

Nurse Practitioner Rural Practice Support Survey Report

How can RhPAP support Nurse Practitioners in
rural practice?

January 2019 (Survey: October-December 2018)

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At the end of 2017, RhPAP's mandate expanded from supporting physicians to supporting all health professionals in rural practice. Recognizing the requirement for better information on the needs of these health professionals and nurse practitioners in particular, RhPAP staff members attended the Nurse Practitioner Association of Alberta (NPAA) Conference in 2018 to start talking with these rural professionals. At RhPAP's conference booth, nurse practitioners were asked if they were willing to provide additional information to RhPAP on how the organization might best support them in rural practice, with interested nurse practitioners providing RhPAP with their email address. An online survey was developed to identify the challenges these professionals face in rural practice and the ways that RhPAP might be able to make a difference. The survey was emailed directly to the nurse practitioners who had expressed interest in providing feedback in October 2018. The NPAA then volunteered to disseminate the link to this survey to its entire membership; this communication occurred in November 2018. The survey closed at the end of December.

RhPAP is currently writing a research framework to determine what the organization can do to help attract and retain nurse practitioners in rural Alberta. The feedback gathered through this survey has informed that work. The research lead is Valerie Grdisa, NP, PhD, with support from Nicole Pattulo, NP, Esther Suter, PhD, and RhPAP staff. We expect the research project to be concluded by September 2020.

1. Completed survey: 57

2. Profession:

- Nurse practitioner: 32
- Registered nurse: 1
- Not identified: 24¹

3. Community:

- Calgary: 7
- Fort Saskatchewan: 3
- Red Deer: 3
- Cochrane: 2
- Edmonton: 2
- Fort McMurray: 2
- Airdrie: 1
- Camrose: 1
- Chestermere area: 1
- Cold Lake: 1
- Drumheller: 1
- Evansburg: 1
- Grande Prairie: 1
- Slave Lake: 1

- Stony Plain: 1
- St. Paul/Two Hills: 1
- Sundre: 1
- Viking: 1
- Wabasca: 1
- Not identified: 25

4. What are the greatest challenges you and/or those in your profession face in rural practice?

i. Funding model: 17 respondents

Of the respondents, 30 per cent expressed concern related to the absence of a sustainable funding model that would facilitate nurse practitioners practising rurally. Many respondents indicated that this absence is the main barrier preventing nurse practitioners from taking their place as independent rural practitioners and as part of rural primary care teams and primary care networks. A funding

¹ While this survey was sent out to the membership of the NPAA, it should be noted

that 42 per cent of respondents did not identify their profession.

model would also sustain the value they feel they are able to add in a rural community; as an example, one respondent suggested that nurse practitioners could expand the care provided by traditional health professionals by allowing clinics to offer longer hours and access for more patients if a funding model was in place that supported them to do so.

ii. Career opportunities: 11 respondents

The second theme that arose after funding models is career opportunities. Respondents regretted the lack of nurse practitioner jobs, full-time opportunities, and rural employment. A number of rural practitioners identified the challenge of having to commute to the city from their rural community, as they were not able to find work locally. One respondent was concerned that nurse practitioners could be hired in the absence of a physician, only to be let go once a physician is found.

iii. Funding/Resources: 10 respondents

Aligned with concerns about the lack of a funding model, respondents felt that available, sustainable funding and resources were a challenge for rural practice. Alongside the need for funding and resources, two respondents identified the necessity of a strategic framework to guide the deployment of nurse practitioners within the health system.

iv. Health-care access: 8 respondents

Respondents perceived a difference between the home and primary care offered in urban and rural areas. Rural access to health-care and diagnostic equipment is considered a priority. The majority of the comments on this theme are general, but the remainder offer specifics related to the need for better access to CT/ultrasound, lab, x-ray, radiology, and mental health support (especially for teenagers and young adults).

Specialist and acute-care referrals are identified as having access issues by rural nurse practitioners. The lack of rural specialist outreach clinics is also identified as a challenge.

Respondents have concerns about patient barriers to care in rural settings. Transportation to health care, both urgent and non-urgent, is recognized as an issue.

v. Education support: 7 respondents

Education support for rural practitioners was highlighted by respondents as a rural challenge only slightly less frequently than resource access. Professional isolation is a rural practice challenge that makes access to rural education and peer networking/ support particularly important. One respondent identified rural clinical placements as being in short supply. Another respondent identified the lack of non-industry-funded in-services as a similar challenge.

vi. Public awareness: 4 respondents

Seven per cent of respondents expressed concern about the lack of understanding of the role and scope of practice of nurse practitioners – both among the general public and their health professional colleagues. This lack of understanding was felt to be at the heart of nurse practitioner integration issues on multi-disciplinary teams as well as the challenges patients might perceive when they are treated by nurse practitioners.

vii. Other: 5 respondents

The comments that did not align with any of the themes above related to the following: challenges finding appropriate housing in rural areas; employment for nurse practitioner partners in rural areas; and the lack of physician, clinical, multidisciplinary, and/or acute-care support, and hospital privileges.

5. What educational opportunities can you identify that would enable RhPAP to support your profession in rural practice?

i. Content: 20 respondents

There are a lot of suggestions related to the content of educational opportunities. Three

respondents mentioned training related to heart failure/myocardial infarction including Advanced Cardiovascular Life Support (ACLS). Two respondents each identified the following topics as ones where educational sessions would be of value: chronic disease management, diabetes education, and mental health. Other medical education topics mentioned by one respondent included the following:

- Primary health care and updates on treatments for common conditions
- Orthopaedic training support
- Radiology interpretation
- Geriatric education
- EDE bedside ultrasound training with focus on rural nurse practitioners
- Women's health

Outside of medical education, there are a number of different ideas about topics for information sharing and professional training. Communications sessions to facilitate teamwork along with support for how to make referrals via Netcare are useful offerings. Two respondents felt that a presentation on the different nurse practitioner roles that currently exist, how they were established, and nurse practitioner participation in current events would provide some helpful perspective for current and aspiring nurse practitioners.

ii. Rural experience: 8 respondents

Having access to rural experiences during training and rural continuing medical education opportunities was identified as a valued opportunity to support rural practice. Rural clinical rotations, rural student placements, and an introduction or orientation to rural practice with other rural nurse practitioners or family physicians are viewed as opportunities to encourage students and new health professionals to consider rural practice.

Three respondents indicated that a paid internship or fellowship with a rural nurse practitioner would support them well in rural practice.

iii. Access: 7 respondents

More than 12 per cent of respondents suggested means of overcoming access to education challenges. These means include online courses and distance continuing education. Desired support for attendance at education sessions includes time away, transportation, and leadership buy-in for attendance at conferences and courses. One respondent suggested that finding a way to keep nurse practitioners in the loop regarding available rural physician courses and conferences that are also relevant to nurse practitioners would be helpful.

iv. Funding: 7 respondents

Funding was the most commonly suggested means of making education opportunities more accessible. Although most comments on this theme relate to general funding to support attendance at conference and courses, a number of respondents highlighted that consistent annual funding and funding to cover travel expenses would be useful.

One respondent highlighted that rural physician conferences like the Rural Emergency Medicine Conference would be valuable for rural nurse practitioners to attend. However, he/she noted that nurse practitioners do not have the same income to be able to afford to attend such events. Since RhPAP has subsidized nurse registration at other conferences, he/she wondered if something similar could be put in place to support nurse practitioners to attend this conference.

v. Resources: 5 respondents

Helpful educational resources identified by respondents included access to professional support and RhPAP's Enrichment Program. Two respondents suggested offering a cheaper rate for clinical database subscriptions.

vi. Education of others: 5 respondents

Several respondents suggested that RhPAP might have a role to play in educating others about nurse practitioners. They felt that policy makers, government, family physicians, and the

public might benefit from learning more about their role and scope of practice.

vii. Peer support: 3 respondents

A few respondents emphasized the value that could be provided by a rural nurse practitioner peer support network either through meetings or a mentorship program. These connections can help nurse practitioners to learn what is working for their colleagues and get advice on the areas of their practice that can be improved.

6. What research opportunities can you identify that would enable RhPAP to support your profession in rural practice?

i. Quality of care, cost/benefit analyses, and NP pilot projects: 19 respondents

Respondents were very interested in research focused on the quality and value of nurse practitioner care in rural Alberta. They suggested measuring the quality of this care through client satisfaction rates, patient outcomes, and point-of-care access. Cost-benefit analyses of nurse practitioner care were also identified as a research opportunity. One respondent suggested the possibility of measuring a community's health status before and after the introduction of a nurse practitioner to the community or a local clinic. A simple tracking of the metrics of nurse practitioner care was also recommended including number of patients seen, level of patient complexity, readmission rates to acute-care facilities, emergency visits, etc.

There was some debate about the value of additional nurse practitioner pilot projects. One respondent suggested that the nurse practitioner placement in Thorhild in which RhPAP played a part might be a good opportunity to study patient outcomes, patient satisfaction, and point-of-care access. A number of respondents suggested that pilot projects related to nurse practitioner-led clinics, funding models, and the role of independent nurse

practitioner practice in primary care and education, and nurse practitioners in the role of rural hospitalists and paramedics. On the other hand, two respondents felt that there is already sufficient research to support the value and effectiveness of nurse practitioner practice.

ii. Rural (nurse practitioner) involvement: 4 respondents

More than three per cent of respondents highlighted the importance of ensuring nurse practitioner participation in rural research. The same percentage highlighted the need for rural research and the tendency for university researchers to be focused on the urban experience.

iii. Funding/Resources: 3 respondents

Five per cent of respondents suggested that nurse practitioner research could be best supported through additional human resources and funding. One respondent noted that it takes resources to link rural communities with researchers who are often centred in Calgary and Edmonton.

iv. Needs assessment: 3 respondents

A number of respondents identified very specific areas for rural needs assessment research:

- Latch-key kids - affect on their health
- Mental health and substance use in the area
- Needs of children and youth in an area to support health workforce deployment

v. Technology: 2 respondents

Two respondents identified technologies that they felt would facilitate rural research, including the ability to tele- and videoconference on joint projects and with specialists and patients.

vi. Other: 6 respondents

Six other comments arose related research opportunities. They included the following:

- University affiliation
- Translation of guidelines in practice
- Trauma-informed primary care practice

No additional context was provided to explain these comments.

7. What other opportunities can you identify that would enable RhPAP to support your profession in rural practice?

i. **Awareness:** 9 respondents

Awareness of the role of nurse practitioners was clearly a priority for respondents. Respondents correlate this awareness with an ability to appreciate the value of nurse practitioner care and a willingness to take steps to make the hiring of nurse practitioners more feasible. A number of respondents identified nurse practitioner visibility as an advocacy role that rested mostly, but not solely, with CARNA and the NPAA.

ii. **Financial support/Funding model:** 8 respondents

Financial support for positions and employer/employee incentives was highlighted as a means of encouraging rural practice. Two respondents again emphasized the need for a funding model.

iii. **Interdisciplinary collaboration:** 6 respondents

Interdisciplinary teamwork was highlighted as an area for practice improvement. Where nurse practitioners work in a multi-disciplinary environment, respect for and awareness of colleagues' roles is considered essential. Shared education sessions are opportunities to encourage collaboration.

iv. **Advocacy:** 5 respondents

Advocacy with government on behalf of nurse practitioners and specifically for a funding model was raised again by nine per cent of respondents.

v. **Educational opportunities:** 4 respondents

Mentorship opportunities with other nurse practitioners, family physicians, and other specialists were highlighted as beneficial for rural practice. One respondent identified skills workshops as a means of overcoming limited community resources.

vi. **Employment (flexibility):** 4 respondents

Rural practice by nurse practitioners could be facilitated by additional positions and thinking

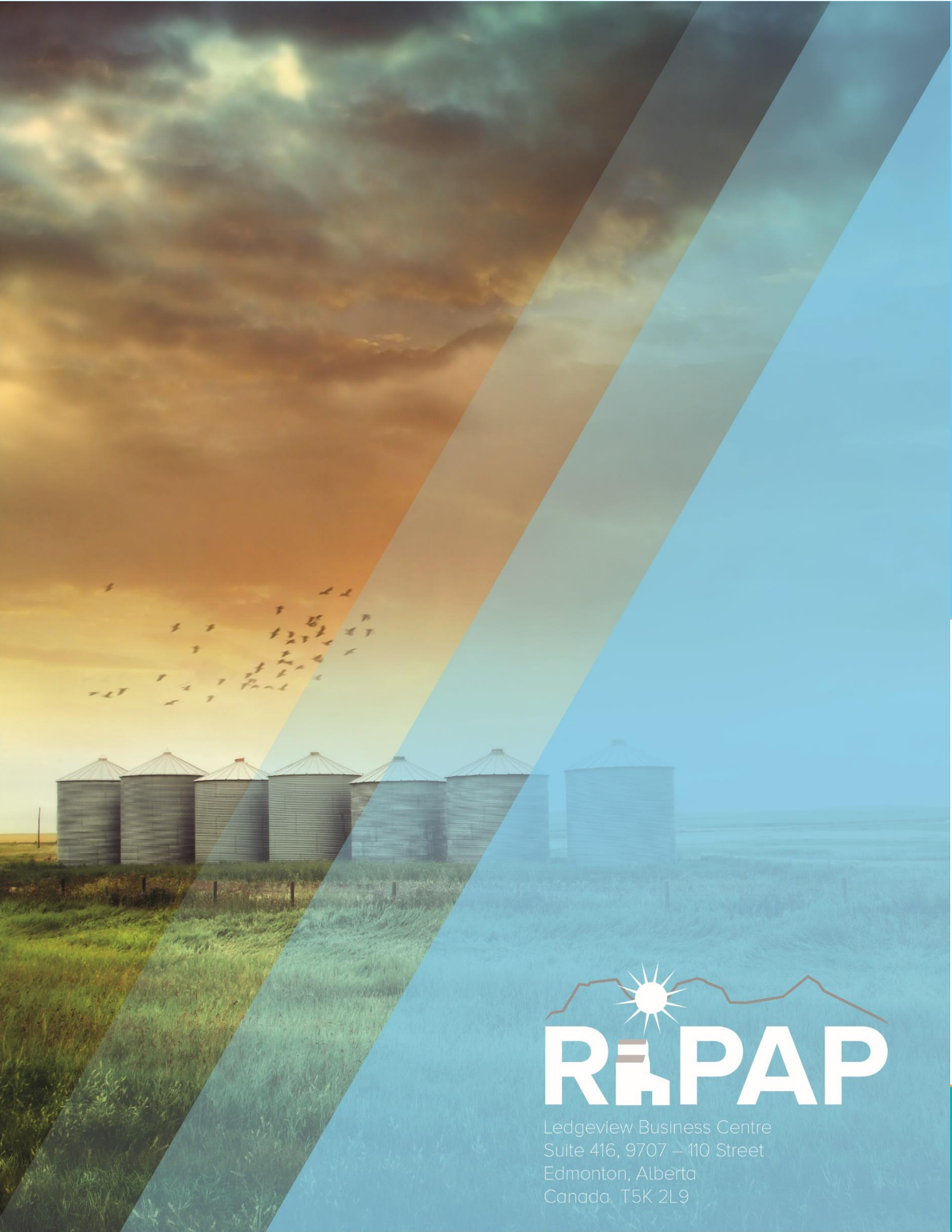
outside the box when it comes to those positions (e.g. job sharing, fly-in-fly-out positions).

vii. **Other practice supports:** 4 respondents

Perhaps with an eye to RhPAP's existing community development focus on the attraction and retention of health professionals to rural communities, one respondent suggested that attraction and retention strategies should be targeted to nurse practitioners. The other respondents highlighted specific rural practice supports like housing, moving supports, and practical opportunities.

viii. **Other:** 4 respondents

Respondents were interested in having RhPAP meet with the NPAA Executive and expand its physician programs to include nurse practitioners.



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