

Integration of Nurse Practitioners into Ontario's Primary Healthcare System: Variations across Practice Settings

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THE ISSUE

For more than a decade, the Centre for Rural and Northern Health Research (CRaNHR) has been conducting tracking studies of Nurse Practitioners (NPs) in Ontario to understand their current employment, practice patterns and integration into the Ontario healthcare system. Given the recent rapid increase of NPs in Ontario, it was time to reexamine work settings, salary remuneration, practice patterns, education and relationships with physicians among NPs in Ontario.

THE PURPOSE

To explore differences in employment, inter-professional collaboration, education and other practice characteristics of NPs working in Primary Healthcare practice settings in Ontario.

What did we do?

We conducted a survey of NPs in Ontario to gain a better understanding of NP integration into the healthcare system.

What did we find?

Of the 733 questionnaires sent out, 378 were returned and analyzed (53%).

Important findings include:

- There is an increased number of Primary Health Care Nurse Practitioners (PHCNPs) with a master's degree in nursing, as compared to the 2005 NP workforce study (van Soeren et al., 2009)¹
- The number of PHCNPs in Ontario has increased with more working in non-traditional practice settings such as emergency departments, long-term care facilities, and public health units in addition to working in physicians' offices, Community Health Centres (CHCs) and Family Health Teams (FHTs).
- Nearly 40% of PHCNPs work in small cities, towns and rural or remote areas.
- 84% of NPs are funded by the Ministry of Health and Long-Term Care (MOHLTC) while 16% have other funding sources.
- Nearly 80% of NPs working in hospital settings were satisfied with their salaries compared to 43% of NPs working in FHTs and 48% working in CHCs.
- NPs in FHTs spend most of their time on direct patient care (81%).
- NPs working in NP Led Clinics spend twice the amount of time on nursing administration and NPs working in CHCs, FHTs and NP Led Clinics spent more time on health promotion/disease prevention activities compared to NPs working in hospitals.

- NPs provided care for 80% of their clients autonomously or with minimal consultation.
- 87% of NPs believe that the physician with whom they worked most often understands the NP role and supports them in their practice.
- Nearly half of NPs reported that relationships with physicians outside of their practice "needed work".

How will this research help?

This study identifies progress of the implementation of PHCNP role by providing details about NP practice in a variety of PHC settings. There is a need to look at additional NP models of practice as well as to examine PHCNP education and regulation policy in Ontario to enhance full integration.

What's next?

A consultation process is needed with the College of Nurses of Ontario (CNO), MOHLTC and Council of Ontario University Programs in Nursing (COUPN) to include clear statements regarding models of practice, salaries, funding and remuneration and level of education required for NP registration.

BOTTOM LINE?

NP integration in the Ontario healthcare system over the past 10 years has progressed steadily with more NPs working in non-traditional practice settings; however, there is still a need for improvement in models of practice, salaries and funding.

¹van Soeren, M., Hurlock-Chorostecki, C., Goodwin, S., & Baker, E. (2009). The primary healthcare nurse practitioner in Ontario: A workforce study. *Nursing Leadership*, 22(2), 58-72.

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