

Primary Health Care Nurse Practitioners: Who Are They? What Do They Do?

Introduction

In the late 1960s, Nurse Practitioners (NPs) in Ontario were trained to provide primary health care in northern remote communities. Later, in response to recommendations from various task forces, NPs expanded their training and practice and started to work in a variety of settings. Recently enacted legislation (e.g., the *Expanded Nursing Services for Patients Act, 1998*) in Ontario has recognized this expanded scope of practice.

Working with the Nurse Practitioners' Association of Ontario, the Centre for Rural and Northern Health Research conducted a survey of all NPs in Ontario in 2005 (with a response rate of 60%), upon which this *Research in FOCUS on Research* is based. This publication focuses on primary health care nurse practitioners (PHC NPs), who are registered with the College of Nurses of Ontario as a Registered Nurse, Extended Class (RN[EC]).

A Profile of PHC NPs

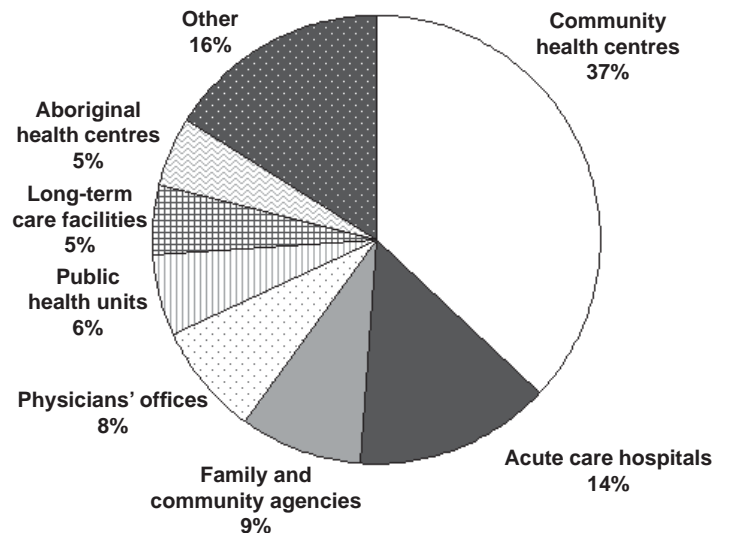
Education and experience

PHC NPs are largely new practitioners, with 93% of them graduated in the last ten years. In fact, the average NP has practiced less than five years. Besides holding a Bachelor of Science in Nursing degree and a PHC NP certificate, about 12% have a Master's in Nursing degree, and another 12% have a non-nursing master's degree.

Work settings

PHC NPs work in a variety of settings (see figure below). The top three employers of PHC NPs are community health centres, acute care hospitals and physician offices/family practice units.

Principal employers



This issue of *Research in FOCUS on Research* is based on the report *Nurse Practitioner Workforce Survey and NPAO Electronic Registry Project Report* by Cater Sloan, Raymond Pong, Ellen Rukholm and Suzanne Caty.

This research project was commissioned by the Nurse Practitioners' Association of Ontario and funded by the Ministry of Health and Long-Term Care through the Nurse Practitioners' Association of Ontario.

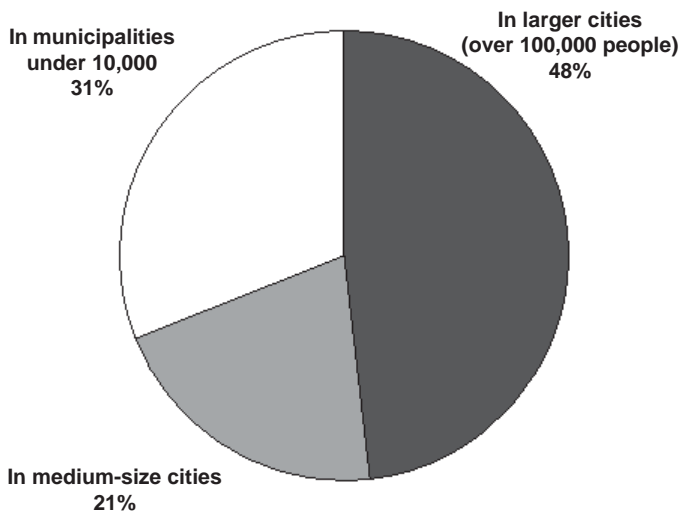
The interpretations, views and conclusions expressed here are those of the authors, and no endorsement by Laurentian University, the Nurse Practitioners' Association of Ontario, or the funding agency should be inferred.

Those in the “other” category include NPs who work in government, mental health centres and psychiatric hospitals, student health services, continuing care, rehab hospitals and nursing outposts. About 3% are self-employed.

Practice locations

Fully half of the PHC NPs practice in cities with more than 100,000 people and about 20% work in medium-sized municipalities with 10,000 to 100,000 people. Nevertheless, PHC NPs are still much more likely to practice in northern Ontario, rural areas and small towns with less than 10,000 people than registered nurses and other health professionals such as physicians. In fact, 30% of them work in communities with fewer than 10,000 people, and such communities now account for about 13% of the Ontario population.

Where do PHC NPs work?



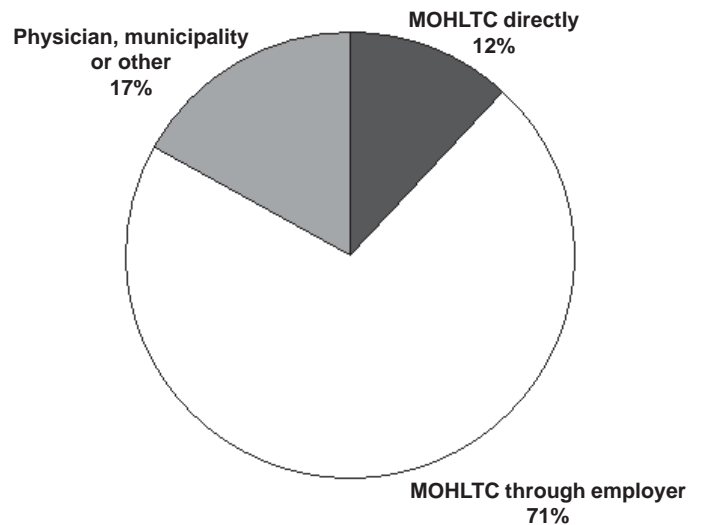
It is also worth noting that over half of them (56%) practice in areas designated by the Ministry of Health and Long-Term Care as “underserved for family physicians”. This figure may be an under-estimate, as 19% of the survey respondents are unsure whether they practice in an “underserved area”.

Employment and pay

Three-quarters of the surveyed NPs work full time and 80% hold permanent positions. Twenty percent have contract positions, and three-quarters of those with contract positions work full-time. Almost two-thirds of the respondents would like to have full-time permanent work and another quarter prefer permanent part-time work.

They are funded largely by the Ontario Ministry of Health and Long-Term Care, either directly or indirectly. The remainder are paid by physicians, municipalities or others (see figure below). Eighty percent receive a salary, and 20% receive hourly wages (which is more common for part-timers). Only one out of five full-timers is unionized, compared to one in twelve of the part-timers.

Funding sources for PHC NPs



Among the full-timers, the great majority (about two-thirds) earn between \$60,000 and \$80,000 a year, and most of the remainder earn between \$80,000 and \$100,000. The part-timers show more variations, with one-third earning between \$40,000 and \$60,000, another one-third earning between \$60,000 and \$80,000, and more than a quarter earning under \$40,000.

Clients

On a typical day, the respondents see an average of 14 clients, but a quarter of them see more than 18 per day, and another quarter see 10 clients or less. About 60% of the PHC NPs provide some home visits and 18% have on-call responsibilities.

When asked to describe their clients, PHC NPs mention a wide variety of underserved groups (see textbox, next page) and “typical family practice populations”. Most of the respondents (70%) work with people of all ages, including seniors, adults, adolescents and children, while the remainder work with specific age groups.

**Clients of PHC NPs:
A focus on underserved groups**

- ▶ low-income earners (57%)
- ▶ the unemployed (48%)
- ▶ people with addiction or mental health problems (39%)
- ▶ cultural minorities and recent immigrants (36%)
- ▶ Aboriginal peoples (31%)
- ▶ typical family practice populations (24%)

Referrals

Almost all survey respondents work with physicians, either on-site at the practice (65%) or with physicians who were not on-site (23%), and about 10% work with physicians both on-site and off-site. Most PHC NPs report that their clients come to them through multiple channels: 75% report that clients book appointments with them directly, 55% mention referrals from colleagues they work with, 60% mention referrals from health practitioners who are not part of their practice, and 48% say clients are assigned by a receptionist.

When asked to list those who refer clients to them, 85% of the survey respondents mention physicians, 60% mention registered nurses, 59% identify social workers, 58% mention other NPs, and 43% indicate mental health workers. Other sources of referral include physiotherapists, occupational therapists, pharmacists, psychologists, chiropractors and the clergy.

In turn, many PHC NPs refer clients to other health care providers. When asked to whom do they refer clients, 93% of PHC NPs mention other allied health professionals, 91% mention physician specialists, 82% identify family physicians, 77% indicate mental health workers, and 75% mention social workers. They also refer clients to midwives, occupational therapists, diabetes specialty nurses, optometrists, audiologists and dentists.

Practice focus

With respect to their practice, almost all respondents indicate a focus on health promotion and disease prevention, treatment of minor illnesses and health maintenance. Palliative care is mentioned as a focus by 21% of the respondents. Other focus areas include complex assessments, wound care, populations with special needs such as addicts and refugees, administration, education and research.

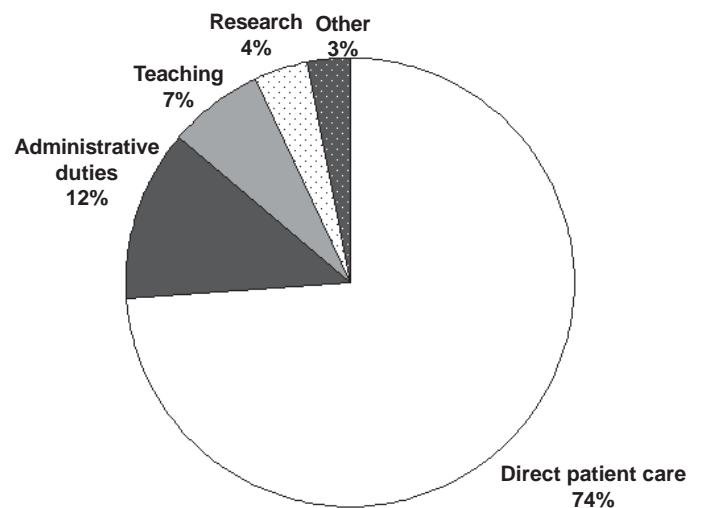
Major health problems dealt with by PHC NPs include cardiovascular diseases, mental health problems, and diabetes (see following textbox). In addition, they have to deal with other health-related problems such as lack of access to health care.

Major health problems

- ▶ cardiovascular diseases (52%)
- ▶ mental illness and substance abuse (41%)
- ▶ diabetes and related illness (40%)
- ▶ health behavior-related problems (e.g., obesity, malnutrition, teenage pregnancy, addiction and STD's) (22%)
- ▶ respiratory diseases, asthma (20%)

PHC NPs spend the majority of their time providing patient care, with the rest of their time devoted to other duties (see figure below).

A day in the life of a typical PHC NP



Problems Experienced by PHC NPs

When asked to comment on their experiences as a NP, about 40 survey respondents (or about 10%) spoke about funding issues, with half of those suggesting that their salaries should be commensurate with their roles and experience. Other express concerns that include the lack of funded positions, inadequate clerical support and the lack of funding for physicians who collaborate with PHC NPs. Also, 30 respondents (8%) commented on role issues that were seen as a barrier to working to their full potential.

Several were frustrated by the requirement that an MD has to co-sign referrals to specialists. Limits on their ability to prescribe are also noted by some who wish for fewer limits on drug prescriptions and ordering diagnostic tests. Still others mention the lack of recognition by other health professionals and not enough awareness of their roles by the public. A few mention

PHC NPs express work satisfaction and community support, but some problems persist

- ▶ *“Being a nurse practitioner is one of the most rewarding jobs I have had. Despite some of the frustrations such as difficulties referring to specialists restrictions with drug and lab tests.”*
- ▶ *“NPs (are) gaining recognition in city and area. MDs and public supportive.”*
- ▶ *“[It is] frustrating not to be able to function within the RN[EC] full scope of practice.”*
- ▶ *“The barrier to our service delivery is the fee-for-service model.”*
- ▶ *“Lack of funding for appropriate clerical support and collaborative physician remuneration create increased stress and possibly client safety issues.”*
- ▶ *“I would love to see more job opportunities, e.g., emergency department, nursing home. I would enjoy part time work in these areas in addition [to working at my current job].”*

difficulties with obtaining liability coverage, geographic isolation and overwork.

On the other hand, some respondents express great satisfaction with their work, and others note the strong support given them by physicians and the community (see textbox above).

Non-practicing PHC NPs

About 8% of the respondents are not working as PHC NPs at the time of the survey. About one-third of them give personal reasons for not working as NPs such as family responsibilities, health conditions and retirement. Other reasons include being employed as a regular nurse or in other types of work – sometimes because NP work was not available where they live. Almost half of those not practicing are actively seeking work as a PHC NP, and half of them would consider relocating to a more remote area if NP work is available.

Conclusion

Compared to NPs several decades ago, PHC NPs have greatly diversified their work locations and have expanded their scope of practice. They can now be found throughout the province of Ontario. They are especially valuable in communities underserved by physicians. Almost one-third work in rural or small-town Ontario.

The survey findings suggests that PHC NPs are meeting the goals set out for them by the Ministry of Health and Long-Term Care. They are providing a broad range of primary health care services, including disease prevention, health promotion, diagnosis and treatment of minor or chronic illnesses. They are accomplishing these objectives in partnership with family physicians and other health care providers. They play an important role in helping those who may have difficulties accessing primary health care and those who are disadvantaged such as low-income individuals, Aboriginal people and new immigrants.

06-A3

Research in **FOCUS** on Research is published by the Centre for Rural and Northern Health Research (CRaNHR), Laurentian University. Each issue is a summary of a study conducted by CRaNHR researchers. As a form of knowledge dissemination and transfer, it is intended to make research accessible to a wider audience.

For further information, please contact:
Centre for Rural and Northern Health Research
Laurentian University
Ramsey Lake Road
Sudbury, Ontario, Canada P3E 2C6

phone: 705-675-1151 ext. 4357
fax: 705-675-4855
e-mail: cranhr@laurentian.ca
URL: www.cranhr.ca