

## Specialist Acute Care Nursing in Ontario 2007 and 2008 Surveys

This Research in FOCUS on Research reports results from two waves of a 5-year study, begun in 2006, called *A Tracking Study of Acute Care Nurse Practitioners*. The registered nurses (RNs) in the study have advanced education and skills for providing specialized medical and nursing services to adults, children and newborns in acute care settings.

Legislative and regulatory changes were made in 2007 that reserved the title “nurse practitioner” to those who had graduated from an approved program and passed an exam approved by the College of Nurses of Ontario (CNO). This left former Acute Care Nurse Practitioners (ACNPs) in a period of transition to a new title and registration status.

The 2007 questionnaire addressed registered nurses (RNs) who had listed their position with the CNO as “Acute Care Nurse Practitioner.” Special topics included medical directives and how to sustain the nursing role in acute care in Ontario. Researchers analysed 137 completed questionnaires.

The 2008 questionnaire was sent to RNs who had listed their position with the CNO as “Advanced Practice-Other” and to those in the Extended Class RNs (RN[EC]s) who were on the 2007 ACNP mailing list. Researchers analysed 205 completed questionnaires. In 2008, the focus was on the future career plans of those formerly called ACNPs.

Overall, there was a consistency between the reported characteristics in the two surveys. However, because the size and characteristics of the total population of registered nurses working in acute care settings were not known, the results of the two surveys may not be comparable or generalizable to the whole population.

### Profile of ACNPs in 2007

- 99% of the respondents were female. The average age was 44 years, with 85% of respondents between ages 36 and 55.
- All had graduated from ACNP programs (74% from the University of Toronto and 10% from McMaster University).
- On average, respondents had practised as ACNPs for 6 years and in their current positions for 5 years.
- 94% worked in large cities (population over 100,000). The Local Health Integration Networks (LHINs) with the largest percentage of ACNPs were Toronto Central (46%) and South West (12%).
- Over half (52%) of the ACNPs worked in acute care teaching hospitals, 22% in paediatric teaching hospitals, and 23% in community hospitals. Others worked in continuing care, rehabilitation hospitals or regional cancer centres.

This issue of Research in FOCUS on Research is based on two studies: *Acute Care Nurse Practitioner Tracking Study, 2007* and *A Tracking Study of Registered Nurses Working in an Acute Care Role, 2008* by Irene Koren, Oxana Mian, Patrick Timony, Raymond W. Pong, and Cater Sloan of the Centre for Rural and Northern Health Research, Laurentian University.

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The interpretations and conclusions expressed here are those of the authors and no endorsement by the Ministry or the College is intended or should be inferred.

- 88% of ACNPs worked full time. They reported working an average of 8 hours of overtime per week, even though most were not reimbursed for overtime.
- More than 80% reported their annual pay was over \$80,000. 61% were paid an hourly rate, while 34% were paid a salary. 12% were unionized.
- Two-thirds of respondents considered that the funding for their position was secure, because the ACNP role was valued by their hospital's administration staff. Others suggested budget cuts might affect their positions. Some feared that physician assistants might be hired to replace them to save money.
- 73% of ACNPs reported they worked in an inpatient unit or service, 39% worked in an ambulatory clinic, and 7% in an emergency department. They practised in many specialties, for example, cardiology (11%), paediatrics (9%), neonatal intensive care (9%), and oncology (8%).
- 70% indicated nursing (case management, patient education, etc.) and medical (ordering and interpreting tests, prescribing medications, etc.) functions were equally emphasized in their positions.
- 54% said they worked in formal teams, and 38% said they worked in both formal and informal teams.
- Patients were assigned to ACNPs in various ways, many in collaboration with or directly by the ACNP's physician partner(s).
- Fewer than half of the study ACNPs reported receiving referrals from other health care professionals. On average, 62% of these referrals came from physician specialists. 80% of ACNPs referred patients to other health care professionals. On average, 42% of ACNP patient referrals were to mental health workers, 30% to physician specialists, and 29% to social workers.
- Most ACNPs worked with the age groups for which they specialized, whether adult or paediatric. Many worked with more than one age group: 65% worked with seniors (65 years and older), 69% with adults (19 to 64 years), 29% with adolescents (13 to 18 years), 27% with infants and children (1 month to 12 years), and 21% with neonates (younger than 1 month and premature infants).
- ACNPs who cared for hospitalized patients cared for an average of 11 patients during a typical shift. They estimated that about half of their patients were at a high risk for negative outcomes. The number of visits to each patient during a shift varied, depending on the specific needs of the patient or their family and on needs and issues of the organization.
- ACNPs who cared for ambulatory patients saw an average of 7 patients during a typical clinic day. These patients showed levels of risk for negative outcomes similar to those of ACNPs' in-patients.
- During an average month, ACNPs spent 70% of their work time providing direct care to patients, 9% on leadership activities, 8% on educational activities, and 7% on research. On average, they spent very little time on administration or consultations.

- ▶ *"I can't imagine doing anything else."*
- ▶ *"I am the 'navigator' for patients, family members and the health care team to ensure the best and safest, evidence-based care is provided."*
- ▶ *"My satisfaction comes from the ability to influence patient care by direct assessment, education and coordination of their care to assure that continuity of care is maintained."*
- ▶ *"I was not prepared for how hard it would be to define a new role!"*
- ▶ *"It's quite a struggle at times to be the 'new kid' in the hospital ... I am constantly telling patients and family who I am and what I do."*
- ▶ *"Everyone wants an 'NP' yet few administrators, physicians and colleagues are aware of the scope and function, especially the leadership, non-clinical component."*
- ▶ *"Until physician work is salaried and NPs are respected for the quality of work we provide and not quantity, our role will never reach the potential of respect and importance it should."*
- ▶ *"ACNPs are overworked in our institution and underpaid. ACNPs are at risk for burnout. They are clinical workhorses of the system."*
- ▶ *"ACNPs have been practising for many years. Now the College of Nurses has stripped us of our title until we pass a certification exam ... I am humiliated."*
- ▶ *"I feel we should be grandmothered in as NPs."*
- ▶ *"It's too bad we were all working so hard that we had little time to be political and promote our valuable position."*
- ▶ *"The proposed exam will not test me on the knowledge I need in order to be an excellent ACNP."*

## Medical directives

Medical directives are written orders, generally renewed annually, that allow regulated health care providers to give a treatment that falls outside their profession's scope of practice without a physician's assessment or direct order. Almost all (99%) respondents said their workplace had a medical directive policy, 75% reported they used medical directives in their practice.

More than half of the responding ACNPs said they had experienced problems using medical directives because of limitations to their prescribing authority, medical directives not being kept current, or their inability to refer patients to allied health care providers outside the hospital or to consult with medical services outside the hospital.

Some recommended that the medical directives list classes of medications rather than individual medications, while others called for a broadening of the categories of medications they could prescribe.

## Sustaining the ACNP role

ACNPs expressed several other concerns about their role besides their limited prescriptive authority, problems with the medical directive approval process, and insecurity about funding. Many said there was an overall lack of understanding of their role that resulted in their work not being valued or accepted. They were very concerned about the new legislative changes that would affect the ACNP title and would require them to pass new exams. They also pointed to a lack of designated time for non-clinical duties and the lack of a standardized educational program.

Respondents were asked to suggest strategies for dealing with these concerns and sustaining their role. These strategies were addressed to specific groups – ACNPs, their employers, the Nurse Practitioners' Association of Ontario, the Registered Nurses' Association of Ontario, the Ontario Ministry of Health and Long-Term Care, and regulators such as the CNO and the Health Professionals Regulatory Advisory Council. The suggestions ranged across many topics, including promotion, advocacy, research, educational support, funding, and collaboration.

## The 2008 Survey

- 98% of respondents were female. The average age was 45 years, with 83% of respondents between the ages of 36 and 55.
- 79% had a master's degree, and 21% a post-master's diploma or certificate. Two-thirds earned their specialty degree at the University of Toronto, while about 10% were international graduates, mostly from nurse practitioner programs in the United States.

Almost two-thirds (64%) had specialized in caring for adults, 14% in caring for children, and 10% for neonates. On average, these nurses were 38 years of age when they graduated from their specialty acute care program.

- Almost all respondents worked in cities with populations over 100,000. Almost half (47%) worked in the Toronto Central LHIN, followed by 15% in the South West LHIN.
- 55% worked in an acute care teaching hospital, 19% in a community hospital and 17% in a paediatric teaching hospital.
- 88% worked full time. They reported working an average of 5 hours of overtime per week, even though most were not reimbursed for overtime.
- 83% earned \$80,000 or more per year. 60% were paid on an hourly basis, while 40% received a salary. About 14% were unionized.
- 63% worked in an inpatient unit or service and 43% in an ambulatory department. 76% worked in one setting and 21% in two settings.
- During an average month, respondents spent 68% of their work time providing direct patient care, 8% on educational activities, 7% on leadership activities, and almost 7% on research or consulting. On average, they spent very little time on administration, but percentages varied widely.

- ▶ *"I enjoy caring for my patients and their families and consider it a privilege."*
- ▶ *"We work long hours, frequently with little or no breaks."*
- ▶ *"The last year has been stress-provoking due to uncertainty around the title, job description and licensing."*
- ▶ *[The exam for NP-Adult specialty certification] "was irrelevant to my practice setting ... [It was] geared to primary care for the adult."*
- ▶ *[I am pleased] "to have had the opportunity to write the NP-Adult exam ... Being included in the EC is a benefit to my role when I work with non-admitted patients."*
- ▶ *"I am still hoping the CNO will reconsider their decision and make NP-Neonatal a separate designation. The training, education and working environment are separate from paediatrics."*

## Career paths

Over half of the respondents (55%) described their role at their main employer as “Advanced Practice Nurse,” and almost a third (32%) said they were in an acute care role. Others said they were Nurse Practitioners or working as educators or in management.

Almost all respondents (92%) had worked as ACNPs prior to the regulation changes in August 2007. Sixty-three percent were registered as RNs with the CNO. Of the 37% registered as RN[EC], 70% held a specialty certificate as NP-Adult and the others were certified as NP-Paediatrics or NP-Primary Health Care. Most had taken or planned to take the RN[EC] specialty examinations, with the majority interested in the NP-Adult exam.

Most respondents (68%) were interested in registering in the Extended Class to work as an NP in Ontario. Of those who planned to practise as an NP, 55% planned to remain in Ontario as an NP-Adult and 27% as an NP-Paediatrics. Some who considered leaving Ontario found the lists limiting the prescribing of drugs and the ordering of laboratory and diagnostic tests by NPs to be restrictive. Others were upset about losing their ACNP title and about the CNO’s decision not to create a Prior Learning Assessment that would allow experienced ACNPs to register in the Extended Class without taking an exam.

Among the few who planned to retire in the next five years, some still planned to take the exam while others did not.

A small number felt that their workload, time and family commitments made it too difficult to fulfill the requirements for becoming an NP.

## Concluding Notes

- Since “Nurse Practitioner” was made a protected title in August 2007, the group of RNs formerly known as ACNPs have been in transition to a new title and registration status.
- Even with the new certification and registration requirements, most respondents to the 2008 survey were interested in continuing to work as NPs in Ontario, though many are “very disappointed and disillusioned” with CNO’s decisions.
- Comparison of respondents in the 2007 and 2008 surveys shows similarities for major characteristics. The majority work full time in teaching hospitals in large cities. Salaries, however, were notably higher in 2008.
- These two surveys contribute to documenting some of the difficulties experienced by some during the transition period for former ACNPs.
- The findings of these surveys add to the “historical account” of Nurse Practitioner practice in Ontario and inform decision making for the integration and sustainability of the NP role in Ontario’s health care system.

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