The Integration of Nurse Practitioners in Long-Term Care in Canada

By Faith Donald, NP-PHC, PhD, Ruth Martin Misene, RN, ND, Noori Akhtar-Daneshi, Ph.D, Kevin Brazil, Ph.D, Denise Bryant-Lukosius, RN, Ph.D, Nancy Carter, RN, Ph.D, Alba DiCensor, RN, Ph.D, Maureen Dobinson, RN, Ph.D, Carrie McAiney, Ph.D, Sharon Kaasalainen, RN, Ph.D, Jenny Ploeg, RN, Ph.D, Esther Sangster-Gormley, RN, Ph.D, Lori Schindel Martin, RN, Ph.D, Paul Stolee, Ph.D, Alan Taniguchi, MD.

THE ISSUE

In Canada, access to quality primary healthcare services for older adults living in long-term care (LTC) settings is declining. There is growing interest in the use of nurse practitioner (NP) roles to address this challenge. Despite evidence supporting their benefits in LTC, there are consistent reports about barriers to successful NP role integration reducing their ability to provide effective care to residents and creating problems with recruitment and retention.

THE PURPOSE

To examine the NP role in the Canadian long-term healthcare system and their influence on timely access to quality care for a growing population of elderly residents.

What did we do?

We conducted a two phase study that included a national survey of NPs, their administrators and directors of care and case studies interviewing NPs, managers, health care providers, physicians, family member and residents in LTC settings across Canada.

What did we find?

- More than 90% of NPs indicated they are working to their full scope of practice.
- NP activities include assessing residents, managing chronic and acute illness, collaborating with nursing staff, and communicating with families, residents and staff.
- NPs are accepted by the healthcare team, residents and families.
- NPs are satisfied with their roles and responsibilities, relationships with collaborative physicians and the resources and supports available to them.
- NPs are well integrated in their organizations and perceived by stakeholders to improve resident and family care.
- NPs provide valuable support to nursing staff to increase their capacity to admit and care for residents with more complex behavioural and physical challenges and needs.

Barriers to NP integration in LTC include:

- Insufficient funding
- Resistance from some physicians
- Lack of awareness of the NP role within LTC organizations and the general public

- Legislative restrictions to NP practice
- Limitations of NP education programs.

How will this research help?

NP practice in LTC is associated with enhanced quality of care for residents. The NP role can have a positive impact on primary care, geriatric assessment, education and communication among families, residents and staff.

What’s next?

To plan: 1) funding and human resource strategies to support the integration of NPs in LTC more broadly, 2) strategies to develop and disseminate public and healthcare provider information about the NP role in LTC, and 3) engagement of key stakeholders to identify gaps in care and health care priorities.

BOTTOM LINE?

The NP as part of the healthcare team improves the timeliness and quality of primary health care for residents and families in LTC. There is enough evidence demonstrating the positive impact of NPs in LTC to warrant investments to increase the numbers of NPs in this setting.

This research was supported by Canadian Institutes of Health Research, Partnerships in Health System Improvement; Nova Scotia Health Services Research Foundation; BC Ministry of Health, Nursing Directorate

1 Ryerson University, 2 Dalhousie University, 3 McMaster University, 4 University of Victoria, 5 University of Waterloo

FOR MORE INFORMATION:

Renee Charbonneau-Smith, Knowledge Exchange Specialist, Canadian Centre for APN Research
McMaster University, 1280 Main St. W., HSC 3N25, Hamilton, Ontario L8S 4K1
Phone: 905-525-9140, ext. 21286, Fax: 905-524-5199, email: charbon@mcmaster.ca