

Toolkit to Support Employers Working to Maximize Full Scope of Practice Utilization for Primary Care
RNs and RPNs: Factors to consider: Barriers and enablers

Factors to Consider: Barriers and Enablers

A summary of factors that influence the implementation of maximizing nurses' full scope utilization in primary care settings is presented below. Based on a literature review to inform this project, validation with key members of the project team, and the results of a survey of 199 professionals and administrators of primary care teams across Ontario, the following barriers and enablers have been outlined and discussed. Through the survey, the barriers and enablers have been prioritized as to their influence in achieving full scope of practice utilization. The most important enablers to maximizing nurses' full scope of practice utilization are listed below in order of priority:

1. Team communication
2. Team trust
3. Resources for education
4. Staff readiness
5. Organizational culture
6. Understanding rationale for full scope
7. Role clarity
8. Patient population
9. Change management
10. Funding models
11. Time available
12. Liability considerations
13. Other

The most critical barriers in maximizing nurses' full scope of practice utilization are listed below in order of priority:

1. Staff readiness
2. Time Available
3. Resources for education and mentoring
4. Organizational culture
5. Understanding rationale for full scope
6. Funding models
7. Team trust
8. Role clarity
9. Change management
10. Team communication
11. Liability considerations
12. Patient population
13. Other

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1. Staff readiness

What Does This Mean?

Nurses may not feel prepared or willing to maximize their scope of practice (Besner, 2006). Nurses who have not performed certain role functions for an extended period of time may feel out of practice, and novice nurses may feel they lack the experience to practice to full scope (White et al, 2008).

Administrative or secretarial responsibilities performed by nurses can prevent them from working within their professional scope of practice (Allard et al., 2010; Mueller et al., 2012).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Do nurses indicate they feel confident in their practice and ready for the maximization of full scope of their role functions?
- B. Are there responsibilities that nurses are performing that are not within their scope of practice?
 - a. Could these responsibilities be completed by administrative or secretarial staff?
- C. What does our team believe to be the motivations behind maximizing full scope of practice?

2. Availability of time

What Does This Mean?

Changes in roles and responsibilities for nurses to maximize full scope of practice utilization may have implications for their workload. In settings experiencing staff shortages, heavy workloads, and highly complex clients, nurses may feel reluctant to consider scope of practice changes (Kilpatrick et al., 2012; Oelke et al., 2008; White et al., 2008). When overwhelmed with responsibilities, nurses often have to prioritise the intervention at hand, regardless of where it is located in the scope of practice related to their professional role (Besner et al., 2005).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Does our team feel we have the time to consider the `bigger picture` and full scope of practice?
- B. Does our team have time to reflect on role enactment and how it could be optimized in the setting?
- C. Have we considered ways to address current responsibilities nurses may have that are not directly related to nursing specific competencies.
- D. Is there time set aside for dedicated mentorship, role feedback and sharing?

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3. Resources/support for education and mentoring

What Does This Mean?

Lack of professional development support and staff access to in-services, specialised training, and workshops, can limit full scope of practice (Oelke et al., 2008). Staff may be uninformed and unaware of the importance of full scope of practice, and what such practice looks like, and therefore unlikely to enact it. Nurses benefit from continuing education, and mentoring, which can inform, prepare, and inspire them to work to maximize their scope of practice (DiCenso et al., 2003; White et al., 2008).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Does our staff have access to information and education in regards to full scope of practice?
 - a. Who leads this process?
- B. Do we have a mentorship program?
 - a. Is this a formal or informal program?
- C. Do we support nurses in continuing their education/professional development?

4. Organizational culture

What Does This Mean?

The workplace environment can have a major positive or negative impact, on the maximization of nurses' full scope of practice utilization. On the positive side, workplace cultures can facilitate the process through open communication, power balance between professionals, and team work. Similarly, hierarchical roles, role ambiguity, lack of teamwork, power imbalance, and job dissatisfaction can build tension and negativity and prevent nurses from practicing to full scope (Apker et al., 2005; Donald et al., 2010).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Do we have a healthy work environment
- B. Does the workplace culture support two-way communication among all professionals and staff
- C. Is there a participatory approach to decision making
 - i. Does the decision making style in the organization limit ability to embrace full scope of practice and effective team work?
- D. Is there a positive team spirit?
- E. Are there collaborative interprofessional relationships?

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5. Understanding the rationale for full scope

What Does This Mean?

Optimizing the nursing workforce through maximizing nurses' full scope of practice utilization in primary care is critical to an accessible and effective primary care services. The level of understanding of this factor at the individual, organizational, or societal level can facilitate or hinder achievement of full scope or practice utilization. On the individual level, the nurse may not know or understand his or her role functions. On the team level, the team may not fully understand what nurses are educated and capable of doing. This may be exacerbated by the fact that many primary care settings have both RNs and RPNs, and may not realize the importance of clearly differentiating the roles and responsibilities. At the societal level, lack of public awareness may result in title and role confusion (DiCenso et al., 2010; Donald et al., 2010; Kunic et al., 2013;), among all types of staff and in particular different categories of nurses, and can determine the public attitude towards nurses if patients feel their expectations are not being met (DiCenso et al., 2010; Kunic et al., 2013). Lack of public awareness may also hinder nurses' roles from being developed and incorporated into the healthcare system (Donald et al., 2010).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Is our team aware of the importance of full scope of practice?
 - i. Are we aware of the full scope of practice roles of RNs and RPNs in primary care? (see Primary Solutions for Primary Care)
 - ii. Are we aware of roles of all team members, what they could be doing and what they are doing?
 - iii. What impact does our current awareness level have on our full scope of practice utilization for nurses in particular?
- B. Does our team fully understand the vision for full scope and a transformed primary care system, and why we're doing what we're doing?
- C. Do we know what our patients expect from nurses in our setting?
 - i. How might we respond to and shape public expectations and perceptions?

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6. **Funding models**¹

What Does This Mean?

The clinic structure and funding model may affect full scope of practice endeavours. If the model involves physician reimbursement through enhanced fee-for-service billable to the province (e.g. Family Health Group or Comprehensive Care Model), physicians may be more reluctant to fully embrace the role of the nurse given potential impact on income capacity (Glazier et al., 2009). Conversely, nurses practicing to full scope enable the clinic to operate more efficiently. The clinic is then optimized in roster capacity and is able to accommodate more appointments per day. This allows patients increased access to primary care.

Furthermore, nurses themselves may be reluctant to expand their role if compensation rates do not fairly reflect their role functions (Donald et al., 2010). Salaries for all health professionals in primary care are below market, especially compensation rates for nurses (<http://www.afhto.ca/wp-content/uploads/PC-Retention-and-Recruitment-Compensation-Structure-for-PCOs-Report-to-MOHLTC-June-2013.pdf>). An increased profile for primary care and its value to a strong health care system, greater awareness of lack of wage parity across sectors in health care, and maximizing full scope of practice utilization for nurses will serve to enhance the compensation structure of all primary care providers in the future.

Is it a Barrier or an Enabler in our Setting?

Funding models are generally seen as a barrier in the following primary care delivery models: Family Health Group, Family Health Organizations, Solo Practice Settings, and Comprehensive Care Model.

The following questions will help you determine if this factor is relevant for your setting:

- A. How does the funding model of our clinic affect full scope of practice of providers?
- B. Within our funding model, how can physicians, nurses and other providers work together to maximize full scope of practice?
- C. What incentives (not necessarily financial) could be provided to enable full scope of practice utilization of nurses?

¹For more information about how primary care setting types are funded see p.4-6

<http://healthydebate.ca/wordpress/wp-content/uploads/2014/01/Primer-for-Primary-Care-Boards.pdf>

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7. Trust among team members

What Does This Mean?

Trust among team members facilitates nurses practicing to full scope (Donald et al., 2010). Lack of trust in nurses' abilities can be a barrier, and physicians, clinic managers, in particular if other team members are not fully aware of the competencies and full scope of nursing practice. This may influence the roles nurses assume and the responsibilities they take on (Kunic et al., 2013; White et al., 2008). Maximizing full scope of practice for nurses in primary care can impact access and outcomes as reinforced through a Cochrane Review that found equivalent health outcomes and quality of care can be achieved through primary care doctors and appropriately educated nurses (Laurent et al., 2009).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Is our team aware and trusting of each other's capabilities?
- B. Are team members limited in their role due to a lack of trust?
- C. How can we build trust between providers?

8. Role clarity

What Does This Mean?

Role clarity refers to the level of understanding that staff members have of their professional roles. Roles are understood as the shared set of expectations or norms applied to individuals by colleagues, organizations, and professional bodies, based on the individual's education, designation, competences, and role title (Whittaker et al., 2007). Employees with high level of role clarity therefore possess a clearer understanding of these expectations, both in the abstract sense of the role itself and the daily role functions for which they are to be accountable and responsible. Role clarity increases an individual's commitment to their organization and allows for an understanding of the organization's shared values, expectations, and goals (Saks et al., 2007).

Practicing to full scope requires an understanding of the scope of practice within one's role (DiCenso et al., 2010). Nurses often describe their role according to the tasks they perform versus the acknowledgement that their role is reflected in the knowledge base of the profession (White et al., 2008; Besner et al., 2005; Besner, 2006). A lack of role clarity in regards to self and other's roles, combined with excess role overlap may result in inappropriate utilisation of professionals, imbalanced work load, tension, confusion regarding professional identity, and missed opportunities for expanded service delivery (Besner et al., 2005; Donald et al., 2010; Oelke et al., 2008; Pearson, 2003; White et al., 2008). Nurses may feel devalued and not respected if not encouraged to practice to full scope (White et al., 2008). Practicing to the full extent of one's capabilities often results in increased job satisfaction and retention and development of skills (Oelke et al, 2008; Rashid, 2010).

In Ontario there are three categories of nurses: RN, RN (EC extended class) which is the category for Nurse Practitioners) and RPN (please see CNO for definitions of each, including the educational preparation of each). It is particularly important to differentiate RN and RPN roles as full scope of practice is being addressed in your setting. Utilizing the role descriptions in the Primary Solutions for Primary Care document and the information found in this toolkit, primary care settings should work to

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clarify the roles for RNs and RPNs and all members of the team (please see the definitions of primary care RNs and RPNs, found in the full scope tab).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Is our team familiar with the scope of practice of each category of nurse (RPN, RN and RN (EC)-Nurse Practitioner (NP)?)
- B. Is our team aware of the respective role descriptions?
- C. Is there a process in place for when staff members feel they are not working to their full capability, or for when they feel they are carrying out role functions that they shouldn't?
- D. Have we identified the potential for role overlap?
 - a. How prevalent is role overlap and how is it handled?
- E. Do RNs and RPNs have clearly differentiated roles.

9. Managing the Change Process

What Does This Mean?

Insufficient attention to change management may be a barrier to full scope of practice as change can be a challenging and uncertain process, especially when it seeks to end long established norms and practices. The anticipation of change often results in feelings of discomfort and loss among the individuals undergoing the change. A well planned change process acknowledges that change will need time, and recognizes everyone's involvement, and opportunities for feedback and revisions. Without such organized and supportive change efforts, team members may feel resistant, depressed, and uninvolved, and may not fully engage in the process. How the organization has managed change in the past is a good barometer of the capacity for change and how successful change will be. It is important to acknowledge past change processes, and attempt to emulate the successful ones and learn from those that did not work as well.

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Do we have a structured, strategic, and supportive plan to impart the change to maximize of full scope of practice?
- B. What has been the traditional role of the nurse within our organization?
- C. How does our organization and team react to change?
- D. Are we motivated to change?
- E. Does each individual feel that his or her actions have an impact at the organisational-level?

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10. Team Communication

What Does This Mean?

Open communication can facilitate nurses' full scope of practice utilization just as limited or indirect communication amongst team members, may inhibit it (Oelke et al., 2008; Wieck et al., 2004). Staff may be unaware of the team's full scope of practice commitments and responsibilities may not be consistently performed by same type of health professional. It is important to begin open discussion about organizational commitments and individual role commitments. Often, the attention to conducting a role gap analysis or even reviewing the "Factors to Consider" is a good way to start the dialogue.

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Do we speak about team commitment to optimizing the nursing workforce through nurses' full scope of practice utilization?
- B. Do we feel that it is an important endeavour?
- C. Are we aware of professional roles?
- D. Is there open communication between various health professionals (RN, RPN, NP, MD, Social Worker, Dietician, etc)?
- E. Do we understand what benefits this might have for all of us?

11. Liability Considerations

What Does This Mean?

Safety concerns and liability issues may prevent nurses from working to full scope. There may be concern that as nurses expand their roles, the liability will fall to the employer and/or physician (Cashin et al., 2009). This may result in reluctance to support nurses in taking on more complex responsibilities, regardless of their capabilities and the fact that the responsibilities may be included within their scope of practice (Lubbe et al., 2014; Villegas, 2012). It is important to note that the focus of full scope maximization is to have nurses complement the practice of physicians and NPs and to balance the work distribution for better patient outcomes and increased job satisfaction (Commission on the Reform of Ontario's Public Services, 2012; Pringle, 2009; Fairman et al., 2011).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Is our team knowledgeable about scope boundaries?
- B. Is our team knowledgeable about the type of professional liability protection available?
- C. Are staff adequately prepared and supported to carry out their roles?
- D. Are the nurses on our team members of the Registered Nurses' Association of Ontario (RNAO) or the Registered Practical Nurses Association of Ontario (RPNAO) (respectively)? Membership to professional organizations such as RNAO RPNAO includes professional liability protection (PLP) insurance.
- E. Do individual practitioners have Professional Liability Protection?²

² For more information about this please visit http://rnao.ca/sites/rnao-ca/files/RNJ-Fall2013_0.pdf.

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12. Patient population

What Does This Mean?

Nurses are capable of providing care to a wide variety of populations, including vulnerable populations, and these differing populations may either limit or allow for opportunities to practice to full scope of practice (Besner et al., 2005). However, one should keep in mind that the type of patients RNs can provide care for and the types of patients RPNs can provide care for differ. The scope of practice of RNs is consistent with assignment to care for complex clients with unpredictable outcomes, and a high risk for negative outcomes; and the scope of RPNs is consistent with assignment to care for stable clients with predictable outcomes and a low risk for negative outcomes (RNAO, 2010). For example, this means that primary care RNs would be assigned to complex clients with chronic co-morbidities, clients with episodic illness, clients with unknown conditions and clients who require a higher level of assessment and nursing intervention. Primary care RPNs would be assigned to assess and care for more established/stable clients with identified and applied nursing care needs, and those clients requiring routine follow up and monitoring. It is also important to consider continuity of care and continuity of care-giver within the team, so the clients have consistency in the care delivered, and in seeing providers based on their care requirements and the provider's competencies, knowledge and skills. This is done to avoid duplication and the associated risks for compromised outcomes when care is fragmented.

Patient population is tied to clinic staff and structure, which impacts the responsibilities, opportunities, and expectations of staff to practice to full scope (Kilpatrick et al., 2012). Often the patient population and available resources impacts the role of the nurse. For example, nurses in rural areas often embrace a broader scope of practice because of patient needs and limited resources. Similarly, vulnerable groups often experience challenges accessing care and often nurses are involved as leaders in their care (i.e. CHCs).

Is it a Barrier or an Enabler in our Setting?

The following questions will help you determine if this factor is relevant for your setting:

- A. Considering our workplace setting and patient population, do these factors encourage or limit nurses in practicing to full scope?
- B. What are the needs of our patient population?
- C. Where are the gaps in service?
- D. How can the full scope of nurses be used to bridge these gaps?

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