

# Roles, Research & Resilience:



ALBA  
DiCENSO  
RN, PhD

## THE EVOLUTION OF ADVANCED PRACTICE NURSING

**N**urse practitioners (NPs) and clinical nurse specialists (CNSs) have existed in Canada for about four decades. Despite abundant research demonstrating the effectiveness of these roles, their integration into the Canadian health-care system has not been fully realized.

Both NPs and CNSs are considered advanced practice nurses (APNs), defined as registered nurses who have acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice (International Council of Nurses Nurse Practitioner/Advanced Practice Nursing Network, 2005).

**Nurse practitioners.** NPs were first introduced in Canada in the 1960s; however, by the 1980s, most of the NP initiatives had disappeared due to a perceived oversupply of physicians in urban areas; lack of remuneration mechanisms; the absence of provincial/territorial legislation and regulation; little public awareness of the role; and weak support from policy-makers and other health professionals. With the health system renewal of the 1990s, many provinces and territories introduced education programs (post-baccalaureate certificate and graduate) and legislation to support the regulation of NPs (DiCenso et al., 2007).

In 1974, Spitzer et al. published a landmark Canadian study — the first randomized controlled trial to evaluate primary health care NPs (PHCNPs) working in a collaborative practice model. The study found no differences in physical, social and emotional function; quality of care; and satisfaction in patients allocated to the NP compared with those who saw the physicians only. Over a two-year period, the practice increased its patient roster by 41 per cent. By 1977, Dorothy Kergin, associate dean of nursing at McMaster University, and Spitzer had published nine papers on NPs in Canada.

In 2006, there were 1,300 licensed NPs in Canada (Canadian Institute for Health Information (CIHI), 2007). However, this figure does not include acute care NPs who are not licensed or those working in blended CNS/NP roles.

**Clinical nurse specialists.** CNSs have been part of the health-care landscape in Canada since the late 1960s



(Davies & Eng, 1995). Cutbacks in the 1980s and '90s led to the elimination of many CNS positions; however, with the increasing emphasis on quality care, these positions are being reintroduced. Canadian studies have described the pivotal role CNSs play in practice development and health systems improvement (Canam, 2005; Schreiber et al., 2005).

It is difficult to ascertain the exact numbers of CNSs in Canada because there is no title protection or standard credentialing mechanism. Based on self-reported data, there were 2,747 CNSs in Canada in 2004 (CIHI, 2005).

**Blended CNS/NP role.** Some APNs perform both the CNS and NP roles (Pinelli, 1997). Blended role models combine the skills of the NP and the in-depth specialty and systems

knowledge of CNSs. Results of a randomized controlled trial of the blended role in neonatology found no differences with respect to patient and system outcomes when compared to pediatric residents (Mitchell-DiCenso et al., 1996).

## ACHIEVEMENTS

Over the past 40 years, there have been major achievements in APN role development, integration and evaluation. NPs are now legislated in all 10 provinces and in both the Northwest Territories and Nunavut (Hass, 2006). In some jurisdictions, newly proposed legislation will require acute care NPs to pass a written examination to receive a license for diagnostic and prescriptive authority. Most education programs for PHCNPs in Canada are now at the graduate level, as are those for ACNPs and CNSs.

With the move to interprofessional care, APNs are playing important roles in new models of health-care delivery. In Ontario, for example, the Family Health Team (FHT) has been introduced as a primary health care model; 152 teams have been approved and 50 more planned. One of the requirements is that each team includes at least one NP. In British Columbia, NPs are being integrated into fee-for-service practices; until now this method of physician remuneration has been viewed as a barrier to NP integration. APNs are now delivering care in high-need settings such as long-term care facilities, public health, emergency departments and cancer centres. In Sudbury, Ont., the first of 25 provincially funded NP-led clinics is up and running.

Resources that have facilitated the implementation and evaluation of APN roles include the Implementation and Evaluation Toolkit for NPs in Canada, produced by the Canadian Nurse Practitioner Initiative (CNPI), and toolkits for CNS and NP integration, produced by the Winnipeg Regional



Health Authority. Bryant-Lukosius and DiCenso (2004) developed a nine-step framework designed to facilitate effective APN role implementation and meaningful role evaluations.

**Role of CNA.** CNA has been instrumental in promoting the development and integration of APN roles. In 2002 and most recently in 2008, the association produced a national framework for advanced nursing practice. From April 2004 to March 2006, CNA led and managed the CNPI, an \$8.9-million project funded by Health Canada's Primary Health Care Transition Fund, to develop a framework for the integration and sustainability of the NP role in Canada's health system. In 2005, CNA invited nursing leaders and experts to participate in a dialogue on advanced nursing practice to identify strategies for supporting the continued evolution of advanced nursing practice in Canada and to identify principles and strategies that could promote the smooth introduction of other APN roles. The CNA website houses a variety of position statements and other documents on advanced nursing practice.

In September 2008, CNA and the Canadian Association of Advanced Practice Nurses (CAAPN) co-hosted the ICN International NP/APN Network Conference. This event, attended by over 600 APNs from 31 countries, provided a rich opportunity to share learnings about APN practice, education and research.

## CHALLENGES

A review of the international literature identified six frequently reported barriers to the effective implementation of APN roles (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004):

- stakeholder confusion about APN terminology
- lack of clearly defined APN roles and goal expectations
- role emphasis on physician replacement or support
- underutilization of the full scope of APN role domains
- failure to address role implementation barriers
- limited use of evidence-based approaches to guide role development, implementation and evaluation.

Lloyd Jones (2005) conducted a systematic review of 14 studies reporting barriers to APN practice in hospital settings and concluded that relationships with other staff groups and role ambiguity are the most important factors influencing role implementation.

Additional challenges include lack of title protection and standard credentialing mechanism for CNSs, lack of specialty-based graduate education, inconsistency in educational requirements for NPs across jurisdictions, poor/inconsistent salaries, lack of bargaining power, insufficient mentorship for novice APNs, and lack of public awareness of APN roles. Because of the difficulties inherent in implementing the role, APNs need strong administrative support (Davies & Eng, 1995).

The potential for conflict between CNSs and NPs is real. In some provinces, NPs were introduced much later than CNSs. As a result, funding opportunities, changes in regulation and legislation, and heightening awareness of the NP role have sometimes come at the expense of the CNS role.

The integration of APN roles has been hampered by physician resistance, often related to perceived threats to medical scope of practice (CNA, 2006). As Hutchison (2008) notes: "the move toward collaborative and team-based approaches to care requires a culture shift that will be especially challenging for physicians who are accustomed to being the undisputed team leader. In an interdisciplinary environment, involvement of other professional and administrative staff in policy and management decisions is no longer discretionary" (pp. 13-14).

Over the past year, physician assistants (PAs) have been introduced into a number of provinces. Although APNs and PAs work collaboratively in the U.S., the concern in Canada is the motivation of the medical associations to promote the introduction of PAs. In a letter he sent earlier this year to family physicians, Dr. Jon Johnsen of the Ontario Medical Association Section of General and Family Practitioners suggested that PAs provide "true collaboration" and preserve the physician/patient relationship while NPs are being encouraged to work independently and their collaboration with physicians involves consultation rather than preserving the patient/physician relationship.

There will no doubt be substantial overlap in the roles of APNs and PAs and the likelihood for added confusion for members of the health-care team and for the public.

## NEW OPPORTUNITIES

Developments in the Canadian health-care system make me guardedly optimistic that APN roles will ultimately flourish. These developments include

- the recent emphasis on interprofessional practice and education

- greater openness among physicians to collaborate with team members
- public demand for increased access to care and reduced wait times for services
- public acceptance of APNs
- increased demands for service related to the aging population, chronic illnesses (e.g., cancer, arthritis, diabetes, heart disease), and mental health problems
- emphasis on systematic, well-planned implementation of APN roles
- coordinated health human resources planning to more accurately determine the number of APNs needed
- development of successful strategies for integrating NPs into fee-for-service physician practices
- enabling legislation and regulations that include broad scope of practice for APNs
- recognition of the importance of organizational and administrative support for the APN role
- development of new APN roles (e.g., nurse anesthetist)
- strong focus on evidence-based practice
- government commitment to creation of APN roles
- a commitment on the part of the nursing profession to support and strengthen collaboration among CNSs and NPs.

I currently lead a decision support synthesis, funded by the Canadian Health Services Research Foundation and the Office of Nursing Policy in Health Canada, to develop evidence-informed recommendations for the individual, organizational and system supports that are required to better integrate APN roles into the Canadian health-care system and to facilitate collaboration between CNSs and NPs.

Despite the achievements I've noted, the substantial body of research evidence demonstrating their safety and effectiveness, and their long history in Canada, APN roles have not yet fully matured. Although progress has often been "two steps forward, one back" and has been at times unbearably slow, the roles are becoming entrenched in the health-care system through legislation, government commitment to interprofessional collaboration, patient health needs, and the emphasis on timely, high quality care. In 1984, Spitzer published a piece in the *New England Journal of Medicine* entitled "The Nurse Practitioner Revisited. Slow Death of a Good Idea." The statement could have applied equally well to CNSs at the time. In retrospect, this obituary was clearly premature. ■

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**ALBA DiCENSO, RN, PhD**, IS THE CHSRF/CIHR CHAIR IN ADVANCED PRACTICE NURSING, DIRECTOR OF THE ONTARIO TRAINING CENTRE IN HEALTH SERVICES & POLICY RESEARCH AND A PROFESSOR, NURSING AND CLINICAL EPIDEMIOLOGY & BIostatISTICS, AT McMASTER UNIVERSITY IN HAMILTON, ONTARIO.

## REFERENCES

- Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540.
- Bryant-Lukosius, D., DiCenso, A., Browne, G., & Pinelli, J. (2004). Advanced practice nursing roles: Development, implementation and evaluation. *Journal of Advanced Nursing*, 48(5), 519-529.
- Canadian Institute for Health Information. (2005). *Registered nurse database*. Ottawa, ON: Author.
- Canadian Institute for Health Information. (2007). *Highlights from the regulated nursing workforce in Canada, 2006*. Available from [http://secure.cihi.ca/cihiweb/products/2006\\_Highlights\\_RN\\_Report\\_e.pdf](http://secure.cihi.ca/cihiweb/products/2006_Highlights_RN_Report_e.pdf) and [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=media\\_23oct2007\\_e#2](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_23oct2007_e#2)
- Canadian Nurses Association. (2006). *Report of 2005 dialogue on advanced nursing practice*. Ottawa, ON: Author.
- Canam, C. (2005). Illuminating the clinical nurse specialist role of advanced practice nursing: A qualitative study. *Nursing Leadership*, 18(4), 70-89.
- Davies, B., & Eng, B. (1995). Implementation of the CNS role in Vancouver, British Columbia, Canada. *Clinical Nurse Specialist*, 9(1), 23-30.
- DiCenso, A., Auffrey, L., Bryant-Lukosius, D., Donald, F., Martin-Misener, R., Matthews, S., et al. (2007). Primary health care nurse practitioners in Canada. *Contemporary Nursing*, 26(1), 104-115.
- Hass, J. (2006). Nurse practitioners now able to work across Canada. *Canadian Medical Association Journal*, 174(7), 911-912.
- Hutchison, B. (2008). A long time coming: Primary healthcare renewal in Canada. *HealthcarePapers*, 12(2), 10-24.
- International Council of Nurses Nurse Practitioner/Advanced Practice Nursing Network. (2005). *Definition and characteristics of the role*. Available from <http://66.219.50.180/inp%20apn%20network/practice%20issues/role%20definitions.asp>
- Lloyd Jones, M.L. (2005). Role development and effective practice in specialist and advanced practice roles in acute hospital settings: Systematic review and meta-synthesis. *Journal of Advanced Nursing*, 49(2), 191-209.
- Mitchell-DiCenso, A., Guyatt, G., Marrin, M., Goeree, R., Willan, A., Southwell, D., et al. (1996). A controlled trial of nurse practitioners in neonatal intensive care. *Pediatrics*, 98(6), 1143-1148.
- Pinelli, J.M. (1997). The clinical nurse specialist/nurse practitioner: Oxymoron or match made in heaven? *Canadian Journal of Nursing Administration*, 10(1), 85-110.
- Schreiber, R., MacDonald, M., Pauly, B., Davidson, H., Crickmore, J., Moss, L., et al. (2005, June). Singing in different keys: Enactment of advanced nursing practice in British Columbia. *Nursing Leadership*, Online Exclusives.
- Spitzer, W., Sackett, D., Sibley, J., Roberts, R., Gent, M., Kergin, D., et al. (1974). The Burlington randomized trial of the nurse practitioner. *New England Journal of Medicine*, 290(5), 251-256.

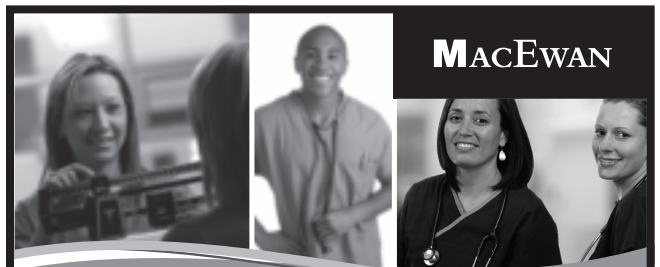
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