

THE NURSE PRACTITIONER

CNA POSITION

Nurse practitioners (NPs) are unique health-care professionals with additional graduate or post-graduate education and clinical practice experience. NPs are educated in both nursing theory and medical skills and possess the knowledge and skills to autonomously diagnose, order and interpret diagnostic tests, prescribe treatment (including drugs) and perform specific procedures (within their legislated scope of practice) (Canadian Nurses Association [CNA], 2010; Nurses Association of New Brunswick [NANB], 2012; College of Registered Nurses of Nova Scotia [CRNNS], 2014; Association of Registered Nurses of Newfoundland and Labrador, 2013). To become an NP, you must first be a registered nurse with working experience. Currently there are multiple categories of NP practice across the country: family/all ages, adult, pediatric, neonatal, nephology and anesthesia. The title “nurse practitioner” is protected in all jurisdictions (Canadian Institute for Health Information, 2015).

The primary focus of the NP role is clinical, but it also incorporates leadership and research competencies. NPs work with individuals, families, groups, communities and diverse populations across the continuum of care based on the principles of primary health care.¹ They collaborate with clients to incorporate their clients’ values, beliefs and preferences in making decisions about the plan of care.

NPs provide comprehensive care to clients² of all ages using principles of health promotion and disease prevention, illness management, and supportive, curative, rehabilitative (NANB, 2015) and palliative care.³ As advanced practice nurses,⁴ NPs also

¹ Primary health care is “a principle-based, comprehensive approach [that] stresses population- (macro), community- (meso), and person-oriented strategies for achieving health, in conjunction with . . . integrated health and social services (CNA, 2015, p. 2).

² Clients may be individuals, families, communities, groups or populations.

³ The nurse practitioner specialty certificate in anesthesia (NP-Anesthesia) is currently recognized in only one jurisdiction.

⁴ Advanced nursing practice is “an umbrella term [used to describe] an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations” (CNA, 2008, p. 10).

provide leadership, act as consultants, researchers and educators, and incorporate and promote incorporation of new knowledge from research studies and other sources into their practice (Sidani et al., 2014). They play a key role in community/organizational development, quality improvement, interprofessional/team work (Hurlock-Chorestecki et al., 2016), capacity building and health policy development.

CNA believes NP practice reflects and demonstrates the characteristics and competencies⁵ of advanced nursing practice. It is grounded in the values, knowledge, theories and practice of the nursing profession while incorporating knowledge, theories and many practice activities traditionally associated with medicine/physicians.

CNA believes a graduate degree in nursing is essential for preparing nurses to meet the competencies required for this advanced nursing practice role, which are outlined in the Canadian Nurse Practitioner: Core Competency Framework (CNA, 2010).

CNA believes the education and experience of NPs uniquely positions them to function both independently and collaboratively in a variety of settings across the continuum of care (Hurlock-Chorostecki et al., 2015; Donald et al., 2009).

CNA believes the NP role contributes significantly to improving individualized, high-quality, cost-effective care through a broad range of health-care models (Canadian Health Services Research Foundation [CHSRF], 2011; Kilpatrick et al., 2012; CRNNS, 2016).

CNA recognizes that NPs help improve access to health care, reduce wait times and alleviate pressures on the health-care system by providing clients with early diagnosis, preventive and curative interventions, wellness strategies and continuity of care (CNA, 2006).

CNA believes evidence-informed strategies are one important way (among others) to fully implement and sustain new and existing NP roles to enhance their ongoing contributions to the health-care system and optimize the nursing workforce (Donald et al., 2010; Kilpatrick et al., 2015).

CNA recognizes that NPs, employers, educational institutions, nursing regulatory bodies, nursing professional associations, unions and governments share the responsibility for implementing, integrating and sustaining the NP role in various areas of the health-care system.

⁵ Competencies are the “integrated knowledge, skills, judgment and attributes required of a [nurse practitioner] to practise safely and ethically in a designated role and setting” (CNA, 2010, p. 10).

BACKGROUND

In 2006, the Canadian Nurse Practitioner Initiative developed a pan-Canadian framework to guide the full integration of NPs into the health-care system (CNA, 2016a). This work advanced legislation, regulation and education; defined and promoted the NP role; supported effective health human resources planning; and put forward an action plan. In 2011, with input from stakeholders, CNA launched an action plan (2011-2015) to further advance the integration of the NP role (CNA, 2011).

NPs work in an increasingly wide range of settings such as family practice and primary care clinics, NP-led clinics, (Nurse Practitioners Association of Ontario, n.d.) health centres, community health centres, emergency departments, long-term care, (CNA, 2013b) home care and hospitals. New roles for NPs are also emerging in response to specific needs or populations.

The PEPPA⁶ framework, developed by Canadian researchers, provides a mechanism for developing, implementing and evaluating the advanced practice nursing role (Bryant-Lukosius et al., 2016); determining new models of care (and the place of the advanced practice nurse within them); and implementing these models and monitoring them over the long term (Bryant-Lukosius & DiCenso, 2004). Other models are used to develop, implement and evaluate advanced nursing roles, such as the Strong model of advanced practice (Doerksen, 2010; LeGrow, Hubley, & McAllister, 2010; Maloney & Volpe, 2005; Micevski et al., 2004).

Nursing regulatory bodies are responsible for setting entry-to-practice competencies, standards of practice and licensure requirements; approving entry-to-practice educational programs; and establishing continuing competence requirements for NPs in Canada. A recent report demonstrates that NP practice across the country consistently reflects patient population needs and practice context including age, developmental stage, health condition, client complexity, (Canadian Council of Registered Nurses Regulators, 2015) and organizational structure and needs. Variation across jurisdictions continues to exist, however, with respect to NP specialization.

The integration of NPs has improved patient and system outcomes (CNA, 2013a; Bryant-Lukosius & Martin-Misener, 2015; DiCenso et al., 2010). Their utilization has been shown to improve several measures of health status in individuals (Donald et al., 2013) and contribute to high-quality chronic disease management (Russell et al., 2009). Current evidence indicates that clients are extremely satisfied with the care NPs provide (CRNNS, 2016) and are highly confident in NPs' ability to look after them (Donald et al., 2016).

⁶ PEPPA is the acronym for: participatory, evidence-based, patient-focused process for advanced practice nursing role development, implementation and evaluation.

Research on the effectiveness of the NP role demonstrates improved access to care, shorter wait times, reduced costs, prevented admissions, decreased readmissions, and better interprofessional collaboration (McAiney, et al., 2008; Kaasalainen et al., 2010; CHSRF, 2011; Kilpatrick et al., 2012; Martin-Misener et al., 2015). National and international studies, for example, show that (1) NPs working in emergency departments have a significant impact on reducing wait times (CNA, 2013a) and providing access to same- or next-day appointments in primary care (Donald et al., 2016); (2) NP interventions prevent client admissions to acute care settings and improve staff confidence (McAiney, et al., 2008); and (3) the NP role is cost-effective in ambulatory and primary care (Martin, Misener et al., 2015).

Despite significant progress on integrating NPs into the Canadian health system, barriers to full implementation of the NP role persist (CNA, 2016b; Spence, Agnew, & Fahey-Walsh, 2015). Recent research identifies critical barriers related involvement (e.g., lack of participation in role implementation), acceptance (e.g., working to full scope of practice), and intention (e.g., understanding of the role) and funding (e.g., the need for sustainable funding mechanisms) (Sangster-Gormley, Martin-Misener, Downe-Wamboldt, & DiCenso, 2010; CNA, 2016b). In advocating for the NP role, provincial and territorial NP organizations and the Canadian Association of Advanced Practice Nurses are working to eliminate such barriers.

The NP has the potential to catalyze the transformation of the health-care system to focus on supporting clients in health and illness so they can live full, meaningful lives (Lowe, Plummer, O'Brien, & Boyd, 2011).

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Replaces: The Nurse Practitioner (2009)

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