

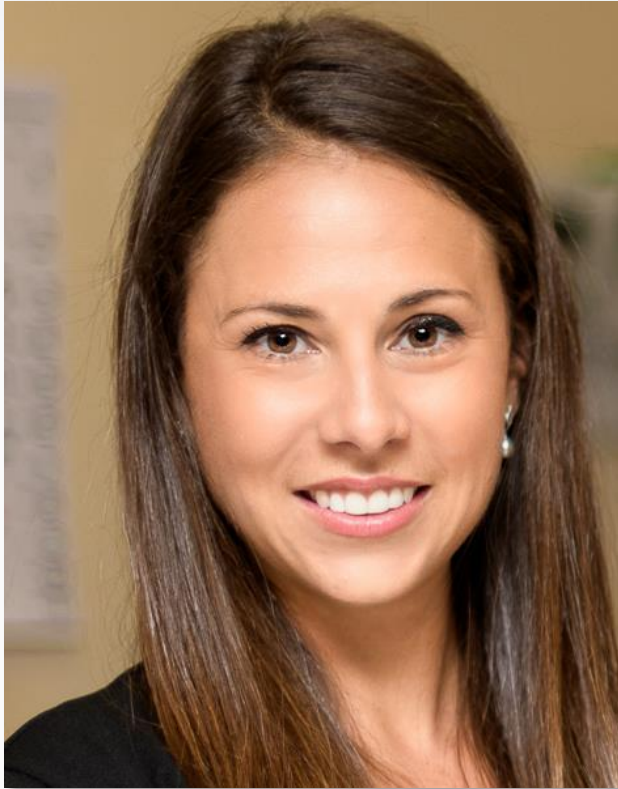
Unseen, Unheard, Undervalued: Advancing Research on Registered Nurses in Primary Care



**CRNNL Teleconference Series
Tuesday, October 6, 2020**

**Presented by:
Dr. Julia Lukewich RN, PhD**

About the Presenter



Julia Lukewich RN, PhD

Associate Professor
Faculty of Nursing, Memorial University

President
Canadian Family Practice Nurses Association (CFPNA)



Acknowledgements



Marie-Eve Poitras RN, PhD
Professor
**Department of Family Medicine/
School of Nursing**
Université de Sherbrooke



Maria Mathews PhD
Professor
Department of Family Medicine
Schulich School of Medicine & Dentistry



Research Support: Dana Ryan, MA
Memorial University of Newfoundland



Reference: Lukewich, J., Poitras, M-E., Mathews, M. (Submitted: September, 2020). Unseen, unheard, undervalued: Advancing research on registered nurses in primary care. Practice Nursing.

Today's Objectives

1

Describe the current state of family practice nursing in Canada

2

Identify and discuss challenges to advancing evidence in this area

3

Offer recommendations for facilitating and prioritizing a high-quality evidence base in family practice nursing

4

Highlight recent advancements in the field of family practice nursing research in Canada

Pressing Issues Facing our Healthcare System:

- Costs of acute and hospital care
- Aging population
- Prevalence of chronic diseases
- Complexity of patients
- Solo-physician practices
- Turnover in rural communities
- Challenges in evaluation of effectiveness



Transforming the healthcare system through strengthened PRIMARY HEALTHCARE is vital.

What if nursing was part of the solution?

Key Terms

- Primary Care
- Registered Nurse
- Community Health Nursing
- Primary Care/Family Practice Nurse
- Interdisciplinary Teams


What is Primary Care?

- ▶ Entry-point into healthcare system
- ▶ Focuses on delivery of health promotion, disease prevention, and management of episodic and chronic conditions across the lifespan
- ▶ Clinic/office setting
 - family health team
 - community health centres
 - physician owned clinics
 - primary care networks



Who are Registered Nurses (RNs)?

NP NPs are RNs who have completed a Master's degree. NPs can autonomously diagnose patients, order and interpret diagnostic tests, prescribe medications, and perform a wider variety of clinical tasks than RNs and RPNs.



RN RNs have obtained a college diploma or university degree. Newly educated RNs are now required to complete a university degree. RNs can care for patients with complex health needs in unpredictable situations and have a wider scope of practice than RPNs

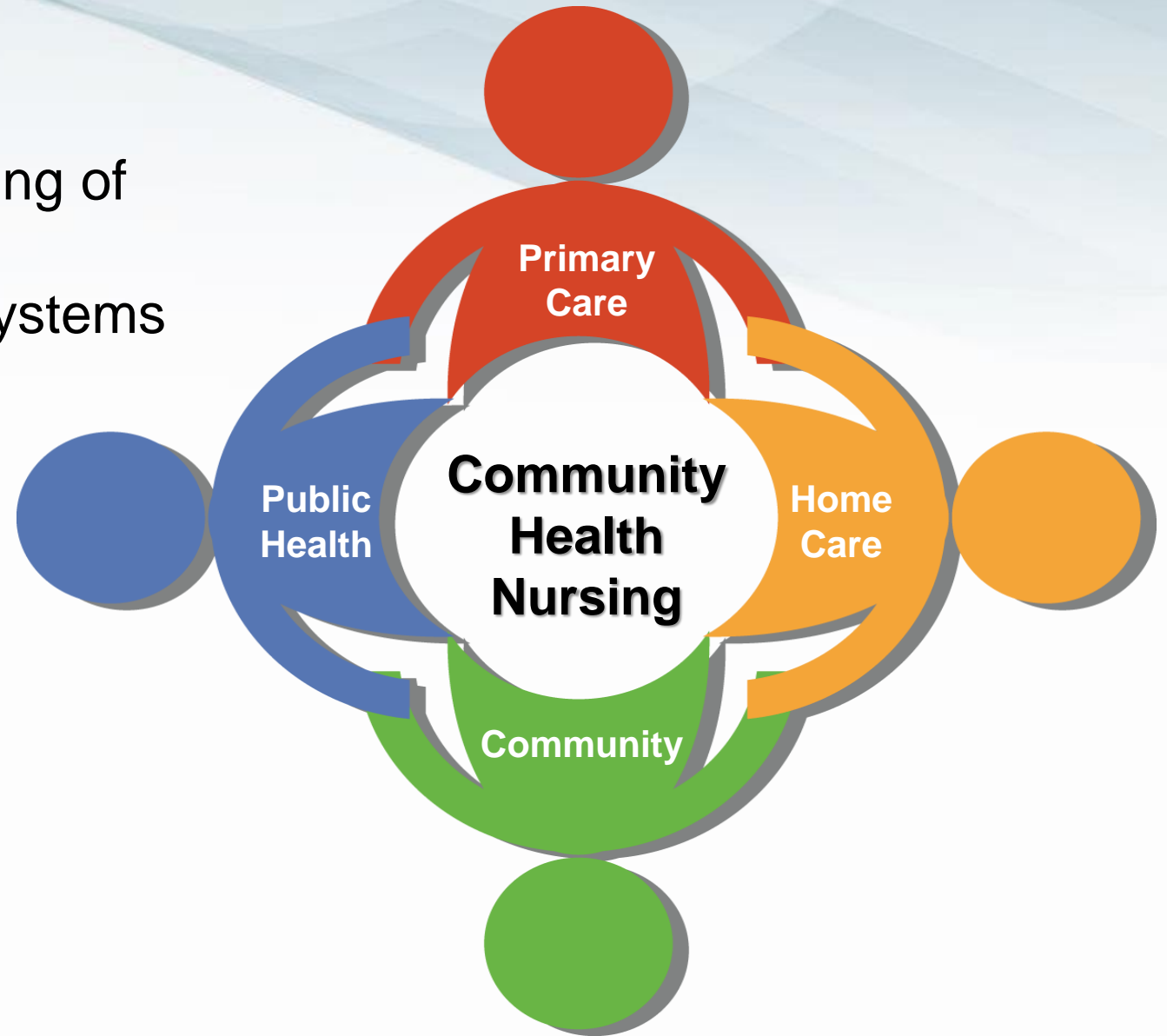
RPN RPNs obtain a college degree and care for patients with stable and predictable conditions. In provinces other than Ontario, the protected title for RPNs is 'licensed practical nurse' (LPN)

NP = nurse practitioner; RN = registered nurse; RPN = registered practical nurse.

References: Canadian Nurses Association (2008); Canadian Nurses Association (2015); Canadian Council for Practical Nurse Regulators (2015).

Community Health Nursing

- ▶ Supports the health and well-being of individuals, families, groups, communities, populations and systems



Primary Care/Family Practice Nurses

- ▶ **Registered Nurses (RNs)** who work in primary care settings
- ▶ In **PARTNERSHIP** with physicians, nurse practitioners, and other providers who are part of healthcare team
- ▶ Function as “generalists” in diverse practices across the breadth of primary care services
- ▶ Provide a **broad** range of health services

THE REGISTERED NURSE MAY:



provide prenatal care, well-baby check-ups, pap and annual exams

connect/refer you to other professionals, services and support in your community



help you navigate the healthcare system and transitions between settings



provide mental health and addictions support



perform routine immunizations

work with you to understand your medications



conduct preventative screening



support illness management (diabetes, asthma, COPD, heart disease, high blood pressure, etc.)

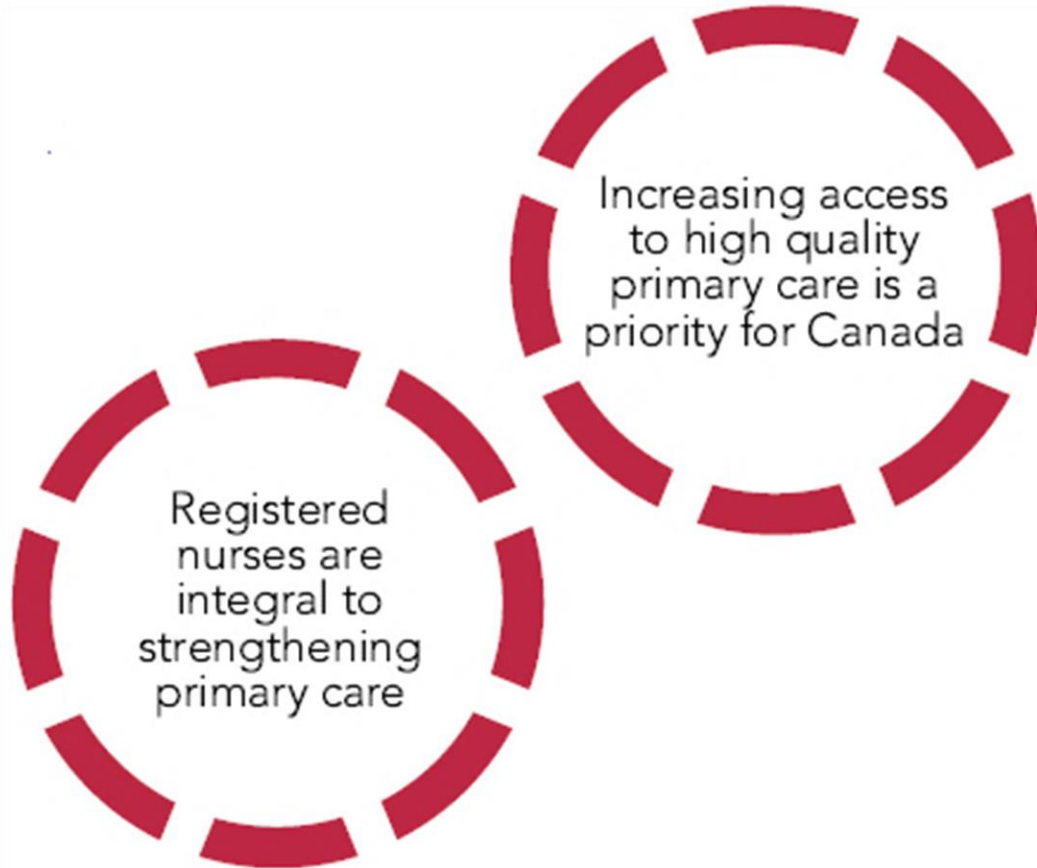


coordinate and implement primary care-based programs for healthy living

provide health education



Benefits of Family Practice Nursing



Improve:

- ✓ Access to care
- ✓ Quality of care
- ✓ Cost-effectiveness
- ✓ Physician satisfaction
- ✓ Patient satisfaction

Interdisciplinary Teams



Today...
RNs form the core of primary care teams

Evolution of RNs in Primary Care



[Health Topics](#) ▾

[Countries](#) ▾

[Newsroom](#) ▾

[Emergencies](#) ▾

[About Us](#) ▾

[Home](#) / [WHO Campaigns](#) / [Year of the Nurse and the Midwife 2020](#)



Year of the Nurse and the Midwife 2020

Florence Nightingale, widely recognized as the 19th century founder of modern nursing, said:

“Money would be better spent in maintaining health in communities rather than building hospitals to cure.”



The Lancet, Vol 394, November 23, 2019

2020: unleashing the full potential of nursing

In December, the UK's nursing profession will celebrate the centenary of the Nurses Registration Act 1919, which set training and education standards for nursing and introduced regulation of the profession. This milestone nicely segues into 2020, designated by WHO as the first ever international year of the nurse and midwife. 2020 was chosen to honour the 200th anniversary of the birth of Florence Nightingale—nursing's most iconic figure—who cared for soldiers during the Crimean War and established nursing as a respectable profession for women. There is hope now that nurses and midwives, who are the backbone of primary health-care systems

men and women and represent ethnic minorities, especially in senior management.

Discussions and research around UHC have centred on design and financing: far less attention has been paid to the health-care workforce. More evidence on the role of nurses in primary care is sorely needed. For example, provision of care by lung nurse specialists has been shown to improve clinical outcomes for patients with lung cancer. Such findings can drive policy makers to strengthen investment in nursing, and cost analyses can help make an economic case for supporting the profession.

Family Practice Nursing in Canada



- ▶ Reforms to funding models in early 2000s increased number of nurses working in primary care practices
- ▶ Family practice nurses are college or baccalaureate-prepared RNs
- ▶ No formal or mandatory training requirements to work as a family practice nurse; family practice nurses often seek out own professional development
- ▶ Lack of clarity surrounding roles and contributions, as well as absence of coordinated efforts towards advancing evidence on this fundamental workforce in primary care

Challenges to Advancing the Evidence



1

Absence of Professional Title/ Standardized Term to Refer to Role

- ▶ ‘Family practice nurse’ and ‘primary care nurse’ often used interchangeably
- ▶ Consistent terminology would facilitate identification and understanding

“Family Practice Nurse” aligns with national association that represents this group of nurses, namely, the **Canadian Family Practice Nurses Association**



Lack of Distinction between Nursing Designations

- ▶ Three regulated nursing designations in primary care:
 - Nurse Practitioners (NPs)
 - Registered Nurses (RNs)
 - Licensed Practical Nurses (LPNs)
- ▶ Each have unique scopes of practice and formalized education/training standards
- ▶ Policy, education, and practice documents and research evidence often limited by lack of distinction between terms
 - Frequent use of general term “nurse”

Need for Greater Visibility



- ▶ In Canada, primary care nursing is encompassed under umbrella term “community health nursing”
 - Includes community health nurses working in rural/remote health stations, public health nurses and home health nurses, in addition to those working in primary care
- ▶ Reports and statistics rarely distinguish between these groups
 - E.g. CIHI, regulatory statistics

4

Data Supports & Research Methods

▶ Limited data supports:

- Primary care studies rely on administrative data or other common sources which rarely include items specific to family practice nurses:

E.g. physician fee-for-service billings, population-based surveys (e.g. Canadian Community Health Survey, International Commonwealth Fund Surveys)

▶ Majority of existing research on family practice nursing:

- Combines RNs and NPs into same group; lack of RN-focused studies
- Relies on high cost methods (e.g. chart abstraction)
- Primarily exploratory and descriptive in nature
- Conducted in non-randomly selected practices (i.e. limited generalizability)

5

Need to Recognize Value of Family Practice Nursing

- ▶ Majority of primary care research is driven by physicians
- ▶ Research priorities of funding agencies (e.g. CIHR) have not focused specifically on family practice nurses
- ▶ Dedicated funding to support research and research capacity in nursing no longer available in Canada

Recent Advancements in Family Practice Nursing Research



Establishment of a National Association

- ▶ The Canadian Family Practice Nurses Association (CFPNA) was established in 2006 as a distinct association to represent family practice nurses
- ▶ Roles of the CFPNA
 - Promotes family practice nursing as a distinct specialty
 - Advocates for role integration and advancement
 - Provides networking opportunities
 - Offers biennial conference and other professional development opportunities
 - Serves as a contact liaison with other professional associations both within and outside of nursing



National Competencies for Family Practice Nurses

- ▶ Working with an expert team of researchers and stakeholders, the CFPNA launched a set of national competencies for family practice nurses (2019)
 - Available Online: <https://www.cfpna.ca/national-core-competencies>
- ▶ Competencies reflect the unique contributions of family practice nurses to support the integration and optimization of this role within primary care across Canada
- ▶ Used in the update of the CNA's Community Health Nursing Certification Examination to integrate this specialty area of nursing (first offering of new examination is planned for May 2021)

Competency Development Methods

Mixed-methods approach:

- Environmental scan
- Key informant consultation
- Delphi (consensus) process

Participants:

- Nurses with expertise in primary care completed 2-round Delphi survey, rated importance of competency statements on a 6-point Likert scale

Advancing Family Practice Nursing in Canada: An Environmental Scan of International Literature and National Efforts towards Competency Development

Julia Lukewich, RN, PhD
Assistant Professor, School of Nursing, Memorial University of Newfoundland
St. John's, NL

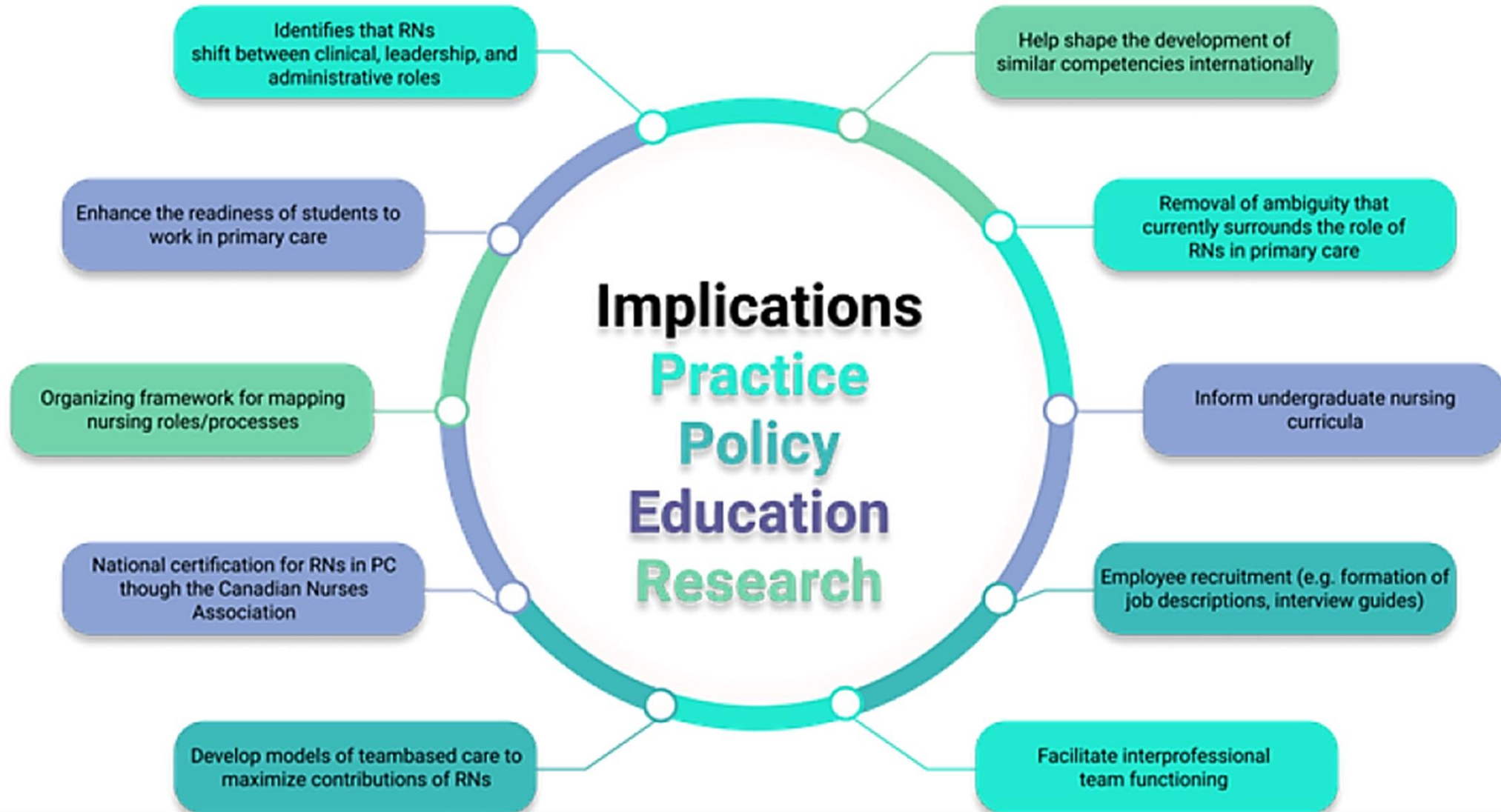
Samantha Taylor, BSc (hons)
Bachelor of Nursing student, School of Nursing, Memorial University of Newfoundland
St. John's, NL

Marie-Eve Poitras, RN, PhD
Assistant Professor, Health Sciences Department, Université du Québec à Chicoutimi
Chicoutimi, QC

Ruth Martin-Misener, NP, PhD
Professor, School of Nursing, Dalhousie University



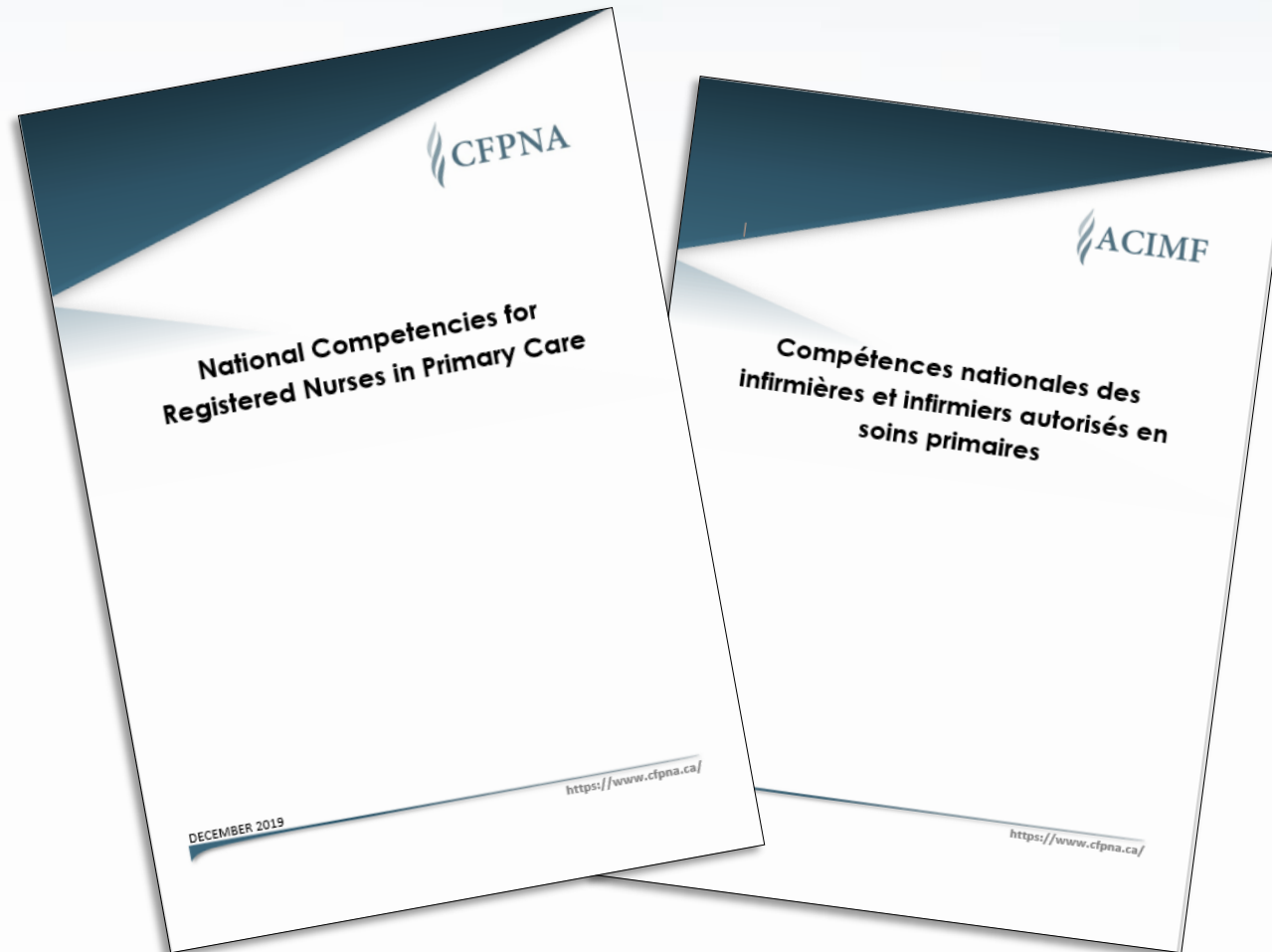
What are the Benefits?



GET YOUR COPY!

CFPNA Website: <https://www.cfpna.ca/national-core-competencies>

English and French Version Available



 **CFPNA**
Canadian Family Practice
Nurses Association

 **ACIMF**
Association canadienne des
infirmières et infirmiers en
médecine familiale

Emerging Research and Scholarly Activity

► Recent research in Canada:

- Supports needed to promote interdisciplinary team functioning within primary care teams
(DiCenso et al. 2010; Al Sayah and Szafran 2014; Oelke 2014)
- Unique roles/activities of family practice nurses in primary care settings
(Todd et al. 2007; Akeroyd et al. 2009; Martin-Misener et al. 2010; Oandasan et al. 2010; Lukewich et al. 2014; Lukewich et al. 2016; Norful et al. 2017; Poitras, Chouinard, Fortin, et al. 2018; Poitras, Chouinard, Gallagher, et al. 2018)
- Conceptual frameworks to serve as foundation for measuring outcomes
(Martin-Misener et al. 2014; Lukewich et al. 2019)

► Ongoing research:

- Identify outcomes and methodological approaches
(Lukewich, Martin-Misener, et al. 2018)
- Develop/adapt instruments to capture family practice nursing within broader context of primary care teams
(Braithwaite 2016; Norful et al. 2018)
- Understand the impact of funding models on the integration of RNs within primary care teams
(Mathews et al., 2019; recently funded CIHR Project Grant, September 2020)

Recommendations for Facilitating Research



Deliberate actions are needed to generate evidence on family practice nursing roles and impact and incorporate this evidence into policy and health administration decisions

Support Family Practice Nursing Research

- ▶ Funding agencies and governments need to **invest in and prioritize** family practice nursing research
- ▶ Nursing leaders can advocate for the renewal of dedicated funding sources for nurse-led research, promote establishment of nursing-focused research priorities and advocate for gender equality in research funding
- ▶ Nursing and primary care researchers must continue to adopt innovative tools and analytic designs to demonstrate the contribution of family practice nurses to patient outcomes and system efficiencies
 - Data supports and research methods that delineate the contribution of family practice nurses need to be developed

Building Research Capacity




Recent article published by a team at Queen's University stated:

“...research-based graduate programs (i.e., MSc and PhD) are the platforms for advancing nursing knowledge.”

Original Report

Building Research Capacity in Nursing Academia in 2020: Is the Road Less Perilous?

Canadian Journal of Nursing Research
2020, Vol. 52(3) 216–225
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0844562120929558
journals.sagepub.com/home/cjn


Joan E. Tranmer¹ , Joan Almost¹ , Pilar Camargo Plazas¹, Lenora Duhn¹, Jacqueline Galica¹, Catherine Goldie¹, Marian Luctkar-Flude¹ , Jennifer Medves¹, Kim Sears¹, and Deborah Tregunno¹

Abstract

Background: Building research capacity in nursing academic units continues to be a challenge. There are a number of external contextual factors and internal factors that influence individual faculty as well as the collective to engage successfully in research.

Purpose: The overall aim of this opinion article is to provide an overview of the current external and internal, processes and structures, relevant to capacity of nursing faculty to engage in research.

Methods: To inform the external context, we reviewed national research funding trends for nursing. To inform the internal context, we provided an exemplar of the internal processes and structures designed to support research capacity building within our academic unit.

Results: Canadian Institutes of Health Research funding trends for research grants led by nurse principal applicants increased between 2010 and 2013, followed by a steady decline. In 2017 to 2018, there were only 24 research grants led by nurse principal applicants. These external challenges coupled with the traditional internal barriers, such as the imbalance between teaching and research time, threaten research capacity for nursing academics.

Conclusion: Organizational strategies to promote research capacity within academic nursing units are a necessary requirement to move forward.

Keywords

Research capacity, nurse faculty, organizational supports

Conclusions



Key Messages


- ▶ Need more evidence on the roles of nurses in primary care
- ▶ Many challenges exist to advancing evidence in this area:
 - absence of standardized terms for this role
 - a lack of distinction in regulated nursing designations in primary care
 - need for greater visibility
 - limited data supports and research methods
 - need to recognize value of family practice nursing practice and research
- ▶ Research on family practice nursing needs to be prioritized by different stakeholder groups, such as funding agencies, nursing leaders, nursing researchers, and academic units

High-quality research will strengthen the evidence base from which to educate healthcare providers, inform policy makers, and improve primary care outcomes

Building research capacity is fundamental to advancing the evidence on family practice nursing

Consider CFPNA Membership!

- ▶ CFPNA is national voice for family practice nurses
- ▶ CFPNA is a full network member and a specialty interest group of the Canadian Nurses Association (CNA)



Canadian Family Practice Nurses Association (CFPNA) Membership

The benefits of joining an association are to pursue advocacy, leadership and quality practice for registered nurses working in family practice/primary care settings across the country.

- 1 EDUCATION OPPORTUNITIES**
information shared via email and on the website pertaining to education events, or committees that may be of interest to a family practice/primary care nurse; access to educational webinars on a variety of topics related to family practice/primary care nursing.
- 2 STAY IN THE LOOP**
with information shared with members via email and website pertaining to public health, immunizations, or policy changes affecting Family Practice.
- 3 UNITED VOICE**
for family practice/primary care nurse initiatives.
- 4 NETWORK**
to discuss and influence change, advance the role of family practice/primary care nursing, and exchange resources/supports
- 5 BIENNIAL NATIONAL CONFERENCE**
to advance your career, network with family practice/primary care nurses across the country, and increase your clinical knowledge.
- 6 NOTICE OF JOB OPPORTUNITIES**
- 7 LEADERSHIP OPPORTUNITIES**
the opportunity to participate on the Canadian Family Practice Nurses Association as an executive member.

CFPNA
Canadian Family Practice
Nurses Association

CANADIAN
NURSES
ASSOCIATION



 **CFPNA**
Canadian Family Practice
Nurses Association



Alberta Primary Care
Nurses Association

**Alberta/British Columbia/
Territories Region**



Manitoba Primary Care Nurses Association

**Manitoba/Saskatchewan
Region**



**Primary Care
Nurses of Ontario**

**Ontario/Quebec
Region**



Family Practice Nurses
Association of Nova Scotia

**Atlantic
Region**

Thank you!

Questions/Discussion

jlukewich@mun.ca