Key Issues Impacting Nurse Practitioner Practice and Integration in Alberta

Nurse Practitioner Association of Alberta

Authors: Dr. Lloyd Tapper, NP, PhD, June Trevoy, MN, NP

Dec 15, 2014
# Table of Contents

Executive summary 1  
Introduction 2  
Research Questions for Analysis 2  
Methodology 2  
   Survey Design 2  
   Data analysis 3  
Results 3  
   Research question 1: What are the Demographic Characteristics of NPAA Members Who Responded to the Survey 4  
      Data Element 1: Gender 4  
      Data Element 2: License Designation 4  
      Data Element 3: Area of Practice 5  
      Data Element 4: Practice Location 5  
      Data Element 5: Employer 6  
      Data Element 6: Years of Practice 6  
   Research question 2: What are the Issues Affecting Nurse Practitioner Practice in Alberta 7  
      Lack of a Sustainable Funding Model 8  
      Intentional Marginalization 8  
      Organizational policies and procedures 8  
      Limited Access to Resources 8  
      Lack of Awareness of the NP Scope of Practice 9  
Discussion 9  
Conclusion 10  
Recommendations 10
List of Tables

Table 1  Research Questions and Corresponding Survey Statements  3
Table 2  Key Issues Impacting Nurse Practitioner Practice and Integration  9

List of Figures

Figure 1  Gender  4
Figure 2  License Designation  4
Figure 3  Area of Practice  5
Figure 4  Practice Location based on AHS Zone Map  5
Figure 5  Employer  6
Figure 6  Years of Practice  7
Executive Summary

For over 50 years, health care researchers have consistently validated the quality of care provided by Nurse Practitioners (NPs). Despite the plethora of evidence supporting the expert care that NPs provide, barriers to the implementation and integration of NPs continue to exist. This report provides an analysis of data collected from an online survey that was disseminated to all members of the Nurse Practitioner Association of Alberta (NPAA).

Of the 85 NPAA members who received the survey, 43.5% responded. Of these, 16.7% identified as male and 83.3% identified as female. A total of 48.6% were licensed as family all ages NPs, 35.1% were licensed as adult NPs and 16.2% were licensed as pediatric NPs. An analysis of respondents’ area of practice identified that 62.2% worked in the community and 37.8% worked in acute care. Further, 54.1% documented that they worked in the Edmonton Zone, 21.6% worked in the Calgary Zone, 10.8% worked in the North Zone, 8.1% worked in the South Zone, and 5.4% worked in the Central Zone. Responses also identified that, 48.6% of those surveyed had greater than 5 years of NP practice experience.

An analysis of the 57 narrative responses to open-ended questions regarding issues affecting NP practice and integration identified 5 distinct themes. These themes included lack of a sustainable funding model to support practice integration, intentional marginalization of NP scope of practice and organizational policies and procedures that limit the NP’s scope of practice, Limited access to the resources necessary to support the delivery of care and lack of awareness regarding NP scope of practice were also identified as areas of concern.

Conclusions reached from an analysis of the data identified that NP integration across all aspect of the health care system will require the implementation of a sustainable NP funding model. Further, the funding model must support collaboration between all members of the health care team while improving patient access to autonomous NP care. A concerted effort to modify the policies of organizations that directly or indirectly engage with NPs will also be required. Professional governance organizations, health care funders, and employers will also need to market and support the full scope of NP practice. Finally, the implementation of a governance structure with a mandate to monitor and to prevent the marginalization of NPs will be required.
Introduction

For over 50 years, health care researchers have consistently validated the quality of care provided by Nurse Practitioners (NPs). Despite the plethora of evidence supporting the expert cost effective care that NPs provide, barriers to the implementation and integration of NPs in Alberta continue to exist. This report provides a summary of online survey feedback obtained from a convenience sample of 37 members of the Nurse Practitioner Association of Alberta (NPAA) regarding key issues impacting NP practice. The results collected from the survey will be used to answer 3 questions.

Research Questions for Analysis

Question 1: What are the demographic characteristics of NPAA members who responded to the survey?

Question 2: What are the issues impacting NPs practice in Alberta?

Methodology

Survey Design

The online survey was designed using closed-ended and open-ended questions. Closed-ended questions were used to collection demographic data regarding gender, license designation (adult, child, family all ages), area of practice (community or acute care), practice location based on AHS zone map (Edmonton, Calgary, North, South or Central zone), employer (AHS hospital based, AHS community based, Primary Care Network, Family Care Centre, Private Practice, Other) and years of practice as an NP. An open-ended question was used to gather narrative feedback from participants regarding issues impacting NP practice and integration in Alberta. Table 1 provides an overview of the 2 research questions proposed for investigation in this report.
Table 1: Research questions and corresponding survey statements

<table>
<thead>
<tr>
<th>Research Question 1:</th>
<th>Corresponding survey statement requiring a response</th>
</tr>
</thead>
</table>
| What are the demographic characteristics of NPAA members who responded to the survey? | • Gender  
• License designation  
• Area of practice  
• Practice location based on Alberta Health Services zone map  
• Employer  
• Years of practice |

<table>
<thead>
<tr>
<th>Research Question 2:</th>
<th>Corresponding survey statements requiring a response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the key issues impacting NP practice in Alberta?</td>
<td>• Please identify clinical issues affecting your NP practice</td>
</tr>
</tbody>
</table>

Data Analysis

The results of closed ended questions included in the survey will be reported using frequencies and percentages. To ensure the accuracy and description of the convenience sample, only surveys that contained complete answers to closed-ended questions will be included in the data analysis.

Narrative data obtained from the open-ended questions will be analyzed for themes. As each narrative response may include multiple themes, the frequency of themes identified may exceed the number of narrative responses.

Results

The following section provides a review of demographic data collected from a convenience sample of NPAA members who responded to data elements included in question 1.
Research Question 1: What are the Demographic Characteristics of NPAA Members who Responded to the Survey?

**Data Element 1: Gender**

An analysis of gender identified the following findings. Of those who responded 16.2% were male and 83.8% were female (figure 1).

![Figure 1: Gender](image)

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td>16.2%</td>
<td>6</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>83.8%</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td><strong>37</strong></td>
<td></td>
</tr>
</tbody>
</table>
Data Element 3: Area of Practice

Survey participants also documented their area of practice by identifying that they worked in either community care or acute care. Respondents identified that 37.8% of NPs worked in acute care and 62.2% worked in the community.

Figure 3: Area of Practice

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care (Hospital Based)</td>
<td></td>
<td>37.8%</td>
<td>14</td>
</tr>
<tr>
<td>Community (Outside Hospital)</td>
<td></td>
<td>62.2%</td>
<td>23</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td></td>
<td>37</td>
</tr>
</tbody>
</table>

Data Element 4: Practice Location

Practice Location variables were based on the Alberta Health Services (AHS) Zone map. The map divides Alberta into North, Edmonton, Central, Calgary and South Zones. Of those who responded to the survey, 10.8% worked in the North Zone, 54.1% identified that worked in the Edmonton Zone, 5.2% worked in the Central Zone, 21.6% worked in the Calgary Zone and 8.1% worked in the South Zone.

Figure 4: Practice location based on AHS zone map.

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>North zone</td>
<td></td>
<td>10.8%</td>
<td>4</td>
</tr>
<tr>
<td>Edmonton zone</td>
<td></td>
<td>54.1%</td>
<td>20</td>
</tr>
<tr>
<td>Central zone</td>
<td></td>
<td>5.4%</td>
<td>2</td>
</tr>
<tr>
<td>Calgary zone</td>
<td></td>
<td>21.6%</td>
<td>8</td>
</tr>
<tr>
<td>South zone</td>
<td></td>
<td>8.1%</td>
<td>3</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td></td>
<td>37</td>
</tr>
</tbody>
</table>
**Date Element 5: Employer**

When providing data regarding their employer, NPs chose between five specific employers. Participants also the option to chose “other”. Survey data identified that 40.5% of NPs who participated in the survey were employed were AHS-Hospital based, 21.6% were AHS-Community based and 5.4% were Primary Care Networks. A further 5.4% of respondents were employed in a Family Care Centres and 8.1% in Private Practice. An addition 18.9% identified themselves as having “other” forms of employment.

**Figure 5: Employer**

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS (Hospital Based)</td>
<td></td>
<td>40.5%</td>
<td>15</td>
</tr>
<tr>
<td>AHS (Community Based)</td>
<td></td>
<td>21.6%</td>
<td>8</td>
</tr>
<tr>
<td>Primary Care Network</td>
<td></td>
<td>5.4%</td>
<td>2</td>
</tr>
<tr>
<td>Family Care Centre</td>
<td></td>
<td>5.4%</td>
<td>2</td>
</tr>
<tr>
<td>Private Practice</td>
<td></td>
<td>8.1%</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>18.9%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td><strong>37</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Date Element 6: Years of Practice**

A data element identifying the number of NP years of practice was also included in the survey. Participants were asked to identify their number of years of practice by selecting 1 of 5 options: less than one year; one to two years; two to three years; four to five years and greater than five years. Of those who responded, 24.3% had less than 1-year experience, 10.8% had 1-2 years, 5.4% had 2-3 years experience, 10.8% had 4-5 years experience; and 48.6% had greater than 5 years of experience. None of the respondent had between 3-4 years of experience.
In addition to closed-ended questions, Nurse Practitioners were asked to provide narrative feedback regarding key issues affecting NP practice and integration. When doing so, participants were encouraged to reflect on clinical, legislative and human resources issues and concerns.

**Research Question 2: What are the Key Issues Impacting Nurse Practitioner Practice and Integration in Alberta?**

A thematic analysis of open-ended narrative feedback identified five themes (Table 3). The themes included, lack of sustainable funding to support NP integration, marginalization of the NPs scope of practice, organizational policies and procedure limiting the NP’s scope of practice, limited access to necessary resources to support the delivery of care, and lack of awareness of the scope of NP practice.

**Lack of Sustainable Funding**

An analysis of narrative data identified that the lack of a sustainable funding model to support NP integration was the most frequently cited comment (n=33) (Table 2). In general, NPs identified that the lack of a sustainable funding models is, “negatively impacting NP integration,” “creating a barrier to collaborative community practice,” and “limiting access to health care services.”
Marginalization of the NP Scope of Practice

Concerns regarding practice restrictions imposed on NPs by members of the health care team (n=12) were also identified. One NP documented concern regarding “physician determination of the boundaries of NP practice” and further identified that “physician determination of NP practice exists in individual practice settings and at the health care system level.” Nurse Practitioners further documented that “physicians often deny NP referrals,” while managers “do not advocating for the NP’s scope of practice.” With the recent introduction of physician assistants to the health care team, one respondent documented her concern that the marginalization of NPs will increase. Specifically, the NP noted that with the integration of physician assistances, “physicians will be more inclined to champion the physician assistant role over the NP role for financial and culture reasons.” Finally, one NP reported her lack of understanding as to “why an organization that employees NPs would allow non-employees (doctors) to profoundly decrease their effectiveness.”

Organizational Policies and Procedures

Responses categorized under the theme of organizational policies and procedures limiting the NP’s scope of practice (n=9) identified multiple barriers. Nurse Practitioners documented that their practice is “often compromised by their inability to sign drivers medicals, disability forms, employment insurance forms and workmen’s compensation forms.”

Limited Access to Resources

Under the theme of limited access to resources, respondents identified inadequate access to Netcare, dictation services, diagnostic test results, and education resources. Given the lack of access to patient information, one nurse practitioner documented that, “without having access to NetCare, I often do not get to see test results, which leads to huge liability issues for myself as I am not able to follow up.”
Lack of Awareness of the NP Scope of Practice

A lack of awareness of the NP’s role and scope of practice was also documented (n=5). Narrative feedback collected from the survey identified that, “There is poor understanding of the NP role in the community, by physicians, nurses, and other allied health care providers.”

Table 2: Key Issues Impacting Nurse Practitioner Practice and Integration in Alberta

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of a sustainable funding model</td>
<td>33 references</td>
</tr>
<tr>
<td>2. Marginalization of the NP scope of practice</td>
<td>12 references</td>
</tr>
<tr>
<td>3. Organizational policies and procedures that limit the NP’s scope of practice</td>
<td>9 references</td>
</tr>
<tr>
<td>4. Limited access to the resources necessary to support the delivery of care</td>
<td>5 references</td>
</tr>
<tr>
<td>5. Lack of awareness regarding NP scope of practice</td>
<td>5 references</td>
</tr>
</tbody>
</table>

Discussion

The results of this survey provide significant insight regarding key issues affecting NP practice and integration in Alberta. Of the 5 themes identified, NP feedback clearly indicates that the lack of a sustainable funding model is the single most important issue affecting NP practice integration. This finding is significant given that those who participated in the survey were employed in diverse health care settings, and suggests that the establishment of sustainable funding is important to all NPs.

Given the diversity of issues documented by NPs as impacting practice and integration, it appears clear that a concerted effort by all health care stakeholders will be required to address and resolve each issue. Identifying and removing barriers will require that professional nursing governance organizations, health care funders, and employers
promote and endorse the full scope of NP practice. Further, policy makers and employers will need to ensure that NPs are afforded access to the resources required to ensure the delivery of safe patient care. Efforts to encourage organizations to modify policies that directly or indirectly impact NPs’ practice will also be required.

As many acute care and community-based doctors are reimbursed for their services base on a fee for service model, it is reasonable to assume that efforts by physicians to marginalize of the NP scope of practice will continue to exist. Resolving this issue will require the implementation of a health care provider-funding model designed to encourage collaboration between NPs and doctors. Until that time, the development of governance structure to monitor and address efforts to marginalized NPs’ practice is advised.

**Conclusion**

Feedback obtained from this survey highlight current barriers to NP practice and integration in Alberta. The recommendations included in this report provide an approach to removing practice barriers that currently limit access to health promotion, illness and injury prevention and disease management services in Alberta.

**Recommendations**

1. The development and implementation of a sustainable NP funding model designed to support collaboration between all members of the health care team while improving access to autonomous NP care.

2. The initiation of a unified concerted effort by professional nursing governance organizations, health care funders, and employers designed to market and support the full scope of NP practice across Alberta.

3. The development of a provincial committee designed to identify organizations that directly or indirectly engages with NP’s and advocate for revisions to organizational policies and procedures to reflect the NP’s scope of practice.

4. The implementation of a governance structure with a mandate to monitor and to prevent the marginalization of the NP scope of practice.