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ORIGINAL

Advanced Practice Nursing in the Americas: Challenges, Advances, and Regional Projections

La Enfermería en Práctica Avanzada en las Américas: Retos, Avances y Proyecciones Regionales

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ABSTRACT

Advanced Practice Nursing (APN) has emerged as a strategic response to the growing demands of healthcare systems, particularly following the crisis caused by the pandemic. This model proposes an expanded role for nursing professionals by incorporating advanced clinical competencies, leadership, complex decision-making, and preventive care, with the aim of strengthening primary health care and ensuring equitable coverage. Through a theoretical and reflective approach, this study analyzes the evolution and current state of APN across various countries in the Americas. Canada and the United States are highlighted as leading examples, having established legal, educational, and institutional frameworks that allow nurses to practice autonomously. In contrast, countries such as Brazil, Mexico, and Chile show uneven progress and face challenges related to the lack of clear regulations, insufficient advanced clinical training, and resistance from some sectors of the medical community. Despite these contextual differences, there is a growing regional interest in consolidating this professional role through structural reforms, academic partnerships, and employment integration strategies. The study concludes that the effective development of APN in Latin America requires political will, investment in higher education, strengthened nursing leadership, and the creation of inclusive public policies. APN not only addresses the shortage of medical personnel but also promotes a more just, accessible, and effective model of care, with significant impact on vulnerable communities and fragmented healthcare systems.

Keywords: Advanced nursing; primary care; specialized training; professional autonomy.

RESUMEN

La Enfermería en Práctica Avanzada (EPA) ha emergido como una respuesta estratégica ante las crecientes demandas del sistema sanitario, especialmente tras la crisis generada por la pandemia. Este modelo propone una ampliación del rol tradicional del profesional de enfermería, incorporando competencias clínicas avanzadas, liderazgo, toma de decisiones complejas y atención centrada en la prevención, con el objetivo de fortalecer la atención primaria y garantizar una cobertura equitativa. A través de un enfoque teórico y reflexivo, este estudio analiza la evolución y estado actual de la EPA en diversos países del continente americano. Se destacan los casos de Canadá y Estados Unidos como referentes por haber consolidado marcos legales, educativos e institucionales que permiten a las enfermeras ejercer con autonomía. En contraste, naciones como Brasil, México y Chile presentan avances desiguales y enfrentan obstáculos vinculados a la falta de normativas claras, escasa formación clínica avanzada y resistencia de algunos sectores médicos. A pesar de las diferencias contextuales, se evidencia un interés regional por consolidar esta figura profesional mediante reformas estructurales, alianzas académicas y estrategias de inserción laboral. Se concluye que el desarrollo efectivo de la EPA en América Latina requiere voluntad política, inversión en educación superior, fortalecimiento del liderazgo enfermero y generación de políticas públicas inclusivas. La EPA no solo responde a un déficit de personal médico, sino que promueve un modelo de cuidado más justo, accesible y resolutivo, con alto impacto en comunidades vulnerables y sistemas de salud fragmentados.

Palabras clave: Enfermería avanzada; atención primaria; formación especializada; autonomía profesional.

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INTRODUCTION

The global reconfiguration of health systems, particularly following the impact of the COVID-19 pandemic, has forced international organizations to rethink traditional approaches to the role of nursing staff at different levels of care. In this regard, the World Health Organization notes that this health crisis not only revealed structural weaknesses in health systems but also highlighted the urgent need to redefine professional profiles by promoting greater autonomy and specialization among nursing staff [1].

Accordingly, the growing demand for services at the first level of care has highlighted the importance of reorganizing healthcare provision according to principles of efficiency, effectiveness, and equity. From this perspective, Hamric et al. [2] and Schober [3] emphasize that Advanced Practice Nursing (APN) is a key strategy for responding to emerging public health needs by strengthening clinical competencies, leadership in decision-making, and active participation in care management.

However, despite advances observed in developed countries, where EPA has been institutionalized through robust regulatory frameworks, its implementation in developing countries remains limited. According to Maier et al. [4] and Zug et al. [5], this situation results from multiple barriers, including deficiencies in academic training, restrictive regulatory structures, and persistent conservative cultural perceptions that limit the expansion of the professional role of nursing.

These difficulties are compounded by professional imaginaries that continue to position nursing in a subordinate role relative to other health disciplines. Cassiani and Zug [6] and Delamaire and Lafortune [7] argue that this perception generates resistance to the recognition of advanced competencies, particularly from some medical sectors, hindering the consolidation of EPA as an innovative model capable of strengthening health systems, expanding universal coverage, and improving the quality of care.

From a public health perspective, scientific evidence supports the positive impact of EPA on health systems. Indeed, systematic reviews such as those by Laurant et al. [8], Swan et al. [9], and Woo et al. [10] demonstrate that the participation of advanced practice nurses contributes significantly to improving the quality and continuity of care and the resolution of health problems, especially in primary care.

In this context, this article aims to analyze the current status of Advanced Practice Nursing in settings where it has been implemented and to explore the challenges and opportunities that countries in the region face in advancing its adoption. As noted by Kilpatrick et al. [11] and Htay and Whitehead [12], it is essential to strengthen public policies, professional training, and regulatory frameworks to ensure the effective and sustainable implementation of this care model.

METHODS

This study adopts a theoretical-analytical and reflective approach, whose main objective is to examine the development and implementation of Advanced Practice Nursing (APN) in the countries of the American continent. To this end, a qualitative methodology based on a critical review of specialized scientific literature was used, enabling the construction of a comprehensive and comparative perspective on the subject.

The methodological strategy was guided by a dialogic method based on the interpretive analysis of academic texts, institutional documents, and technical reports related to professional nursing development. This review was not limited to strict systematization; rather, it focused on identifying trends, successful experiences, institutional barriers, and regulatory frameworks related to EPA, considering both the historical evolution and the current state of its implementation in different countries.

The documentary corpus was intentionally selected from scientific databases such as SCIELO, LILACS, and REDALYC, prioritizing articles published between 2018 and 2024. Inclusion criteria considered texts that addressed specific experiences of EPA, legislative frameworks, advances in academic training, and institutional strategies adopted in Canada, the United States, Brazil, Mexico, Chile, and other Latin American countries. The keywords used in the search were “advanced practice nursing,” “primary care,” “professional autonomy,” and “specialized training.”

The analysis was conducted in 3 stages. First, the EPA concept, its origin, and its evolution at the international level were theoretically contextualized. Then, the main implementation models were identified, using representative cases in North America, Central America, and South America as references. Finally, the facilitating factors and obstacles that persist in consolidating

this professional role in the region were addressed.

Through this methodological approach, we sought to understand the institutional, political, and educational dynamics that shape the advancement of EPA, allowing for critical reflection on the conditions necessary for its strengthening and integration within the health systems of developing countries. This methodology was especially useful for establishing comparisons and highlighting common and divergent elements across the different contexts analyzed.

RESULTS

The analysis conducted reveals uneven progress in the implementation of Advanced Practice Nursing (APN) in the countries of the Americas. Although in some nations the model has become consolidated as an essential part of the health system, in others its development is at an initial stage or faces multiple structural, educational, and regulatory obstacles.

In North America, particularly in Canada and the United States, the greatest achievements have been recorded in the incorporation of EPA. Canada has created clinics led exclusively by advanced practice nurses, supported by public policies, postgraduate educational programs, and organizational structures that guarantee their autonomy in primary care. In the United States, the legal recognition of the advanced practice nurse role has allowed these professionals in several states to practice with full clinical independence, performing functions ranging from primary care to specialty care in gynecology, anesthesia, and chronic diseases; evidence on full practice authority and workforce outcomes supports this evolution [13], as do studies on the quality and effectiveness of care provided by nurse practitioners [14].

In Brazil, policies have been established that support the integration of EPA into the public health system, with notable momentum from professional and academic organizations. Nevertheless, challenges persist related to the need to consolidate more robust training programs, with a significant practical workload and oriented toward community realities. Mapping studies of advanced practice activities in the Family Health Strategy [15] and works on the training pillar for the Brazilian proposal [16] document these advances and needs. Efforts to strengthen research and the regulation of medication prescribing by nurses were also identified, although these processes still require greater institutional development.

Mexico and Chile show important advances in the academic sphere and postgraduate training. Mexico has developed master's programs and specialized clinics operated by nurses with advanced competencies, while in Chile a master's degree in oncology with a focus on advanced practice has been created. A comparison of advanced practice roles in Mexico [17] and the implementation strategy proposed for primary care in Chile [18] show concrete progress, although both countries face legal limitations and difficulties in consolidating the EPA role within their regulatory frameworks and public health systems. In the Chilean case, furthermore, limited labor market insertion of professionals trained under this model was identified.

The analysis also revealed that developing countries face common challenges that hinder the effective implementation of EPA, including the lack of specific legislation that recognizes and regulates its practice; resistance from some medical sectors to the professional autonomy of nursing staff; and weaknesses in postgraduate academic training, especially in clinical practice and leadership. These challenges are consistent with international guidelines for advanced practice nursing, which emphasize the need for clear frameworks for education, regulation, and scope of practice [19]. Likewise, there is an urgent need to promote interinstitutional strategies that foster social recognition of the expanded role of nurses, especially in rural and marginalized communities.

In general terms, EPA presents as a viable and necessary alternative to strengthen health systems in the Americas, especially in the face of the shortage of human resources in hard-to-reach areas. However, its consolidation requires profound structural transformations, including the updating of legal frameworks, investment in higher education, and building consensus among health sector professionals.

DISCUSSION

The results obtained allow for reflection on the strategic role played by Advanced Practice Nursing (EPA) in the transformation of health systems in the Americas. In contexts where inequalities in access to health services persist and where human resources are limited, the EPA role is positioned as an effective response to expand coverage, guarantee continuity of care, and

strengthen preventive approaches, especially in primary care. In this sense, the substitution or complementarity of roles between physicians and nurses in primary care has shown favorable results in systematic reviews [20].

The comparative analysis shows that the successful implementation of EPA requires complex structural conditions that include clear regulatory frameworks, specialized training programs, institutional support, and social recognition of the expanded role of nursing. In this sense, Canada and the United States have established sustainable models through a synergy between legislation, education, and clinical practice, which has granted nursing professionals functional autonomy and active participation in the design of public health policies.

In contrast, in developing countries such as Mexico, Brazil, and Chile, although there are significant advances in academic terms and political intent, legal gaps, cultural resistance, and limitations in educational infrastructure persist. The lack of a clear definition of the EPA role and insufficient coordination between health systems and universities hinder its full integration into the clinical field. Additionally, resistance from some medical sectors to sharing competencies represents a challenge that transcends the technical and is embedded in institutionalized power dynamics. In Latin America, these tensions have also been addressed through conceptual discussion about what advanced practice nursing is and what it could become in the region [21].

A key aspect emerging from this study is the need to strengthen postgraduate training, oriented not only toward the acquisition of advanced clinical competencies but also toward skills in leadership, research, change management, and the promotion of equity. The experience of countries such as Brazil demonstrates that the development of EPA cannot be detached from a political agenda committed to public health, nor from the creation of spaces for interprofessional dialogue that favor complementarity between physicians and nurses.

Likewise, the evidence suggests that EPA has high potential to positively impact vulnerable, rural, or underserved communities by providing quality care through direct interventions, timely diagnosis, basic medication prescription, and health education. However, to consolidate these achievements, it is essential to design sustainable policies that guarantee labor incentives, professional regulation, and competency validation through national and international certification mechanisms.

In conclusion, the development of EPA in Latin America is in a stage of transition. Although advances are encouraging, a firmer commitment is required from governments, academic institutions, and professional bodies to overcome the challenges that hinder its consolidation. EPA not only represents an improvement in healthcare but also a profound transformation in the logic of care, based on professional autonomy, social justice, and the strengthening of the first level of care.

CONCLUSIONS

Advanced Practice Nursing (APN) has established itself as an effective strategy for improving the quality, equity, and coverage of health services in several countries across the Americas. Based on comparative analysis of contexts such as Canada, the United States, Brazil, Mexico, and Chile, it is evident that its successful development depends on multiple interrelated factors, among which the existence of solid regulatory frameworks, specialized training programs, institutional support, and professional recognition stands out. These elements have been fundamental in consolidating models in which nurses play an autonomous, comprehensive, and problem-solving role in healthcare, especially at the primary care level.

However, in much of Latin America, the implementation of EPA still faces significant structural, cultural, and legal barriers. Deficiencies in practical training, ambiguity in the definition of the professional role, weak coordination between health systems and educational institutions, and resistance from other actors in the health sector hinder its consolidation. Despite this, the advances achieved demonstrate a growing interest in transforming traditional care models into more inclusive, preventive, and sustainable ones.

The consolidation of EPA in the region requires sustained political and academic commitment that makes it possible to generate enabling conditions for its development. This includes continuing education policies, professional certification processes, the creation of specific regulations, and the strengthening of nursing leadership. In this context, EPA represents not only a technical alternative to the shortage of medical professionals but also a commitment to healthcare centered on people, the community, and social justice.

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