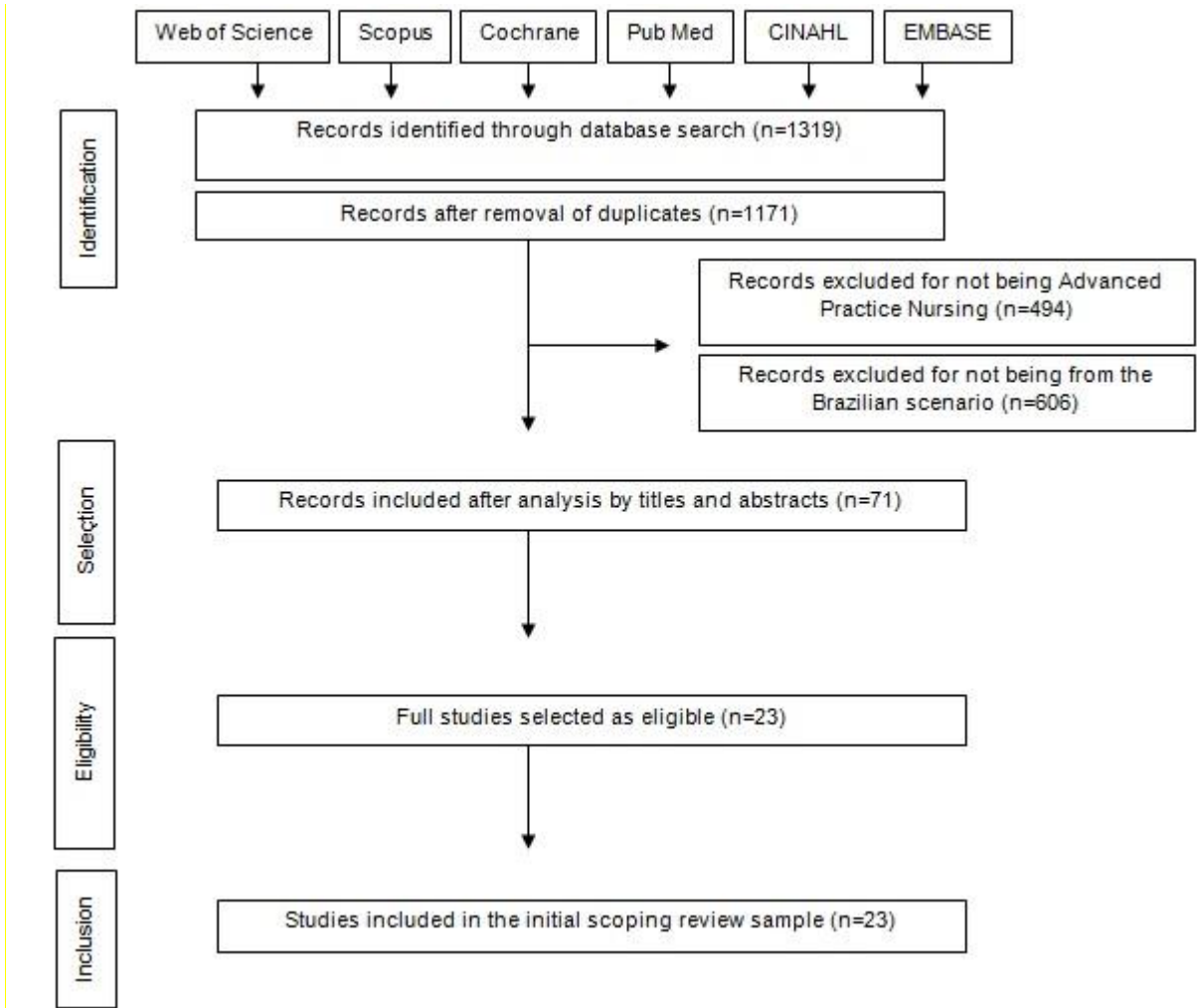


Figure 1. Flowchart according to PRISMA Extension for Scoping Reviews (PRISMA ScR)²³ - Itajubá, MG, Brazil, 2022.

Characterization of the studies

As for the characterization of the studies, 23 studies included in the review were published between the years 2013 and 2021, with the year 2018 having the highest number of productions (7; 30.41%), employing the methodological approach, mostly of the quantitative type (5; 21.74%), qualitative (5; 21.74%) and review (5; 21.74%), published mainly in Acta Paulista De Enfermagem (5; 21.74%), Revista Latino Americana de Enfermagem (5; 21.74%) and Revista Brasileira de Enfermagem (5; 21.74%). Regarding the research scenarios of advanced nursing practices in Brazil, it was found that most studies were developed in the context of primary care (6; 42.88%) (Table 1)

Table 1 - Results related to the year of publication, place of study development, methodologies/designs, and journals of publication. Itajubá, Minas Gerais, Brazil, 2022. (n=23).

Variables	Studies Number		Percentage (%)
Year of publication			
2018	07		30.41
2019, 2015	04*		17.40*
2021	03		13.04
2020	02		8.70
2017, 2016, 2013	01*		4.35

Total	23	100
Methodology		
Quantitative	05	21.74
Qualitative	05	21.74
Review	05	21.74
Experience report	03	13.04
Documentary research	02	8.70
Editorial	02	8.70
Multimethod study	01	4.35
Total	23	100%
Publication Journals		
Acta Paulista of Nursing	05	21.74
Latin American Journal of Nursing	05	21.74
Brazilian Journal of Nursing	05	21.74
USP Nursing School Journal	02	8.70
Enfermagem em Foco, Human Resources for Health, Investigação em Enfermagem, Nurse Education Today, Revista Baiana de Enfermagem, Revista da Escola de Enfermagem Anna Nery	01*	4.35%*
Investigation Scenarios**		
Primary Health Care	06	42.88
Faculty/University	02	14.28
Various fields of action	02	14.28
Students (Residency or professional master's degree in Primary Care Nursing)	01	7.14
Maternity, Pediatric Oncology, Outpatient Service	01*	7.14*
Total	14	100%

*value for each variable.

** the scenarios are related to the original research, for a total of 14 studies.

Advanced Practice Actions in Nursing

As for the APN actions, the studies revealed that the most evidenced action refers to the prescription of medications, according to Chart 1, below.

Chart 1. Actions of advanced nursing practices (prescriptions; performing USG; medical diagnosis; injuries; lactation consultants; more complex decision-making). Itajubá, Minas Gerais, Brazil, 2022 (n=23).

APN Actions	Quantitative studies
Prescription of medicines; Prescription of medicine according to municipal decree; Prescription of allopathic medicines. Significant autonomy and legality in prescribing medicinal plants. Administration of medicines in situations restricted by Regulation. Prescription of medicines approved in public health programs. Prescription of medicines such as penicillin ^{13,24-35} .	13
Requesting exams; requesting complementary exams; requesting medical exams ^{24-25,31-32,34} .	07
Referral of clients/patients to other services and/or professionals ^{24,28,31,34-35,37} .	06
Advanced assessment, judgment, decision making, and diagnostic reasoning skills (Diagnose); Advanced clinical evaluation ^{24-25,31,38}	05
Ability to integrate research (evidence-based practice); education, leadership, and clinical management ^{13,24,31,37,36} .	04
Prescription of therapeutic treatments ^{24-25,31,37} .	3
Prescription of diagnostic tests ^{24,31} .	02
Plan, coordinate, implement and evaluate actions to improve health services at an advanced level ²⁴ .	01
Case set management on an advanced level ²⁴ .	01
Autonomy, leadership, teamwork, and conflict management skills ³⁹ .	01
Request for devices ³¹	01
Suture ²⁸ .	01
Drainage of abscess ²⁸ .	01
Intraosseous drug administration ²⁹ .	01
Supraglottic airway management ²⁹ .	01
Telemedicine under protocols ²⁹ .	01

Implications for clinical practice in nursing

The implications for nursing clinical practice were also mapped, in which the studies showed that as the APN is implemented, nurses have greater autonomy, contributing greatly to universal access to health, as shown in Chart 2.

Chart 2. Implications for clinical practice in nursing with the implementation of Advanced Practice Nursing. Itajubá, Minas Gerais, Brazil, 2022 (n=23).

Implications for clinical nursing practice with the implementation of the APN
Contribute to inequity in the distribution of health professionals across geographic regions ²⁵ .
Improve the quality of care, increase health coverage, and decrease health care costs ^{25,31} .
Promote the development and improvement of professional communication, as well as communication between nurses and patients, from the prescription of medications ²⁶ .
Promote obstetric nurse autonomy for prenatal, delivery, and puerperium care ³⁷ .
Influence positively the responses of their patients and families to the care provided in different situations, as well as improve the processes that make up the system of care ⁴⁰ .
Provide care security to the areas that still need to be covered, as well as, to the areas that experience unavailability of physicians, ensuring timely access ²⁹ .
Provide benefits to the emergency patient and the health care system, with safer care, more appropriate referrals and possibly better health outcomes ²⁹ .
Expand the evaluation capacity and enable the use of medications and procedures under protocols and medical regulation with the help of telemedicine ²⁹ .

DISCUSSION

The extent of available evidence mapped in this scoping review showed that the APN in Brazil is still incipient, verifying a leap in Brazilian scientific production on the theme from the year 2018. It is believed that this increase in scientific production stems from the movement held in 2015 by representatives of COFEN (in Portuguese) and ABEN (in Portuguese) meeting at the headquarters of PAHO to discuss prospects for the APN in the Brazilian context. Also in this year, discussions for implementation in PHC began in Brazil.³⁸

It is noteworthy that this movement of discussions for implementation of advanced practices in PHC directly impacted the scenarios investigated by the studies included in this review, observing primary care as the most prevalent setting in the original studies. Such scenario emerges as a strong point of favorable action for APN in Brazil, especially the Family Health Strategy (FHS), which presents less professional competition, in addition to the existence of nursing residency programs.³¹

Research emphasizes that the shortage of physicians in this level of care threatens the population's access to resolute and high-quality care, considering a health model still centered on this professional.²⁸ Thus, nurses working in the PHC context could act with the purpose of expanded practice in favor of increasing access to primary level services by the population and to achieve universal health coverage.¹⁰

A study conducted by Pierantoni, Girardi⁴¹ (2017), with a sample of more than 2,500 nurses working in PHC revealed that these professionals knew how to perform more activities than those they performed in their workplace. The reasons for their limited work practice were the lack of municipal clinical protocols and/or the existence of restrictive measures by the professional council. Those professionals who performed exclusive medical activities - abscess drainage (30%), sutures (5%) and local anesthesia (6%) - did so because there were not enough physicians in the units or because the physicians did not have the technical skills to perform them.⁴²⁻⁴³

It is also pointed out that the implementation of APN in PHC has been adopted for more than fifty years in countries like Canada and the United States of America (USA), and it has been undoubtedly offering a wide access to the health service and contributing to reduce waiting lines, promoting universal coverage, thus being evaluated as positive for both users and the service, as well as for professionals.⁴⁴

On the other hand, it is important to highlight that studies have shown that the possibilities of applying the APN concept are wide, and the emergency area is one of the future directions.²⁹ The incorporation of nurses trained and skilled in pre-hospital care (PHC) has the potential to qualify the model and provide care safety to areas that still need to be covered, as well as those that experience the unavailability of physicians and/or the exclusive presence of Basic Life Support (BLS), ensuring timely access. Additionally, the presence of nurses expands the assessment capacity and allows the use of medications and procedures under protocols and medical regulation with the aid of telemedicine, providing benefits to the patient in an emergency and to the health system, through safer care, more appropriate referrals, and possibly better health outcomes.²⁹

Although the importance of the APN for the Brazilian health system has been observed, it is important to mention the lack of understanding of this role by the nursing professionals themselves, by political entities and by other health professionals. Therefore, it is of utmost importance that studies disseminate information about the actions performed by these professionals.

Therefore, through this mapping, it was possible to verify in the literature the advanced practice actions performed by Brazilian nurses, highlighting the action of prescribing medications, which was discussed by 13 studies included in the sample.^{13, 24-35}

The authority to prescribe drugs contributes to the expansion of the nurse's autonomy and is among the characteristics of advanced practice nurses.⁴⁵ As the ICN points out, this activity is valid for any medication that requires prescription by an authorized supplier, regardless of medical control. Attention should be drawn to the fact that prescribing over-the-counter medications or devices is not considered an advanced clinical activity.⁴⁶

The study emphasizes that nursing prescribing has grown significantly in the global scenario over the last decade, mainly due to efforts from important leaders and substantial

legislative and policy reforms that have encouraged and supported nurses to assume prescribing roles in both acute care and community health settings. Consequently, the role of nursing in medication management is currently undergoing a major transformation.²⁶

In the national scenario, the nurse's autonomy to prescribe drugs, widely reaffirmed by the nursing entities, is in line with the expansion of prescriptive autonomy that has been affirmed in the Primary Care protocols adopted by the MH.³²

It is worth emphasizing the advance in drug prescription by PHC nurses with the inclusion of herbal medicines (and specifying the aspects of handling and use)⁴⁸. However, the prescription of herbal medicines by nurses with extra training and credentials also follows the norms established by the Ministry of Health and can only be done if it is in accordance with the therapeutic protocol defined by the Municipal Health Secretariats, as well as by the clinics.⁴⁸

From this perspective, it is noteworthy that Brazil has been following the trend of several countries, such as the United Kingdom, where the nurses with the greatest prescriptive powers in the world are located, since they perform this practice independently for any health condition, including controlled drugs, within the scope of their clinical competence.⁴⁹

On the other hand, it is worth pointing out that this activity still has several challenges to overcome, such as: guarantee of professional aptitude, reliability, acceptability, and respectability of the clients in their professional environment by other health professionals.²⁶. Research highlights those strategies such as Continuing Education; the institution of matrix teams of reference to support the nurse prescriber; and resources of the Telehealth Program are tools to support the prescriptive practice of nurses, solidifying their practice.³²

Another advanced practice activity that was evidenced by the studies refers to the act of requesting exams.^{24-25, 28, 31-32, 34-36}

According to the ICN, the EPA should have autonomy to order medical tests and devices, including the request for laboratory tests, diagnostic imaging, or dis-positives that require official orders. However, requests for specific nursing-related tests are not considered advanced clinical activities⁴⁸. Research indicates that the laboratory tests most often requested by PHC nurses are those related to prenatal care and treatment of diabetes and hypertension.^{42-43, 50-52}

In addition to such activities, the studies pointed out the advanced skills of assessment, judgment, decision making and diagnostic reasoning as fundamental actions to help the development of advanced practices. It is noteworthy that these skills drive the nursing process, which is the guiding axis for clinical practice, teaching, and management and, consequently, for advanced practices.^{24, 25, 31, 35, 38}

According to Olímpio et al.⁷ (2018), for the execution of the advanced nursing process, some conditions are necessary, namely: educational preparation at an advanced level; integration and research, teaching, practice, and management; high degree of professional autonomy; advanced assessment; and diagnostic and decision-making skills.

The nursing process is the exclusive technological resource of Nursing and that it needs to be a decision-making process based on scientific evidence, since the use of research results by nurses favors a rupture with non-systematized practices, anchored by reproduction or tradition.⁵³ Additionally, this study highlights that for the execution of advanced practices, it

is necessary that nurses' clinical practice is permeated by decision making directed by the specificities of people and determined by evidence-based practice (EBP), seeking to prioritize data collection supported by nursing theories and directed to self-care actions and self-care deficits.

Therefore, it is considered that APN nurses should possess skills that complement clinical competencies. Such characteristics are shaped by advanced training, achieved through master's-level graduate programs.²⁵ The understanding of advanced nursing practice as a step to its implementation in Brazil.⁵⁴⁻⁵⁵

Regarding the implications for nursing clinical practice with the implementation of the APN, it was observed that the studies emphasized, above all, the ability to improve the quality of care, increase health coverage and reduce health costs. These findings are in line with several review studies conducted on the subject.^{16,25,31,5} It is also noteworthy that the articles analyzed pointed out that the APN is closely related to the positive impact on patients with the effectiveness of care, increased quality of life, and increased satisfaction of users.⁵⁶⁻⁵⁸

Moreover, the findings corroborate other research when they highlight that training nurses in APN allows the professional an innovative, autonomous and resolute look.⁵⁹

As limitations of the study, despite the efforts to develop a comprehensive search strategy, this study needed to use only one descriptor, because as the descriptors were combined, the number of retrievals from the databases became increasingly restricted. Moreover, despite the advance in research on advanced nursing practices, there are still limitations that stem from the lack of studies with a high level of evidence, such as randomized clinical trials, systematic reviews with meta-analysis to evaluate the effectiveness of these practices.

CONCLUSION

This scoping review showed that the topic of APN actions is still incipient due to the stage of implementation in Brazil. The evidence about APN sustains that the prescription of medications by nurses is the most frequent in the context, confirming the PHC scenario as the most prevalent, emerging as a strong scenario for APN in the country. It is noteworthy that this action, as well as the request for exams and referral of patients to other services, by this review allowed to clarify, that are permeated by advanced skills of evaluation, judgment, decision making and diagnostic reasoning, which lead to the advanced nursing process, guiding axis of clinical practice, as in teaching and management.

Bringing to light this theme allowed the dimensioning of the path that we need to walk in Brazilian nursing to align the APN actions according to international guidelines.

The results evidenced herein deserve the attention of legislators and higher education institutions so that this challenge may be overcome and that there may be progress in the actions and competencies for the Brazilian APN.

As a suggestion for future studies, it is evident the need to investigate the role and actions of advanced practice by nurses, the curricular training in undergraduate and graduate courses directed to this theme, in addition to the dissemination of such practice among the multidisciplinary team.

CONTRIBUTIONS

All authors participated in the planning and design of the activities, interpretation of the results, writing, reviewing of successive versions, and approval of the final version.

CONFLICTING INTERESTS

Nothing to declare.

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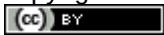
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