

Acute Care Nurse Practitioners in Ontario: Findings from the First Workforce Survey

Introduction

In Ontario, nurse practitioners (NPs) have been delivering health care services since the late 1960s. Those nurse practitioners holding the Registered Nurse (Extended Class) certification from the College of Nurses of Ontario are known as Primary Health Care Nurse Practitioners (PHC NPs). They are featured in another Research in FOCUS on Research article titled “Primary Health Care Nurse Practitioners: Who Are They? What Do They Do?”.

Another group of nurse practitioners, which is the subject of this article, is known as Acute Care Nurse Practitioners (ACNPs). ACNPs are registered nurses who have a master’s degree from a recognized acute care nurse practitioner education program in Ontario or its equivalent. They typically provide specialized nursing care to patients in acute care hospitals. With appropriate authorization, they can engage in activities that fall within the traditional scope of medical practice, such as prescribing, ordering diagnostic tests, or communicating a diagnosis.

In order to provide a comprehensive workforce profile of ACNPs, the Centre for Rural and Northern Health Research worked with the Nurse Practitioners’ Association of Ontario to survey those nurses who were actively practicing as ACNPs. Those who met the educational requirements but who were not working in the ACNP role are described in a separate section.

A Profile of ACNPs

Education and experience

All of the 173 survey respondents hold a master’s degree, and 94% of these master’s degrees are in nursing. The remaining 6% have a Bachelor of Science in Nursing (BScN) as their highest nursing degree and a non-nursing master’s degree. This is a relatively new group of practitioners, since 88% obtained their master’s degrees within the past 10 years, and 60% of them graduated in the past 5 years. On average, they have worked 5 years in the ACNP role, and 4 years in their current positions.

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.

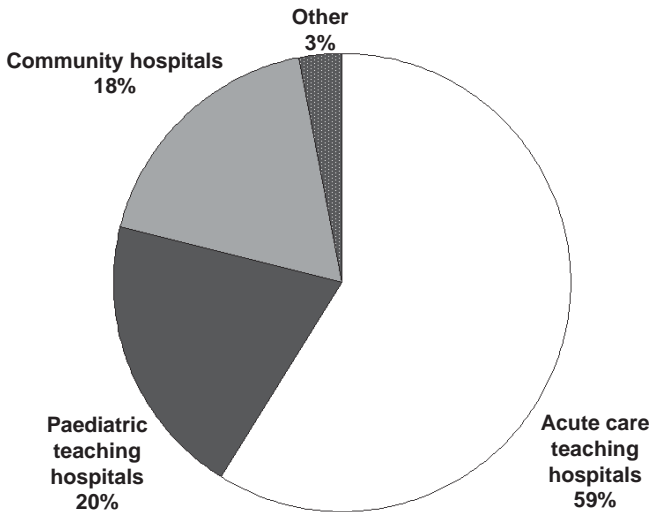
This research project was commissioned by the Nurse Practitioners’ Association of Ontario and funded by the Ministry of Health and Long-Term Care through the Primary Health Care Transition Fund.

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.

Work settings

ACNPs specialize in treating adult or paediatric patients in speciality areas. As a result, most ACNPs work in teaching hospitals (80%) as the following pie chart shows.

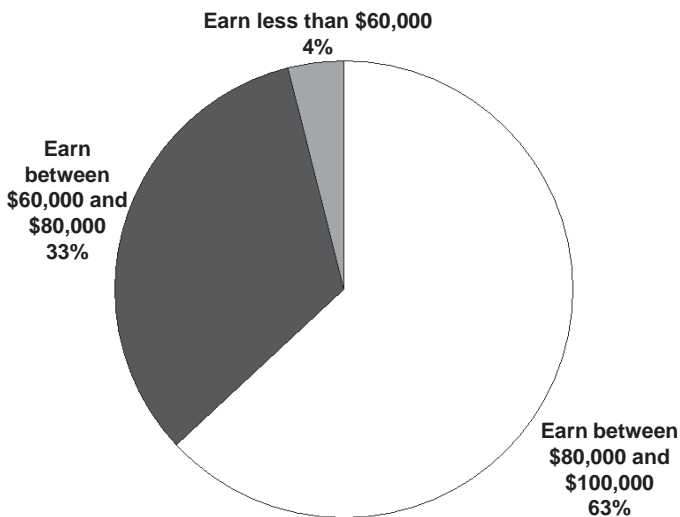
Where do ACNPs work?



Employment and pay

About 9 out of 10 ACNPs work full-time. Just over half receive a salary, and the rest receive an hourly rate. The majority earn between \$80,000 and 100,000 a year (see pie chart below). Just under 4% of them are unionized.

How much are ACNPs paid?

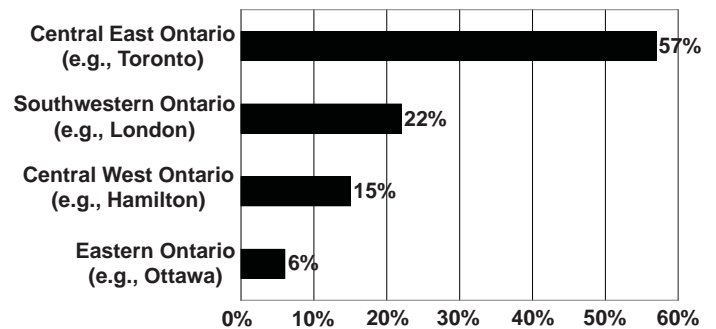


Practice locations

All responding ACNPs work in southern Ontario, with most of them in the Central East Region surrounding Toronto (see the following bar graph). Two-thirds of them work in cities with more than half a million people.

Another 30% practice in cities with one-quarter to half a million people, and the remainder (8%) work in cities with populations between 50,000 to 250,000.

Where are ACNPs located?



Referrals and assignment of patients

ACNPs are assigned patients from a variety of sources. Some receive patients from attending physicians and some offer care to all admitted inpatients or outpatients on their units. Still others are assigned specific types of patients based on diagnoses and types of care. On average, they work with 6 physicians, though a few work independently and some work with as many as 60 physicians. They typically see 11 patients per day. The 5 groups most likely to refer patients to them are physician specialists, family physicians, other ACNPs, other health personnel, and social workers. ACNPs refer patients largely to the same practitioners who refer to them.

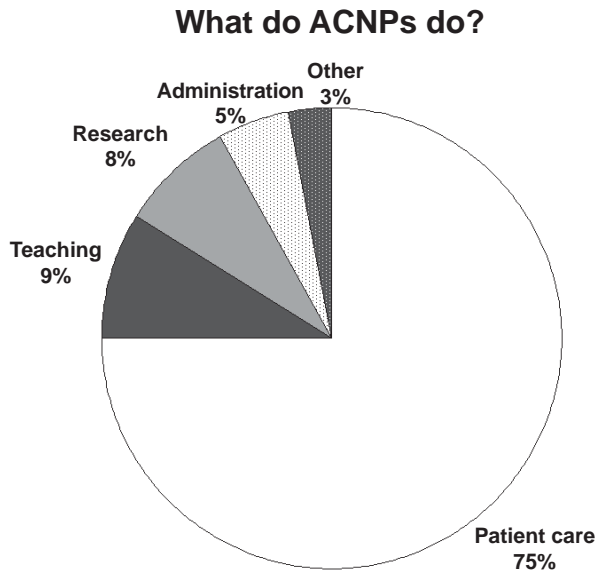
Practice settings

The practice settings for ACNPs are varied. The most frequently mentioned areas are ambulatory care followed by departments of internal medicine, cardiac care, surgical care, critical care, paediatrics, emergency, cardiovascular surgery, and oncology. Areas mentioned by less than 10% of the responding ACNPs include neonatal intensive care, palliative care, geriatrics, mental health, rehabilitation and maternal/newborn care. About 85% of those working in ambulatory care also work in one or more in-patient departments.

Areas of practice

When asked to describe their areas of practice, the top three responses are cardiology and cardiac surgery, including transplantation (20%), paediatrics (16%), and internal medicine (12%). Other speciality areas include neonatology and high-risk obstetrics, adult oncology, neurology, pain management, geriatrics, intensive care, emergency care, orthopaedics, palliative care, mental health and rehabilitation.

On average, ACNPs devote three-quarters of their working hours to patient care and spend the remainder of their time on teaching, research, and administrative work (see pie chart below for details). Other activities the respondents allocate time to are leadership activities, committee work, consultation and collaboration. Program development and planning and special projects are also frequently mentioned.



Working under medical directives

Under Ontario’s *Regulated Health Professions Act*, ACNPs require authorization via medical directives in order to engage in controlled medical acts. They follow physicians’ medical directives, which are written instructions or policies that authorize them to order diagnostic tests, communicate diagnoses, order medications, or perform procedures. Two-thirds of the respondents use these medical directives in their practice, especially to order diagnostic tests and medications. Three-quarters of them use directives to perform procedures, and almost two out of three use them to communicate a diagnosis.

However, about 30% of the respondents indicate that they have experienced difficulties in using medical directives. The most frequently expressed concerns are restrictions on what drugs can be prescribed and where prescriptions can be filled. For example, some ACNPs note that they cannot prescribe controlled drugs such as opiates and benzodiazepines without a physician’s co-signature. In addition, since medical directives are limited to in-hospital use, they are unable to write prescriptions for ambulatory or discharged patients.

This causes delays and increases out-of-pocket expenses for patients due to their inability to buy drugs from lower-cost pharmacies outside hospitals.

One of the most commonly mentioned difficulties is the process of obtaining medical directives. Some ACNPs describe the process as lengthy, tedious, and overly complex. Some also note difficulties in getting their orders implemented by other nursing staff or diagnostic technicians.

Although some ACNPs say that they could function without directives, most say that medical directives are essential to fulfilling their role and delivering timely, effective care.

Some difficulties noted by ACNPs

- ▶ Delays in obtaining medical directives needed to diagnose and treat patients
- ▶ Overly restrictive medical directives (e.g., not allowing for repeat prescriptions)
- ▶ Problems in obtaining controlled drugs (e.g., opiates and benzodiazepines)
- ▶ Inability to write prescriptions to be filled in non-hospital pharmacies
- ▶ Occasional lack of cooperation from nursing or technical staff
- ▶ Lost time caused by the need to wait for orders to be reviewed and approved

ACNPs’ views about their roles

Respondents have noted that having different categories of nurse practitioners is indeed confusing for all concerned. Some suggest that if basic qualifications and certification processes for both acute and primary health care NPs were the same, it would help to clarify their roles in the eyes of the public. Having one single certification process is thus seen as a pathway to greater recognition and public acceptance. A few also suggest that the master’s degree should be the minimum requirement for being a nurse practitioner.

Despite these problems, many survey respondents indicate that they enjoy their work and are respected by their patients. The nurse practitioner role is seen by some as a way for interested nurses to “move up the clinical ladder”.

Non-Practicing ACNPs

Twelve of the survey respondents (7%) were not practicing as ACNPs at the time of this survey, and only one was actively looking for work as an ACNP. While half of them have taken other career paths or are not practicing as ACNPs for personal reasons, the other half mention barriers to working as ACNPs.

Some say their hospitals could not find sufficient funding to hire them. Others say they were frustrated by spending too much time obtaining approvals for making diagnoses and treatments. Still others state they were troubled by a general lack of support for their role, both within hospitals and the nursing profession.

A few non-practicing ACNPs say that they found the role to be very rewarding when they were supported to practice within the approved scope, and call for greater support for the role from nursing leaders, regulatory agencies, and hospitals.

Conclusion

This workforce survey has shed some light on ACNPs, who are quite different from their counterparts in primary health care settings with respect to legal protection of title, certification, educational background, and work setting.

Unlike PHC NPs, ACNPs specialize in dealing with patients with acute care needs and overwhelmingly (80%) work in teaching hospitals. PHC NPs specialize in primary health care and are more likely to be found in community health centres, physicians offices, and other

community-based settings (e.g., aboriginal health, mental health, rehabilitation). Because of their predominance in teaching hospitals, ACNPs are much more likely than PHC NPs to work in large cities. As a matter of fact, none of them work in northern or rural Ontario. Since most ACNPs work in teaching hospitals, it is not surprising that they receive more referrals from physician specialists than from family physicians.

Salaries are generally higher for ACNPs, where two-thirds earn between \$80,000 and \$100,000. On the other hand, two-thirds of PHC NPs earn between \$60,000 and \$80,000.

A major issue for ACNPs is that, unlike PHC NPs, they are not regulated by the College of Nurses of Ontario to perform controlled medical acts. Therefore, they need to work under medical directives in their workplace. According to some of the respondents, working under medical directives can be problematic especially when ordering medications. For example, they may encounter problems when ordering controlled substances or when writing prescriptions to be filled at pharmacies outside the hospital. Other problems encountered include having their prescriptions, lab tests, or orders questioned by allied health personnel.

But most ACNPs are satisfied with their work. They point out that they are recognized and respected for their work and contributions.

Data from the workforce survey of ACNPs provides the first comprehensive picture of who they are, what they do, where they practice, and with whom they work. These baseline data are important as they provide the basis for assessing future developments in the ACNP workforce.

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