

Toolkit to support employers working to maximizing full scope of practice utilization for primary care
RNs and RPNs: Survey results

Survey results of primary health care employers and practitioners related to factors that influence maximizing full scope of practice utilization for primary care RNs and RPNs

Executive summary

In March 2014, as part of the RNAO-RPNAO Primary Care Toolkit development process, primary care colleagues in Ontario were invited to complete an online survey about the factors influencing the maximization of registered nurses (RN) and registered practical nurses' (RPN) full scope of practice in primary care settings. Survey questions were informed by the literature and the expert opinion of those engaged in primary care work, and piloted with colleagues practicing in primary care settings, research associates, advisory team members, and the toolkit team. Free text option was embedded throughout the survey encouraging respondents to comment on the definition of full scope, factors contributing to role clarity, and suggestions for how a primary care toolkit on maximizing nurses' full scope of practice would be most helpful to them. The survey was expected to take approximately five to seven minutes and answers were completely anonymous. Leading primary care associations were utilized to disseminate the survey to their members. Two reminder emails were sent. The survey was designed to inform the contents of the toolkit and the preliminary and final results were incorporated throughout the toolkit development process.

Analysis

Data were analyzed using SPSS 21, thematic analysis techniques, and weighted frequencies. Sub-group analyses by provider type and clinic type were also conducted. The tables included in this report represent the ranking of the weighted frequencies of the 12 factors as barriers and enablers from most critical to least critical barrier and from most important to least important enabler. The survey asked respondents to list their top three barriers from a choice of 12 variables. We applied a weighting representative of the 12 variables to the top three responses. We also analyzed the free text data using thematic analytic technique to determine what managers and directors wanted in the toolkit.

Demographics

199 participants completed the survey. Survey respondents included colleagues who held different positions at their respective organizations e.g. directors, managers, physicians, RNs, RPNs, and nurse practitioners (NP), and those from various clinic types e.g. Aboriginal Health Access Centres (AHAC), Community Health Centres (CHC), Family Health Teams (FHT) and Nurse Practitioner Led Clinics (NPLC).

Main findings

The findings indicate that most respondents did not think nurses (NP, RN, RPN) at their respective organizations practiced to full scope. Specifically, the majority of survey respondents did not think RNs and RPNs practised to full scope. There was also strong consensus that a lack of role clarity existed between all categories of nurses (RN, RPN, NP), and in particular, between RNs and RPNs.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Table 1: Ranking of the most critical barriers and most important enablers

	Most critical barriers to full scope of practice utilization for RNs and RPNs	Most important enablers to full scope of practice utilization for RNs and RPNs
All respondents, n=157	<ol style="list-style-type: none"> 1. Staff readiness 2. Time available 3. Resources for education 4. Organizational culture 5. Understanding rationale 6. Funding models 7. Team trust 8. Role clarity 9. Change management 10. Team communication 11. Liability considerations 12. Patient population 13. Other 	<ol style="list-style-type: none"> 1. Team communication 2. Team trust 3. Resources for education 4. Staff readiness 5. Organizational culture 6. Understanding rational 7. Role clarity 8. Patient population 9. Change management 10. Funding models 11. Time available 12. Liability considerations 13. Other

The table below represents the findings from the sub group analysis by clinic type. 'Staff readiness' was viewed as the most critical barrier at two clinic types (CHC and 'other'), whereas, 'team communication' was viewed as the most important enabler across almost all the clinic types (with the exception of AHAC).

Table 2: Subgroup analysis of the most critical barriers and most important enablers by clinic type

Clinic type	Most critical barrier to full scope of practice utilization for RNs and RPNs	Most important enabler to full scope of practice utilization for RNs and RPNs
Aboriginal health access centre (AHAC)	Resources for education	Organization culture
Community health centre (CHC)	Staff readiness	Team communication
Family health team (FHT)	Organizational culture	Team communication
Nurse practitioner led clinic (NPLC)	Team trust	Team communication
Other	Staff readiness	Team communication

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

The table below represents the findings from the sub group analysis by provider type. Interestingly, RNs and RPNs thought that ‘understanding rationale’ for full scope was the most critical barrier which may have important implications for clinics and providers. ‘Team communication’ was reported as the most important enabler among almost all provider groups (with the exception of RNs, who identified team trust as most important).

Table 3: Subgroup analysis of the most critical barriers and most important enablers by provider type

Provider type	Most critical barrier to full scope of practice utilization for RNs and RPNs	Most important enabler to full scope of practice utilization for RNs and RPNs
Nurse practitioner (NP)	Time available	Team communication
Other	Staff readiness	Team communication
Registered nurses (RN)	Understanding rationale	Team trust
Registered practical nurses (RPN)	Understanding rationale	Team communication

Overall, the most critical barriers were ‘staff readiness’, ‘time available’, and ‘resources for education’ (see Table 1). However, sub group analyses by clinic type and job title yielded slightly different results which varied by clinic and provider type. For example, although ‘staff readiness’ was considered the most critical barrier overall, sub group analyses showed that it was only considered the most critical barrier at two clinic type models (CHCs and ‘other’) and considered the third most critical barrier at FHTs. With respect to provider types, this factor was consistently ranked in the top five among the list of barriers but never ranked as the most critical barrier.

Secondly, although ‘time available’ was considered the second most critical barrier overall, sub group analyses showed that it consistently ranked in the top five among the list of barriers by clinic type (excluding FHTs, where it ranked 11th), and by provider type (excluding the RPN job type group, where it was ranked 8th).

Finally, although ‘resources for education’ was identified as the third most critical barrier overall, sub group analyses showed that this factor was an important barrier among three clinic type models (AHACs, CHCs, and NPLCs), thus ranking in the top five among the list of barriers. Otherwise, ‘resources for education’ ranked in the top four list of barriers among all provider types (except for the RN group where it ranked 7th).

In addition, we learned that survey respondents wanted a toolkit that focused on the following:

- How to promote role clarity
- How to initiate conversations with staff members
- Information on change management
- Information about educational resources
- How to build trust

Thus, survey results were used to inform the development of some contents of the toolkit and identify the priority areas for which the toolkit should focus on.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care
RNs and RPNs: Survey results

Conclusion

The results of the survey make it clear that RNs and RPNs are not practising to their full scope in primary care settings. Further, there is a need for clinics to start examining ways to address barriers so that nurses' full scope of practice utilization can be maximized in primary care settings. Finally, these results also tell us that there is a need for this toolkit to focus on clearly defining and distinguishing both RN and RPN roles and responsibilities in primary care settings, and between these roles when applicable.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

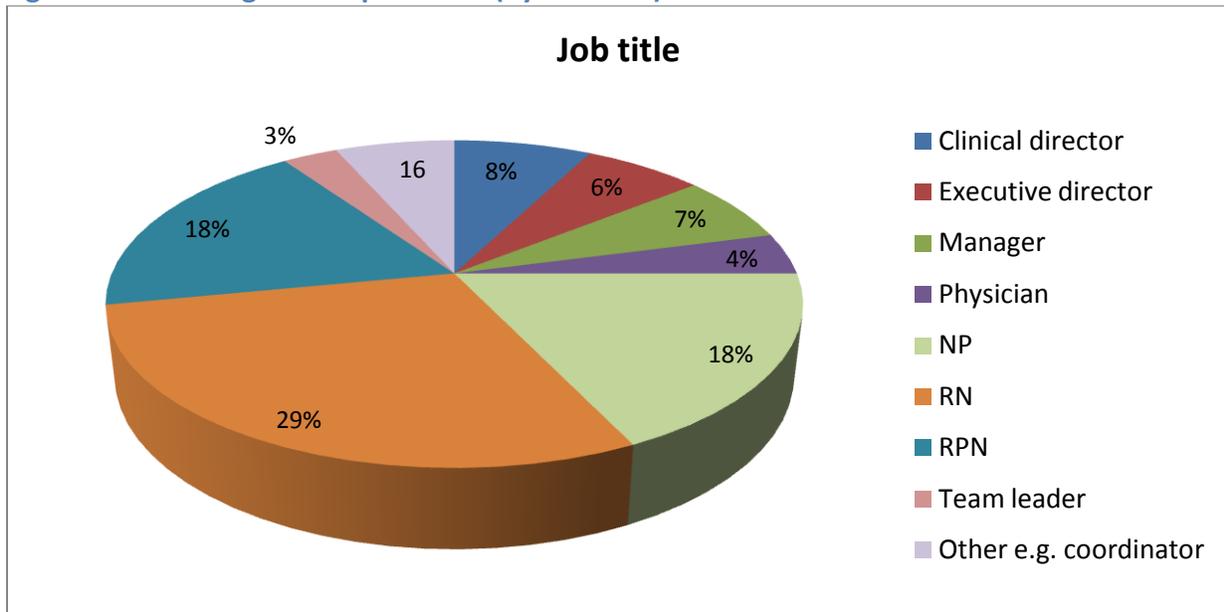
Table of Contents

Main survey results.....	6
Sub group analysis.....	9
Job title.....	10
Clinic type.....	12
Role clarity	14
Ranking of 12 factors as barriers and enablers.....	15
Job title.....	16
Clinic type.....	18

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

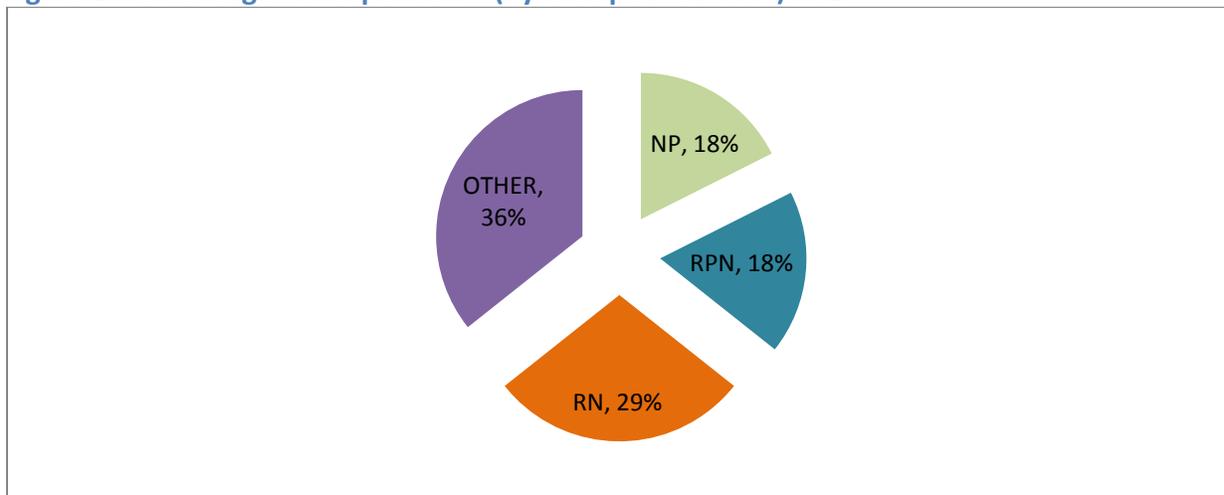
Main survey results

Figure 1: Percentage of Respondents (by Job Title) n=199



Survey respondents included those who held various job titles within primary care settings. Although there was most representation from RNs (29%), there was comparable representation from RPNs (18%) and NPs (18%). Directors, managers, physicians, team leaders, and ‘other’ were subsequently grouped into one category labelled, ‘other’ (below).

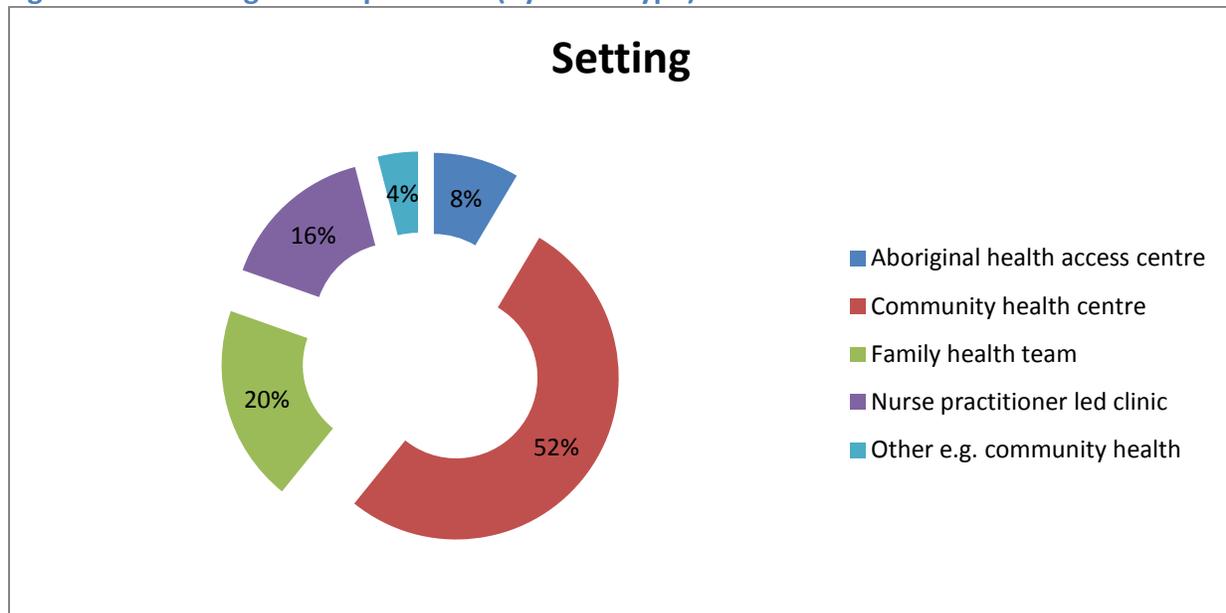
Figure 2: Percentage of Respondents (by Grouped Job Title) n=199



‘Other’ job title category included positions such as coordinator (3), telemedicine nurse (3), team lead (3), staff nurse (2), diabetes clinician/educator (2), outreach nurse, nurse specialist, and associate director.

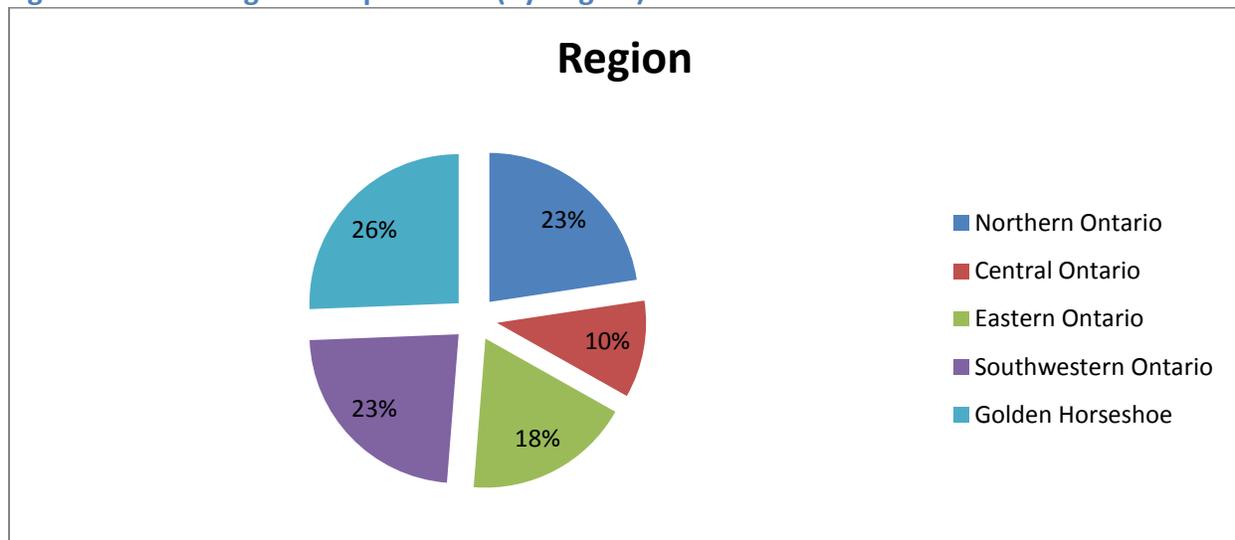
Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Figure 3: Percentage of Respondents (by Clinic Type) n=199



There was strong representation from community health centres (52%), followed by family health teams (20%) and nurse practitioner led clinics (16%). ‘Other’ clinic type category included clinics such as community mental health centre, patient enrolment models e.g. family health organizations (5), and ‘other’ (2). None of our survey respondents represented those practising from ‘solo practice’ settings.

Figure 4: Percentage of Respondents (by Region) n=199



There was similar representation from all regions in Ontario except for central Ontario which included jurisdictions such as Peterborough, Belleville, and Orillia.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

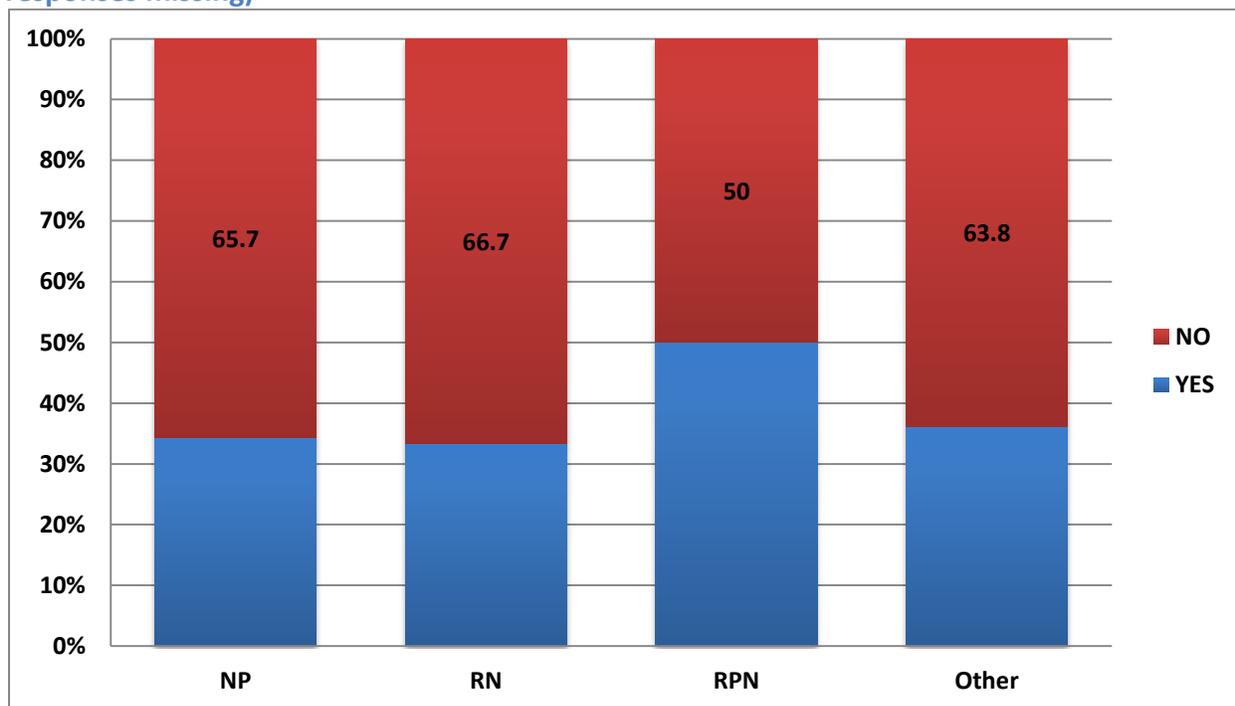
Meaning of maximizing nurses' full scope of practice

Responses mainly centred around the notion of using all of a nurses' skills (and knowledge) and practising within the limits of CNO and their respective organizations e.g. medical directives.

Full scope

Overall, 62.3% of survey respondents did not think the different categories of nurses worked to full scope while 37.7% thought that they did work to full scope (graphs not presented). A large majority of respondents identified NPs as working to full scope (45.2%) followed by RPNs (14.6%) and RNs (10.1%). The table below represents the sub group analysis of data by job title on whether each provider group type thought that nurses were working to full scope.

Figure 5: Are ALL nurses working to full scope in your setting (by Job Title) n=197 (2 responses missing)



There was overwhelming consensus that all categories of nurses (RN, RPN, and NPs) were not working to full scope. However, respondents were equally divided on the question on whether they thought RPNs were working to full scope (50% yes, 50% no).

Toolkit to support employers working to maximizing full scope of practice utilization for primary care
RNs and RPNs: Survey results

Sub group analysis

Please see below for a sub group analysis by job category (RN, RPN, NP, and other) and how each group responded to the question of whether they thought that RNs, RPNs, and NPs were working to full scope respectively. For the next graphs, we considered two questions as interlinked.

Please indicate the categories of nurses employed in your primary care setting : *

- Nurse practitioner
- Registered Nurse
- Registered Practical Nurse
- None

If you responded "no", please indicate which categories of nurses ARE working to the maximum scope of their practice. :

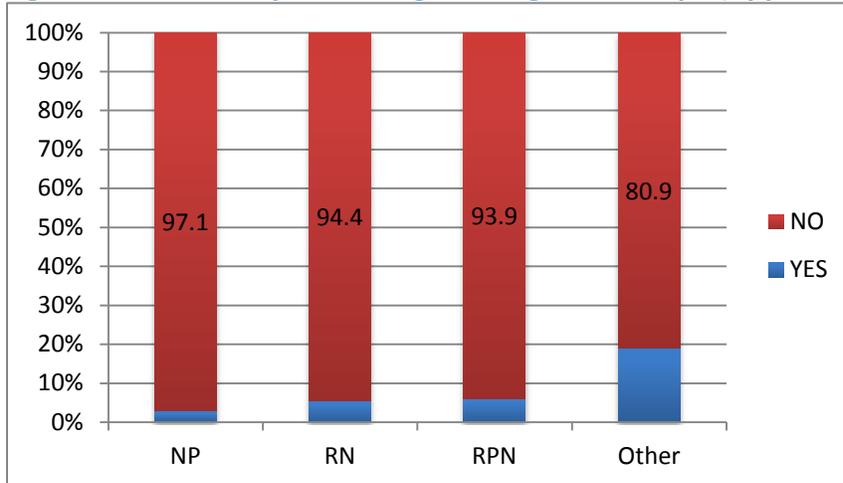
- RN
- RPN
- NP
- Unsure

If there was discrepancy between responses in these questions, we did not include response. For example, if a respondent said that they felt RPNs were working to full scope but had indicated that RPNs were not employed in their setting, this data was not considered. This resulted in 7 responses being not considered (n=192) as reflected in the following charts.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

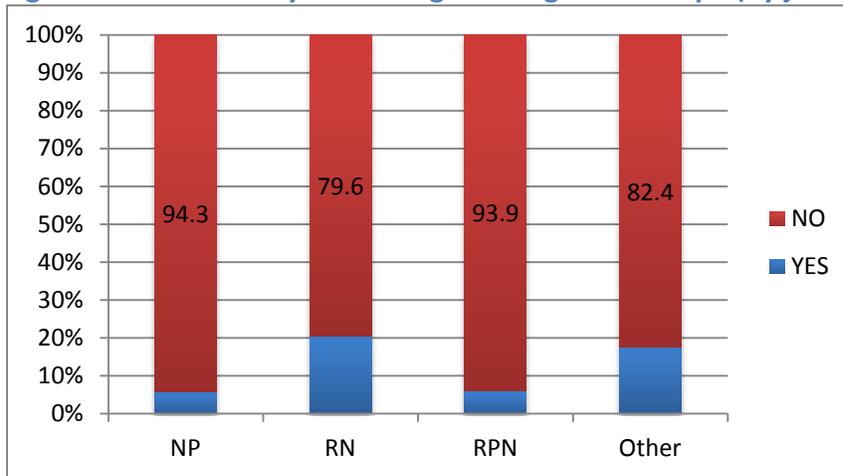
Sub group analysis: Job title

Figure 6: Are RNs in your setting working to full scope (by job title) n=192



Survey respondents overwhelmingly believed that RNs were not working to full scope at their respective organizations. Among provider groups, those grouped in the ‘other’ job title category least believed that RNs were not working to full scope (80.9%) whereas NPs most strongly believed that RNs were not working to full scope (97.1%).

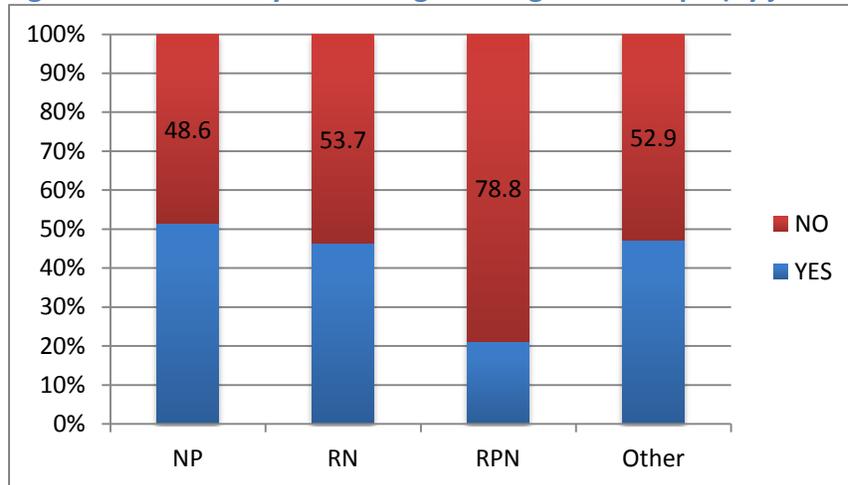
Figure 7: Are RPNs in your setting working to full scope (by job title) n=192



Survey respondents overwhelmingly believed that RPNs were not working to full scope at their respective organizations. Among provider groups, RNs least strongly believed that RPNs were not working to full scope (79.6%) whereas NPs mostly strongly believed that RPNs were not working to full scope (94.3%).

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Figure 8: Are NPs in your setting working to full scope (by job title) n=192

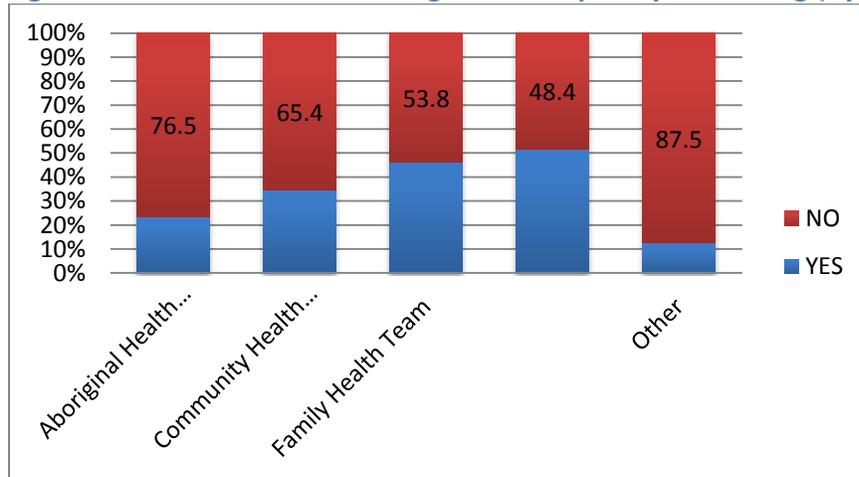


There were mixed results among survey respondents on the question of whether NPs were working to full scope. While 48.6% of NPs themselves said that they were *not*, others more strongly believed that they were not (52.9% to 78.8%) particularly the RPN group.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

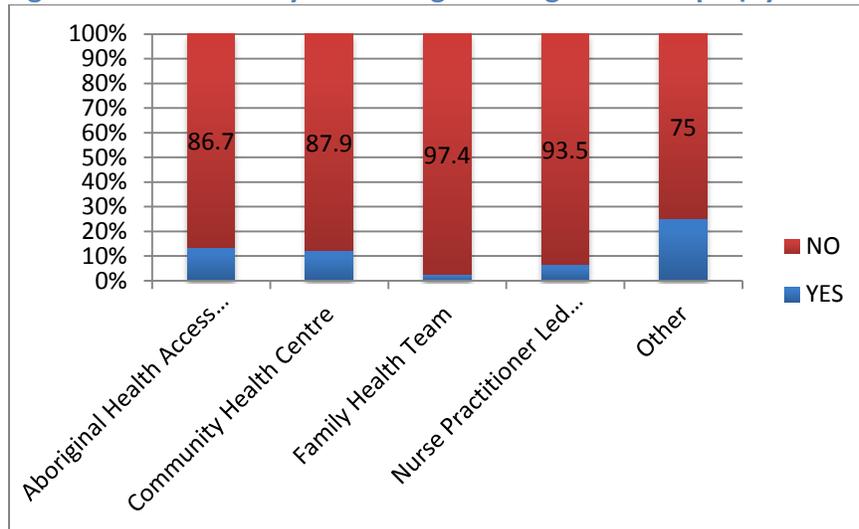
Sub group analysis: Clinic type

Figure 9: Are ALL nurses working to full scope in your setting (by clinic type) n=197



Of the 199 responses, 197 survey respondents were eligible for analysis. Participants from AHACs, CHCs, FHTs, and 'other' clinic types more strongly believed that nurses were not working to full scope at their respective settings, whereas participants from NPLCs believed that more nurses were working to full scope than were not working to full scope.

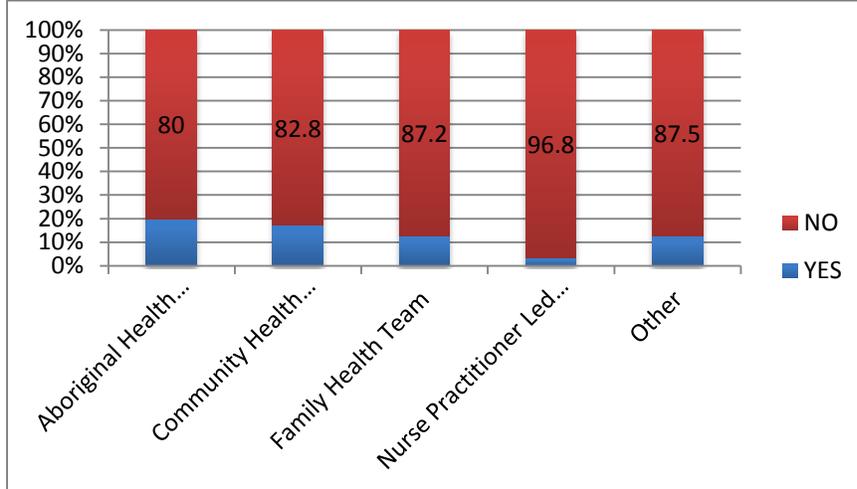
Figure 10: Are RNs in your setting working to full scope (by clinic type) n=192



Of the 199 survey respondents, 192 respondents were eligible. There was stronger consensus among clinic types that RNs were not working to full scope than were working to full scope. While on the low end were those grouped in the 'other' clinic types (75%), a high percentage of FHTs (97.4%) and NPLCs (93.5%) did not think that RNs were working to full scope.

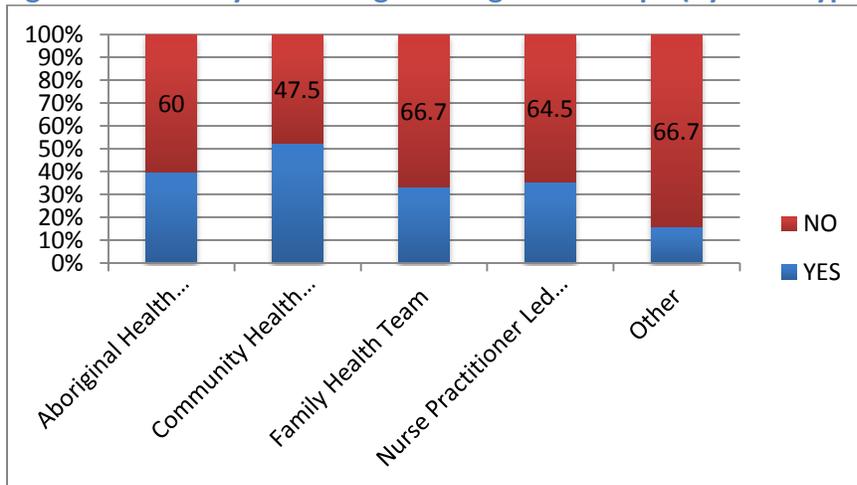
Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Figure 11: Are RPNs in your setting working to full scope (by clinic type) n=192



Of the 199 survey respondents, 192 respondents were eligible. There was stronger consensus among clinic types that RPNs were not working to full scope than were working to full scope. While on the low end were those grouped in CHCs (47.5%), a higher percentage of FHTs (66.7%) and 'other' clinic types (66.7%) did not think that RPNs were working to full scope.

Figure 12: NPs in your setting working to full scope (by clinic type) n=192



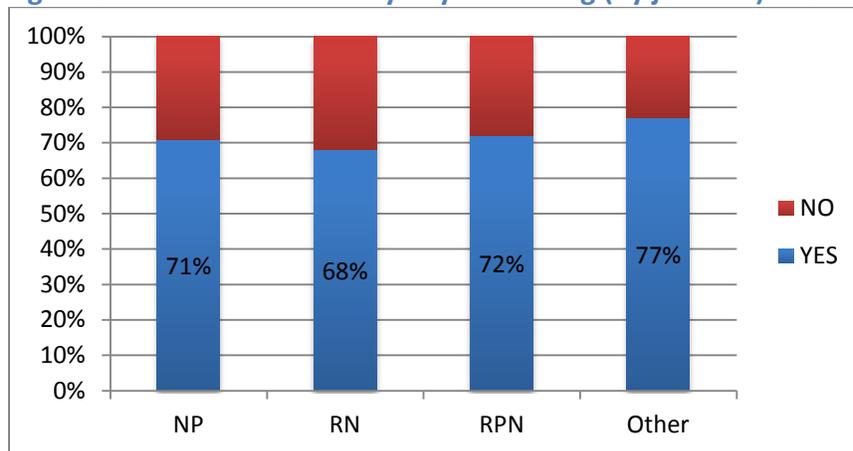
Of the 199 survey respondents, 192 respondents were eligible for analysis. Except for CHCs (47.5%), sub group analysis revealed that all clinic types thought that more NPs were not working to full scope than were working to full scope.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Role clarity

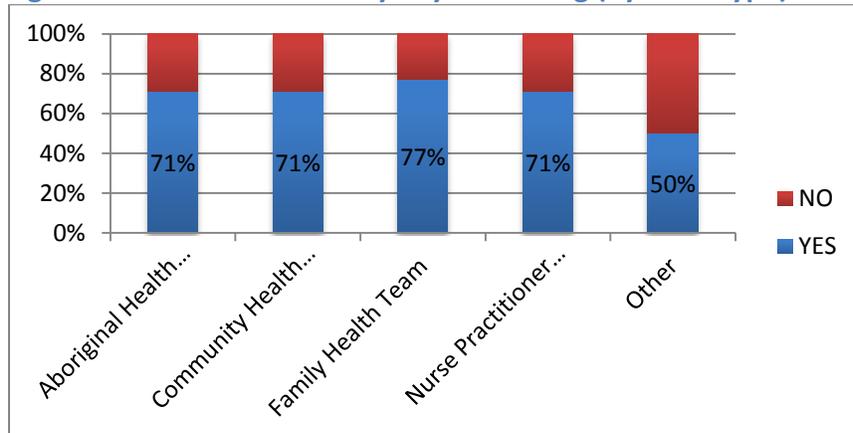
Overall, 70.4% of survey respondents did not think there was role clarity between the different categories of nurses while 28.6% thought that there was role clarity between the different categories of nurses (graphs not presented). Respondents thought that having clear role descriptions and supportive organizational policies were important in addressing the lack of role clarity issue. More specifically, respondents thought that clearly distinguishing between RN and RPN roles was important. They also described the importance of educating team members about nurses' roles and responsibilities as an important enabler.

Figure 13: Is there role clarity in your setting (by job title) n=197



Of the 199 survey respondents, 197 responses were eligible for analysis. When grouped by job title, the majority of survey respondents believed that there was role clarity between the different categories of nurses.

Figure 14: Is there role clarity in your setting (by clinic type) n=197



Similarly, when grouped by clinic type, the majority of clinic types felt that there was role clarity between the different categories of nurses. The exception was those clinics grouped in the 'other' category, of which only 50% felt that there was role clarity between the different categories of nurses.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Ranking of 12 factors as barriers and enablers

The following table presents the weighted frequencies of the 12 factors as barriers and enablers, as per the survey results. The survey asked respondents to list their top 3 top three barriers from a choice of 12 variables. To get these following tables, we applied a weighting representative of the 12 variables to the top 3 responses. The next table provides an overall representation of the barriers/enablers based on all respondents. N=157 as this question was optional.

	Barriers	Enablers
All respondents, n=157	<ol style="list-style-type: none"> 1. Staff readiness 2. Time available 3. Resources for education 4. Organizational culture 5. Understanding rationale 6. Funding models 7. Team trust 8. Role clarity 9. Change management 10. Team communication 11. Liability considerations 12. Patient population 13. Other 	<ol style="list-style-type: none"> 1. Team communication 2. Team trust 3. Resources for education 4. Staff readiness 5. Organizational culture 6. Understanding rational 7. Role clarity 8. Patient population 9. Change management 10. Funding models 11. Time available 12. Liability considerations 13. Other

Table 1: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by all respondents)

The barriers that received the fewest votes in general were patient population and liability. When we asked survey respondents to comment on how a toolkit would be helpful in overcoming their identified barriers, they said that it was important for team members to understand why full scope was needed and that clear processes for how organizations can achieve the goal of maximizing nurses’ full scope of practice in their setting would be helpful. In addition, survey respondents thought that an educational source that will increase role clarity, identify training/educational resources and opportunities for staff, and discuss the benefits of nurses practicing to full scope would be useful.

The most important enablers were communication, trust, and resources for education. The enablers that received the fewest votes in general were liability and time to work on this. Survey respondents largely felt that understanding of what full scope is and what the reasons and potential benefits are and knowing what resources are available to enhance nurses’ knowledge and skills, would lead to openness, trust, confidence, and eventually readiness. They felt that role clarity was extremely important, and should be highlighted, as well as steps for change management. When respondents were asked what other factors we should consider in developing this toolkit, their responses ranged from setting a minimum wage standard and hiring full time staff to providing examples of what a nurse working to full scope would look like.

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Ranking of the 12 factors as barriers and enablers: Job title

Table 7: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by NPs)

	Barriers	Enablers
Nurse practitioner, n=30	<ol style="list-style-type: none"> 1. Time Available 2. Funding Models 3. Staff Readiness 4. Resources for Education 5. Team Trust 6. Change Management 7. Organizational Culture 8. Team Communication 9. Role Clarity 10. Understanding Rationale 11. Liability Considerations 12. Other 13. Patient Population 	<ol style="list-style-type: none"> 1. Team communication 2. Resources for Education 3. Team Trust 4. Change Management 5. Patient Population 6. Role Clarity 7. Understanding Rationale 8. Staff Readiness 9. Funding Models 10. Organizational Culture 11. Liability Considerations 12. Time Available 13. Other

Table 8: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by RPNs)

	Barriers	Enablers
Registered Practical Nurse, n=23	<ol style="list-style-type: none"> 1. Understanding Rationale 2. Team Trust 3. Resources for Education 4. Team Communication 5. Staff Readiness 6. Change Management 7. Funding Models 8. Time Available 9. Organizational Culture 10. Liability Considerations 11. Role Clarity 12. Other 13. Patient Population 	<ol style="list-style-type: none"> 1. Team Communication 2. Team Trust 3. Resources for Education 4. Staff Readiness 5. Understanding Rationale 6. Patient Population 7. Role Clarity 8. Organizational Culture 9. Time Available 10. Change Management 11. Funding Models 12. Liability Considerations 13. Other

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Table 9: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by RNs)

	Barriers	Enablers
Registered Nurse, n=47	<ol style="list-style-type: none"> 1. Understanding Rationale 2. Time Available 3. Organizational Culture 4. Staff Readiness 5. Funding Models 6. Role Clarity 7. Resources for Education 8. Change Management 9. Team Trust 10. Liability Considerations 11. Team Communication 12. Other 13. Patient Population 	<ol style="list-style-type: none"> 1. Team Trust 2. Team Communication 3. Organizational Culture 4. Staff Readiness 5. Resources for Education 6. Understanding Rationale 7. Funding Models 8. Time Available 9. Change Management 10. Role Clarity 11. Patient Population 12. Liability Considerations 13. Other

Table 10: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by other job title)

	Barriers	Enablers
Other job title, n=54	<ol style="list-style-type: none"> 1. Staff Readiness 2. Organizational Culture 3. Resources for Education 4. Team Trust 5. Time Available 6. Funding Models 7. Understanding Rationale 8. Change Management 9. Role Clarity 10. Liability Considerations 11. Team Communication 12. Patient Population 13. Other 	<ol style="list-style-type: none"> 1. Team Communication 2. Staff Readiness 3. Resources for Education 4. Organizational Culture 5. Understanding Rationale 6. Role Clarity 7. Team Trust 8. Change Management 9. Patient Population 10. Time Available 11. Funding Models 12. Liability Considerations 13. Other

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Ranking of 12 factors as barriers and enablers: Clinic type

Table 2: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by AHACs)

	Barriers	Enablers
Aboriginal Health Access Centres, n=14	<ol style="list-style-type: none"> 1. Resources for Education 2. Time Available 3. Funding Models 4. Team Trust 5. Understanding Rationale 6. Change Management 7. Patient Population 8. Role Clarity 9. Staff Readiness 10. Team Communication 11. Liability Considerations 12. Organizational Culture 13. Other 	<ol style="list-style-type: none"> 1. Organizational Culture 2. Patient Population 3. Change Management 4. Resources for Education 5. Time Available 6. Role Clarity 7. Team Trust 8. Funding Models 9. Understanding Rationale 10. Staff Readiness 11. Team Communication 12. Liability Considerations 13. Other

Table 3: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by CHCs)

	Barriers	Enablers
Community health centres, n=82	<ol style="list-style-type: none"> 1. Staff Readiness 2. Time Available 3. Understanding Rationale 4. Organizational Culture 5. Resources for Education 6. Role Clarity 7. Funding Models 8. Team Trust 9. Change Management 10. Team Communication 11. Liability Considerations 12. Other 13. Patient Population 	<ol style="list-style-type: none"> 1. Team Communication 2. Team Trust 3. Staff Readiness 4. Resources for Education 5. Understanding Rationale 6. Organizational Culture 7. Role Clarity 8. Patient Population 9. Change Management 10. Time Available 11. Funding Models 12. Liability Considerations 13. Other

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Table 4: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by FHTs)

	Barriers	Enablers
Family health team, n=26	<ol style="list-style-type: none"> 1. Organizational Culture 2. Understanding Rationale 3. Staff Readiness 4. Funding Models 5. Change Management 6. Team Trust 7. Resources for Education 8. Role Clarity 9. Patient Population 10. Liability Considerations 11. Time Available 12. Other 13. Team Communication 	<ol style="list-style-type: none"> 1. Team Communication 2. Team Trust 3. Staff Readiness 4. Resources for Education 5. Role Clarity 6. Understanding Rationale 7. Organizational Culture 8. Patient Population 9. Change Management 10. Funding Models 11. Time Available 12. Liability Considerations 13. Other

Table 5: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by NPLCs)

	Barriers	Enablers
Nurse practitioner led clinic, n=24	<ol style="list-style-type: none"> 1. Team Trust 2. Time Available 3. Resources for Education 4. Funding Models 5. Organizational Culture 6. Role Clarity 7. Staff Readiness 8. Liability Considerations 9. Team Communication 10. Change Management 11. Patient Population 12. Understanding Rationale 13. Other 	<ol style="list-style-type: none"> 1. Team Communication 2. Team Trust 3. Resources for Education 4. Role Clarity 5. Funding Models 6. Organizational Culture 7. Understanding Rationale 8. Change Management 9. Staff Readiness 10. Patient Population 11. Time Available 12. Other 13. Liability Considerations

Toolkit to support employers working to maximizing full scope of practice utilization for primary care RNs and RPNs: Survey results

Table 6: Most critical barriers and most important enablers to full scope of practice utilization for RNs and RPNs (by other clinic types)

	Barriers	Enablers
Other clinic types: barriers n=8	<ol style="list-style-type: none"> 1. Staff Readiness 2. Funding Models 3. Role Clarity 4. Team Communication 5. Time Available 6. Organizational Culture 7. Change Management 8. Team Trust 9. Understanding Rationale 10. Resources for Education 11. Liability Considerations 12. Other 13. Patient Population 	<ol style="list-style-type: none"> 1. Team Communication 2. Staff Readiness 3. Patient Population 4. Organizational Culture 5. Resources for Education 6. Understanding Rationale 7. Change Management 8. Funding Models 9. Time Available 10. Liability Considerations 11. Other 12. Role Clarity 13. Team Trust