

APPENDIX C



Public Opinion Research for the Canadian Nurse Practitioner Initiative

Prepared for: The Canadian Nurses Association

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Introduction

Decima is pleased to present the following report on the results of the national survey conducted for the Canadian Nurse Practitioner Initiative.

In 2004, Health Canada approved funding for the Canadian Nurses Association proposal for “Helping to Sustain Canada’s Health System: Nurse Practitioners in Primary Health Care”, which established the Canadian Nurse Practitioner Initiative (CNPI). The CNPI evolved from the Nurse Practitioner Planning Network (NPPN), which included a group of stakeholders, including nursing stakeholders, regulatory bodies, and government officials.

The objective of the CNPI is to develop a framework to support the integration of nurse practitioners (NPs) into the health-care system to improve access to quality health care in collaboration with other health professionals including physicians. Its mandate includes five strategic components: legislation and regulation; practice and evaluation; health human resources planning; education and strategic communications.

A primary objective of the CNPI is to develop strategic communications about the integration of NPs into the health-care system. Unfortunately, little research has been conducted to date about how Canadians perceive NPs and their role as primary caregivers. In order to inform its communications needs, the Canadian Nurses Association/CNPI commissioned Decima Research to conduct a benchmark study among Canadians. This report presents the results of that survey.

The specific objectives of the survey are to:

- Establish a national benchmark of public opinion on the integration of NPs into the health-care system;**
- Provide a breakdown between urban and rural communities; and**
- Inform communications that will be key to the success of the strategy and articulate any challenges.**

The results presented in this report are based on interviews with 1,554 Canadians by telephone between April 4 and April 12, 2005. The results drawn from this sample can be expected to be accurate to the full population of Canadians to within plus or minus 2.5 percentage points, in 19 out of 20 samples. A more detailed description of the methodology used to complete this research is provided at the end of this report.

This report begins with an executive summary highlighting the key findings from the research, followed by a detailed analysis of the survey results. Appended to this report is the survey questionnaire (in English and French) as well as a detailed set of tabular tables (under separate cover), showing the results of each question by key demographic variables. These tables are denoted by question number (i.e. Q.1) throughout the report for ease of reference.

Executive Summary

The research results demonstrate that awareness of NPs is modest at this time, but that support for integrating NPs into Canada's health-care system is strong, once the concept is explained. The arguments presented in favour of NPs are shown to be persuasive, while the counterarguments generally do not convince supporters to change their opinions.

Although Canadians do acknowledge certain drawbacks to integrating NPs, a substantial majority believes the benefits will outweigh the drawbacks.

The biggest health care priority for Canadians is improving the timeliness of care and the full integration of NPs into the health-care system is seen by many as a way to achieve this.

Generally, Atlantic Canadians and Quebec residents are more positive about NPs and their role in the health-care system, while BC residents are somewhat more hesitant. The research also reveals very little variation in opinions toward NPs between urban and rural communities.

The following are the key findings from the research.

Perceptions of Canada's Health-care system

About three quarters of Canadians agree that the health-care system is functioning at least pretty well generally, however, the majority (58%) do not believe the system to be functioning well in terms of ensuring that services are available in a timely fashion.

Moreover, six in ten Canadians believe that the most urgent improvement needed to Canada's health-care system is helping Canadians access health care services *more quickly*.

Canadians are most receptive to increasing human and physical resources, particularly doctors and nurses. The idea of Registered Nurses with additional training to assess, diagnose, manage cases and prescribe medications is viewed positively by Canadians (77%).

Level of Support for Nurse Practitioners

Not quite six in ten Canadians are currently aware of NPs. This group holds a high opinion of NPs, with over eight in ten saying it would be excellent or good to integrate them into the health-care system.

Furthermore, a strong majority of all Canadians are supportive (90%) of integrating NPs into the health-care system once the role has been explained to them. Their support is based on a belief that doing so would alleviate pressure on doctors, and improve the speed of access to services.

Canadians consider the ability of NPs to collaborate with physicians, and to promptly treat minor ailments as major advantages. The potential for conflict with physicians is the most often cited drawback to the full integration of NPs into the Canadian health-care system.

Reasons for Supporting Nurse Practitioners

Canadians agree that most of the arguments presented in favour of NPs are strong, while the arguments presented in opposition are not all that strong. Canadians were most convinced by arguments relating to improved speed and access to health care services:

By relieving some of the routine workload, doctors will be more able to focus attention on the cases where their expertise is really needed, and needed urgently;

Giving more responsibilities to NPs will help ensure that rural areas have access to more timely health care services; and

Integrating NPs into the system will alleviate pressures on hospital emergency rooms, and ensure that those with urgent needs are treated in a rapid manner.

Communications Considerations

The research has indicated key areas of focus to garner support for the Canadian Nurse Practitioner Initiative.

Canadians generally agree that improving the timeliness of health care services is the key improvement needed in the health-care system, and they concur that increasing the supply of human resources is a key to solving this problem. On this basis, CPNI may wish to focus communications on improving the timeliness of access to health care.

The biggest perceived advantages of integrating NPs into the health-care system are related to early diagnosis and treatment of ailments. Messaging about these advantages can be expected to resonate well with Canadians and reinforce support for the CNPI. These specific advantages are:

Making sure that people with colds, flu and similar ailments are treated in a timely fashion; and

Having NPs work collaboratively with doctors so that more serious ailments are diagnosed earlier.

Some Canadians are concerned that there could be potential conflicts between physicians and NPs, and specifically that these conflicts may impede on their ability to deliver quality services. Public communications about the intended collaboration between these two groups of professionals may alleviate these concerns.

There are a number of other areas of modest public anxiety about NPs that CNPI may wish to address through its communications, including:

Risks of inaccurate diagnoses or incorrect treatments;

Potential confusion stemming from changes in the health-care system; and

Perceptions of increased costs due to the addition of a new layer of professional in the health-care system.

In summary, the NP concept is favourably received by the public. Strong, focussed, positive communications can be expected to alleviate the concerns identified.

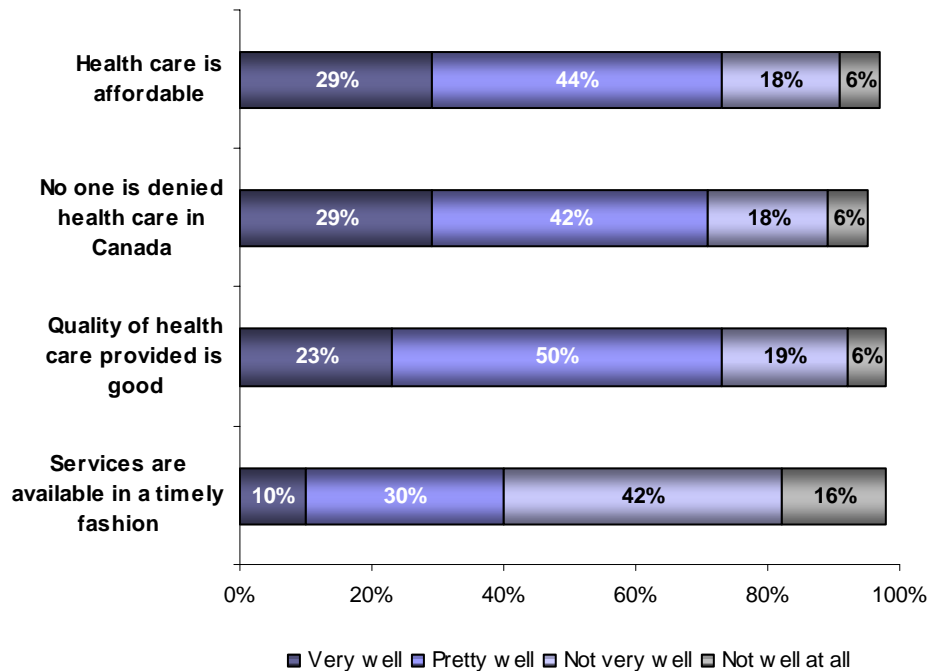
Detailed Findings

Perceptions of Canada’s Health-care System

Canadians point to timeliness of service delivery as a key area for improvement in Canada’s health-care system and they support increasing human and physical resources to resolve this.

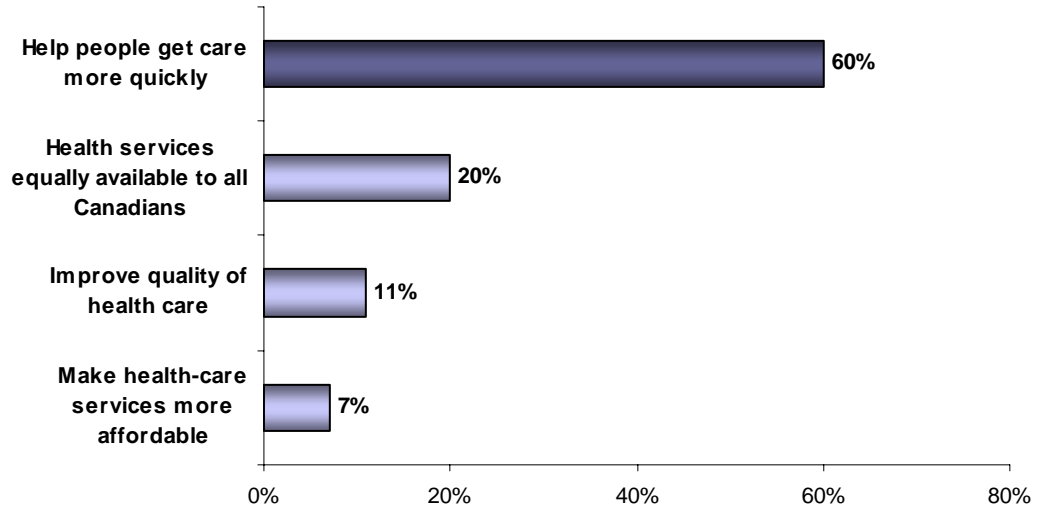
Canadians believe the country’s health-care system delivers affordable (73% very or pretty well), good quality (73%) care and that no one is denied care (71%). The majority do not agree, however, that services are available in a timely fashion (58% not very well or not well at all). (Q.1-4)

Opinion on How Health-care System is Working



Moreover, when asked to prioritize potential improvements to the system, getting people care more quickly is the first choice by a three to one margin. Six in ten (60%) Canadians agree that helping people get care and treatment more quickly is the most urgently needed improvement to the system. (Q.5)

Most Urgent Improvement Needed to Health-care System



When looking across the country, some interesting regional patterns emerge. Residents of Alberta, for example, are the most satisfied with the current system but they are also more likely than others to consider the affordability of services to be the key improvement required. Meanwhile, residents of BC are the least satisfied, overall, with the health-care system.

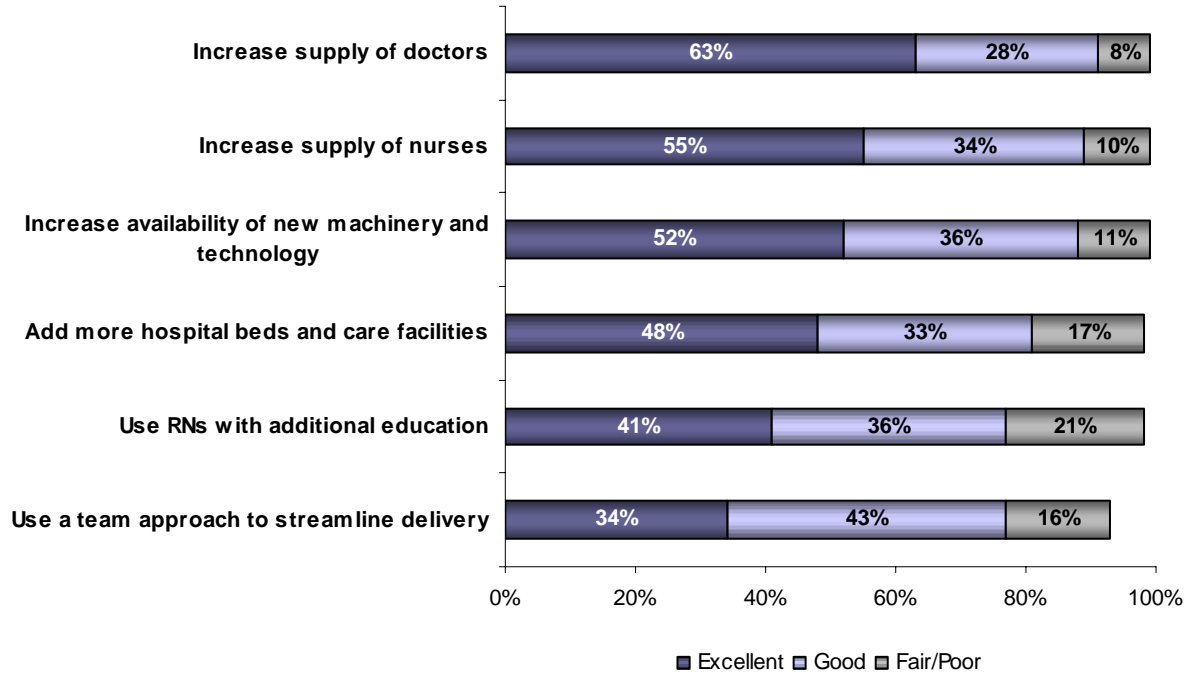
Age also influences views of the current health-care system. Canadians aged 55 years of age and older are less satisfied than younger Canadians across the different elements of the system.

Canadians believe increasing the human and physical resources in the health-care system to be important as steps toward improving the accessibility and timeliness of services. A majority of Canadians consider increasing the supply of doctors (63%) and nurses (55%) an excellent idea for improving the health-care system. They also believe that increasing the availability of new machinery and technology (52%) and adding more hospital beds and care facilities (48%) are excellent ideas for helping Canadians access services more quickly.

When presented with the following generic description of NPs, four in ten (41%) give an excellent rating: “using registered nurses with additional education to assess, diagnose, manage injuries and illnesses and prescribe medications in accordance with provincial and territorial regulations.”

“Using a team approach to streamline the delivery of health care services” is considered to be an excellent idea by fewer Canadians (34%). (Q.6-11)

Rating of Ideas to Improve Health-care Delivery

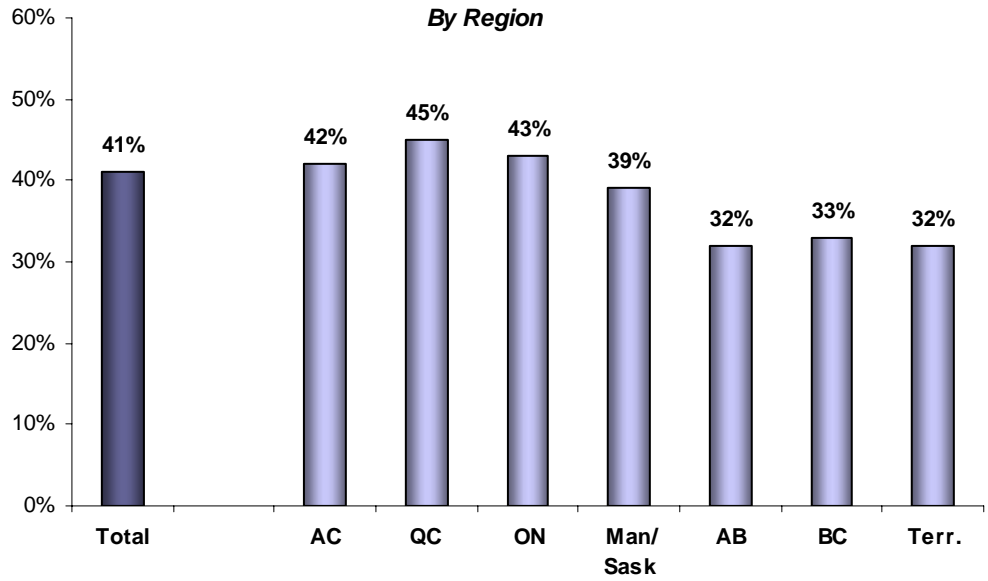


Some segments of the population are more apt to rate the suggested improvements as excellent. Quebec residents (59%) are more likely than others to agree that increasing the supply of nurses is an excellent idea, while Ontario citizens (70%) most frequently say that increasing the supply of doctors is an excellent idea.

In terms of using registered nurses with additional education to assess, diagnose, manage injuries and illnesses and prescribe medications in accordance with provincial and territorial regulations, Quebec (45%) and Ontario (43%) residents are most likely to consider this an excellent idea, while residents of Alberta (32%), BC (33%), and the Territories (32%) are least likely to give this an ‘excellent’ rating.

Excellent Rating: Using RNs with Additional Education

By Region

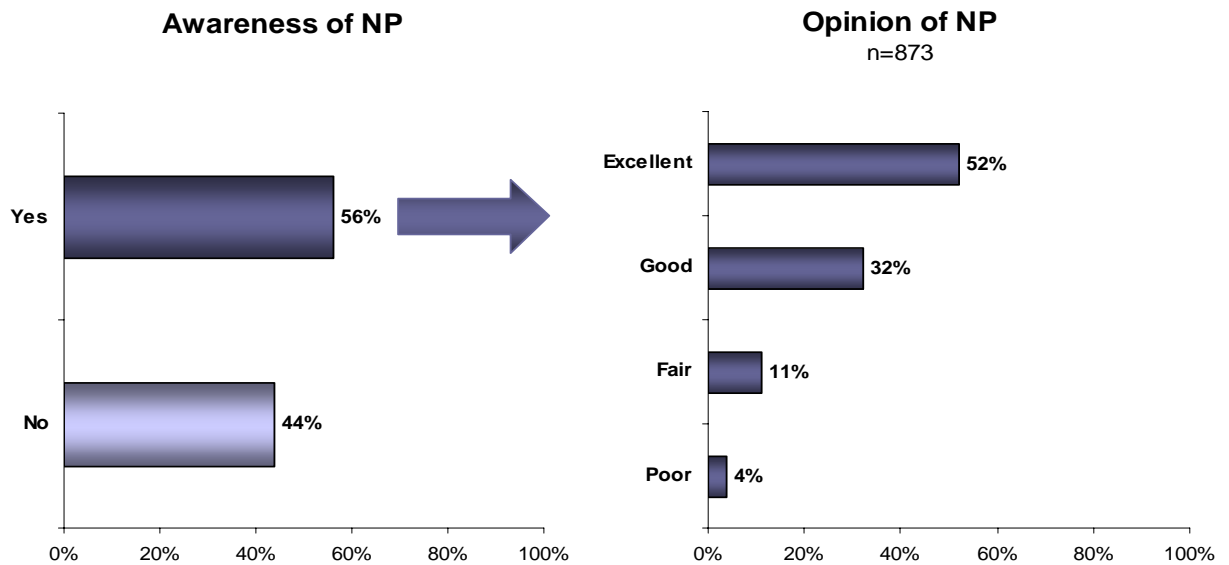


Level of Support for Nurse Practitioners

Awareness and Opinion of Nurse Practitioners

Six in ten Canadians are currently aware of NPs, but a strong majority of all Canadians (aware and not) support their integration into the health-care system.

Not quite six in ten (56%) Canadians are currently aware of NPs, and a strong majority of this group (84% or 47% of all Canadians) consider their integration into the health-care system an excellent (52%) or good (32%) idea. (Q.12, 13)



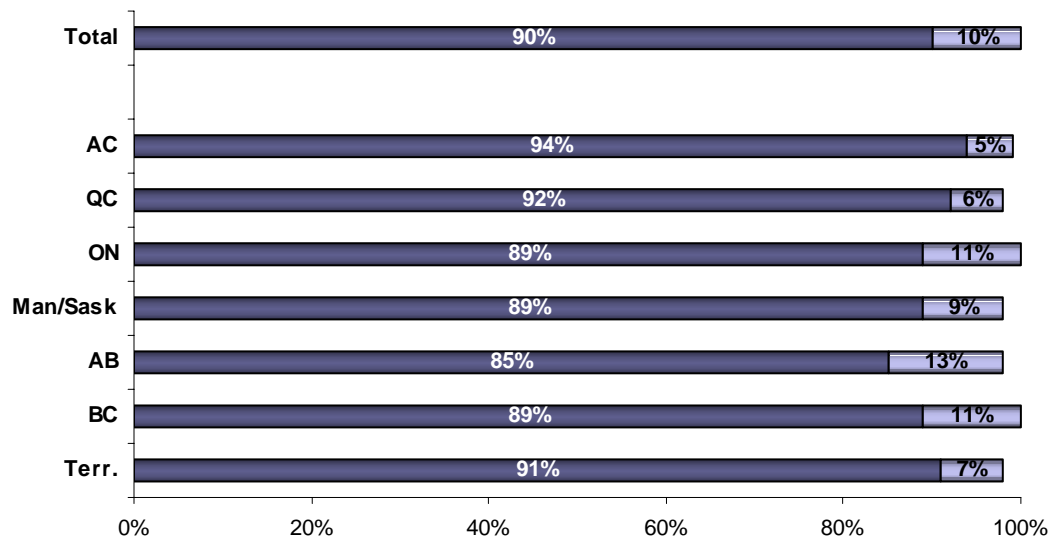
When looking across Canada, Atlantic Canadians (64%) are most likely to say they are aware of NPs, while those in Quebec are the least aware (46%). Awareness of NPs is limited among younger Canadians: Four in ten (39%) Canadians younger than 35 years of age claim awareness of NPs in comparison six in ten (61%) of those aged 35 years and older.

Participants were read the following description of the NP concept, and then asked to indicate their support or opposition for the full integration of NPs into the health-care system.

Nurse practitioner is a health care role that exists now in the US, the UK, Australia and New Zealand, but is at an earlier stage of implementation in Canada. Essentially, the concept is to have registered nurses with additional education and extensive experience play a greater role in providing quality care and meeting the demand for health care services. Nurse practitioners are able to diagnose and treat common illnesses, order tests and prescribe medications within specific standards and conditions as outlined in their respective provincial and territorial regulations.

Upon hearing this description, support for the integration of NPs is very high, regardless of prior awareness. More than half (54%) of all Canadians strongly support the integration of NPs, and an additional one-third (36%) is supportive. Only about one in ten oppose (7%) or strongly oppose (3%) the integration of NPs into the Canadian health-care system. (Q.14)

Support for Fully Implementing NPs into Canadian Health-care System By Region



Canadians aware of NPs prior to this study are more likely than those not aware to *strongly support* the full integration of NPs into the health-care system (58% versus 49%). This suggests that increased awareness of NPs will likely lead to increasing support for their integration into the health-care system.

Although support for this initiative is widespread, different segments of the population are more likely than others to *strongly support* it. This includes

residents of Quebec (64%), Canadians with a post-graduate degree (64%), and Canadians over the age of 35 (58%).

Support for the integration of NPs into the health-care system is based on taking pressure off doctors and speeding up care. Most opponents are concerned about qualifications.

Canadians support the full integration of NPs into the health-care system because they expect it to take pressure off of doctors (28%) and speed up the health care process (26%). Slightly fewer support NPs because they are currently concerned about the shortage of doctors (22%), or because more and better health care workers are needed (18%). One in ten each support the integration of NPs for the following reasons: NPs know what they are doing (10%), it is not necessary to see doctors for all ailments (9%), and/or NPs can be as good as doctors with proper training (9%). A variety of other reasons for supporting NPs are mentioned by fewer participants. (Q.15)

The small group that does not support the integration of NPs into the health-care system (10%, n=144) most often say this is because they do not believe NPs have appropriate qualifications (60%).

TABLE 1: REASONS FOR SUPPORT OR OPPOSITION OF NURSE PRACTITIONER INITIATIVE

Reasons for Support (n=1391)	%	Reasons for Opposition (n=144)	%
Take pressure off doctors	28	Insufficient qualifications	60
Speed up process/more efficient	26	Concerned about shortage of doctors	15
Concerned about doctor shortage	22	Concerned with nurses giving diagnoses	12
Need more/better health care/staff	18	Concerned with nurses giving prescriptions	8
It is a good idea	11	Need more/better health care/staff	7
They know what they are doing	10	Nurses should not have all the responsibilities	6
No need to see doctor for everything	9	Can be as good as doctors with proper training	4
Can be as good as doctors with proper training	9	Know what they are doing	3
Nurses should/could have more responsibilities	7		
Would be cheaper/doctors more expensive	6		
Other reasons	11	Other	23
Don't know	2	Don't know	1

Residents of the various parts of the country support the integration of NPs for different reasons. Atlantic Canada (33%) and Quebec residents (34%) are more likely than those in other parts of the country to support this initiative because they believe it will help doctors, while BC residents are more apt to say their support is based on the need for more and better health care staff (30%).

In terms of opposition to the full integration of NPs into Canada's health-care system, those aged 25 to 34 years (86%) are most likely to worry that NPs are not sufficiently qualified.

Benefits of Nurse Practitioners

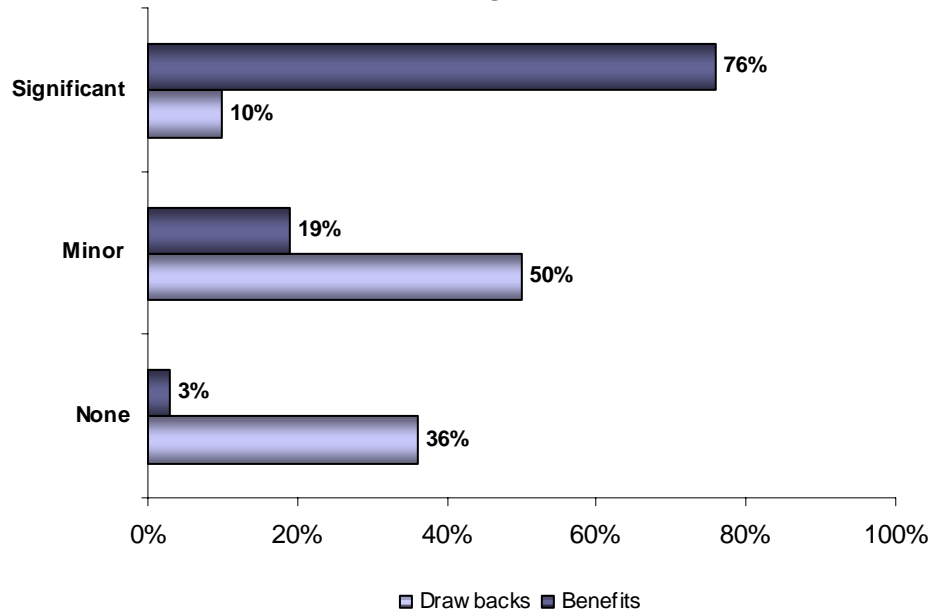
Three-quarters of Canadians agree that there will be significant benefits from the integration of NPs into the health-care system.

A sizeable majority of Canadians believe the integration of NPs into the health-care system will generate significant benefits (76%). Another one in five (19%) expect there to be minor benefits while very few (3%) think there will be no benefit to integrating NPs into Canada's health-care system. (Q.16)

Significant benefits of the NP initiative are most often cited by Atlantic Canadians (84%), Quebec residents (81%), and those aged 55 years or older (79%).

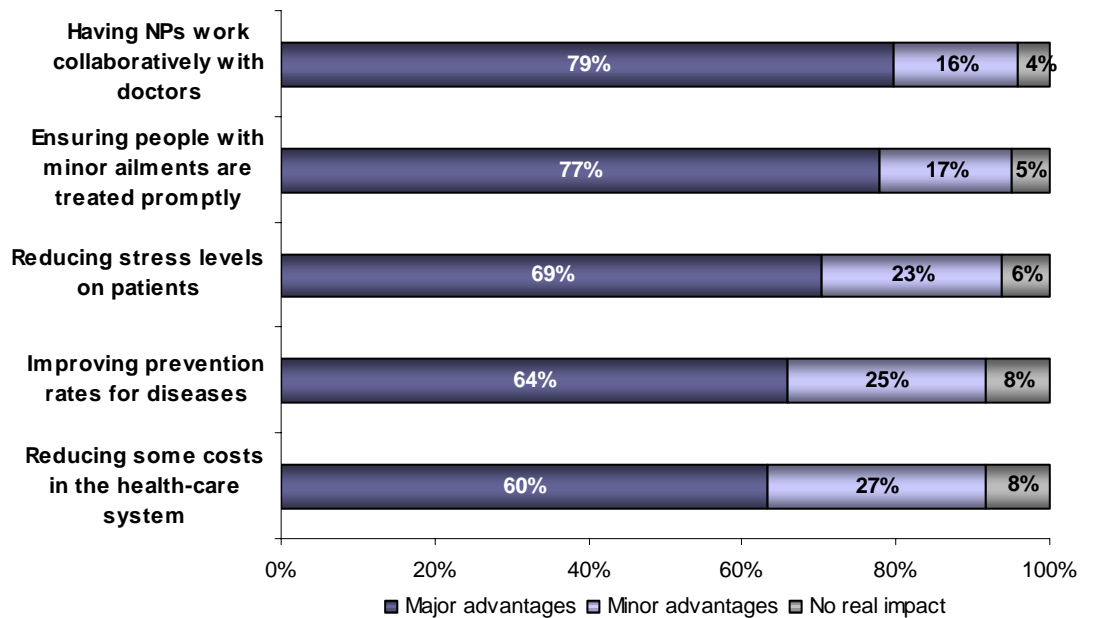
When considering the potential drawbacks of NPs, few Canadians (10%) think that there would be significant drawbacks to the implementation of this concept, while half (50%) expect there to be minor ones. About one in three (36%) Canadians do not foresee any drawbacks from the full integration of NPs. (Q.17)

Benefits and Drawbacks to Implementation of NPs



In addition to benefits or drawbacks in general, Canadians were also asked about specific advantages of integrating NPs into the system. On the whole, Canadians agree that NPs would create major advantages for the health-care system in a range of areas. (Q.18-22)

Potential Advantages of Integration of NPs



Canadians are most likely to see major advantages in terms of having NPs collaborate with doctors so that serious ailments are diagnosed earlier (79%), and by making sure that people with minor ailments are treated in a timely fashion (77%). Slightly fewer see major advantages from reducing patient stress levels (69%) and improved prevention rates for illnesses (64%). Canadians are least likely to expect major advantages from NPs in the form of reduced costs in the health-care system (60%).

Residents of Quebec and Atlantic Canada, and women are more likely to consider there to be potential advantages from the full integration of NPs.

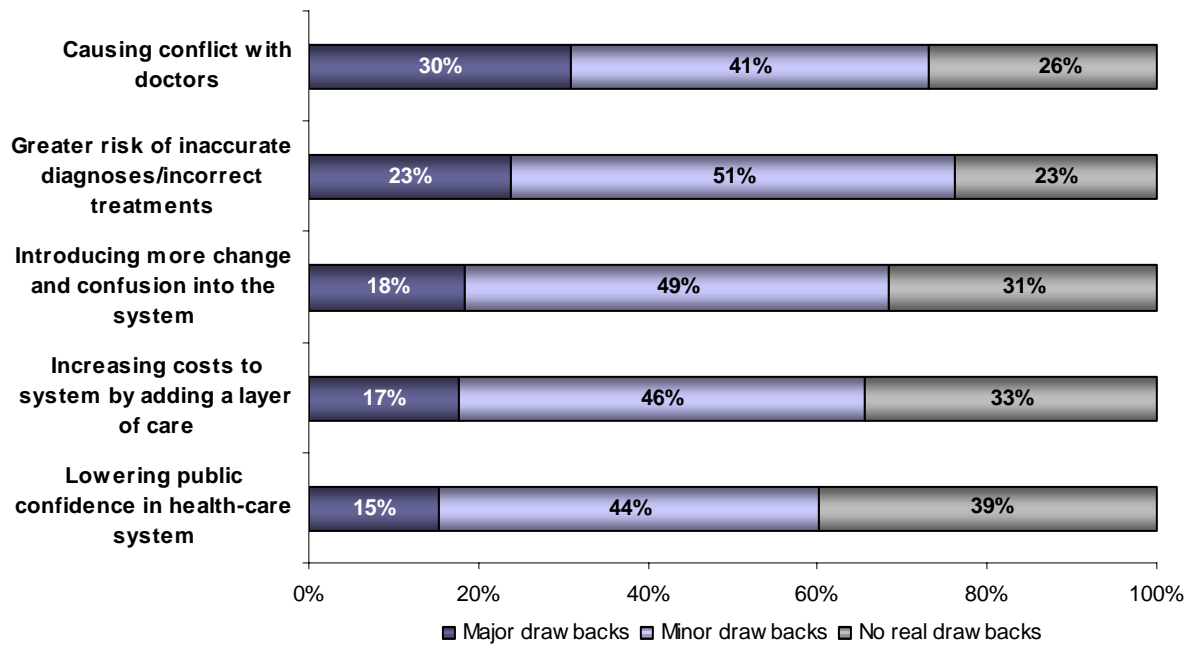
Drawbacks of Nurse Practitioners

Canadians perceive few major drawbacks from the integration of NPs into the health-care system.

Further emphasizing Canadians' support for integrating NPs into the health-care system is the fact that only a minority of Canadians see major drawbacks to this proposal. Three in ten (30%) say a major drawback would be conflict with doctors, while one in four (23%) believe that a major drawback would be a greater risk of inaccurate diagnoses or incorrect treatments.

About one in five Canadians foresee major drawbacks resulting from confusion and change in the health-care system (18%) and from the increased costs associated with a new layer of care (17%). Canadians are least likely to identify a decrease in public confidence in the health-care system (15%) as a major drawback to the integration of NPs into the system. (Q.23-27)

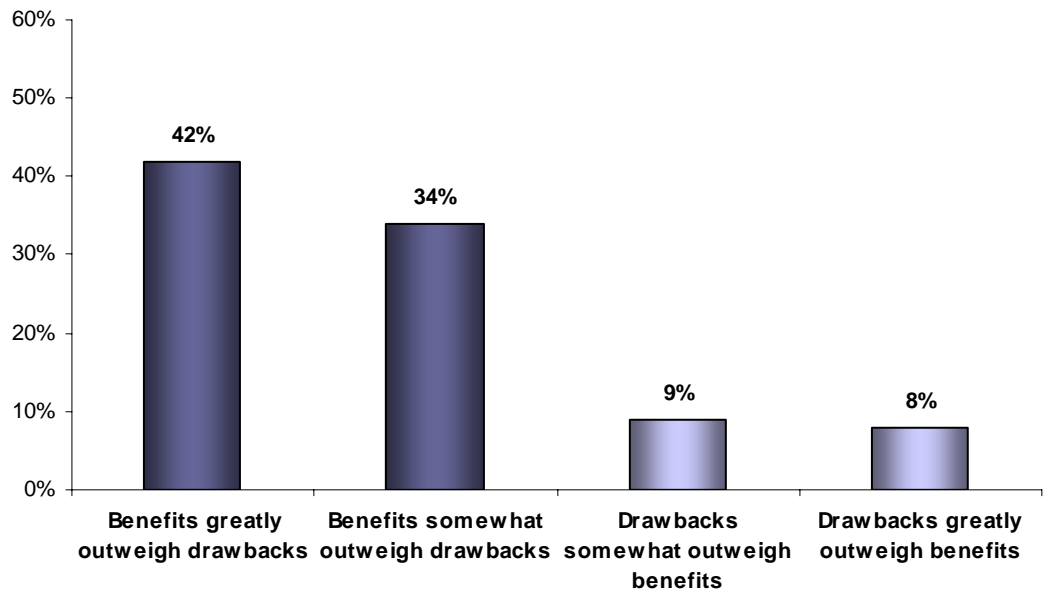
Potential Drawbacks of Integration of NPs



Residents of Alberta and Quebec are more likely than others to consider the different drawbacks to be major when considering the full integration of NPs into Canada’s health-care system.

Although Canadians acknowledge that some drawbacks may exist to integrating NPs into the health-care system, a majority of Canadians believe, that on balance, the benefits of NPs outweigh the drawbacks. Three quarters of Canadians say the benefits greatly (42%) or somewhat (34%) outweigh the drawbacks, whereas less than one in ten each say the drawbacks somewhat (9%) or greatly (8%) outweigh the benefits. (Q.28)

Benefits of NPs Outweigh Drawbacks?



Reasons for Supporting Nurse Practitioners

Canadians' opinion of NPs tend not to shift based on the arguments presented.

The research thus far has demonstrated that Canadians have a favourable view of the full integration of NPs into the health-care system. The research also included testing of a range of arguments for and against the NP concept. The results illustrate that Canadians are very receptive to the arguments being made in support of this proposal. In fact, almost eight in ten Canadians consider all of the arguments presented in favour of the full integration of NPs to be either strong or very strong.

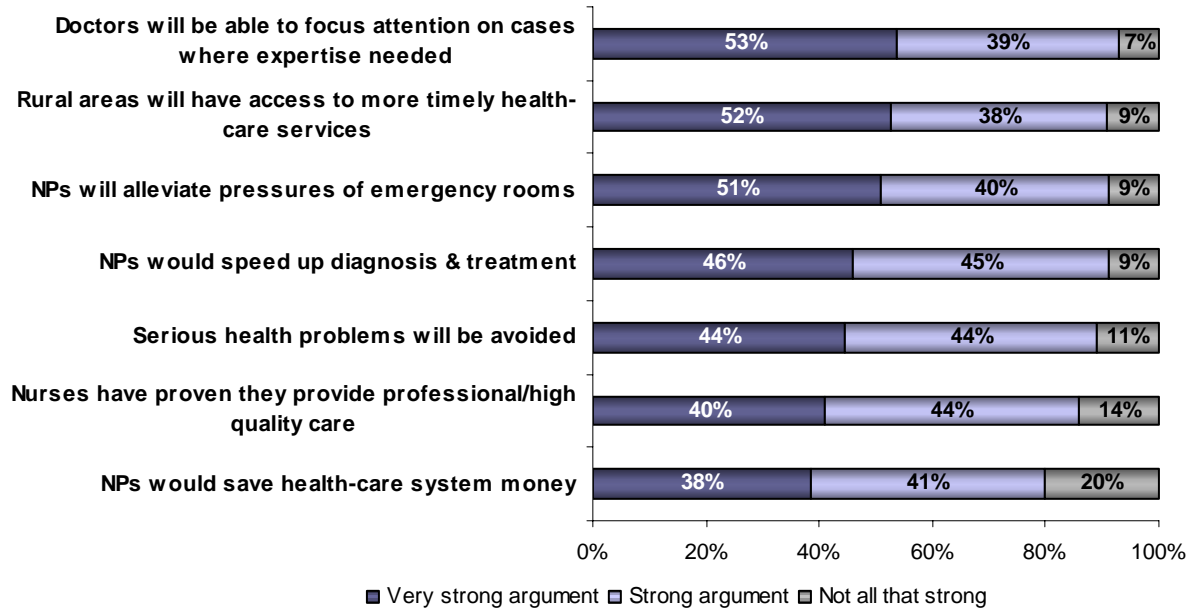
Canadians are most convinced by arguments stating that NPs will improve access to health care services. Consistent with the earlier findings about the importance of improving access and timeliness of care, the strongest arguments in favour of NPs are:

By relieving some of the routine workload, doctors will be more able to focus attention on the cases where their expertise is really needed, and needed urgently (53% very strong argument);

Giving more responsibilities to NPs will help ensure that rural areas have access to more timely health-care services (52%); and

Integrating NPs into the system will alleviate pressures on hospital emergency rooms, and ensure that those with urgent needs are treated in a rapid manner (51%).

Strength of Arguments in Favour of NPs

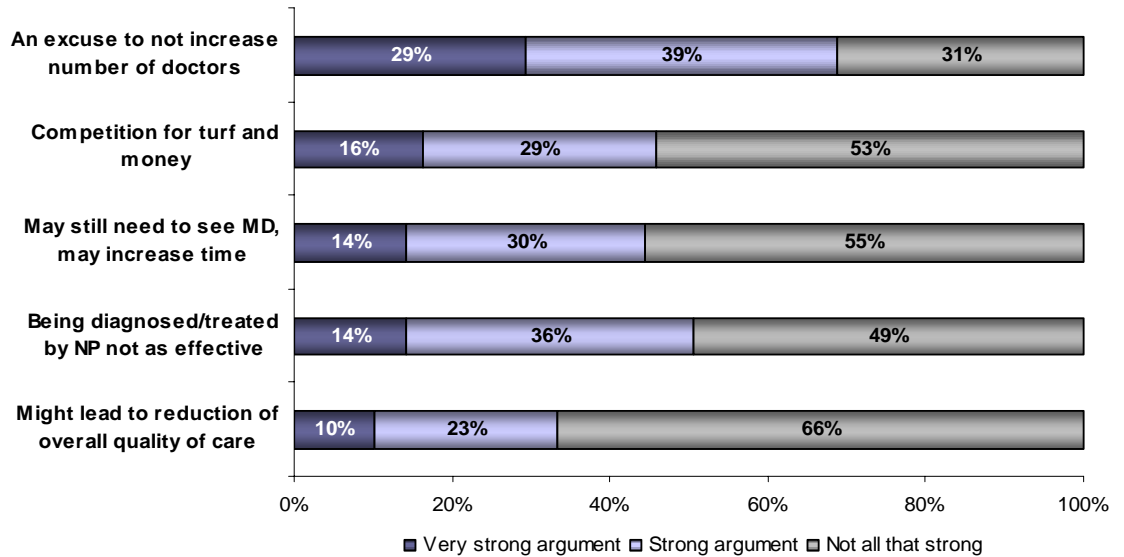


Residents of Quebec are more likely than others across Canada to consider all the arguments favouring NPs very strong ones. Meanwhile, Canadians 18 to 24 years of age are less likely than their older counterparts to consider the following arguments to be strong ones:

- NPs will ensure that rural areas have access to more timely health care (35% versus 53%); and**
- Nurses have proven over time they provide professional high quality services (22% versus 41%) to be strong ones.**

When looking at arguments made *against* the integration of NPs, about half of Canadians consider each argument to be “not all that strong.” They are however, somewhat more inclined to consider the argument “*governments might use an increase in NPs as an excuse not to increase the number of doctors*” a very strong argument (29%). This suggests that Canadians are not opposed to the idea of NPs; rather they are concerned about the potential impact NPs may have on the supply of physicians.

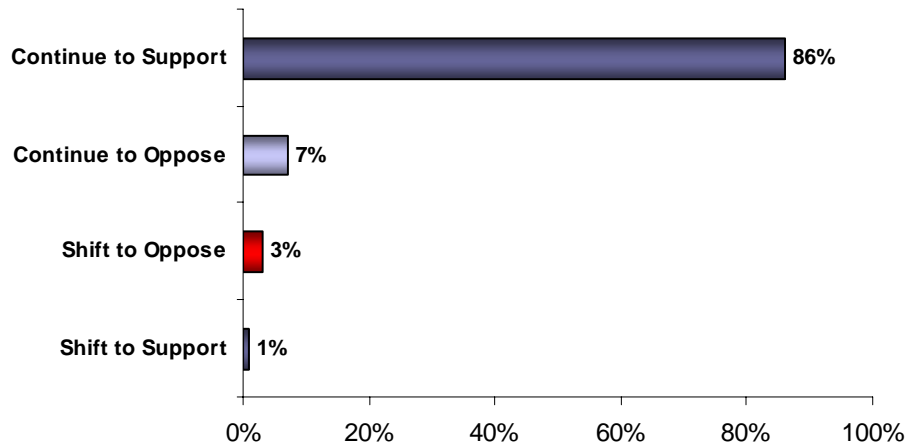
Strength of Arguments Against the Integration of NPs



Canadians with secondary education or less (21%) are more likely than those with a post-secondary education (13%) to find “*competition between NPs and doctors over turf and money*” a very strong argument. In addition, those with an annual household income below \$50,000 (17%) are more likely than those with higher incomes (11%) to think the argument “*people may still have to see a doctor, it could mean it takes more time to get the health care needed*” a strong one.

In order to assess overall reactions to the different arguments for and against the integration of NPs, Canadians were once again asked if they support or oppose this concept. The results reveal that Canadians were not persuaded to change their minds by the arguments presented in the survey. Nearly nine in ten (86%) participants continue to support the full integration of NPs into Canada’s health-care system, while seven percent continue to oppose it. A marginal three percent of participants shifted from supporting this initiative to opposing it, while one percent moved from opposition to support. Profiling the “switchers” is not feasible due to the small numbers involved (n=41 shifted to opposition and n=22 changed to support).

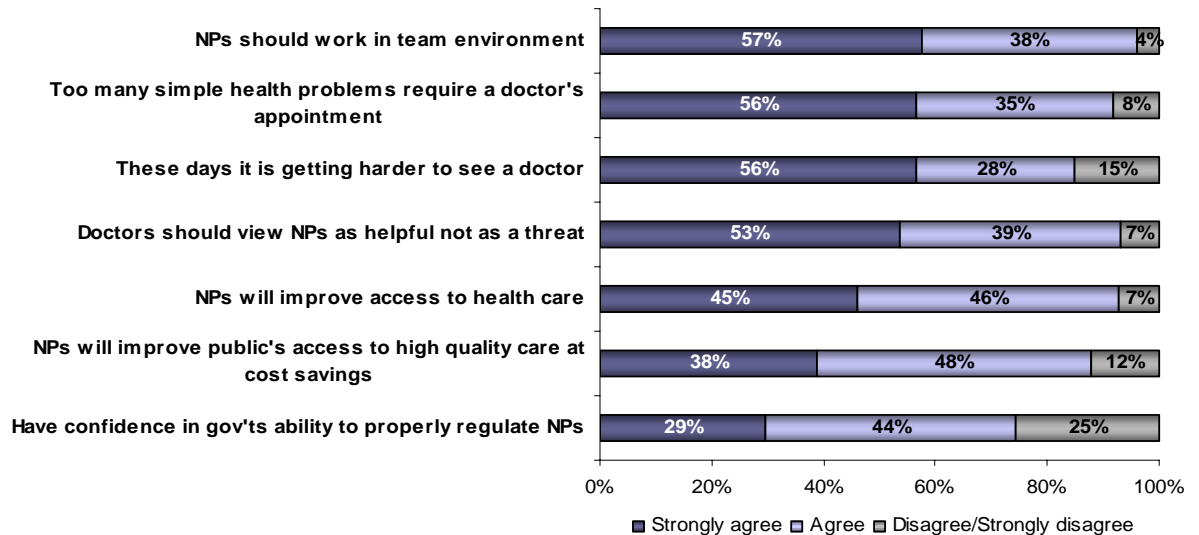
Change in Opinion of NP Initiative



Canadians were asked their level of agreement with a variety of statements about health care, and the roles and responsibilities of NPs. The results reveal that no less than eight in ten Canadians agree with the statements presented. Slightly fewer, however, agree that they have confidence that governments can properly regulate NPs and ensure that patients are not put at risk (73%).

(Q.42 – 48)

Agreement with Statements About Health Care in Canada



Urban – Rural Comparison

A key objective of this research was to ascertain if there are urban-rural differences in attitudes towards NPs. The survey results generally indicate consistency between Canadians living in urban and rural settings on these issues, although a few exceptions are noted below. It should be noted, however, that these are essentially differences of degree rather than opposing views.

- Urban residents (31%) are more likely than those in rural areas (23%) to say that the health-care system is working very well at ensuring no one is denied health care in Canada.
- Residents in urban areas are somewhat more likely than rural citizens to consider that there will be minor benefits (20% versus 14%) to fully implementing NPs into the health-care system, and only minor drawbacks (51% versus 42%).
- When considering advantages and drawbacks to the implementation of NPs, urban residents are more likely than their rural counterparts to consider that NPs would reduce some of the costs to the health-care system (28% versus 22%). In addition, urban residents are more likely than rural ones to believe that NPs would have no real drawbacks in terms of increasing the costs on the health-care system by adding a layer of care (35% versus 24%).
- When taking into account arguments and counterarguments to the integration of NPs, urban residents are more likely than rural ones to consider the argument that *“nurses have proven over time that they provide professional high quality services and there is no reason to doubt that this would be the case for NPs”* not all that strong (15% versus 10%). Residents in urban areas are also more likely to believe that the argument stating *“because in some cases, people may still have to see a doctor after seeing an NP, it could mean in those cases that it takes even more time to get the health care you need”* a very strong one in comparison to rural residents (14% versus 9%).

Survey Methodology

Questionnaire Design

The questionnaire used for this study was designed by senior Decima consultants in close consultation with the project authority at the Canadian Nurses Association. Upon finalization, the questionnaire was translated into French by Decima's in-house translation department.

Sample Design and Selection

The sample for this study was designed to complete 1,500 interviews by telephone with adult Canadians from households randomly selected in all provinces and territories. The sample was stratified by region and province to ensure adequate sub-samples for meaningful sub-group analysis.

The sample was drawn using SurveySampler technology, which ensures that all residential listings in Canadian provinces have an opportunity to be selected for inclusion in the survey. Within those households selected, respondents 18 years or older were screened for random selection using the “last birthday” method, which provides an efficient means of ensuring the sample approximates the population according to gender and age level. Further screening was conducted to ensure that households with a nurse or a physician were excluded from the sample. Up to eight callbacks were used to reach selected respondents who may not have been available at the time of the call.

Survey Administration

This survey was conducted in English and French by telephone using computer-assisted-telephone-interviewing (CATI) technology, from Decima's facilities in Ottawa, Toronto, and Montreal, between April 4 and 12, 2005. The survey averaged 18 minutes in length.

All interviewing was conducted by fully trained and supervised interviewers, and a minimum of 10 percent of all completed interviews were independently monitored and validated in real time.

Sample Disposition

A total of 23,664 telephone numbers were dialled for this study, from which 1,554 households were qualified as eligible and completed the survey. The overall response rate is 9%. The final disposition of all contacts is presented in the following table, consistent with the reporting standards established by the Marketing Research and Intelligence Association (MRIA).

SAMPLE DISPOSITION REPORT

A. Total Number Attempted (Lines 1-14)	23,664
1. Not in Service	1,742
2. Fax/Modem	594
3. Business/Residential	2,191
B. Total Eligible Numbers (Lines 4-14)	19,137
4. Busy	244
5. Answering Machine	3,441
6. No Answer	3,437
7. Language	385
8. Illness, Incapable	93
9. Selected/Eligible Respondent Not Available	2,152
C. Total Asked (Lines 10-14)	9,385
10. Household Refusal	3,696
11. Respondent Refusal	3,801
12. Qualified Respondent Break Off	168
D. Co-operative Contacts (Lines 13-14)	1,720
13. Disqualified	166
14. Completed Interview	1,554
Refusal Rate = (10+11+12)/C	81.67
Response Rate = D/B	8.99

Sample Distribution

A sample 1,554 drawn from the Canadian population would be expected to be accurate to within plus or minus 2.5 percent at the 95 out of 100 samples. The margin of error will be greater for regional and provincial sub-samples, as presented below.

SAMPLE DISTRIBUTION BY REGION

Region/Province	Unweighted Sample	Margin of Error ¹
Atlantic Canada	200	± 6.9%
Quebec	300	± 5.7%
Ontario	392	± 5.0%
Manitoba/Saskatchewan	204	± 6.9%
Alberta	200	± 6.9%
BC	200	± 6.9%
Territories	58	± 13.0%
Total	1,554	± 2.5%

¹At the 95% confidence level