COMMON AND PREDICTABLE?

UNCOVERING ASSUMPTIONS ABOUT NURSE PRACTITIONER PRACTICE IN NORTHERN BRITISH COLUMBIA

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northern health
the northern way of caring

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CENTRE FOR THE NORTH

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- No disclosures

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OBJECTIVES

Review	Question	Present	Explore
Review the persistent barriers to integration of NPs in Canada	Question common understandings and descriptions of NP roles	Present findings to highlight complexities of everyday practice of NPs	Explore how understanding NP roles and function at the practice level may help facilitate successful integration of NPs in northern BC

NURSE PRACTITIONERS: WHAT DO WE KNOW?

The Burlington RCT
(Sptizer et al., 1974)

The Naylor Report
(Naylor et al., 2015)

CNPI: A 10 year Retrospective
(CNA, 2016)

Health Status | Non-Medical Determinants | Patient Safety | Quality of Care | **Access to Care** | Prescribing in Primary Care

Figure A: How provinces compare with OECD countries on Access to Care indicators

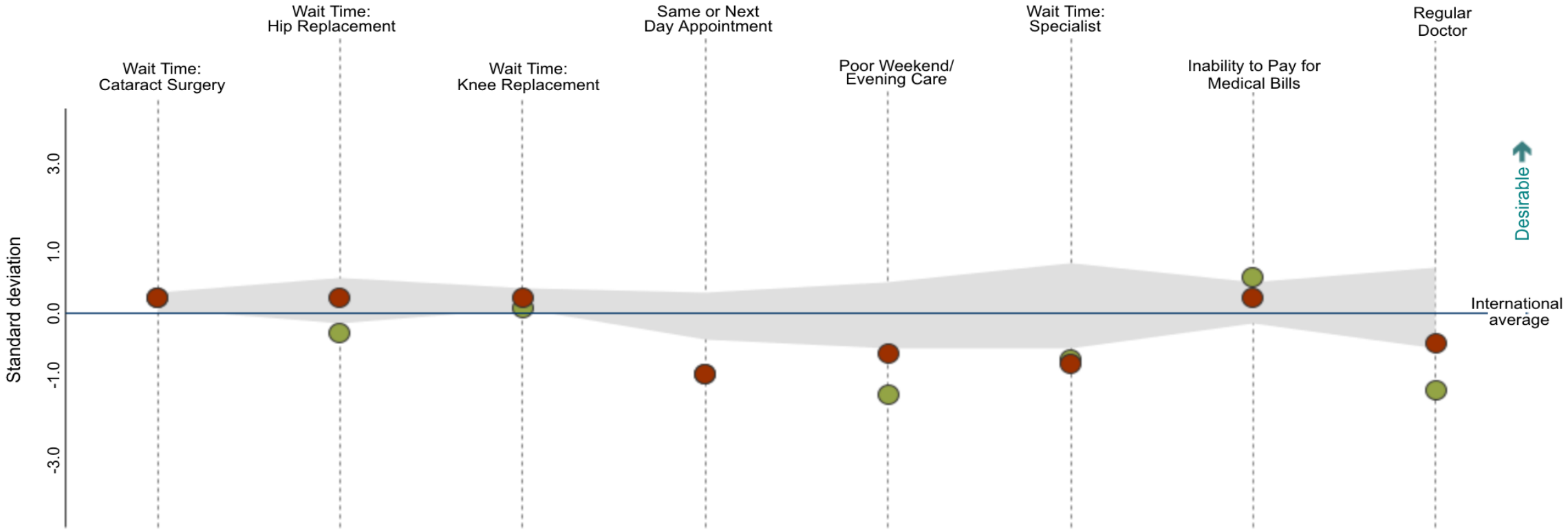


Figure A presents Canadian and provincial results relative to the OECD average, measured in standard deviations. The shaded band represents the area between the top and bottom quarters (25th and 75th percentiles) of OECD countries.

Select province

CAN | N.L. | P.E.I. | N.S. | N.B. | Que. | Ont. | Man. | Sask. | Alta. | B.C.

https://www.cihi.ca/en/oecd-interactive-tool-international-comparisons-access-to-care

COMMON UNDERSTANDINGS?

"NPs are Master's and Doctoral prepared advanced practice nurses who diagnose and treat diseases and health conditions. NPs also educate and support patients who have health issues that range from simple to complex as well as acute to chronic. NPs practice independently and in collaboration with all other healthcare professionals. A key part of their role is to act in a clinical leadership capacity looking at system change and required policy development to improve care delivery." (BCNPA, 2017, p. 10)

"Nurse practitioners are registered nurses (RNs) with advanced special training who provide comprehensive health care, such as diagnosing and treating common illnesses and injuries, prescribing medications for you, ordering and interpreting your lab and diagnostic tests, and referring you to specialists. Nurse practitioners are important members of Northern Health's teams of health care professionals." (Northern Health, 2018)

EXAMINING PRACTICES

Purpose:

To examine and articulate how NPs are engaged in primary health care practices in northern BC

Methods:

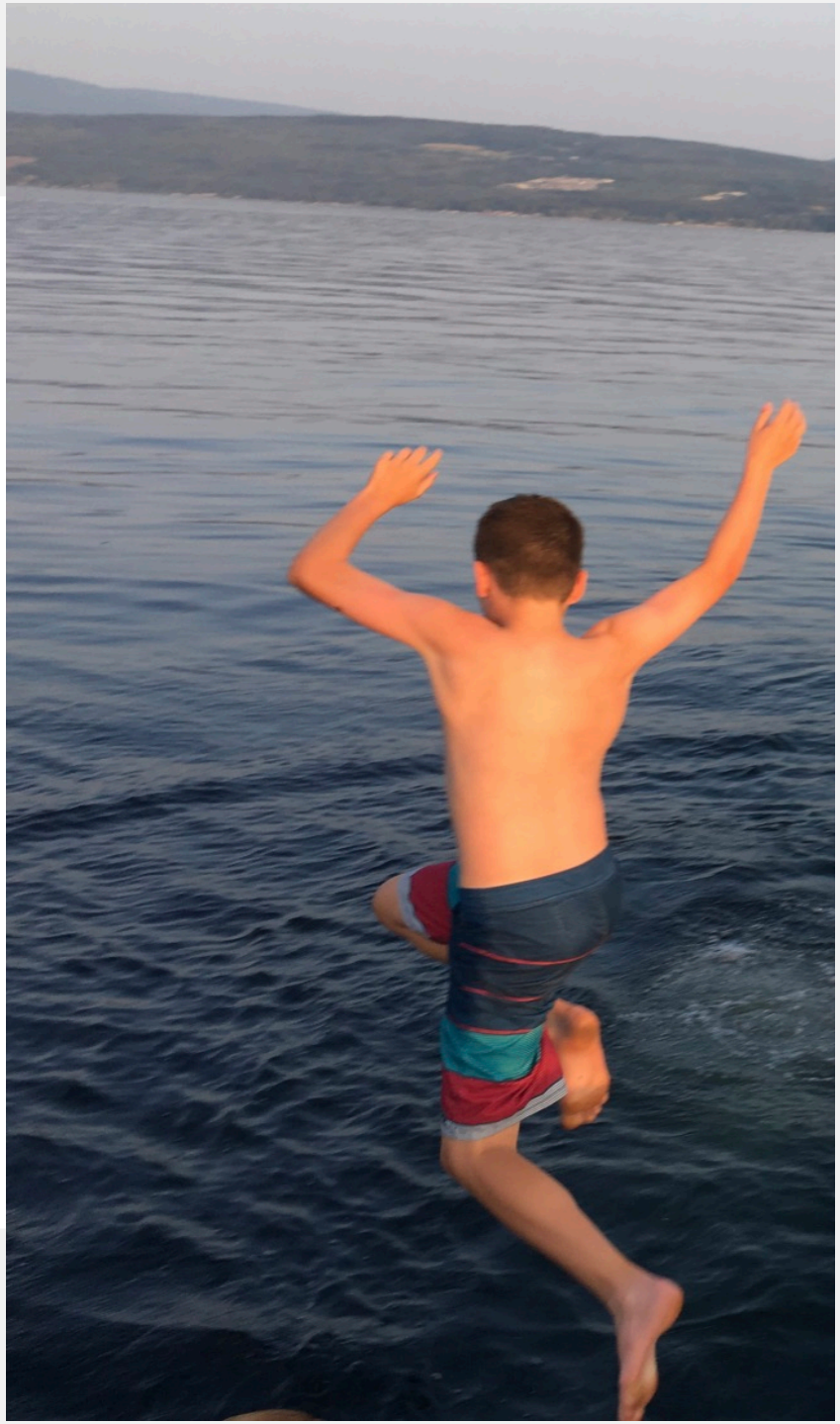
- Mixed methods of survey data using the validated PHCE scale (Kosteniuk et al., 2017) and interview data
- Convenience sample of NH Community of Practice of NPs
- Seeking 20 participants out of 30 NPs (at time of data collection)

Analysis of Interview Data:

- Hermeneutic interpretive analysis completed independently and reflexively by co-PIs between June and August, 2018

RESULTS

- 13 participants (45% response rate)
- 11 work in primary care
- 3 work either part-time or full time in specialty care
- 5 are in rural locations of communities <10 000 people
- 11 work in more than one site, e.g. clinic and outreach or First Nations community
- 12 were educated as NPs in BC
- 5 have more than 5 years experience as a NP (and 8 have less than 5 years experience)
- 5 have 0-5 years experience as a RN
- 3 have 5-10 years experience as a RN
- 5 have more than 10 years experience as a RN



PATIENT POPULATIONS

6 NPs care for all ages of patients (as opposed to predominantly adults)

8 NPs work with Indigenous patients and communities

Patients are medically complex

- "… she lives with HIV, has significant cognitive impairment and addiction … she's homeless, she also has a seizure disorder …" (Carla)
- "She [has] schizophrenia with psychotic features and poorly controlled diabetes and chronic pain" (Abigail)

NPs care for marginalized populations that are socially complex

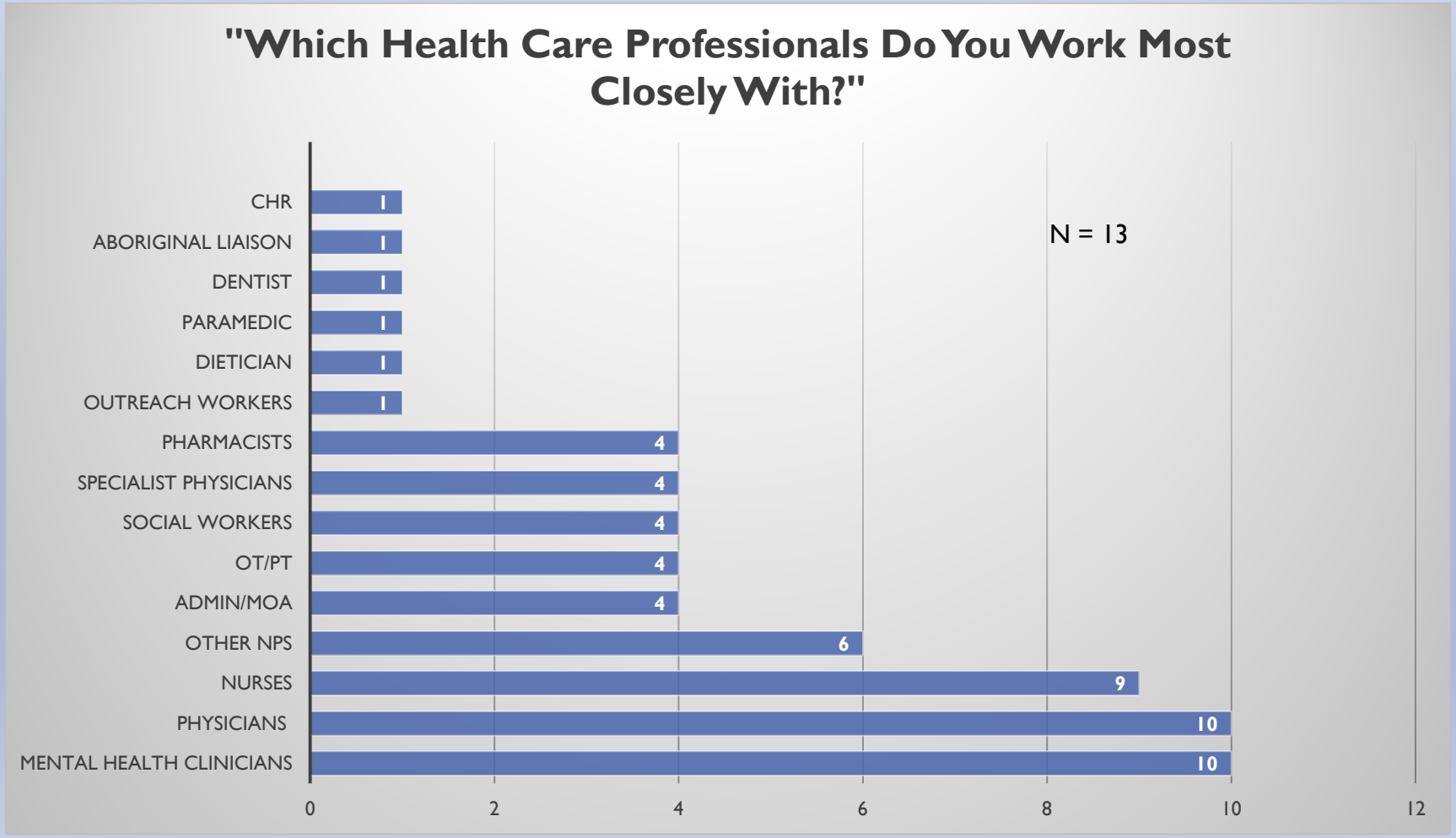
- As Farah outlined

TO MRP OR NOT TO MRP

5 participants report they empanel patients, however:

- Outreach
- Self-selection
- Autonomy:
  - "It's about 300 right now. It was much bigger two years ago but we got some new doctors … I [was] instructed to give my panel away to the new doctors" (Garcia)
  - "I have attached patients of about 400 but … our community has had a lot of physicians who [locum for 2 weeks in and 2 weeks out]. So I also have quite a few folks who are attached to those physicians but see me when their physician is out of town. So I see more than my attached panel …" (Abigail)

INTERPROFESSIONAL TEAM



"I just assume that every patient I see has experienced trauma in the past" (Donna)

"My goal is to develop a relationship with the person that's longitudinal … when there's an increased medical need … I'll be seen as trustworthy" (Fiona)

"I am able to give a little bit more time for therapeutic listening and more teaching …" (Rebecca)

"Lots of people need health literacy … and basic coping skills, and on the other end of the scale people are significantly unwell but don't have the capacity to know what they need and be able to communicate that and seek it out … I spend a lot of time trying to coordinate care …" (Patricia)

KEY FEATURES OF CARE

CHALLENGES

"There's kind of this idea that NPs deal with simple patients and then physicians deal with the more complicated ones, but realistically a lot of the patients that come to NPs are really challenging" (Olivia)

"Pioneer Fatigue" (Abigail)

"I'd like to do less explaining to people what NPs do" (Fiona)

"I've been introduced by one physician to another and the response instead of hello was 'you're one of those who are trying to steal our jobs'" (Elise)

"Physicians don't understand the role of the NP" (Bernice)

"… INEQUALITY AND INVISIBILITY" (NANCY)

Language:

- "A lot of the forms still say physician …I know it's not malice or anything like that but it's just people don't think about us. Even in NH literature, there's physician and wellness, physician and education. So a lot of language needs to be changed" (Nancy)

Administrative Support:

- "I am the only NP and I don't have the same admin support as other providers" (Rebecca)
- "I didn't have communication [tools] or supplies or clerical support" (Olivia)
- "We do a lot of administrative things that take up a lot of time that if we had better functioning administrative processes and staff it would be easier and more streamlined" (Carla)
- "I do spend a decent amount of time doing admin work … you know, setting up for paps, making sure referrals are being sent …" (Donna).

"… INEQUALITY AND INVISIBILITY" (NANCY)

Remuneration:

- "I don't have enough hours in my day to manage everything I need to manage. So often I'm late [leaving] or coming in on my days off … it really doesn't pay well enough. If I could just work 8-4 I would be doing fine but all the extra hours means that I don't get paid what a nurse would get paid" (Garcia)

Autonomy:

- "I've developed this 10 year relationship with patient and then they get sick and go to the hospital. And they're handed over to someone else that doesn't know them, doesn't have the established relationship with them" (Fiona)
- "There's a real ceiling of opportunity for NPs" (Nancy)
- "We're losing the doctors that originally came and took my roster of patients … so we're still bringing more patients into our clinic even though we're supposed to have one more doctor coming to replace two … the people who are coming are very complicated and the NPs have been instructed to take them until the docs can come" (Garcia)

SYSTEMIC IMPACTS

Staffing shortages and Turnover:

- "I think burnout is a big barrier because if one [NP] were to come in they'd be doing the same amount of work as 3 or 4 people and finding out they'd have to blaze a trail on how and where they would work" (Bernice)

Addressing Discrimination and Racism:

- "I would like to do less disclosing people's trauma, people should just get treated decently regardless. It takes up a lot of my day, just trying to help people access service because the people on the other end of the line, for whatever reason, struggle to treat our patients with respect" (Patricia)

IMPLICATIONS AND DISCUSSION

Return to common understandings:

- "To understand a text means to understand the question" (Gadamer, 1960/2006, p. 363)
- "If your nurse practitioner feels that your care needs are beyond what they are trained to provide, they'll refer you to a family doctor or specialist." (NH, 2018)

Intent vs Impact:

- Inevitability of knowledge being partial and provisional (Dyball, 2010, p. 281)
- Address unconscious bias or barriers persist (Wirts, 2017)

Evaluation:

- Living with paradox: "… the mark of a mature organization or person is one who can hold more than one paradigm at one time" (Griffith, 2010, p. 254 and Bawden, 1995)

CONCLUSION AND FUTURE DIRECTIONS

- Understanding and Articulating
- Promoting
- Helping and Supporting
- Integrating
- Learning
- Leading

Towards improved health outcomes and systems in northern BC

QUESTIONS?