

# Spotlight on Ontario's Nurse Practitioner Workforce

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You can learn more about the study, read and download reports and publications on [www.cranhr.ca/NPworkforcestudy.html](http://www.cranhr.ca/NPworkforcestudy.html).  
The 2012 survey report will be available in the fall of 2012.

## About the Nurse Practitioner Workforce Tracking Study

The Centre for Rural and Northern Health Research (CRaNHR) has been conducting surveys of the nurse practitioner (NP) workforce since 2004. The study provides a comprehensive NP workforce profile that tracks the evolution of NP employment and practice in the province.

## Did you know?

- ❖ High response rates to the survey made study results representative of NPs in the province.
- ❖ The NP workforce study findings were instrumental in introducing legislative changes to the Nursing Act 1991 and regulations under the Act that led to title protection and expanded prescription authority.
- ❖ In 2009 the NP workforce study was showcased by the Ministry of Health and Long-term Care (MOHLTC) as an example of health services research with proven worth.

## NP successes and challenges: Insights from NPs, employers and stakeholders

In the fall of 2011, we interviewed six NPs, two NP employers and four NP stakeholders to gain insights on current issues regarding NP role development across practice settings in Ontario. The findings supported development of the 2012 NP workforce survey.

### What is the most important NP success story in the past five years?

"I really didn't see that as a big deal from my perspective because it's just something I do every day, but she suddenly grabbed my hand and she squeezed my hand and said... you've made my life. And it struck me as to really what kind of a different something that two nurses can do ... what a huge difference in her quality of life, and ... avoiding a hip fracture, and sentencing her going to a nursing home as opposed to being independently living in her own home, there's that potential." (NP, hospital)

"Having more NP positions over the years, getting us out into more practice settings has really done a lot for increasing public and provider awareness for our role." (NP, Community Health Centre)

"The legislation around the drug list represents respect and trust ... that we are self-directed, autonomous, and accountable practitioners that will practice safely without having the sandbox necessarily delineated." (NP, independent practitioner)

### What are the challenges to integration of NPs into the healthcare system?

"We need more support as far as the paperwork, the day-to-day office, managing that sort of stuff... there's tons of facts and paperwork ... as our roles increased, the level of paperwork has gone up with it, but we haven't seen an increase in support." (NP, Aboriginal Health Care Access Centre)

"If we are to look at the future of the NP role, it is time for NPs to identify the value-added they contribute and to focus in on how we might create the role, how we might implement the role, to do what no one else can do as well as the NP." (Stakeholder)

"The relationship between NPs and the family physicians is absolutely critical given the power dynamics politically across the province, if that wasn't true, honestly I think Family Health Teams would be in jeopardy, or any model of care that brought together family physicians and NPs would be in jeopardy. But I think a lot of confidence and mutual respect has been built up over the last number of years, which gives me some confidence that this is a real sustainable model and that's going to continue on." (Employer, Family Health Team)

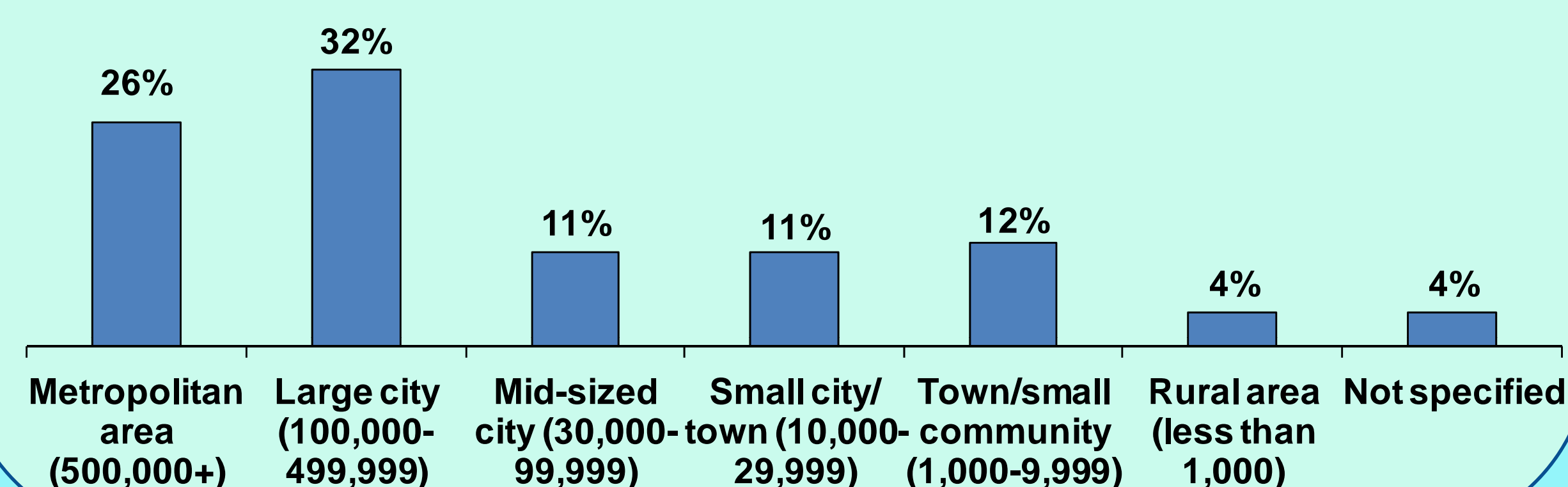
## Highlights from the 2012 NP Workforce Survey

The most recent survey of the NP workforce was mailed between February and May 2012. Of the 1441 NPs in Ontario who were contacted, 673 returned a completed questionnaire for a response rate of 47%. Of them, 613 were practicing as an NP at the time of the survey.

### Communities where NPs practice

More than half of the survey respondents (58%) practiced in metropolitan areas or large cities. About 22% practiced in mid-sized and small cities/towns and one in six (16%) practiced in communities with a population less than 10,000.

### Distribution of NP practice by community population



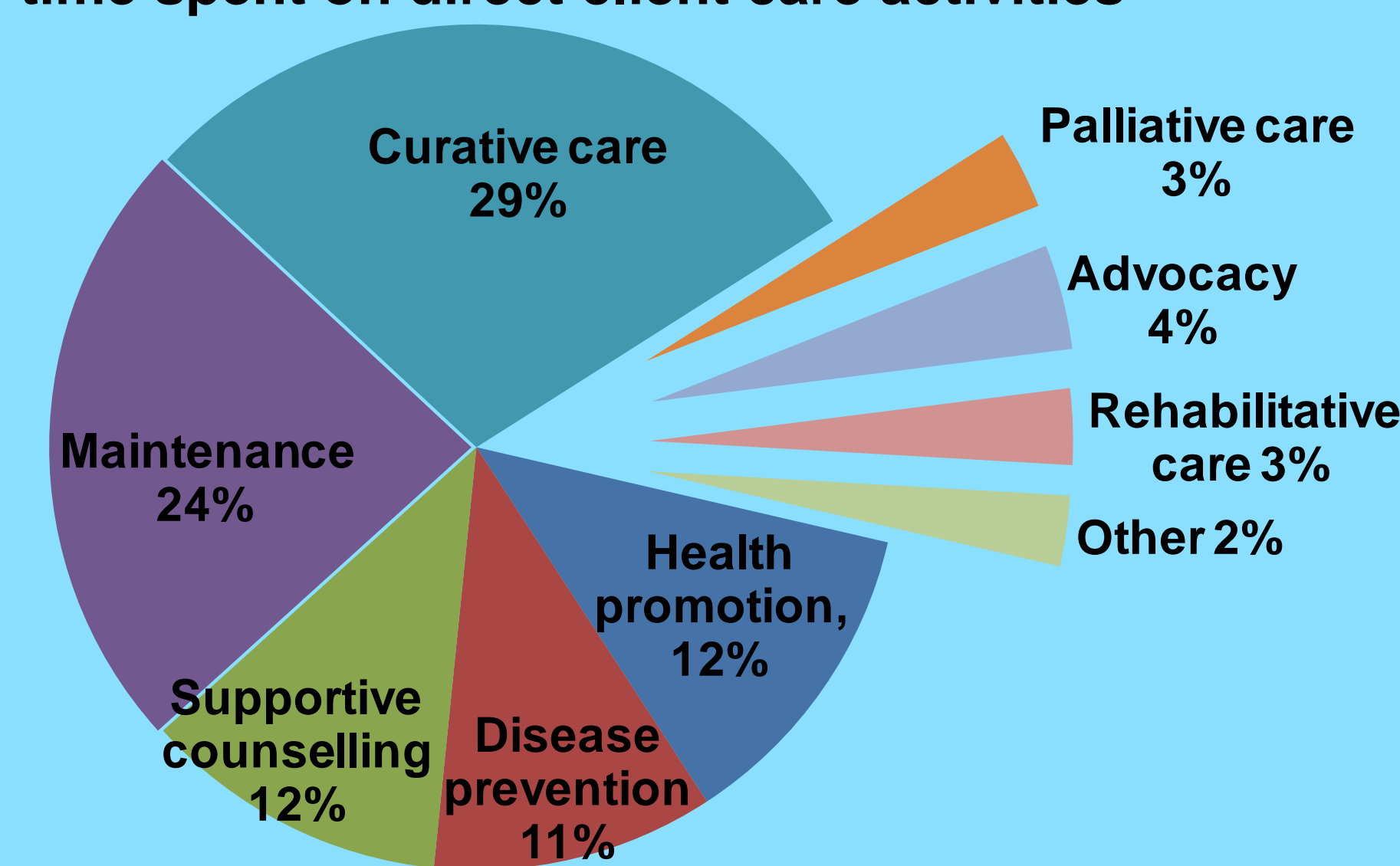
### NP practice profile

- ❖ Most of the NPs indicated their position allowed them to provide health care services to the full legal scope of NP practice (85%) and the maximum of their knowledge, skill and judgment (87%).
- ❖ Almost 70% of the NPs practiced in primary care and 61% of them were the main primary care provider for 350 patients.

### Clinical activities

On average NPs spend most of their time on direct patient care. More than half of this time (53%) is for curative care and maintenance activities.

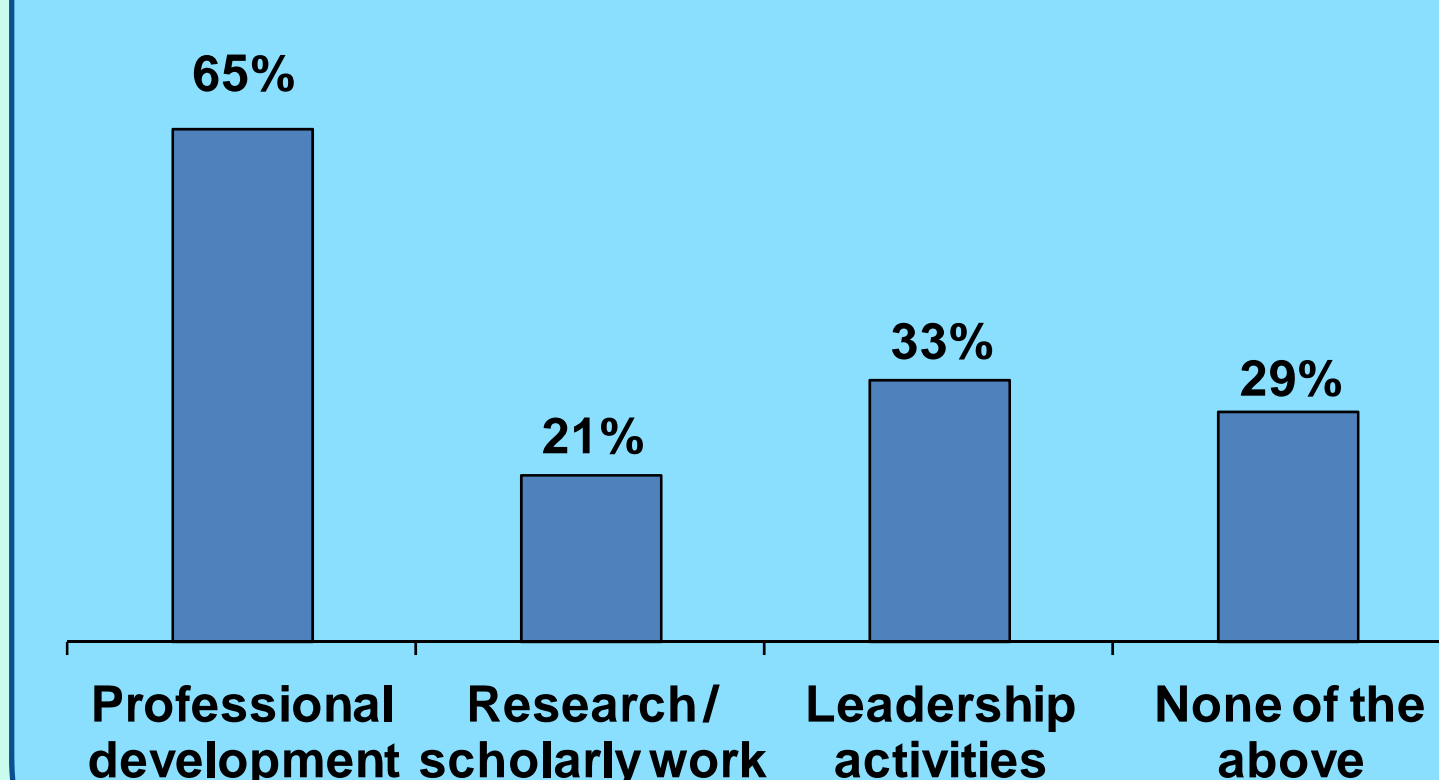
### % of time spent on direct client care activities



### Other activities

Relatively few NPs had protected time for research and leadership activities in their practice.

### Protected time for other activities



### Physician – NP practice model

Most of the NPs (62%) described their practice to be *collaborative* (patients are assigned to an NP or a physician regardless of the complexity of the problem) or *shared* (patients are assigned to a physician and an NP who see patients on alternating schedules). Another 25% described their practice as a *mix of shared and collaborative* care dependent on patient needs.

### Practice model

Practice Model	n	%
Collaborative	207	33.8
Shared care	169	27.6
Other	150	24.5
Parallel	62	10.1
Sequential	22	3.6
Unspecified	3	0.5
<b>Total</b>	<b>613</b>	<b>100</b>

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