

THE NURSE PRACTITIONER

CNA POSITION

The Canadian Nurses Association (CNA) believes that the nurse practitioner (NP) role contributes significantly to improve timely access to individualized, high-quality, cost-effective care through a broad range of models of health care.¹ NPs work with individuals, communities and diverse populations across the continuum of care based on principles of primary health care.² The work of NPs encompasses health promotion, disease prevention and illness management. Evidence-informed approaches to fully implement and sustain new and existing NP roles will enhance NPs' contribution to the health-care system and optimize the nursing workforce.

NPs are “registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose,³ order and interpret diagnostic tests, prescribe pharmaceuticals, and perform specific procedures within their legislated scope of practice.”⁴ The NP role is derived from blending “clinical diagnostic and therapeutic knowledge, skills and abilities within a nursing framework that emphasizes holism, health promotion and partnership with individuals and families, as well as communities.”⁵ 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.

Nursing regulatory bodies have the responsibility of setting the entry-to-practice competencies, standards of practice and licensure requirements; approving educational programs; and setting the continuing competence requirements for NPs in Canada. Currently, there are three streams of NP practice across the country: NP family/all ages, NP (adult) and NP (pediatric). The title “nurse practitioner” is protected in all jurisdictions where nurse practitioner legislation exists.⁶

NP practice reflects and demonstrates the characteristics and competencies⁷ of advanced nursing practice. It is grounded in the values, knowledge, theories and practice of the nursing profession. A graduate degree in nursing is essential to prepare nurses to meet the competencies required for this advanced nursing practice role; the core competencies of the NP role are outlined in the *Canadian Nurse Practitioner: Core Competency Framework*.⁸

The primary focus of the NP role is clinical. This may include providing comprehensive care to clients⁹ of all ages, including health promotion and disease prevention, supportive, curative, rehabilitative,¹⁰ and palliative care.¹¹

¹ (Canadian Nurses Association [CNA], 2006a; Tarrant & Associates, 2005; McAiney, Haughton, Jennings, Farr, Hillier & Morden, 2008)

² Primary health care (PHC) “includes medical and curative care at the first level (commonly referred to as *primary care*). PHC is also relevant to secondary and tertiary care. The PHC approach focuses on promoting health and preventing illness.” (CNA, 2005b)

³ Jurisdictions differ in defining diagnostic authority.

⁴ (CNA, 2006b)

⁵ (CNA, 2006c)

⁶ (Canadian Institute for Health Information & CNA, 2007; Yukon Registered Nurses Association, 2009)

⁷ *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, 2005a).

⁸ (CNA, 2005a)

⁹ “Clients” may be individuals, families, communities, groups or a population.

¹⁰ (Association of Registered Nurses of Newfoundland and Labrador, 2007)

¹¹ Note that Nurse Practitioner-Anaesthesia (NP-Anaesthesia) is currently a specialty certificate recognized in only one jurisdiction.

As advanced practice nurses, NPs also provide leadership, act as consultants, researchers and educators, and incorporate new knowledge from research studies and other sources into their practice. NPs play a key role in community/organizational development and capacity building, as well as health policy development.

CNA recognizes that NP services help to improve access to health services, reduce wait times and alleviate pressures on the health-care system by providing clients with diagnosis and curative interventions, wellness strategies and early interventions.¹² NPs provide client education, support health promotion, involve clients in care and follow practice guidelines.¹³ There are many positive examples of system outcomes with the utilisation of NPs.¹⁴ International studies report that NPs working in emergency departments have a significant impact on the reduction of wait times.¹⁵ NP interventions prevent admission of clients in acute care settings and influence staff confidence.¹⁶ Current evidence indicates that clients are extremely satisfied with the care provided by NPs across all sectors – and NPs achieve positive health outcomes.¹⁷ NP work reduces costs and results in fewer readmissions for clients.¹⁸

CNA recognizes that NPs, employers, educational institutions, nursing regulatory bodies, nursing professional associations and governments share the responsibility for implementing, integrating and sustaining the NP role in various areas of the health-care system. New advanced nursing practice roles should be introduced in response to the health-care needs of Canadians, and the decision to introduce them should be based on solid evidence of these needs.

BACKGROUND

The origin of the NP role in Canada lies in the work of nurses who, decades ago, provided care that was otherwise unavailable in rural and remote areas. The first education program for NPs was developed to prepare nurses to work in nursing stations in remote areas of northern Canada.¹⁹ Nurses working in these northern communities were pioneers, and their work was integral to the evolution of the NP role as NPs began to be employed in other parts of the health-care system. In the 1970s, interest increased in the NP role with the funding for NP university programs, and further research was conducted in this area.²⁰ In the mid-1990s, public demand for increased access to primary care resulted in renewed interest in the NP role.²¹

In 2004, in response to its commitment to provide better access to primary health services to all Canadians, the government of Canada created the Primary Health Care Transition Fund (PHCTF),²² which funded the Canadian Nurse Practitioner Initiative (CNPI). The CNPI developed a pan-Canadian framework to encourage the full integration of NPs into the Canadian health-care system. This initiative involved consultation with representatives of governments, nursing organizations, regulators, employers, educators and other health professionals across Canada. The initiative

¹² (CNA, 2006a)

¹³ (Barr, Johnston & McConnell, 2000; College of Registered Nurses of Nova Scotia [CRNNS], 2008)

¹⁴ (McAiney, et al., 2008)

¹⁵ (Carter, & Chochinov, 2007)

¹⁶ (McAiney, et al., 2008))

¹⁷ (Barr, Johnston & McConnell, 2000; CRNNS, 2008)

¹⁸ (McAiney, et al., 2008)

¹⁹ (DiCenso, et al., 2007)

²⁰ (Fahey-Walsh, 2004)

²¹ (CNA, 2008)

²² (CNA, 2006a).



completed its work in the spring of 2006. Eighty-four key activities were identified under 13 main recommendations.²³ The CNPI developed an implementation and evaluation toolkit, which serves as a means of assessing the need, readiness and evaluation of the implementation of the NP role.²⁴ In addition, a needs-based simulation model for health human resources planning for NPs in primary health care was developed to support governments and others as they determine the current and future requirements for NPs to work in primary health care within health-care teams.²⁵

In Canada, NPs have been granted additional regulatory authority to perform services that fall outside the scope of registered nursing practice. Variation between jurisdictions continues to exist with respect to NP specialization and categorization.

NPs work in an ever growing list of settings, described in different parts of Canada variously as in family practice and primary care; NP-led clinics;²⁶ nursing stations; community health centres; and specialized care teams for tertiary, long-term²⁷ and home care settings. New roles for NPs are emerging in response to specific needs or populations.

Canadian researchers have led the field in developing guidelines for the introduction and evaluation of the advanced nursing practice role, including the NP role. The PEPPA (Participatory, Evidence-based, Patient-focused Process for APN) framework for role development – a process for developing, implementing and evaluating the advanced nursing practice role – describes the nine steps for determining new models of care (and the place of the advanced practice nurse within them), implementing the models and monitoring them in the long term.²⁸

The nurse practitioner has the potential to catalyze the process of achieving a transformed health-care system by focusing on supporting people in health and illness so that they can live whole, meaningful lives.²⁹

Approved by the CNA Board of Directors

November 2009

²³ (CNA, 2006c)

²⁴ (CNA, 2006a)

²⁵ (CNA, 2006a)

²⁶ (RNAO, 2009)

²⁷ (DiCenso, 2008)

²⁸ (Bryant-Lukosius & DiCenso, 2004)

²⁹ (Pogue, 2007)



References:

- Association of Registered Nurses of Newfoundland and Labrador. (2007). *Advanced practice – nurse practitioner* [Position statement]. St. John's: Author.
- Barr, M., Johnston, D., & McConnell, D. (2000). Patient satisfaction with a new nurse practitioner service. *Accident & Emergency Nursing*, 8, 144-147.
- Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540.
- Canadian Institute for Health Information, & Canadian Nurses Association. (2007). *The regulation and supply of nurse practitioners in Canada: 2006 update*. Ottawa: Authors.
- Canadian Nurses Association. (2005a). *Canadian nurse practitioner core competency framework*. Ottawa: Author. Retrieved December 9, 2009, from http://www.cna-aiic.ca/CNA/practice/advanced/initiative/evaluation/default_e.aspx
- Canadian Nurses Association. (2005b). *Primary health care: A summary of the issues*. [CNA backgrounder, p. 1]. Ottawa: Author. Retrieved December 7, 2009, from http://www.cna-aiic.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf
- Canadian Nurses Association. (2005c). *Report of a colloquium on nurse practitioner practice in Canada*. Ottawa: Author. Retrieved December 9, 2009, from http://www.cna-aiic.ca/CNA/practice/advanced/initiative/evaluation/default_e.aspx
- Canadian Nurses Association. (2006a). *Nurse practitioners: The time is now*. Ottawa: Author. Retrieved December 9, 2009, from http://www.cna-aiic.ca/CNA/practice/advanced/initiative/evaluation/default_e.aspx
- Canadian Nurses Association. (2006b). *Practice framework for nurse practitioners in Canada*. Ottawa: Author. Retrieved December 9, 2009, from http://www.cna-aiic.ca/CNA/practice/advanced/initiative/evaluation/default_e.aspx
- Canadian Nurses Association. (2006c). *The way forward plan: Committing to action*. Ottawa: Author. Retrieved December 9, 2009, from http://www.cna-aiic.ca/CNA/practice/advanced/initiative/evaluation/default_e.aspx
- Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework* (Revised). Ottawa: Author.
- Carter, A. J. E., & Chochinov, A. H. (2007). A systematic review of the impact of nurse practitioners on cost, quality of care, satisfaction and wait times in the emergency department. *Canadian Journal of Emergency Medicine*, 9(4), 286-295.
- College of Registered Nurses of Nova Scotia. (2008). *Nurse practitioner-sensitive outcomes: A summary report, 2008 update*. Halifax: Author.
- DiCenso, A. (2008). Roles, research & resilience: The evolution of advanced practice nursing. *Canadian Nurse*, 104(9), 37-40.
- DiCenso, A., Auffrey, L., Bryant-Lukosius, D., Donald, F., Martin-Misener, R., Matthews, S., & Opsteen, J. (2007). Primary health care nurse practitioners in Canada. *Contemporary Nurse*, 26(1), 104-115.



Fahey-Walsh, J. (2004). *Literature review report. Advanced nursing practice and the primary health care nurse practitioner: Title, scope, and role*. [Discussion paper prepared for the Canadian Nurse Practitioner Initiative.] Retrieved September 2, 2009, from http://206.191.29.104/documents/pdf/tech-report/section3/06_PracticeFW_AppendixB.pdf

McAiney, C. A., Haughton, D., Jennings, J., Farr, D., Hillier, L., & Morden, P. (2008). A unique practice model for nurse practitioners in long-term care homes. *Journal of Advanced Nursing*, 62(5), 562-571.

Pogue, P. (2007). The nurse practitioner role: Into the future. *Canadian Journal of Nursing Leadership*, 20(2), 35-39.

Registered Nurses Association of Ontario. (2009). *Three new NP-led clinics will improve access to primary care*. Retrieved September 2, 2009, from <http://www.rnao.org/Page.asp?PageID=924&ContentID=2796>

Tarrant, F. & Associates. (2005). *Environmental scan of supports, barriers and impediments to practice* [Discussion paper prepared for the Canadian Nurse Practitioner Initiative]. Halifax: Author.

Yukon Registered Nurses Association. (December 15, 2009). *Legislation opens door for nurse practitioners*. [Press release]. Whitehorse, YT: Author.

Also see:

Canadian Association of Advanced Practice Nurses (CAAPN) website: www.caapn.com

CNA position statements:

- *Advanced Nursing Practice* (2007)
- *Canadian Regulatory Framework for Registered Nurses* (2007)
- *Education Preparation for Entry to Practice* (CNA & Canadian Association of Schools of Nursing) (2004)
- *Practice Environments: Maximizing Client, Nurse and System Outcomes* (CNA & Canadian Federation of Nurses Unions) (2006)

CNA Fact Sheets:

- *Nurse Practitioners in the Emergency Department*
- *Nurse Practitioners in Long-Term Care*
- *Nurse Practitioners in Rural and Remote Communities*

Replaces:

The Nurse Practitioner (2003)

