

Ontario's NPs: A Snapshot Three Years After Graduation

The Survey

Nurse practitioners (NPs) are relative newcomers to the primary health care scene in Ontario. Given chronic physician shortages and uneven access for Ontarians to health care – especially in rural, northern and remote communities – the provincial government launched the NP initiative in 1994 to address both the education and employment needs of NPs. Some nurses were already taking on responsibilities beyond the scope of practice of registered nurses (RNs), but now, along with others who chose to, they could receive recognition, training and certification.

In September 1995, the Council of Ontario University Programs in Nursing (COUPN) began offering the Primary Health Care Nurse Practitioner (PHCNP) education program. This program is offered on a part-time or full-time basis via distance education in English at ten university schools of nursing and in French at two university schools of nursing. Incoming students must be RNs, with either a nursing degree or diploma.

Researchers at the Centre for Rural and Northern Health Research (CRaNH) at Laurentian University have undertaken a long-term tracking study of the students and graduates of the PHCNP program. They are surveyed at entry to the program, at exit, and one year and three years after graduation.

The first four graduating classes (1996, 1997, 1998, and a special transition phase in 1996-1997 for those already working as NPs without official certification) produced approximately 200 graduates (by August 2002, the number of graduates reached 450). Three-quarters of the 200 completed the surveys conducted three years after graduation. Each of the surveys contains 15 questions of a general nature and 34 more questions for those (91%) who have worked as NPs since graduation.

The graduates were questioned on their views of the education program, matters related to their practice, their professional activities, career plans and job search activities.

This issue of Research in **FOCUS** on Research is based on four working papers produced by the Centre for Rural and Northern Health Research, Laurentian University, as part of the Multi-Year Tracking Study of Students and Graduates of the Nurse Practitioner Education Program in Ontario. The authors of all four papers are: Suzanne Caty, Isabelle Michel, Raymond Pong and Dianne Stewart. Selected results have been previously published.

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The NP Education Program

The PHCNP certificate program consists of five core courses that all students must complete. Degree-prepared students can complete the program in one year of full-time study, while diploma-prepared students need a minimum of two years of full-time study, as they are admitted into an integrated program where they must also complete a baccalaureate degree in nursing in order to receive their NP certificate.

Most respondents feel the program prepared them adequately for practice. Further, a clear majority agree that if given the chance to start over, they would still decide to become NPs. Most of these were working as NPs at the time of the survey. Others are more ambivalent, and a few say they would not choose again to become NPs. Their main frustrations are the lack of job opportunities and the related need to resolve remuneration issues.

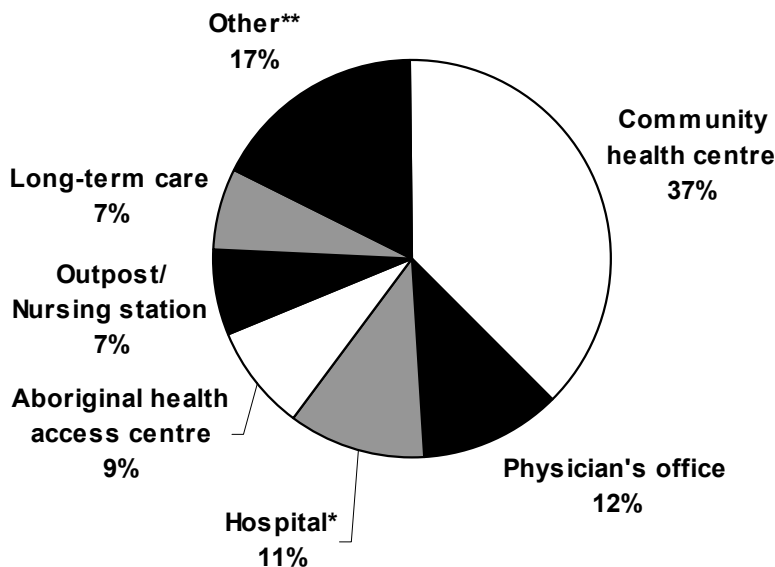
The graduates find the theoretical component of the program too heavy. They recommend that some content, specifically material already covered in the nursing baccalaureate program, be cut. They stress that the content should be kept within the scope of NP practice, and there should be more focus on the additional “controlled acts” given by the College of Nurses of Ontario to RNs with extended class (EC) designation: health assessment and diagnosis, drug prescriptions, and laboratory testing and interpretation.

Respondents like the clinical part of the program best, and want to see it expanded. Some suggest that internships be considered. They want to see more NPs serving as preceptors, and in fact, the majority of them report having been preceptors.

- ▶ *“I found the NP student experience very stressful.”*
- ▶ *“I found the NP transition program very stressful and intense, but I love being an NP.”*
- ▶ *“Jobs and remuneration appear not to be in line with the sacrifice made by participants both professionally and personally to obtain licensure.”*
- ▶ *“A mon avis la formation était inadéquate. J’ai appris et réussi en dépit du programme.”*
- ▶ *“Not enough support, course too condensed, too short.”*
- ▶ *“We should have earned a Master’s for the certificate program. Much too demanding for only a certificate.”*
- ▶ *“There are enough NPs out there now to be course professors and tutors.”*
- ▶ *“NPs in practice should be the only preceptors used.”*
- ▶ *“I love being a preceptor.”*

More than 70% believe the educational preparation for an NP should be a master’s degree in nursing with an NP concentration.

Figure 1. Practice Settings of 1996–1998 NP Graduates



*Hospital settings: ambulatory, emergency and in-patient.

**Other settings include specialty clinic, community care access centre and public health unit.

NPs at Work

Almost all of the graduates surveyed are registered in the extended class with the College of Nurses of Ontario, while 90% belong to the Nurse Practitioner Association of Ontario. Of the respondents, 9% have never worked as NPs, another 13% have worked as NPs but not at the time of the survey, and the remaining 78% were working as NPs at the time of the survey. Those not working as NPs say this is because of the lack of positions where they are and their inability to relocate, or because of the working conditions of the available NP positions.

Almost all of the 91% who had worked or were working as NPs were employed in Ontario, about 20% in the north, mainly in northeastern Ontario. The majority of positions are in urban settings; the number in “underserved” communities is increasing. Nurse practitioners have found employment in a variety of settings (see Figure 1).

About three quarters of the working respondents work full time, but one quarter of these positions are not permanent. They earn on average \$62,500 a year, and about one quarter are paid on an hourly basis. They see an average of 12 to 13 clients a day, with some reporting as few as 4 or as many as 20.

Most of the graduates practise with disadvantaged clients (e.g., low-income earners, aboriginals, immigrants) who might otherwise have trouble accessing health services. Most work with clients of all ages, some specifically with women. The majority of clients see the NP as a result of their own request, triage within the practice, or referral from a family physician in the practice.

The NPs focus on a combination of health promotion and maintenance, preventive measures, and treatment of common illnesses, activities that fit with the goals of primary health care and the PHCNP education program.

An important aspect of NP practice is collaboration with other health professionals, both within and outside their practice setting: family physicians, registered nurses, social workers, nutritionists, obstetricians, etc. The NPs rate their relationship with family physicians in their practice as good. They feel their presence increases physicians’ consulting time, but relieves physicians from some activities like health maintenance and promotion, increasing the time they have for the more complex cases.

- ▶ *“I feel very fortunate to be an NP and believe the role has a definite ‘niche’ in the health care system.... I believe we have not only developed our role, but proven our ability.”*
- ▶ *“Very fulfilling work.”*
- ▶ *“I love my job as an NP. The clients are very appreciative and enjoy the care provided as an NP. My physicians are very supportive and this encourages our clients to utilize NP services. The community is supportive.”*
- ▶ *“It is the perfect combination of nursing and medicine for me.”*
- ▶ *“[I] enjoy the autonomy and collaborative aspects of practice.”*
- ▶ *“Tous les IP devraient avoir une expérience aussi enrichissante.”*
- ▶ *“Tired of being a pioneer sometimes.”*
- ▶ *“Too many barriers to practice.”*
- ▶ *“I felt fully utilized in my NP role in a community college. There was little support (sometimes hostility) for the expanded role to be used in the ER of our local hospital or in a community setting.”*
- ▶ *“The public hospital act does not support NPs as practitioners.”*
- ▶ *“There are so many avenues my NP career can take in mental health.”*
- ▶ *“There are still days that I feel my physician colleagues see me as a threat.”*
- ▶ *“My physician partner considers herself my boss.... This is gradually improving.”*
- ▶ *“They [physicians] end up seeing more clients with illness and difficult problems; they do complain about not having a balanced practice.”*
- ▶ *“The collaborative aspect of my practice is one-sided, me to them [physicians].”*
- ▶ *“I am extremely autonomous. I expected a more collaborative relationship with area MDs but that hasn’t happened.”*
- ▶ *“The addition of an NP has ... allowed her [the physician] to accept more new clients.”*

Job Prospects for NPs

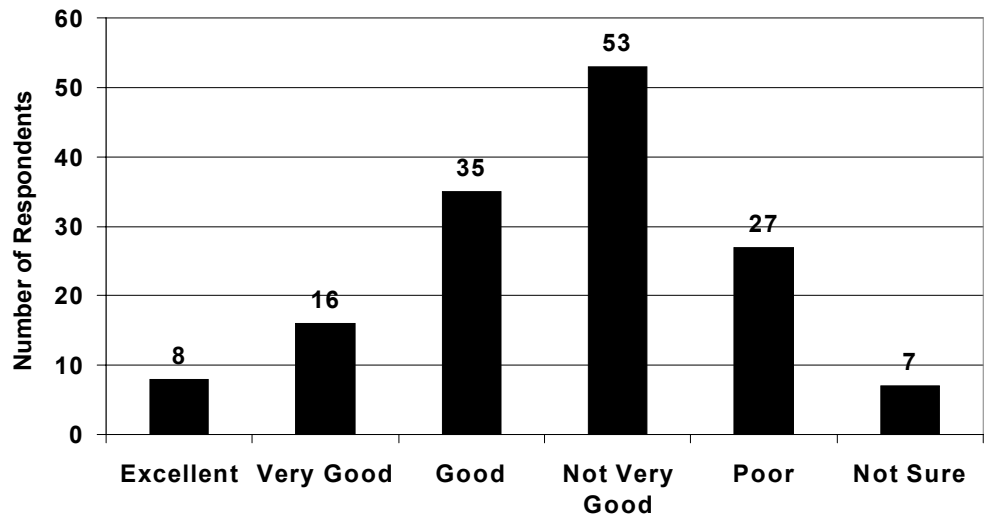
The majority (60%) of NPs surveyed are not optimistic about the job prospects for NPs (see Figure 2). Several remain unemployed as NPs, and some have changed NP jobs frequently on the way to permanent, full-time positions.

The shortage of NP positions means there continues to be under-utilization of NPs and unequal access to NP health care services across the province. At the same time, some funded positions, especially contract ones and those in rural areas and the north, remain unfilled. Some respondents suggest incentives might be the answer.

NP positions depend on funding from the Ministry of Health and Long-Term Care. More permanent, full-time positions distributed across the province are needed. The NPs want new long-term funding and remuneration

models that will allow them to work in a variety of settings, including physicians' offices. They express concern about the rate at which the government is integrating NPs in primary health care reform.

Figure 2. Perceived NP Job Prospects of 1996–1998 Graduates



- ▶ *“Jobs do not seem to be in family practice settings where NPs best fit.”*
- ▶ *“We seem to have lost momentum. Opportunities don’t seem to be opening up.”*
- ▶ *“If NPs are able to relocate, jobs are available.”*
- ▶ *“Many of the positions being advertised for NPs are contract-type positions with no guarantee for the future. This makes it not very appealing to leave employment that has job security and financial incentive.”*
- ▶ *“The main difficulty working as NPs (in any setting) is the lack of a funding mechanism.”*

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